

GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC
COVER SHEET PG 1

The GPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00070132	2 Total pages filed: 73
3 COMMITTEE NAME Texas Nurse Practitioners PAC			OFFICE USE ONLY Date Received ELECTRONICALLY FILED 07/10/2025 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged
4 COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 4425 S. Mopac Expy., Bldg. 3, Ste. 405 Austin, TX 78735		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mrs. Emily S. NICKNAME LAST SUFFIX Eastin		
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 4425 S. Mopac Expy., Bldg. 3, Ste. 405 Austin, TX 78735		
7 CAMPAIGN TREASURER MAILING ADDRESS	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 4425 S. Mopac Expy., Bldg. 3, Ste. 405 Austin, TX 78735		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 291-6224		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff		
10 PERIOD COVERED	Month Day Year 01/01/2025 THROUGH 06/30/2025		
11 ELECTION	ELECTION DATE Month Day Year 03/03/2026 ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special		

GO TO PAGE 2

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

12 COMMITTEE NAME Texas Nurse Practitioners PAC		13 Filer ID (Ethics Commission Filers) 00070132
14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	
	15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 39,358.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 4,250.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 58,113.48
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

16 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Mrs. Emily S. Eastin

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day 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 (Ethics Commission Filers) 00070132
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 32,158.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input checked="" type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$ 7,200.00
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 4,250.00
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/68 Rpt: 4/73
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 01/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aghimien, Amenze <hr/> 6 Contributor address; City; State; Zip Code Richmond, TX 77407	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 01/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alleman, Monica <hr/> Contributor address; City; State; Zip Code Austin, TX 78748	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 02/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alleman, Monica <hr/> Contributor address; City; State; Zip Code Austin, TX 78748	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alleman, Monica <hr/> Contributor address; City; State; Zip Code Austin, TX 78748	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 04/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alleman, Monica <hr/> Contributor address; City; State; Zip Code Austin, TX 78748	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/68 Rpt: 5/73
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 05/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alleman, Monica <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78748	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 03/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arnold, Brianna <hr/> Contributor address; City; State; Zip Code Lumberton, TX 77657	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Atkinson, Stephanie <hr/> Contributor address; City; State; Zip Code Dallas, TX 75240	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ballard, Kenya <hr/> Contributor address; City; State; Zip Code Ben Wheeler, TX 75754	Amount of Contribution (\$) \$89.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 06/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barnhart, Terri <hr/> Contributor address; City; State; Zip Code Jasper, TX 75951	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/68 Rpt: 6/73
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 03/19/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Battjes, Jacqueline Joy <hr/> 6 Contributor address; City; State; Zip Code Midland, TX 79707-2615	7 Amount of Contribution (\$) \$89.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 03/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beaver, Gail <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78263	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 01/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blanco, Christina <hr/> Contributor address; City; State; Zip Code El Paso, TX 79912	Amount of Contribution (\$) \$65.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 02/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blanco, Christina <hr/> Contributor address; City; State; Zip Code El Paso, TX 79912	Amount of Contribution (\$) \$65.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blanco, Christina <hr/> Contributor address; City; State; Zip Code El Paso, TX 79912	Amount of Contribution (\$) \$65.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/68 Rpt: 7/73
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 04/16/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blanco, Christina 6 Contributor address; City; State; Zip Code El Paso, TX 79912	7 Amount of Contribution (\$) \$65.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 05/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blanco, Christina Contributor address; City; State; Zip Code El Paso, TX 79912	Amount of Contribution (\$) \$65.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 06/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blanco, Christina Contributor address; City; State; Zip Code El Paso, TX 79912	Amount of Contribution (\$) \$65.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 04/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blight, Eva Contributor address; City; State; Zip Code Arp, TX 75750	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 04/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bridgeford, Heather Contributor address; City; State; Zip Code San Antonio, TX 78254	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/68 Rpt: 8/73
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 01/11/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brooks, Vicki <hr/> 6 Contributor address; City; State; Zip Code Mineral Wells, TX 76067	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 02/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brooks, Vicki <hr/> Contributor address; City; State; Zip Code Mineral Wells, TX 76067	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brooks, Vicki <hr/> Contributor address; City; State; Zip Code Mineral Wells, TX 76067	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 04/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brooks, Vicki <hr/> Contributor address; City; State; Zip Code Mineral Wells, TX 76067	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 05/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brooks, Vicki <hr/> Contributor address; City; State; Zip Code Mineral Wells, TX 76067	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/68 Rpt: 9/73
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 06/11/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brooks, Vicki <hr/> 6 Contributor address; City; State; Zip Code Mineral Wells, TX 76067	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 04/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brownlee, Nancy <hr/> Contributor address; City; State; Zip Code Friendswood, TX 77546	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 01/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brozek, Vaughn <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76148	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 02/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brozek, Vaughn <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76148	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brozek, Vaughn <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76148	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/68 Rpt: 10/73
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 04/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brozek, Vaughn <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76148	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 01/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cain, Patience <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78230	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 02/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cain, Patience <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78230	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cain, Patience <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78230	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 04/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cain, Patience <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78230	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/68 Rpt: 11/73
