

**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: 30		
3 COMMITTEE NAME Texas Nurse Practitioners PAC		<b>OFFICE USE ONLY</b> Date Received <b>ELECTRONICALLY FILED</b> 01/14/2026  Date Hand-delivered or Date Postmarked  Receipt # <input type="text"/> Amount <input type="text"/>  Date Processed  Date Imaged			
4 COMMITTEE ADDRESS  <input type="checkbox"/> Change of Address Austin, TX 78735					
4425 S. Mopac Expy., Bldg. 3, Ste. 405					
5 CAMPAIGN TREASURER NAME Mrs. Emily S.					
NICKNAME LAST SUFFIX					
Emily S. Eastin					
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 4425 S. Mopac Expy., Bldg. 3, Ste. 405  Austin, TX 78735	APT / SUITE #;	CITY;	STATE;	ZIP CODE
7 CAMPAIGN TREASURER MAILING ADDRESS  <input type="checkbox"/> Change of Address	STREET OR PO BOX; 4425 S. Mopac Expy., Bldg. 3, Ste. 405  Austin, TX 78735	APT / SUITE #;	CITY;	STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE (512) 291-6224	PHONE NUMBER	EXTENSION		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15  <input type="checkbox"/> July 15	<input type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff	<input type="checkbox"/> Dissolution (Attach PAC-DR)  <input type="checkbox"/> 10th day after campaign treasurer termination		
10 PERIOD COVERED	Month Day Year 10/26/2025	Month Day Year THROUGH	Month Day Year 12/31/2025		
11 ELECTION	ELECTION DATE Month Day Year 03/03/2026	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	ELECTION TYPE <input type="checkbox"/> Runoff <input type="checkbox"/> Special	<input type="checkbox"/> Other	

**GO TO PAGE 2**

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

**FORM GPAC  
COVER SHEET PG 2**

<b>12 COMMITTEE NAME</b> Texas Nurse Practitioners PAC		<b>13 FILER ID</b> (Ethics Commission Filers) 00070132
<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Holly Jeffreys State Representative  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.)	
<b>15 CONTRIBUTION TOTALS</b>	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	\$ 0.00
	<b>2. TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 11,060.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 5,500.00
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 74,611.20
<b>OUTSTANDING LOAN TOTALS</b>	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

**GENERAL-PURPOSE COMMITTEE REPORT:  
PURPOSE****FORM GPAC  
ADDENDUM**

Page 3 of 30

<b>12 COMMITTEE NAME</b> Texas Nurse Practitioners PAC		<b>13 Filer ID</b> (Ethics Commission Filers) 00070132
<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Rep. Mark Dorazio State Representative  B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported  B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

**SUBTOTALS - GPAC****FORM GPAC**  
**COVER SHEET PG 3**  
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<b>17</b> COMMITTEE NAME Texas Nurse Practitioners PAC	<b>18</b> FILER ID (Ethics Commission Filers) 00070132
<b>19</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 8,660.00
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	\$ 2,400.00
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	\$ 5,500.00
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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/24 Rpt: 5/30
<b>2</b> FILER NAME Texas Nurse Practitioners PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00070132
<b>4</b> Date 11/16/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blanco, Christina	<b>7</b> Amount of Contribution (\$) \$65.00
	<b>6</b> Contributor address; City; State; Zip Code  El Paso, TX 79912	
<b>8</b> Principal occupation / Job title (See Instructions) Nurse Practitioner		<b>9</b> Employer (See Instructions)
Date 12/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blanco, Christina	Amount of Contribution (\$) \$65.00
	Contributor address; City; State; Zip Code  El Paso, TX 79912	
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 10/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brozek, Vaughn	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code  Fort Worth, TX 76148	
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brozek, Vaughn	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code  Fort Worth, TX 76148	
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brozek, Vaughn	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code  Fort Worth, TX 76148	
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/24 Rpt: 6/30
<b>2</b> FILER NAME Texas Nurse Practitioners PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00070132
<b>4</b> Date 10/28/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carver, Lea Ann ..... <b>6</b> Contributor address; City; State; Zip Code  Fair Oaks Ranch, TX 78015	<b>7</b> Amount of Contribution (\$) \$50.00
	<b>8</b> Principal occupation / Job title (See Instructions) Nurse Practitioner	
<b>Date</b> 11/28/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Carver, Lea Ann ..... <b>Contributor address; City; State; Zip Code</b>  Fair Oaks Ranch, TX 78015	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Principal occupation / Job title (See Instructions)</b> Nurse Practitioner	
<b>Date</b> 12/28/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Carver, Lea Ann ..... <b>Contributor address; City; State; Zip Code</b>  Fair Oaks Ranch, TX 78015	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Principal occupation / Job title (See Instructions)</b> Nurse Practitioner	
<b>Date</b> 10/26/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Chadwick, Brandi ..... <b>Contributor address; City; State; Zip Code</b>  Powderly, TX 75473	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Principal occupation / Job title (See Instructions)</b> Nurse Practitioner	
<b>Date</b> 11/26/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Chadwick, Brandi ..... <b>Contributor address; City; State; Zip Code</b>  Powderly, TX 75473	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Principal occupation / Job title (See Instructions)</b> Nurse Practitioner	

