

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) 00086761	2 Total pages filed: 17
3 COMMITTEE NAME Provider Coalition for Care Political Action Committee		OFFICE USE ONLY	
		Date Received ELECTRONICALLY FILED 01/16/2024	
		Date Hand-delivered or Date Postmarked	
		Receipt #	Amount
		Date Processed	
		Date Imaged	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1500 Waters Ridge Drive Lewisville, TX 75057		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
		Eddie	
	NICKNAME	LAST	SUFFIX
		Parades	
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1500 Waters Ridge Drive Lewisville, TX 75057		
	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1500 Waters Ridge Drive Lewisville, TX 75057		
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1500 Waters Ridge Drive Lewisville, TX 75057		
	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1500 Waters Ridge Drive Lewisville, TX 75057		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(214)	223-3039	
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Dissolution (Attach PAC-DR)
	<input 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 07/01/2023	THROUGH	Month Day Year 12/31/2023
11 ELECTION	ELECTION DATE Month Day Year 03/05/2024	ELECTION TYPE	
		<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff <input type="checkbox"/> Other
		<input type="checkbox"/> General	<input type="checkbox"/> Special

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GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

12 COMMITTEE NAME Provider Coalition for Care Political Action Committee	13 Filer ID (Ethics Commission Filers) 00086761
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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 Greg Abbott Governor
		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	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 139,486.51
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 25,000.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 128,194.31
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.