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 05/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cain, Patience 6 Contributor address; City; State; Zip Code San Antonio, TX 78230	7 Amount of Contribution (\$) \$75.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 06/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cain, Patience Contributor address; City; State; Zip Code San Antonio, TX 78230	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campbell, Jill Contributor address; City; State; Zip Code The Woodlands, TX 77382	Amount of Contribution (\$) \$89.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 01/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carver, Lea Ann Contributor address; City; State; Zip Code Fair Oaks Ranch, TX 78015	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 02/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carver, Lea Ann Contributor address; City; State; Zip Code Fair Oaks Ranch, TX 78015	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/68 Rpt: 12/73
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 03/28/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carver, Lea Ann <hr/> 6 Contributor address; City; State; Zip Code Fair Oaks Ranch, TX 78015	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 04/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carver, Lea Ann <hr/> Contributor address; City; State; Zip Code Fair Oaks Ranch, TX 78015	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 05/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carver, Lea Ann <hr/> Contributor address; City; State; Zip Code Fair Oaks Ranch, TX 78015	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 06/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carver, Lea Ann <hr/> Contributor address; City; State; Zip Code Fair Oaks Ranch, TX 78015	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cavender, Joe <hr/> Contributor address; City; State; Zip Code Midlothian, TX 76065	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/68 Rpt: 13/73
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 01/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chapman, Barbara 6 Contributor address; City; State; Zip Code Richardson, TX 75082	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 02/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chapman, Barbara Contributor address; City; State; Zip Code Richardson, TX 75082	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chapman, Barbara Contributor address; City; State; Zip Code Richardson, TX 75082	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 04/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chapman, Barbara Contributor address; City; State; Zip Code Richardson, TX 75082	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chapman, Barbara Contributor address; City; State; Zip Code Richardson, TX 75082	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/68 Rpt: 14/73
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 06/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chapman, Barbara 6 Contributor address; City; State; Zip Code Richardson, TX 75082	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 01/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clements, Kristine Contributor address; City; State; Zip Code Spring, TX 77373	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 02/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clements, Kristine Contributor address; City; State; Zip Code Spring, TX 77373	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clements, Kristine Contributor address; City; State; Zip Code Spring, TX 77373	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 04/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clements, Kristine Contributor address; City; State; Zip Code Spring, TX 77373	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/68 Rpt: 15/73
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 05/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clements, Kristine <hr/> 6 Contributor address; City; State; Zip Code Spring, TX 77373	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 06/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clements, Kristine <hr/> Contributor address; City; State; Zip Code Spring, TX 77373	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 01/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cook, Jeannie <hr/> Contributor address; City; State; Zip Code Plano, TX 75023	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 02/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cook, Jeannie <hr/> Contributor address; City; State; Zip Code Plano, TX 75023	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cook, Jeannie <hr/> Contributor address; City; State; Zip Code Plano, TX 75023	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/68 Rpt: 16/73
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 04/26/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cook, Jeannie <hr/> 6 Contributor address; City; State; Zip Code Plano, TX 75023	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 05/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cook, Jeannie <hr/> Contributor address; City; State; Zip Code Plano, TX 75023	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 06/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cook, Jeannie <hr/> Contributor address; City; State; Zip Code Plano, TX 75023	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 01/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crook, Debra <hr/> Contributor address; City; State; Zip Code Freeport, TX 77541	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 02/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crook, Debra <hr/> Contributor address; City; State; Zip Code Freeport, TX 77541	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/68 Rpt: 17/73
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 03/28/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crook, Debra <hr/> 6 Contributor address; City; State; Zip Code Freeport, TX 77541	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 04/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crook, Debra <hr/> Contributor address; City; State; Zip Code Freeport, TX 77541	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 05/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crook, Debra <hr/> Contributor address; City; State; Zip Code Freeport, TX 77541	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 06/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crook, Debra <hr/> Contributor address; City; State; Zip Code Freeport, TX 77541	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 01/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cullers, Justin <hr/> Contributor address; City; State; Zip Code Austin, TX 78759	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/68 Rpt: 18/73
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 02/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cullers, Justin <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78759	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 03/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cullers, Justin <hr/> Contributor address; City; State; Zip Code Austin, TX 78759	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 04/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cullers, Justin <hr/> Contributor address; City; State; Zip Code Austin, TX 78759	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 05/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cullers, Justin <hr/> Contributor address; City; State; Zip Code Austin, TX 78759	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 06/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cullers, Justin <hr/> Contributor address; City; State; Zip Code Austin, TX 78759	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/68 Rpt: 19/73
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 03/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davila, Michael <hr/> 6 Contributor address; City; State; Zip Code New Braunfels, TX 78132	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 04/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davila, Michael <hr/> Contributor address; City; State; Zip Code New Braunfels, TX 78132	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 04/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Day, Candace <hr/> Contributor address; City; State; Zip Code North Richland Hills, TX 76182	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 01/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dean, Bridgett <hr/> Contributor address; City; State; Zip Code Meyersville, TX 77974	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 02/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dean, Bridgett <hr/> Contributor address; City; State; Zip Code Meyersville, TX 77974	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/68 Rpt: 20/73