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/24 Rpt: 7/30
<b>2</b> FILER NAME Texas Nurse Practitioners PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00070132
<b>4</b> Date 12/26/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chadwick, Brandi	<b>7</b> Amount of Contribution (\$) \$50.00
	<b>6</b> Contributor address; City; State; Zip Code  Powderly, TX 75473	
<b>8</b> Principal occupation / Job title (See Instructions) Nurse Practitioner		<b>9</b> Employer (See Instructions)
Date 11/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chapman, Barbara	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Richardson, TX 75082	
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 12/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chapman, Barbara	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Richardson, TX 75082	
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 10/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clack, Kendrick	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Houston, TX 77004	
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 11/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clack, Kendrick	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Houston, TX 77004	
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/24 Rpt: 8/30
<b>2</b> FILER NAME Texas Nurse Practitioners PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00070132
<b>4</b> Date 12/28/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clack, Kendrick	<b>7</b> Amount of Contribution (\$) \$25.00
	<b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77004	
<b>8</b> Principal occupation / Job title (See Instructions) Nurse Practitioner		<b>9</b> Employer (See Instructions)
Date 11/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clements, Kristine	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Spring, TX 77373	
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 12/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clements, Kristine	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Spring, TX 77373	
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 10/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crook, Debra	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Freeport, TX 77541	
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 11/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crook, Debra	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Freeport, TX 77541	
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/24 Rpt: 9/30
<b>2</b> FILER NAME Texas Nurse Practitioners PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00070132
<b>4</b> Date 12/28/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crook, Debra ..... <b>6</b> Contributor address; City; State; Zip Code  Freeport, TX 77541	<b>7</b> Amount of Contribution (\$) \$50.00
	<b>8</b> Principal occupation / Job title (See Instructions) Nurse Practitioner	
<b>9</b> Employer (See Instructions)	<b>Date</b> 11/08/2025	
	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Cullers, Justin ..... <b>Contributor address; City; State; Zip Code</b>  Austin, TX 78759	
<b>Principal occupation / Job title (See Instructions)</b> Nurse Practitioner		<b>Amount of Contribution (\$)</b> \$50.00
<b>Date</b> 12/08/2025		<b>Amount of Contribution (\$)</b> \$50.00
<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Cullers, Justin ..... <b>Contributor address; City; State; Zip Code</b>  Austin, TX 78759		
<b>Principal occupation / Job title (See Instructions)</b> Nurse Practitioner		<b>Employer (See Instructions)</b>
<b>Date</b> 11/22/2025		<b>Amount of Contribution (\$)</b> \$25.00
<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Deutschendorf, Danielle ..... <b>Contributor address; City; State; Zip Code</b>  Pflugerville, TX 78660		
<b>Principal occupation / Job title (See Instructions)</b> Nurse Practitioner		<b>Employer (See Instructions)</b>
<b>Date</b> 12/22/2025		<b>Amount of Contribution (\$)</b> \$25.00
<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Deutschendorf, Danielle ..... <b>Contributor address; City; State; Zip Code</b>  Pflugerville, TX 78660		
<b>Principal occupation / Job title (See Instructions)</b> Nurse Practitioner		<b>Employer (See Instructions)</b>

