MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC COVER SHEET PG 1

The MPAC Instruction	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers) 00015591	2 Total pages filed: 6
3 COMMITTEE NAME		1	OFFICE USE ONLY
Texas Health Car	e Assn. PAC		
			Date Received ELECTRONICALLY FILED 01/05/2024
4 COMMITTEE	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP	
ADDRESS	1108 Lavaca Street, Ste. 500		
Change of Addres	^s Austin, TX 78701		Date Hand-delivered or Date Postmarked
5 CAMPAIGN	MS / MRS / MR FIRST	MI	
TREASURER	Mr. Steven		Receipt # Amount
NAME			
			Date Processed
	NICKNAME LAST	SUFFIX	
	Boulware	2	Date Imaged
6 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #; CITY; ST	ATE; ZIP CODE
TREASURER STREET	1108 Lavaca Street, Suite 500		
ADDRESS			
(Residence or Business)	Austin, TX 78701		
7 CAMPAIGN	STREET ADDRESS OR PO BOX;	APT / SUITE #; CITY; ST	ATE; ZIP CODE
TREASURER	1108 Lavaca Street, Suite 500		,
MAILING ADDRESS			
	^s Austin, TX 78701		
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION	
TREASURER PHONE	(512) 458-1257		
9 REPORT TYPE	X Monthly	10th day after campaign treasurer termination	Dissolution (Attach PAC-DR)
10 MONTHLY REPORT FILING	X January 5 April	5 🗌 July 5	October 5
DEADLINE			
	February 5 May	5 August 5	November 5
	March 5 June	e 5 September 5	December 5
	Month Day Year	Month THROUGH	Day Year
COVERED	11/26/2023	12/25/2	2023
	•		
	GO ⁻	TO PAGE 2	
Eorms provided by Te	xas Ethics Commission www.e	thics.state.tx.us	Version V3.5.1.f1b8c3f1

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Texas Health Care Assi	ו. PAC		0001559	1
	1. Candidates	A. Supported		
ACTIVITY	(Identify by name or, if applicable, classify by party.)			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. Measures	A. Supported		
	(Describe by date and location of election and nature of issue.)			
		B. Opposed		
	3. Officeholders Assisted			
	(Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00
EXPENDITURE TOTALS		POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	47.45
CONTRIBUTION BALANCE	5. TOTAL POLITICAL C OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	78,879.41
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT			ł	
		I swear, or affirm, under penalty of pe true and correct and includes all inforr under Title 15, Election Code.		
		Mr. Ctouro	Doubuoro	
		Mr. Stever Signature of Car	n Boulware	
		Signature of Ca	inpuign meas	
AFFIX NOTARY	STAMP / SEAL ABOVE			
Sworn to and subscribed	before me, by the said	, tł	nis the	day
of	, 20, to certify v	which, witness my hand and seal of office.		
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title of of	ficer administering oath
Forms provided by Texas E	thics Commission	www.ethics.state.tx.us		Version V3.5.1.f1b8c3f1

FORM MPAC COVER SHEET PG 3

3 of 6

17 CO	17 COMMITTEE NAME 18 Filer ID			(Ethics Commission Filers)	
Tex	Texas Health Care Assn. PAC00015591				
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT			
1.	X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS			\$	0.00
2.	. X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00	
3.	X SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00	
4.	4. SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION		\$		
5.	5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION		\$		
6.	6. SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$		
7.	7. SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$		
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR C	RGANIZATION	\$	
9.	Х	SCHEDULE E: LOANS		\$	0.00
10.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$	47.45
11.	11. X SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00	
12.	12. X SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS		\$	0.00	
13.	Х	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	ONS	\$	
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	

SUBTOTALS - MPAC

PLEDGED CONTRIBUTIONS SCHEDULE **B** 1 Total pages Schedule B: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 4/6 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Texas Health Care Assn. PAC 00015591 4 \$ 0.00 TOTAL OF UNITEMIZED PLEDGES In-kind description 5 Date 6 Full name of pledgor out-of-state PAC (ID#: 8 Amount of 9) (If applicable) pledge (\$) 7 Pledgor Address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T 10 Principal occupation / Job title (See Instructions) 11 Employer (See Instructions)

LOANS		SCH	EDULE E
The Instruction Guide explains how to complete this form.		ages Schedule E: ./1 Rpt: 5/6	
2 FILER NAME Texas Health Care Assn. PAC	3 Filer ID 00015	0 (Ethics Commi 5591	ission Filers)
⁴ TOTAL OF UNITEMIZED LOANS	•	\$	0.00
5 Date of loan 7 Name of lender out-of-state PAC (ID#:) 9 Loan Amou	nt (\$)
6 Is lender a financial institution? 8 Lender address; City; State; Zip Code		10 Interest Rat 11 Maturity Da	
12 Principal occupation / Job title (See Instructions) 13 Employer (See Instruction)	ns)		
14 Description of Collateral 15 Check if personal funds w None Image: Check if personal funds w	vere deposite	ed into political acc (See Instruc	
16 GUARANTOR 17 Name of guarantor INFORMATION		19 Amount Gu	aranteed (\$)
not applicable 18 Guarantor address; City; State; Zip Code			
20 Principal occupation 21 Employer (See Instruction)	ns)		

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/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food//Beverage Expense Polling Expense Travel of District Gift/Awards/Memorials Expense Printing Expense Travel Out of District		
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)		
Sch: 1/1 Rpt: 6/6	Texas Health Care Assn. PAC 00015591		
4 Date	5 Payee name		
12/04/2023	Authorize.net		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$12.50	808 E. Utah Valley Dr.		
Expenditure from corporate funds	American Fork, UT 84003-9707		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.		
	Check if Austin, TX, officeholder living expense Credit Card Processing Fee		
	Clean Card Processing Pee		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
12/04/2023	Fisery		
Amount (\$)	Payee address; City; State; Zip Code		
\$25.00	255 Fisery Drive		
Expenditure from corporate funds	Brookfield, WI 53045		
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Credit Card Processing Fee 		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
12/05/2023	Fisery		
Amount (\$)	Payee address; City; State; Zip Code		
\$9.95	255 Fisery Drive		
Expenditure from corporate funds	Brookfield, WI 53045		
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Credit Card Processing Fee 		
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held		