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 03/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dean, Janet <hr/> 6 Contributor address; City; State; Zip Code Plano, TX 75023	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 01/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deutschendorf, Danielle <hr/> Contributor address; City; State; Zip Code Pflugerville, TX 78660	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 02/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deutschendorf, Danielle <hr/> Contributor address; City; State; Zip Code Pflugerville, TX 78660	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deutschendorf, Danielle <hr/> Contributor address; City; State; Zip Code Pflugerville, TX 78660	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 04/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deutschendorf, Danielle <hr/> Contributor address; City; State; Zip Code Pflugerville, TX 78660	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction 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 Filers) 00070132
4 Date 05/22/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deutschendorf, Danielle <hr/> 6 Contributor address; City; State; Zip Code Pflugerville, TX 78660	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 06/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deutschendorf, Danielle <hr/> Contributor address; City; State; Zip Code Pflugerville, TX 78660	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dittman, Sean <hr/> Contributor address; City; State; Zip Code Cibolo, TX 78108	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dorris, Sabrina <hr/> Contributor address; City; State; Zip Code Allen, TX 75013	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 01/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doyal, Michael <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79109	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/68 Rpt: 22/73
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 02/26/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doyal, Michael 6 Contributor address; City; State; Zip Code Amarillo, TX 79109	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 03/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doyal, Michael Contributor address; City; State; Zip Code Amarillo, TX 79109	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 04/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doyal, Michael Contributor address; City; State; Zip Code Amarillo, TX 79109	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 05/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doyal, Michael Contributor address; City; State; Zip Code Amarillo, TX 79109	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 06/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doyal, Michael Contributor address; City; State; Zip Code Amarillo, TX 79109	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/68 Rpt: 23/73
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 03/18/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eaton, Michael <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78249	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 01/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Engelman, Kimberly <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78249	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 02/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Engelman, Kimberly <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78249	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Engelman, Kimberly <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78249	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 04/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Engelman, Kimberly <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78249	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/68 Rpt: 24/73
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 05/22/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Engelman, Kimberly <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78249	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 01/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flint, Juanita <hr/> Contributor address; City; State; Zip Code Plano, TX 75075	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 01/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flint, Juanita <hr/> Contributor address; City; State; Zip Code Plano, TX 75075	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 02/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flint, Juanita <hr/> Contributor address; City; State; Zip Code Plano, TX 75075	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 02/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flint, Juanita <hr/> Contributor address; City; State; Zip Code Plano, TX 75075	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction 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 Filers) 00070132
4 Date 02/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flint, Juanita <hr/> 6 Contributor address; City; State; Zip Code Plano, TX 75075	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 03/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flint, Juanita <hr/> Contributor address; City; State; Zip Code Plano, TX 75075	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 04/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flint, Juanita <hr/> Contributor address; City; State; Zip Code Plano, TX 75075	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 04/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flint, Juanita <hr/> Contributor address; City; State; Zip Code Plano, TX 75075	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 05/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flint, Juanita <hr/> Contributor address; City; State; Zip Code Plano, TX 75075	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction 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 Filers) 00070132
4 Date 05/28/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flint, Juanita <hr/> 6 Contributor address; City; State; Zip Code Plano, TX 75075	7 Amount of Contribution (\$) \$60.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 06/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flint, Juanita <hr/> Contributor address; City; State; Zip Code Plano, TX 75075	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 06/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flint, Juanita <hr/> Contributor address; City; State; Zip Code Plano, TX 75075	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Franks, Natalie <hr/> Contributor address; City; State; Zip Code Flower Mound, TX 75028	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 01/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Martha <hr/> Contributor address; City; State; Zip Code Harlingen, TX 78550	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 24/68 Rpt: 27/73
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 02/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Martha <hr/> 6 Contributor address; City; State; Zip Code Harlingen, TX 78550	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 03/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Martha <hr/> Contributor address; City; State; Zip Code Harlingen, TX 78550	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 04/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Martha <hr/> Contributor address; City; State; Zip Code Harlingen, TX 78550	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 05/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Martha <hr/> Contributor address; City; State; Zip Code Harlingen, TX 78550	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 06/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Martha <hr/> Contributor address; City; State; Zip Code Harlingen, TX 78550	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 25/68 Rpt: 28/73