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/24 Rpt: 10/30
<b>2</b> FILER NAME Texas Nurse Practitioners PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00070132
<b>4</b> Date 10/26/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doyal, Michael	<b>7</b> Amount of Contribution (\$) \$25.00
	<b>6</b> Contributor address; City; State; Zip Code  Amarillo, TX 79109	
<b>8</b> Principal occupation / Job title (See Instructions) Nurse Practitioner		<b>9</b> Employer (See Instructions)
<b>Date</b> 11/26/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Doyal, Michael	<b>Amount of Contribution (\$)</b> \$25.00
	<b>Contributor address; City; State; Zip Code</b>  Amarillo, TX 79109	
<b>Principal occupation / Job title (See Instructions)</b> Nurse Practitioner		<b>Employer (See Instructions)</b>
<b>Date</b> 12/26/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Doyal, Michael	<b>Amount of Contribution (\$)</b> \$25.00
	<b>Contributor address; City; State; Zip Code</b>  Amarillo, TX 79109	
<b>Principal occupation / Job title (See Instructions)</b> Nurse Practitioner		<b>Employer (See Instructions)</b>
<b>Date</b> 10/28/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Flint, Juanita	<b>Amount of Contribution (\$)</b> \$60.00
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75075	
<b>Principal occupation / Job title (See Instructions)</b> Nurse Practitioner		<b>Employer (See Instructions)</b>
<b>Date</b> 11/04/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Flint, Juanita	<b>Amount of Contribution (\$)</b> \$25.00
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75075	
<b>Principal occupation / Job title (See Instructions)</b> Nurse Practitioner		<b>Employer (See Instructions)</b>

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 7/24 Rpt: 11/30
<b>2</b> FILER NAME Texas Nurse Practitioners PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00070132
<b>4</b> Date 11/28/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flint, Juanita	<b>7</b> Amount of Contribution (\$) \$60.00
	<b>6</b> Contributor address; City; State; Zip Code  Plano, TX 75075	
<b>8</b> Principal occupation / Job title (See Instructions) Nurse Practitioner		<b>9</b> Employer (See Instructions)
<b>Date</b> 12/04/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Flint, Juanita	<b>Amount of Contribution (\$)</b> \$25.00
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75075	
<b>Principal occupation / Job title (See Instructions)</b> Nurse Practitioner		<b>Employer (See Instructions)</b>
<b>Date</b> 12/28/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Flint, Juanita	<b>Amount of Contribution (\$)</b> \$60.00
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75075	
<b>Principal occupation / Job title (See Instructions)</b> Nurse Practitioner		<b>Employer (See Instructions)</b>
<b>Date</b> 10/30/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Gatonye, Esther	<b>Amount of Contribution (\$)</b> \$25.00
	<b>Contributor address; City; State; Zip Code</b>  Pflugerville, TX 78660	
<b>Principal occupation / Job title (See Instructions)</b> Nurse Practitioner		<b>Employer (See Instructions)</b>
<b>Date</b> 11/30/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Gatonye, Esther	<b>Amount of Contribution (\$)</b> \$25.00
	<b>Contributor address; City; State; Zip Code</b>  Pflugerville, TX 78660	
<b>Principal occupation / Job title (See Instructions)</b> Nurse Practitioner		<b>Employer (See Instructions)</b>