Eddie Parades

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

17 COMMITTEE NAME Provider Coalition for Care Political Action Committee		18 Filer ID (Ethics Commission Filers) 00086761
19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
NAME OF SCHEDULE		
1. <input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 136,986.51
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 checked="" type="checkbox"/>	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$ 2,500.00
7. <input type="checkbox"/>	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
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	\$ 25,000.00
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: 1/12 Rpt: 4/17
2 FILER NAME Provider Coalition for Care Political Action Committee		3 Filer ID (Ethics Commission Filers) 00086761
4 Date 10/31/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aho, Andrew <hr/> 6 Contributor address; City; State; Zip Code Katy, TX 77494	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Nursing Facility Administrator		9 Employer (See Instructions)
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baldridge, Hunter <hr/> Contributor address; City; State; Zip Code Hallsville, TX 75650	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Nursing Facility Administrator		Employer (See Instructions)
Date 08/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bauder, William <hr/> Contributor address; City; State; Zip Code Baton Rouge, LA 70810	Amount of Contribution (\$) \$12,000.00
Principal occupation / Job title (See Instructions) Nursing Facility Administrator		Employer (See Instructions)
Date 12/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Belvig, Ina <hr/> Contributor address; City; State; Zip Code Carrizo Springs, TX 78834	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Nursing Facility Administrator		Employer (See Instructions)
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blake, Gary <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76109	Amount of Contribution (\$) \$17,310.00
Principal occupation / Job title (See Instructions) Nursing Facility Administrator		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/12 Rpt: 5/17
2 FILER NAME Provider Coalition for Care Political Action Committee		3 Filer ID (Ethics Commission Filers) 00086761
4 Date 08/09/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boulware, Douglas	7 Amount of Contribution (\$) \$6,000.00
	6 Contributor address; City; State; Zip Code Dallas, TX 75205	
8 Principal occupation / Job title (See Instructions) Nursing Facility Administrator		9 Employer (See Instructions)
Date 10/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brady, Scott	Amount of Contribution (\$) \$2,500.00
	Contributor address; City; State; Zip Code Collierville, TN 38017	
Principal occupation / Job title (See Instructions) Nursing Facility Administrator		Employer (See Instructions)
Date 12/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Broadway, Sunny	Amount of Contribution (\$) \$300.00
	Contributor address; City; State; Zip Code Provençal, LA 71468	
Principal occupation / Job title (See Instructions) Nursing Facility Administrator		Employer (See Instructions)
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Day, Wendy	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Pearland, TX 77584	
Principal occupation / Job title (See Instructions) Nursing Facility Administrator		Employer (See Instructions)
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dekowski, Donovan	Amount of Contribution (\$) \$17,310.00
	Contributor address; City; State; Zip Code Yoakum, TX 77995	
Principal occupation / Job title (See Instructions) Nursing Facility Administrator		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/12 Rpt: 6/17
2 FILER NAME Provider Coalition for Care Political Action Committee		3 Filer ID (Ethics Commission Filers) 00086761
4 Date 10/31/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duprea, Jeannie <hr/> 6 Contributor address; City; State; Zip Code Humble, TX 77396	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Nursing Facility Administrator		9 Employer (See Instructions)
Date 09/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Esquibel, Carol <hr/> Contributor address; City; State; Zip Code Canyon, TX 79015	Amount of Contribution (\$) \$500.51
Principal occupation / Job title (See Instructions) Nursing Facility Administrator		Employer (See Instructions)
Date 10/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flatonia Healthcare Center PAC <hr/> Contributor address; City; State; Zip Code Flatonia, TX 78941	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Foley, Heather <hr/> Contributor address; City; State; Zip Code Bandera, TX 78003	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Nursing Facility Administrator		Employer (See Instructions)
Date 10/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gray, DeAnne <hr/> Contributor address; City; State; Zip Code Breckenridge, TX 76425	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Nursing Facility Administrator		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/12 Rpt: 7/17
2 FILER NAME Provider Coalition for Care Political Action Committee		3 Filer ID (Ethics Commission Filers) 00086761
4 Date 09/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gurwitz, Solomon <hr/> 6 Contributor address; City; State; Zip Code Los Angeles, CA 90020	7 Amount of Contribution (\$) \$4,340.00
8 Principal occupation / Job title (See Instructions) Nursing Facility Administrator		9 Employer (See Instructions)
Date 09/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hammond, Stephanie <hr/> Contributor address; City; State; Zip Code El Paso, TX 79998	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Nursing Facility Administrator		Employer (See Instructions)
Date 10/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanson, Henry <hr/> Contributor address; City; State; Zip Code Harwood, TX 78648	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions) Nursing Facility Administrator		Employer (See Instructions)
Date 10/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hughes, Tylene <hr/> Contributor address; City; State; Zip Code Brownwood, TX 76801	Amount of Contribution (\$) \$450.00
Principal occupation / Job title (See Instructions) Nursing Facility Administrator		Employer (See Instructions)
Date 10/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jennifer, Michel <hr/> Contributor address; City; State; Zip Code Lindale, TX 75771	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions) Nursing Facility Administrator		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/12 Rpt: 8/17
2 FILER NAME Provider Coalition for Care Political Action Committee		3 Filer ID (Ethics Commission Filers) 00086761
4 Date 11/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Allyson	7 Amount of Contribution (\$) \$500.00
	6 Contributor address; City; State; Zip Code LaMargue, TX 77568	
8 Principal occupation / Job title (See Instructions) Nursing Facility Administrator		9 Employer (See Instructions)
Date 09/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keystone Care PAC	Amount of Contribution (\$) \$17,310.00
	Contributor address; City; State; Zip Code San Antonio, TX 78209	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kinney, Tracey	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Health, TX 75126	
Principal occupation / Job title (See Instructions) Nursing Facility Administrator		Employer (See Instructions)
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leblanc, Ryan	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Joshua, TX 76058	
Principal occupation / Job title (See Instructions) Nursing Facility Administrator		Employer (See Instructions)
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee, Raleigh	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Wolfforth, TX 79382	
Principal occupation / Job title (See Instructions) Nursing Facility Administrator		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/12 Rpt: 9/17
2 FILER NAME Provider Coalition for Care Political Action Committee		3 Filer ID (Ethics Commission Filers) 00086761
4 Date 10/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Littlefield, Annie <hr/> 6 Contributor address; City; State; Zip Code Anson, TX 79501	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) Nursing Facility Administrator		9 Employer (See Instructions)
Date 10/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lodhi, Mubashir <hr/> Contributor address; City; State; Zip Code Austin, TX 78729	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Nursing Facility Administrator		Employer (See Instructions)