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 01/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gigliotti, Elizabeth 6 Contributor address; City; State; Zip Code Katy, TX 77494	7 Amount of Contribution (\$) \$60.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 02/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gigliotti, Elizabeth Contributor address; City; State; Zip Code Katy, TX 77494	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gigliotti, Elizabeth Contributor address; City; State; Zip Code Katy, TX 77494	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 04/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gigliotti, Elizabeth Contributor address; City; State; Zip Code Katy, TX 77494	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 05/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gigliotti, Elizabeth Contributor address; City; State; Zip Code Katy, TX 77494	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 26/68 Rpt: 29/73
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 06/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gigliotti, Elizabeth <hr/> 6 Contributor address; City; State; Zip Code Katy, TX 77494	7 Amount of Contribution (\$) \$60.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 02/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez, John <hr/> Contributor address; City; State; Zip Code Coppell, TX 75019	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez, John <hr/> Contributor address; City; State; Zip Code Coppell, TX 75019	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 04/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez, John <hr/> Contributor address; City; State; Zip Code Coppell, TX 75019	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 05/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez, John <hr/> Contributor address; City; State; Zip Code Coppell, TX 75019	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 27/68 Rpt: 30/73
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 06/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez, John <hr/> 6 Contributor address; City; State; Zip Code Coppell, TX 75019	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 03/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez, Leticia <hr/> Contributor address; City; State; Zip Code Burleson, TX 76028	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grinnell, Ralph <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78255	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guevara, Henry <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78633	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 01/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gustafson, Jennifer <hr/> Contributor address; City; State; Zip Code Austin, TX 78734	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 28/68 Rpt: 31/73
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 02/28/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gustafson, Jennifer 6 Contributor address; City; State; Zip Code Austin, TX 78734	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 03/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gustafson, Jennifer Contributor address; City; State; Zip Code Austin, TX 78734	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 04/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gustafson, Jennifer Contributor address; City; State; Zip Code Austin, TX 78734	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 05/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gustafson, Jennifer Contributor address; City; State; Zip Code Austin, TX 78734	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 06/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gustafson, Jennifer Contributor address; City; State; Zip Code Austin, TX 78734	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction 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	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heid, Holly 6 Contributor address; City; State; Zip Code Arlington, TX 76013	7 Amount of Contribution (\$) \$1,200.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 01/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hendrick, Blaine Contributor address; City; State; Zip Code McAllen, TX 78504	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 02/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hendrick, Blaine Contributor address; City; State; Zip Code McAllen, TX 78504	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hendrick, Blaine Contributor address; City; State; Zip Code McAllen, TX 78504	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 04/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hendrick, Blaine Contributor address; City; State; Zip Code McAllen, TX 78504	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 30/68 Rpt: 33/73
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 05/28/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hendrick, Blaine <hr/> 6 Contributor address; City; State; Zip Code McAllen, TX 78504	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 06/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hendrick, Blaine <hr/> Contributor address; City; State; Zip Code McAllen, TX 78504	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hensley, Margaret <hr/> Contributor address; City; State; Zip Code Santa Anna, TX 76878	Amount of Contribution (\$) \$89.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 04/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herrington, Barbara <hr/> Contributor address; City; State; Zip Code Lake Jackson, TX 77566	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 01/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hicks, Tracy <hr/> Contributor address; City; State; Zip Code Henderson, TX 75652	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 31/68 Rpt: 34/73
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 02/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hicks, Tracy 6 Contributor address; City; State; Zip Code Henderson, TX 75652	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 03/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hicks, Tracy Contributor address; City; State; Zip Code Henderson, TX 75652	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 04/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hicks, Tracy Contributor address; City; State; Zip Code Henderson, TX 75652	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 04/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hicks, Tracy Contributor address; City; State; Zip Code Henderson, TX 75652	Amount of Contribution (\$) \$89.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 05/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hicks, Tracy Contributor address; City; State; Zip Code Henderson, TX 75652	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 32/68 Rpt: 35/73
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 06/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hicks, Tracy <hr/> 6 Contributor address; City; State; Zip Code Henderson, TX 75652	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 01/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hodge, Deborah <hr/> Contributor address; City; State; Zip Code Houston, TX 77077	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 02/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hodge, Deborah <hr/> Contributor address; City; State; Zip Code Houston, TX 77077	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hodge, Deborah <hr/> Contributor address; City; State; Zip Code Houston, TX 77077	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 04/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hodge, Deborah <hr/> Contributor address; City; State; Zip Code Houston, TX 77077	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 33/68 Rpt: 36/73
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 05/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hodge, Deborah 6 Contributor address; City; State; Zip Code Houston, TX 77077	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 06/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hodge, Deborah Contributor address; City; State; Zip Code Houston, TX 77077	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 01/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holder, Amy Contributor address; City; State; Zip Code Ponder, TX 76259	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 02/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holder, Amy Contributor address; City; State; Zip Code Ponder, TX 76259	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holder, Amy Contributor address; City; State; Zip Code Ponder, TX 76259	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction 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 Filers) 00070132