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 8/24 Rpt: 12/30
<b>2</b> FILER NAME Texas Nurse Practitioners PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00070132
<b>4</b> Date 11/10/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gigliotti, Elizabeth	<b>7</b> Amount of Contribution (\$) \$60.00
	<b>6</b> Contributor address; City; State; Zip Code  Katy, TX 77494	
<b>8</b> Principal occupation / Job title (See Instructions) Nurse Practitioner		<b>9</b> Employer (See Instructions)
<b>Date</b> 12/10/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Gigliotti, Elizabeth	<b>Amount of Contribution (\$)</b> \$60.00
	<b>Contributor address; City; State; Zip Code</b>  Katy, TX 77494	
<b>Principal occupation / Job title (See Instructions)</b> Nurse Practitioner		<b>Employer (See Instructions)</b>
<b>Date</b> 11/03/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez, John	<b>Amount of Contribution (\$)</b> \$200.00
	<b>Contributor address; City; State; Zip Code</b>  Coppell, TX 75019	
<b>Principal occupation / Job title (See Instructions)</b> Nurse Practitioner		<b>Employer (See Instructions)</b>
<b>Date</b> 12/03/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez, John	<b>Amount of Contribution (\$)</b> \$200.00
	<b>Contributor address; City; State; Zip Code</b>  Coppell, TX 75019	
<b>Principal occupation / Job title (See Instructions)</b> Nurse Practitioner		<b>Employer (See Instructions)</b>
<b>Date</b> 10/28/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Gustafson, Jennifer	<b>Amount of Contribution (\$)</b> \$25.00
	<b>Contributor address; City; State; Zip Code</b>  Austin, TX 78734	
<b>Principal occupation / Job title (See Instructions)</b> Nurse Practitioner		<b>Employer (See Instructions)</b>

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 9/24 Rpt: 13/30
<b>2</b> FILER NAME Texas Nurse Practitioners PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00070132
<b>4</b> Date 11/28/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gustafson, Jennifer ..... <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78734	<b>7</b> Amount of Contribution (\$) \$25.00
	<b>8</b> Principal occupation / Job title (See Instructions) Nurse Practitioner	
<b>9</b> Employer (See Instructions)	<b>Date</b> 12/28/2025  <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Gustafson, Jennifer ..... <b>Contributor address; City; State; Zip Code</b>  Austin, TX 78734	
	<b>Amount of Contribution (\$)</b> \$25.00	
<b>Principal occupation / Job title (See Instructions)</b> Nurse Practitioner		<b>Employer (See Instructions)</b>
<b>Date</b> 11/16/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrison, Lutricia ..... <b>Contributor address; City; State; Zip Code</b>  Spring, TX 77379	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Employer (See Instructions)</b>	
<b>Date</b> 12/16/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrison, Lutricia ..... <b>Contributor address; City; State; Zip Code</b>  Spring, TX 77379	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Employer (See Instructions)</b>	
<b>Date</b> 10/28/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Hendrick, DC, FNP-C, Blaine ..... <b>Contributor address; City; State; Zip Code</b>  McAllen, TX 78504	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Employer (See Instructions)</b>	

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 10/24 Rpt: 14/30
<b>2</b> FILER NAME Texas Nurse Practitioners PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00070132
<b>4</b> Date 11/28/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hendrick, DC, FNP-C, Blaine	<b>7</b> Amount of Contribution (\$) \$50.00
	<b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78504	
<b>8</b> Principal occupation / Job title (See Instructions) Nurse Practitioner		<b>9</b> Employer (See Instructions)
<b>Date</b> 12/28/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Hendrick, DC, FNP-C, Blaine	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Contributor address; City; State; Zip Code</b>  McAllen, TX 78504	
<b>Principal occupation / Job title (See Instructions)</b> Nurse Practitioner		<b>Employer (See Instructions)</b>
<b>Date</b> 10/26/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Hicks, Tracy	<b>Amount of Contribution (\$)</b> \$416.00
	<b>Contributor address; City; State; Zip Code</b>  Henderson, TX 75652-3552	
<b>Principal occupation / Job title (See Instructions)</b> Nurse Practitioner		<b>Employer (See Instructions)</b>
<b>Date</b> 11/26/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Hicks, Tracy	<b>Amount of Contribution (\$)</b> \$416.00
	<b>Contributor address; City; State; Zip Code</b>  Henderson, TX 75652-3552	
<b>Principal occupation / Job title (See Instructions)</b> Nurse Practitioner		<b>Employer (See Instructions)</b>
<b>Date</b> 12/26/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Hicks, Tracy	<b>Amount of Contribution (\$)</b> \$416.00
	<b>Contributor address; City; State; Zip Code</b>  Henderson, TX 75652-3552	
<b>Principal occupation / Job title (See Instructions)</b> Nurse Practitioner		<b>Employer (See Instructions)</b>

