

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: 11	
3 COMMITTEE NAME Texas Nurse Practitioners PAC			OFFICE USE ONLY Date Received ELECTRONICALLY FILED 02/02/2026 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	
4 COMMITTEE ADDRESS ☐ Change of 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 ☐ Change of 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	☐ January 15 ☒ 30th day before election ☐ Dissolution (Attach PAC-DR) ☐ July 15 ☐ 8th day before election ☐ 10th day after campaign treasurer termination ☐ Runoff			
10 PERIOD COVERED	Month Day Year Month Day Year 01/01/2026 THROUGH 01/22/2026			
11 ELECTION	ELECTION DATE Month Day Year 03/03/2026		ELECTION TYPE ☒ Primary ☐ Runoff ☐ Other ☐ General ☐ Special	

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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 Jeff Barry 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.)	
	15 CONTRIBUTION TOTALS	
	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) ☐ check here if this report qualifies for the higher itemization threshold	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,767.00
EXPENDITURE TOTALS		
3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00	
4. TOTAL POLITICAL EXPENDITURES	\$ 5,500.00	
CONTRIBUTION BALANCE		\$ 75,678.20
OUTSTANDING LOAN TOTALS		\$ 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 11

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 Holly Jeffreys
		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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17 COMMITTEE NAME Texas Nurse Practitioners PAC		18 Filer ID (Ethics Commission Filers) 00070132
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	☒ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,567.00
2.	☐ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	☐ SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	☐ SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	☐ SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	☐ SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	☒ SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$ 1,200.00
8.	☐ SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	☐ SCHEDULE E: LOANS	\$
10.	☒ SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 5,500.00
11.	☐ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	☐ SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	☐ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	☐ SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	☐ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/5 Rpt: 5/11
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 01/16/2026	5 Full name of contributor ☐ 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 01/07/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) Chapman, Barbara Contributor address; City; State; Zip Code Richardson, TX 75082	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 01/07/2026	Full name of contributor ☐ 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 01/08/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) Cullers, Justin Contributor address; City; State; Zip Code Austin, TX 78759	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 01/22/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) Deutschendorf, Danielle Contributor address; City; State; Zip Code Pflugerville, TX 78660	Amount of Contribution (\$) \$25.00
Principal 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: 2/5 Rpt: 6/11
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 01/04/2026	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Flint, Juanita 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 01/10/2026	Full name of contributor ☐ 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 01/03/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) Gonzalez, John 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 01/16/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) Harrison, Lutricia Contributor address; City; State; Zip Code Spring, TX 77379	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 01/08/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) Holder, Amy Contributor address; City; State; Zip Code Ponder, TX 76259	Amount of Contribution (\$) \$25.00
Principal 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: 3/5 Rpt: 7/11
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 01/04/2026	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Kucera, Jennifer 6 Contributor address; City; State; Zip Code Van Vleck, TX 77482	7 Amount of Contribution (\$) \$72.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions)
Date 01/10/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) Lux, Catherine 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 01/21/2026	Full name of contributor ☐ 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 01/19/2026	Full name of contributor ☐ 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)
Date 01/08/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) Nash, Angela Contributor address; City; State; Zip Code Houston, TX 77045	Amount of Contribution (\$) \$20.00
Principal 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: 4/5 Rpt: 8/11
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 01/04/2026	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Ostrander, Peggy 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 01/06/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) Preston, Leann Contributor address; City; State; Zip Code Childress, TX 79201	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 01/08/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) Quigley, Sharon Contributor address; City; State; Zip Code San Antonio, TX 78256	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 01/06/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) Reid, Lisa Contributor address; City; State; Zip Code Dallas, TX 75243	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions)
Date 01/07/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) Scalora, Cheryl Contributor address; City; State; Zip Code Nacodoches, 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: 5/5 Rpt: 9/11
2 FILER NAME Texas Nurse Practitioners PAC		3 Filer ID (Ethics Commission Filers) 00070132
4 Date 01/08/2026	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Thompson, Krysta 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 01/11/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) Tiller, Sonja 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 01/07/2026	Full name of contributor ☐ 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 01/01/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) Williams, Shelia 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)

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: 10/11

2 FILER NAME

Texas Nurse Practitioners PAC

3 Filer ID (Ethics Commission Filers)
00070132

4 Date

01/01/2026

5 Corporation / Labor Organization name

Texas Nurse Practitioners

6 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: 11/11	2 FILER NAME Texas Nurse Practitioners PAC	3 Filer ID (Ethics Commission Filers) 00070132
4 Date 01/22/2026	5 Payee name Holly Jeffreys for Texas Campaign	
6 Amount (\$) \$5,000.00 ☐ Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 16 Bushland, TX 79012	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense primary campaign contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 01/16/2026	Candidate/Officeholder name Jeff Barry Campaign	
Amount (\$) \$500.00 ☐ Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 21 Pearland, TX 77588	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense primary campaign contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate/Officeholder name Office sought Office held		