4 Date 04/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holder, Amy <hr/> 6 Contributor address; City; State; Zip Code Ponder, TX 76259	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 05/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holder, Amy <hr/> Contributor address; City; State; Zip Code Ponder, TX 76259	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 06/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holder, Amy <hr/> Contributor address; City; State; Zip Code Ponder, TX 76259	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 04/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Horton, Carmen <hr/> Contributor address; City; State; Zip Code Irving, TX 75039	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 04/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Huff, Amy <hr/> Contributor address; City; State; Zip Code Tyler, TX 75703	Amount of Contribution (\$) \$89.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 35/68 Rpt: 38/73
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 04/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hyzak, Sr. Barbara <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78209	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 03/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Barbara <hr/> Contributor address; City; State; Zip Code Southlake, TX 76092	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 04/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Barbara <hr/> Contributor address; City; State; Zip Code Southlake, TX 76092	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 05/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Julian, Rose <hr/> Contributor address; City; State; Zip Code Weatherford, TX 76085	Amount of Contribution (\$) \$2,400.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knapp, James <hr/> Contributor address; City; State; Zip Code Frisco, TX 75035	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 36/68 Rpt: 39/73
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 03/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knapp, James 6 Contributor address; City; State; Zip Code Frisco, TX 75035	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 01/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kucera, Jennifer Contributor address; City; State; Zip Code Van Cleck, TX 77482	Amount of Contribution (\$) \$72.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kucera, Jennifer Contributor address; City; State; Zip Code Van Cleck, TX 77482	Amount of Contribution (\$) \$72.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 04/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kucera, Jennifer Contributor address; City; State; Zip Code Van Cleck, TX 77482	Amount of Contribution (\$) \$72.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 05/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kucera, Jennifer Contributor address; City; State; Zip Code Van Cleck, TX 77482	Amount of Contribution (\$) \$72.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 37/68 Rpt: 40/73
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 06/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kucera, Jennifer <hr/> 6 Contributor address; City; State; Zip Code Van Cleck, TX 77482	7 Amount of Contribution (\$) \$72.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 03/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lister, JoAnn <hr/> Contributor address; City; State; Zip Code Houston, TX 77079	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 01/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Logan, Stella <hr/> Contributor address; City; State; Zip Code Austin, TX 78733	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 01/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lord, Sarah <hr/> Contributor address; City; State; Zip Code Austin, TX 78745	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 02/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lord, Sarah <hr/> Contributor address; City; State; Zip Code Austin, TX 78745	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 38/68 Rpt: 41/73
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 03/05/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lord, Sarah 6 Contributor address; City; State; Zip Code Austin, TX 78745	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 04/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lord, Sarah Contributor address; City; State; Zip Code Austin, TX 78745	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 05/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lord, Sarah Contributor address; City; State; Zip Code Austin, TX 78745	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 06/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lord, Sarah Contributor address; City; State; Zip Code Austin, TX 78745	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 01/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lux, Cathy Contributor address; City; State; Zip Code Dallas, TX 75220	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 39/68 Rpt: 42/73
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 02/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lux, Cathy <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75220	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 03/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lux, Cathy <hr/> Contributor address; City; State; Zip Code Dallas, TX 75220	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 04/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lux, Cathy <hr/> Contributor address; City; State; Zip Code Dallas, TX 75220	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 05/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lux, Cathy <hr/> Contributor address; City; State; Zip Code Dallas, TX 75220	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 06/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lux, Cathy <hr/> Contributor address; City; State; Zip Code Dallas, TX 75220	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 40/68 Rpt: 43/73
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 03/22/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lynch, Cynthia <hr/> 6 Contributor address; City; State; Zip Code Royse City, TX 75189	7 Amount of Contribution (\$) \$89.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 01/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McArthur, Kimberly <hr/> Contributor address; City; State; Zip Code Bovina, TX 79009	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 02/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McArthur, Kimberly <hr/> Contributor address; City; State; Zip Code Bovina, TX 79009	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McArthur, Kimberly <hr/> Contributor address; City; State; Zip Code Bovina, TX 79009	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 04/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McArthur, Kimberly <hr/> Contributor address; City; State; Zip Code Bovina, TX 79009	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 41/68 Rpt: 44/73
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 05/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McArthur, Kimberly <hr/> 6 Contributor address; City; State; Zip Code Bovina, TX 79009	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 06/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McArthur, Kimberly <hr/> Contributor address; City; State; Zip Code Bovina, TX 79009	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 01/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDonald, Susan <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78240	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 02/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDonald, Susan <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78240	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDonald, Susan <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78240	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 42/68 Rpt: 45/73
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 04/21/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDonald, Susan 6 Contributor address; City; State; Zip Code San Antonio, TX 78240	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 05/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDonald, Susan Contributor address; City; State; Zip Code San Antonio, TX 78240	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 06/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDonald, Susan Contributor address; City; State; Zip Code San Antonio, TX 78240	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDonald-Rocha, Chastity Contributor address; City; State; Zip Code New Braunfels, TX 78130	Amount of Contribution (\$) \$600.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 01/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Metzger, Robert Contributor address; City; State; Zip Code Dallas, TX 75229	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 43/68 Rpt: 46/73