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 11/24 Rpt: 15/30
<b>2</b> FILER NAME Texas Nurse Practitioners PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00070132
<b>4</b> Date 11/24/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hodge, Deborah	<b>7</b> Amount of Contribution (\$) \$50.00
	<b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77077	
<b>8</b> Principal occupation / Job title (See Instructions) Nurse Practitioner		<b>9</b> Employer (See Instructions)
Date 12/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hodge, Deborah	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Houston, TX 77077	
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 11/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holder, Amy	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Ponder, TX 76259	
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 12/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holder, Amy	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Ponder, TX 76259	
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 10/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Jennifer	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Waxahachie, TX 75165	
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 12/24 Rpt: 16/30
<b>2</b> FILER NAME Texas Nurse Practitioners PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00070132
<b>4</b> Date 11/28/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Jennifer .....  <b>6</b> Contributor address; City; State; Zip Code  Waxahachie, TX 75165	<b>7</b> Amount of Contribution (\$) \$25.00
	<b>8</b> Principal occupation / Job title (See Instructions) Nurse Practitioner	
<b>9</b> Employer (See Instructions)	<b>Date</b> 12/28/2025  <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Jennifer .....  <b>Contributor address; City; State; Zip Code</b>  Waxahachie, TX 75165	
	<b>Amount of Contribution (\$)</b> \$25.00	
<b>Principal occupation / Job title (See Instructions)</b> Nurse Practitioner		<b>Employer (See Instructions)</b>
<b>Date</b> 11/04/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Kucera, Jennifer .....  <b>Contributor address; City; State; Zip Code</b>  Van Vleck, TX 77482	<b>Amount of Contribution (\$)</b> \$72.00
	<b>Employer (See Instructions)</b>	
<b>Date</b> 12/04/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Kucera, Jennifer .....  <b>Contributor address; City; State; Zip Code</b>  Van Vleck, TX 77482	<b>Amount of Contribution (\$)</b> \$72.00
	<b>Employer (See Instructions)</b>	
<b>Date</b> 10/27/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Legezu, Isabella .....  <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75231	<b>Amount of Contribution (\$)</b> \$25.00
	<b>Employer (See Instructions)</b>	

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 13/24 Rpt: 17/30
<b>2</b> FILER NAME Texas Nurse Practitioners PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00070132
<b>4</b> Date 11/27/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Legezu, Isabella ..... <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75231	<b>7</b> Amount of Contribution (\$) \$25.00
	<b>8</b> Principal occupation / Job title (See Instructions) Nurse Practitioner	
<b>9</b> Employer (See Instructions)	<b>Date</b> 12/27/2025	
	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Legezu, Isabella ..... <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75231	
<b>Principal occupation / Job title (See Instructions)</b> Nurse Practitioner		<b>Amount of Contribution (\$)</b> \$25.00
<b>Principal occupation / Job title (See Instructions)</b> Nurse Practitioner		<b>Employer (See Instructions)</b>
<b>Date</b> 11/10/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Lux, Catherine ..... <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75220	<b>Amount of Contribution (\$)</b> \$100.00
	<b>Principal occupation / Job title (See Instructions)</b> Nurse Practitioner	
<b>Date</b> 12/10/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Lux, Catherine ..... <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75220	<b>Amount of Contribution (\$)</b> \$100.00
	<b>Principal occupation / Job title (See Instructions)</b> Nurse Practitioner	
<b>Date</b> 10/27/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) McArthur, Kim ..... <b>Contributor address; City; State; Zip Code</b>  Bovina, TX 79009	<b>Amount of Contribution (\$)</b> \$100.00
	<b>Principal occupation / Job title (See Instructions)</b> Nurse Practitioner	