Date 10/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lynwood Nursing & Rehabilitation <hr/> Contributor address; City; State; Zip Code Levelland, TX 79336	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mckenzie, Mark <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76132	Amount of Contribution (\$) \$4,340.00
Principal occupation / Job title (See Instructions) Nursing Facility Administrator		Employer (See Instructions)
Date 12/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Midwestern Healthcare <hr/> Contributor address; City; State; Zip Code Whichita Falls, TX 76302	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/12 Rpt: 10/17
2 FILER NAME Provider Coalition for Care Political Action Committee		3 Filer ID (Ethics Commission Filers) 00086761
4 Date 12/12/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mila, Nedeli	7 Amount of Contribution (\$) \$260.00
	6 Contributor address; City; State; Zip Code Sykesville, MD 21784	
8 Principal occupation / Job title (See Instructions) Nursing Facility Administrator		9 Employer (See Instructions)
Date 10/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Lisa	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Gatesville, TX 76528	
Principal occupation / Job title (See Instructions) Nursing Facility Administrator		Employer (See Instructions)
Date 10/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ordonez, Lisa	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Socorro, TX 79927	
Principal occupation / Job title (See Instructions) Nursing Facility Administrator		Employer (See Instructions)
Date 12/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Owens, Loretta	Amount of Contribution (\$) \$73.00
	Contributor address; City; State; Zip Code Picayune, MS 39486	
Principal occupation / Job title (See Instructions) Nursing Facility Administrator		Employer (See Instructions)
Date 12/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pfeil, Dale	Amount of Contribution (\$) \$1,275.00
	Contributor address; City; State; Zip Code Floresville, TX 78114	
Principal occupation / Job title (See Instructions) Nursing Facility Administrator		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/12 Rpt: 11/17
2 FILER NAME Provider Coalition for Care Political Action Committee		3 Filer ID (Ethics Commission Filers) 00086761
4 Date 10/31/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Picayune Rehab PAC <hr/> 6 Contributor address; City; State; Zip Code Picayune, MS 39466	7 Amount of Contribution (\$) \$435.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pierremont Healthcare PAC <hr/> Contributor address; City; State; Zip Code Shreveport, LA 71106	Amount of Contribution (\$) \$1,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rhodes, James <hr/> Contributor address; City; State; Zip Code Sweetwater, TX 79556	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nursing Facility Administrator		Employer (See Instructions)
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robertson, Joshua <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76110	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) Nursing Facility Administrator		Employer (See Instructions)
Date 10/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanders, Leo <hr/> Contributor address; City; State; Zip Code Carthage, TX 75633	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions) Nursing Facility Administrator		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/12 Rpt: 12/17
2 FILER NAME Provider Coalition for Care Political Action Committee		3 Filer ID (Ethics Commission Filers) 00086761
4 Date 10/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sauernheimer, Sondra <hr/> 6 Contributor address; City; State; Zip Code Arlington, TX 76001	7 Amount of Contribution (\$) \$400.00
8 Principal occupation / Job title (See Instructions) Nursing Facility Administrator		9 Employer (See Instructions)
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott, Krista <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79414	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Nursing Facility Administrator		Employer (See Instructions)
Date 10/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shelton, Gayle <hr/> Contributor address; City; State; Zip Code Lincoln, TX 78948	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Nursing Facility Administrator		Employer (See Instructions)
Date 12/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Kasha <hr/> Contributor address; City; State; Zip Code Terrell, TX 75160	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Nursing Facility Administrator		Employer (See Instructions)
Date 10/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephens, Lisa <hr/> Contributor address; City; State; Zip Code Pearland, TX 77584	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Nursing Facility Administrator		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/12 Rpt: 13/17
2 FILER NAME Provider Coalition for Care Political Action Committee		3 Filer ID (Ethics Commission Filers) 00086761
4 Date 10/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stokes, Gloria <hr/> 6 Contributor address; City; State; Zip Code Abilene, TX 79603	7 Amount of Contribution (\$) \$400.00
8 Principal occupation / Job title (See Instructions) Nursing Facility Administrator		9 Employer (See Instructions)
Date 08/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Summit LTC Management, LLC <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76107	Amount of Contribution (\$) \$4,340.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Summit LTC Management, LLC <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76107	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, John <hr/> Contributor address; City; State; Zip Code Highland Village, TX 75077	Amount of Contribution (\$) \$4,340.00
Principal occupation / Job title (See Instructions) Nursing Facility Administrator		Employer (See Instructions)
Date 10/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turnery, Janice <hr/> Contributor address; City; State; Zip Code Burnett, TX 76354	Amount of Contribution (\$) \$118.00
Principal occupation / Job title (See Instructions) Nursing Facility Administrator		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/12 Rpt: 14/17
2 FILER NAME Provider Coalition for Care Political Action Committee		3 Filer ID (Ethics Commission Filers) 00086761
4 Date 10/31/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Underhill, Dean <hr/> 6 Contributor address; City; State; Zip Code Collyville, TX 76034	7 Amount of Contribution (\$) \$17,310.00
8 Principal occupation / Job title (See Instructions) Nursing Facility Administrator		9 Employer (See Instructions)
Date 10/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vivian Healthcare PAC <hr/> Contributor address; City; State; Zip Code Vivian, LA 71082	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walker, Barry <hr/> Contributor address; City; State; Zip Code Sherman, TX 75092	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Nursing Facility Administrator		Employer (See Instructions)
Date 10/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yates, Timothy <hr/> Contributor address; City; State; Zip Code Tool, TX 75143	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Nursing Facility Administrator		Employer (See Instructions)
Date 11/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yazoo City Rehab <hr/> Contributor address; City; State; Zip Code Yazoo City, MS 39194	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/12 Rpt: 15/17
2 FILER NAME Provider Coalition for Care Political Action Committee		3 Filer ID (Ethics Commission Filers) 00086761
4 Date 10/31/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yazzo City Rehab PAC <hr/> 6 Contributor address; City; State; Zip Code Yazzo City, MS 39194	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C3

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C3: Sch: 1/1 Rpt: 16/17
2 FILER NAME Provider Coalition for Care Political Action Committee		3 Filer ID (Ethics Commission Filers) 00086761
4 Date 10/31/2023	5 Corporation / Labor Organization name Restorix Health Inc.	6 Amount (\$) 2,500.00

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: 17/17	2 FILER NAME Provider Coalition for Care Political Action Committee	3 Filer ID (Ethics Commission Filers) 00086761
4 Date 11/09/2023	5 Payee name Texans for Greg Abbott	
6 Amount (\$) \$25,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code P.O. Box 308 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 Campaign Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held