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 02/19/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Metzger, Robert <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75229	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 03/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Metzger, Robert <hr/> Contributor address; City; State; Zip Code Dallas, TX 75229	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 04/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Metzger, Robert <hr/> Contributor address; City; State; Zip Code Dallas, TX 75229	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 05/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Metzger, Robert <hr/> Contributor address; City; State; Zip Code Dallas, TX 75229	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 06/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Metzger, Robert <hr/> Contributor address; City; State; Zip Code Dallas, TX 75229	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 44/68 Rpt: 47/73
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 03/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Barbara 6 Contributor address; City; State; Zip Code Ennis, TX 75119	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 03/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Molina, Anais Contributor address; City; State; Zip Code Tahoka, TX 79373	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 01/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mosley, Margaret Contributor address; City; State; Zip Code Willis, TX 77318	Amount of Contribution (\$) \$416.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 02/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mosley, Margaret Contributor address; City; State; Zip Code Willis, TX 77318	Amount of Contribution (\$) \$416.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mosley, Margaret Contributor address; City; State; Zip Code Willis, TX 77318	Amount of Contribution (\$) \$416.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction 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 Filers) 00070132
4 Date 05/28/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mosley, Margaret <hr/> 6 Contributor address; City; State; Zip Code Willis, TX 77318	7 Amount of Contribution (\$) \$416.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 06/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mosley, Margaret <hr/> Contributor address; City; State; Zip Code Willis, TX 77318	Amount of Contribution (\$) \$416.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 04/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mosley, Margaret <hr/> Contributor address; City; State; Zip Code Willis, TX 77318	Amount of Contribution (\$) \$416.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Myers, Lisa <hr/> Contributor address; City; State; Zip Code Houston, TX 77054	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 01/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nash, Angela <hr/> Contributor address; City; State; Zip Code Houston, TX 77045	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 46/68 Rpt: 49/73
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 02/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nash, Angela 6 Contributor address; City; State; Zip Code Houston, TX 77045	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 03/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nash, Angela Contributor address; City; State; Zip Code Houston, TX 77045	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 04/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nash, Angela Contributor address; City; State; Zip Code Houston, TX 77045	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nash, Angela Contributor address; City; State; Zip Code Houston, TX 77045	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 06/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nash, Angela Contributor address; City; State; Zip Code Houston, TX 77045	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 47/68 Rpt: 50/73
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 03/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Natividad, Pedro <hr/> 6 Contributor address; City; State; Zip Code El Paso, TX 79904-2429	7 Amount of Contribution (\$) \$1,200.00
8 Principal occupation / Job title (See Instructions) Nurse practitioner		9 Employer (See Instructions) Thomas Medical/Wellmed
Date 04/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nguyen, Jennifer <hr/> Contributor address; City; State; Zip Code Carrollton, TX 75006	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Okolo, Emmanuel <hr/> Contributor address; City; State; Zip Code Arlington, TX 76001	Amount of Contribution (\$) \$90.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 01/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ostrander, Peggy <hr/> Contributor address; City; State; Zip Code Plano, TX 75074	Amount of Contribution (\$) \$175.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 02/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ostrander, Peggy <hr/> Contributor address; City; State; Zip Code Plano, TX 75074	Amount of Contribution (\$) \$175.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 48/68 Rpt: 51/73
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 03/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ostrander, Peggy <hr/> 6 Contributor address; City; State; Zip Code Plano, TX 75074	7 Amount of Contribution (\$) \$175.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 04/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ostrander, Peggy <hr/> Contributor address; City; State; Zip Code Plano, TX 75074	Amount of Contribution (\$) \$175.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 05/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ostrander, Peggy <hr/> Contributor address; City; State; Zip Code Plano, TX 75074	Amount of Contribution (\$) \$175.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 06/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ostrander, Peggy <hr/> Contributor address; City; State; Zip Code Plano, TX 75074	Amount of Contribution (\$) \$175.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 04/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paul, Beena <hr/> Contributor address; City; State; Zip Code Frisco, TX 75035	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 49/68 Rpt: 52/73
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 03/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peck, Jessica <hr/> 6 Contributor address; City; State; Zip Code Friendswood, TX 77546	7 Amount of Contribution (\$) \$300.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 03/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Plattner, Mary <hr/> Contributor address; City; State; Zip Code Zapata, TX 78076	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 02/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pratt-Reid, Toni <hr/> Contributor address; City; State; Zip Code Yukon, OK 73099	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 01/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Preston, Leann <hr/> Contributor address; City; State; Zip Code Childress, TX 79201	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 02/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Preston, Leann <hr/> Contributor address; City; State; Zip Code Childress, TX 79201	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 50/68 Rpt: 53/73
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 03/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Preston, Leann <hr/> 6 Contributor address; City; State; Zip Code Childress, TX 79201	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 04/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Preston, Leann <hr/> Contributor address; City; State; Zip Code Childress, TX 79201	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 05/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Preston, Leann <hr/> Contributor address; City; State; Zip Code Childress, TX 79201	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 06/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Preston, Leann <hr/> Contributor address; City; State; Zip Code Childress, TX 79201	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Prince, Ernest <hr/> Contributor address; City; State; Zip Code Boerne, TX 78015	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions) University Health System - CMA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction 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 Filers) 00070132