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 14/24 Rpt: 18/30
<b>2</b> FILER NAME Texas Nurse Practitioners PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00070132
<b>4</b> Date 11/27/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCarthur, Kim ..... <b>6</b> Contributor address; City; State; Zip Code  Bovina, TX 79009	<b>7</b> Amount of Contribution (\$) \$100.00
	<b>8</b> Principal occupation / Job title (See Instructions) Nurse Practitioner	
<b>9</b> Employer (See Instructions)	<b>Date</b> 12/27/2025	
	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) McCarthur, Kim ..... <b>Contributor address; City; State; Zip Code</b>  Bovina, TX 79009	
<b>Principal occupation / Job title (See Instructions)</b> Nurse Practitioner		<b>Amount of Contribution (\$)</b> \$100.00
<b>Principal occupation / Job title (See Instructions)</b> Nurse Practitioner		<b>Employer (See Instructions)</b>
<b>Date</b> 11/21/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) McDonald, Susan ..... <b>Contributor address; City; State; Zip Code</b>  San Antonio, TX 78240	
	<b>Amount of Contribution (\$)</b> \$25.00	
<b>Principal occupation / Job title (See Instructions)</b> Nurse Practitioner		<b>Employer (See Instructions)</b>
<b>Date</b> 12/21/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) McDonald, Susan ..... <b>Contributor address; City; State; Zip Code</b>  San Antonio, TX 78240	
	<b>Amount of Contribution (\$)</b> \$25.00	
<b>Principal occupation / Job title (See Instructions)</b> Nurse Practitioner		<b>Employer (See Instructions)</b>
<b>Date</b> 11/19/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Metzger, Robert ..... <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75229	
	<b>Amount of Contribution (\$)</b> \$200.00	
<b>Principal occupation / Job title (See Instructions)</b> Nurse Practitioner		<b>Employer (See Instructions)</b>

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 15/24 Rpt: 19/30
<b>2</b> FILER NAME Texas Nurse Practitioners PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00070132
<b>4</b> Date 12/19/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Metzger, Robert	<b>7</b> Amount of Contribution (\$) \$200.00
	<b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75229	
<b>8</b> Principal occupation / Job title (See Instructions) Nurse Practitioner		<b>9</b> Employer (See Instructions)
Date 11/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mofor, joyce	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Pearland, TX 77581	
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 10/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mosley, Margaret	Amount of Contribution (\$) \$416.00
	Contributor address; City; State; Zip Code  Willis, TX 77318	
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 11/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mosley, Margaret	Amount of Contribution (\$) \$416.00
	Contributor address; City; State; Zip Code  Willis, TX 77318	
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 12/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mosley, Margaret	Amount of Contribution (\$) \$416.00
	Contributor address; City; State; Zip Code  Willis, TX 77318	
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 16/24 Rpt: 20/30
<b>2</b> FILER NAME Texas Nurse Practitioners PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00070132
<b>4</b> Date 11/08/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nash, Angela	<b>7</b> Amount of Contribution (\$) \$20.00
	<b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77045	
<b>8</b> Principal occupation / Job title (See Instructions) Nurse Practitioner		<b>9</b> Employer (See Instructions)
Date 12/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nash, Angela	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  Houston, TX 77045	
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 11/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ostrander, Peggy	Amount of Contribution (\$) \$175.00
	Contributor address; City; State; Zip Code  Plano, TX 75074	
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 12/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ostrander, Peggy	Amount of Contribution (\$) \$175.00
	Contributor address; City; State; Zip Code  Plano, TX 75074	
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 11/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Preston, Leann	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  childress, TX 79201	
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 17/24 Rpt: 21/30
<b>2</b> FILER NAME Texas Nurse Practitioners PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00070132
<b>4</b> Date 12/06/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Preston, Leann	<b>7</b> Amount of Contribution (\$) \$50.00
	<b>6</b> Contributor address; City; State; Zip Code  childress, TX 79201	
<b>8</b> Principal occupation / Job title (See Instructions) Nurse Practitioner		<b>9</b> Employer (See Instructions)
Date 11/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quigley, Sharon	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  San Antonio, TX 78256	
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 12/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quigley, Sharon	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  San Antonio, TX 78256	
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 11/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reid, Lisa	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Dallas, TX 75243	
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 12/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reid, Lisa	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Dallas, TX 75243	
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 18/24 Rpt: 22/30
<b>2</b> FILER NAME Texas Nurse Practitioners PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00070132
<b>4</b> Date 10/26/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rutledge, Ellen	<b>7</b> Amount of Contribution (\$) \$25.00
	<b>6</b> Contributor address; City; State; Zip Code  Belton, TX 76513	
<b>8</b> Principal occupation / Job title (See Instructions) Nurse Practitioner		<b>9</b> Employer (See Instructions)
<b>Date</b> 11/26/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Rutledge, Ellen	<b>Amount of Contribution (\$)</b> \$25.00
	<b>Contributor address; City; State; Zip Code</b>  Belton, TX 76513	
<b>Principal occupation / Job title (See Instructions)</b> Nurse Practitioner		<b>Employer (See Instructions)</b>
<b>Date</b> 12/26/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Rutledge, Ellen	<b>Amount of Contribution (\$)</b> \$25.00
	<b>Contributor address; City; State; Zip Code</b>  Belton, TX 76513	
<b>Principal occupation / Job title (See Instructions)</b> Nurse Practitioner		<b>Employer (See Instructions)</b>
<b>Date</b> 11/07/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Scalora, Cheryl	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Contributor address; City; State; Zip Code</b>  NACOGDOCHES, TX 75961	
<b>Principal occupation / Job title (See Instructions)</b> Nurse Practitioner		<b>Employer (See Instructions)</b>
<b>Date</b> 12/07/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Scalora, Cheryl	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Contributor address; City; State; Zip Code</b>  NACOGDOCHES, TX 75961	
<b>Principal occupation / Job title (See Instructions)</b> Nurse Practitioner		<b>Employer (See Instructions)</b>

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 19/24 Rpt: 23/30
<b>2</b> FILER NAME Texas Nurse Practitioners PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00070132
<b>4</b> Date 10/26/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Tracey	<b>7</b> Amount of Contribution (\$) \$25.00
	<b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77059	
<b>8</b> Principal occupation / Job title (See Instructions) Nurse Practitioner		<b>9</b> Employer (See Instructions)
Date 11/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Tracey	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Houston, TX 77059	
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 12/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Tracey	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Houston, TX 77059	
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 10/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Dovie	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Freer, TX 78357	
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 11/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Dovie	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Freer, TX 78357	
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 20/24 Rpt: 24/30
<b>2</b> FILER NAME Texas Nurse Practitioners PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00070132
<b>4</b> Date 12/28/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Dovie	<b>7</b> Amount of Contribution (\$) \$50.00
	<b>6</b> Contributor address; City; State; Zip Code  Freer, TX 78357	
<b>8</b> Principal occupation / Job title (See Instructions) Nurse Practitioner		<b>9</b> Employer (See Instructions)
Date 10/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Kate	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Fort Worth, TX 76109	
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 11/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Kate	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Fort Worth, TX 76109	
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 12/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Kate	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Fort Worth, TX 76109	
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 11/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Krysta	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Lake Jackson, TX 77566	
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 21/24 Rpt: 25/30
<b>2</b> FILER NAME Texas Nurse Practitioners PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00070132
<b>4</b> Date 12/08/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Krysta	<b>7</b> Amount of Contribution (\$) \$50.00
	<b>6</b> Contributor address; City; State; Zip Code  Lake Jackson, TX 77566	
<b>8</b> Principal occupation / Job title (See Instructions) Nurse Practitioner		<b>9</b> Employer (See Instructions)
Date 11/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tiller, Sonja	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Troup, TX 75789	
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 12/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tiller, Sonja	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Troup, TX 75789	
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 11/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wallace, Ashley	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Abbott, TX 76621	
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 12/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wallace, Ashley	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Abbott, TX 76621	
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 22/24 Rpt: 26/30
<b>2</b> FILER NAME Texas Nurse Practitioners PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00070132
<b>4</b> Date 11/25/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Waters, Antay	<b>7</b> Amount of Contribution (\$) \$50.00
	<b>6</b> Contributor address; City; State; Zip Code  Longview, TX 75601	
<b>8</b> Principal occupation / Job title (See Instructions) Nurse Practitioner		<b>9</b> Employer (See Instructions)
<b>Date</b> 12/25/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Waters, Antay	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Contributor address; City; State; Zip Code</b>  Longview, TX 75601	
<b>Principal occupation / Job title (See Instructions)</b> Nurse Practitioner		<b>Employer (See Instructions)</b>
<b>Date</b> 11/04/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Weston, Cindy	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Contributor address; City; State; Zip Code</b>  Bryan, TX 77807	
<b>Principal occupation / Job title (See Instructions)</b> Nurse Practitioner		<b>Employer (See Instructions)</b>
<b>Date</b> 12/04/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Weston, Cindy	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Contributor address; City; State; Zip Code</b>  Bryan, TX 77807	
<b>Principal occupation / Job title (See Instructions)</b> Nurse Practitioner		<b>Employer (See Instructions)</b>
<b>Date</b> 11/01/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Shelia	<b>Amount of Contribution (\$)</b> \$25.00
	<b>Contributor address; City; State; Zip Code</b>  Tyler, TX 75706	
<b>Principal occupation / Job title (See Instructions)</b> Nurse Practitioner		<b>Employer (See Instructions)</b>