4 Date 01/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quigley, Sharon 6 Contributor address; City; State; Zip Code San Antonio, TX 78256	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 02/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quigley, Sharon Contributor address; City; State; Zip Code San Antonio, TX 78256	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quigley, Sharon Contributor address; City; State; Zip Code San Antonio, TX 78256	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 04/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quigley, Sharon Contributor address; City; State; Zip Code San Antonio, TX 78256	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 05/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quigley, Sharon Contributor address; City; State; Zip Code San Antonio, TX 78256	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 52/68 Rpt: 55/73
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 06/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quigley, Sharon <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78256	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 01/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reid, Lisa <hr/> Contributor address; City; State; Zip Code Dallas, TX 75243	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 02/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reid, Lisa <hr/> Contributor address; City; State; Zip Code Dallas, TX 75243	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reid, Lisa <hr/> Contributor address; City; State; Zip Code Dallas, TX 75243	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 04/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reid, Lisa <hr/> Contributor address; City; State; Zip Code Dallas, TX 75243	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 53/68 Rpt: 56/73
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 05/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reid, Lisa 6 Contributor address; City; State; Zip Code Dallas, TX 75243	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 06/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reid, Lisa Contributor address; City; State; Zip Code Dallas, TX 75243	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reitan, Rachel Contributor address; City; State; Zip Code Wichita Falls, TX 76310	Amount of Contribution (\$) \$600.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Respress, Brandon Contributor address; City; State; Zip Code Desoto, TX 75115	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 01/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richburg, Melanie Contributor address; City; State; Zip Code Lubbock, TX 79423	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 54/68 Rpt: 57/73
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 02/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richburg, Melanie <hr/> 6 Contributor address; City; State; Zip Code Lubbock, TX 79423	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 03/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richburg, Melanie <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79423	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 04/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richburg, Melanie <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79423	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 05/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richburg, Melanie <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79423	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 06/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richburg, Melanie <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79423	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 55/68 Rpt: 58/73
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 01/21/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Delores <hr/> 6 Contributor address; City; State; Zip Code Laredo, TX 78043	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 03/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rounds, Linda <hr/> Contributor address; City; State; Zip Code Galveston, TX 77555	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions) University of Texas Medical Branch
Date 01/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scalora, Cheryl <hr/> Contributor address; City; State; Zip Code Nacogdoches, TX 75961	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 02/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scalora, Cheryl <hr/> Contributor address; City; State; Zip Code Nacogdoches, TX 75961	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scalora, Cheryl <hr/> Contributor address; City; State; Zip Code Nacogdoches, TX 75961	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 56/68 Rpt: 59/73
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 04/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scalora, Cheryl <hr/> 6 Contributor address; City; State; Zip Code Nacogdoches, TX 75961	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scalora, Cheryl <hr/> Contributor address; City; State; Zip Code Nacogdoches, TX 75961	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 06/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scalora, Cheryl <hr/> Contributor address; City; State; Zip Code Nacogdoches, TX 75961	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simmons, Helen <hr/> Contributor address; City; State; Zip Code Port Neches, TX 77651	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 01/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Dovie <hr/> Contributor address; City; State; Zip Code Freer, TX 78357	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 57/68 Rpt: 60/73
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 02/28/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Dovie <hr/> 6 Contributor address; City; State; Zip Code Freer, TX 78357	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 03/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Dovie <hr/> Contributor address; City; State; Zip Code Freer, TX 78357	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 04/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Dovie <hr/> Contributor address; City; State; Zip Code Freer, TX 78357	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 05/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Dovie <hr/> Contributor address; City; State; Zip Code Freer, TX 78357	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 06/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Dovie <hr/> Contributor address; City; State; Zip Code Freer, TX 78357	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 58/68 Rpt: 61/73
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 01/28/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Kate 6 Contributor address; City; State; Zip Code Fort Worth, TX 76109	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 02/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Kate Contributor address; City; State; Zip Code Fort Worth, TX 76109	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Kate Contributor address; City; State; Zip Code Fort Worth, TX 76109	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 04/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Kate Contributor address; City; State; Zip Code Fort Worth, TX 76109	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 05/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Kate Contributor address; City; State; Zip Code Fort Worth, TX 76109	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 59/68 Rpt: 62/73
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 06/28/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Kate 6 Contributor address; City; State; Zip Code Fort Worth, TX 76109	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 04/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thapa, Anita Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 01/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Krysta Contributor address; City; State; Zip Code Lake Jackson, TX 77566	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 02/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Krysta Contributor address; City; State; Zip Code Lake Jackson, TX 77566	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Krysta Contributor address; City; State; Zip Code Lake Jackson, TX 77566	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 60/68 Rpt: 63/73
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 04/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Krysta <hr/> 6 Contributor address; City; State; Zip Code Lake Jackson, TX 77566	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 05/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Krysta <hr/> Contributor address; City; State; Zip Code Lake Jackson, TX 77566	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 06/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Krysta <hr/> Contributor address; City; State; Zip Code Lake Jackson, TX 77566	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 04/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tiller, Sonja <hr/> Contributor address; City; State; Zip Code Troup, TX 75789	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 05/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tiller, Sonja <hr/> Contributor address; City; State; Zip Code Troup, TX 75789	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 61/68 Rpt: 64/73