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 23/24 Rpt: 27/30
<b>2</b> FILER NAME Texas Nurse Practitioners PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00070132
<b>4</b> Date 12/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Shelia	<b>7</b> Amount of Contribution (\$) \$25.00
	<b>6</b> Contributor address; City; State; Zip Code  Tyler, TX 75706	
<b>8</b> Principal occupation / Job title (See Instructions) Nurse Practitioner		<b>9</b> Employer (See Instructions)
Date 10/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wines, Kendall	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Lubbock, TX 79424	
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 11/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wines, Kendall	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Lubbock, TX 79424	
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 12/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wines, Kendall	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Lubbock, TX 79424	
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 10/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) meir, oghenetega	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  longview, TX 75605	
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>			<b>1</b> Total pages Schedule A1: Sch: 24/24 Rpt: 28/30
<b>2</b> FILER NAME Texas Nurse Practitioners PAC			<b>3</b> Filer ID (Ethics Commission Filers) 00070132
<b>4</b> Date 11/28/2025	<b>5</b> Full name of contributor meir, oghenetega ..... <b>6</b> Contributor address; City; State; Zip Code  longview, TX 75605	<b>7</b> Amount of Contribution (\$)  \$25.00	
<b>8</b> Principal occupation / Job title (See Instructions) Nurse Practitioner		<b>9</b> Employer (See Instructions)	
<b>Date</b> 12/28/2025	<b>Full name of contributor</b> meir, oghenetega ..... <b>Contributor address; City; State; Zip Code</b>  longview, TX 75605	<b>Amount of Contribution (\$)</b>  \$25.00	
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)	

**NON-MONETARY SUPPORT FROM CORPORATION  
OR LABOR ORGANIZATION****SCHEDULE C4**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule C4: Sch: 1/1 Rpt: 29/30
<b>2</b> FILER NAME Texas Nurse Practitioners PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00070132
<b>4</b> Date 11/01/2025	<b>5</b> Corporation / Labor Organization name Texas Nurse Practitioners	<b>6</b> Amount (\$) 1,200.00
Date 12/01/2025	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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/1 Rpt: 30/30	2 FILER NAME Texas Nurse Practitioners PAC	3 Filer ID (Ethics Commission Filers) 00070132
4 Date 12/02/2025	5 Payee name Holly Jeffreys for Texas Campaign	
6 Amount (\$) \$5,000.00	7 Payee address; City; State; Zip Code PO Box 16  Bushland, TX 79012	
<input type="checkbox"/> Expenditure from corporate funds	(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 primary election campaign contribution
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/02/2025	Payee name Mark Dorazio Campaign	
Amount (\$) \$500.00	Payee address; City; State; Zip Code PO Box 461341  San Antonio, TX 78246	
<input type="checkbox"/> Expenditure from corporate funds	(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 primary election campaign contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held