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 06/11/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tiller, Sonja <hr/> 6 Contributor address; City; State; Zip Code Troup, TX 75789	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 03/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vandegiessen, Kathleen <hr/> Contributor address; City; State; Zip Code Houston, TX 77018	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 01/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wahlenmaier, Victoria <hr/> Contributor address; City; State; Zip Code Burleson, TX 76028	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 02/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wahlenmaier, Victoria <hr/> Contributor address; City; State; Zip Code Burleson, TX 76028	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wahlenmaier, Victoria <hr/> Contributor address; City; State; Zip Code Burleson, TX 76028	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 62/68 Rpt: 65/73
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 03/18/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walker, Bryan 6 Contributor address; City; State; Zip Code Round Rock, TX 78665	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 01/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wallace, Ashley Contributor address; City; State; Zip Code Abbott, TX 76621	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 02/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wallace, Ashley Contributor address; City; State; Zip Code Abbott, TX 76621	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wallace, Ashley Contributor address; City; State; Zip Code Abbott, TX 76621	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 04/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wallace, Ashley Contributor address; City; State; Zip Code Abbott, TX 76621	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 63/68 Rpt: 66/73
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 05/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wallace, Ashley <hr/> 6 Contributor address; City; State; Zip Code Abbott, TX 76621	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 06/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wallace, Ashley <hr/> Contributor address; City; State; Zip Code Abbott, TX 76621	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ware, Leigh Ann <hr/> Contributor address; City; State; Zip Code Pleasanton, TX 78064-0180	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 01/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weston, Cindy <hr/> Contributor address; City; State; Zip Code Bryan, TX 77807	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 02/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weston, Cindy <hr/> Contributor address; City; State; Zip Code Bryan, TX 77807	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 64/68 Rpt: 67/73
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 03/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weston, Cindy <hr/> 6 Contributor address; City; State; Zip Code Bryan, TX 77807	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 03/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weston, Cindy <hr/> Contributor address; City; State; Zip Code Bryan, TX 77807	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 04/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weston, Cindy <hr/> Contributor address; City; State; Zip Code Bryan, TX 77807	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 05/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weston, Cindy <hr/> Contributor address; City; State; Zip Code Bryan, TX 77807	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 06/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weston, Cindy <hr/> Contributor address; City; State; Zip Code Bryan, TX 77807	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 65/68 Rpt: 68/73
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 04/11/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Ann <hr/> 6 Contributor address; City; State; Zip Code Rosharon, TX 77583	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 01/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Shelia <hr/> Contributor address; City; State; Zip Code Tyler, TX 75706	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 02/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Shelia <hr/> Contributor address; City; State; Zip Code Tyler, TX 75706	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Shelia <hr/> Contributor address; City; State; Zip Code Tyler, TX 75706	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 04/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Shelia <hr/> Contributor address; City; State; Zip Code Tyler, TX 75706	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 66/68 Rpt: 69/73
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 05/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Shelia <hr/> 6 Contributor address; City; State; Zip Code Tyler, TX 75706	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 06/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Shelia <hr/> Contributor address; City; State; Zip Code Tyler, TX 75706	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 03/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wills Bagnato, Patricia <hr/> Contributor address; City; State; Zip Code Houston, TX 77009	Amount of Contribution (\$) \$89.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 04/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wimberly, Patricia <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78250	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 01/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wines, Kendall <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79424	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 67/68 Rpt: 70/73
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 02/26/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wines, Kendall <hr/> 6 Contributor address; City; State; Zip Code Lubbock, TX 79424	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 03/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wines, Kendall <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79424	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 04/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wines, Kendall <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79424	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 05/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wines, Kendall <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79424	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 06/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wines, Kendall <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79424	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 68/68 Rpt: 71/73
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 03/18/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Womack, Diane <hr/> 6 Contributor address; City; State; Zip Code McKinney, TX 75072	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)

NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE **C4**

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

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/1 Rpt: 73/73	2 FILER NAME Texas Nurse Practitioners PAC	3 Filer ID (Ethics Commission Filers) 00070132
4 Date 02/04/2025	5 Payee name House Bible Study Group	
6 Amount (\$) \$750.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 806 Austin, TX 78767	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense prayer breakfast sponsorship
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/28/2025	Payee name Texas House of Representatives - Speaker's Reunion Day	
Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 2910 Austin, TX 78768	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense sponsorship for Speaker's Reunion Day 2025
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/28/2025	Payee name Texas Southern University Foundation	
Amount (\$) \$2,500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 301074 Austin, TX 78703	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense speaker's roast sponsorship
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held