

# GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC  
COVER SHEET PG 1

<b>The GPAC Instruction Guide explains how to complete this form.</b>		<b>1</b> Filer ID (Ethics Commission Filers) 00080427	<b>2</b> Total pages filed: 11
<b>3</b> COMMITTEE NAME Texas Association of Health Plans PAC		<b>OFFICE USE ONLY</b>	
		Date Received ELECTRONICALLY FILED 01/16/2024	
<b>4</b> COMMITTEE ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1001 Congress Ave., Ste. 300  Austin, TX 78701		
	Date Hand-delivered or Date Postmarked		
	Receipt #	Amount	
	Date Processed		
Date Imaged			
<b>5</b> CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	Mr.	Jason	
NICKNAME		LAST	SUFFIX
		Baxter	
<b>6</b> CAMPAIGN TREASURER STREET ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1001 Congress Ave., Ste. 300  Austin, TX 78701		
	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1001 Congress Ave., Ste. 300  Austin, TX 78701		
<b>7</b> CAMPAIGN TREASURER MAILING ADDRESS  <input type="checkbox"/> Change of Address	AREA CODE PHONE NUMBER EXTENSION (512) 476-2091		
	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		
<b>10</b> PERIOD COVERED	Month Day Year 07/01/2023	THROUGH	Month Day Year 12/31/2023
<b>11</b> 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	

**GO TO PAGE 2**

# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**  
COVER SHEET PG 2

<b>12 COMMITTEE NAME</b> Texas Association of Health Plans PAC	<b>13 Filer ID</b> (Ethics Commission Filers) 00080427
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<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported    Sen. Paul Bettencourt    State Senator
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	

<b>15 CONTRIBUTION TOTALS</b>	<b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b> <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)	\$ 75,900.00
EXPENDITURE TOTALS	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 6,500.00
CONTRIBUTION BALANCE	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 110,714.78
OUTSTANDING LOAN TOTALS	<b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 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.

Mr. Jason Baxter  
\_\_\_\_\_  
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

<b>12 COMMITTEE NAME</b> Texas Association of Health Plans PAC		<b>13 Filer ID</b> (Ethics Commission Filers) 00080427
<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported Sen. Joan Huffman State Senator  B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported  B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	
	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported Rep. Lacey Hull State Representative  B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported  B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	
<b>COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported Rep. Matt Shaheen State Representative  B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported  B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	

# SUBTOTALS - GPAC

<b>17 COMMITTEE NAME</b> Texas Association of Health Plans PAC		<b>18 Filer ID</b> (Ethics Commission Filers) 00080427
<b>19 SCHEDULE SUBTOTALS</b>		<b>SUBTOTAL AMOUNT</b>
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 73,500.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 5,000.00
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	\$ 6,500.00
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 checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 30.00
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: 1/1 Rpt: 5/11
<b>2</b> FILER NAME Texas Association of Health Plans PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00080427
<b>4</b> Date 09/05/2023	<b>5</b> Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00384818 ) CVS Health PAC	<b>7</b> Amount of Contribution (\$) \$13,500.00
<b>6</b> Contributor address; City; State; Zip Code  Washington D.C. , DC 20004		
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 12/12/2023	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00397851 ) Centene Corporation Political Action Committee	Amount of Contribution (\$) \$35,000.00
Contributor address; City; State; Zip Code  St. Louis, MO 63105		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/05/2023	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00274431 ) UnitedHealth Group Incorporated PAC	Amount of Contribution (\$) \$25,000.00
Contributor address; City; State; Zip Code  Washington DC, DC 20004		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# PLEGGED CONTRIBUTIONS

# SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:  
Sch: 1/1 Rpt: 6/11

2 FILER NAME  
Texas Association of Health Plans PAC

3 Filer ID (Ethics Commission Filers)  
00080427

4 TOTAL OF UNITEMIZED PLEDGES

\$ 0.00

5 Date  
11/29/2023

6 Full name of pledgor  out-of-state PAC (ID#: C00199711 )  
Health Care Service Corporation Employee's PAC

7 Pledgor Address; City; State; Zip Code

Chicago, IL 60601

8 Amount of  
pledge (\$)  
\$5,000.00

9 In-kind description  
(If applicable)

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)

11 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: 7/11
<b>2</b> FILER NAME Texas Association of Health Plans PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00080427
<b>4</b> Date 07/01/2023	<b>5</b> Corporation / Labor Organization name Texas Association of Health Plans	<b>6</b> Amount (\$) 400.00
Date 08/01/2023	Corporation / Labor Organization name Texas Association of Health Plans	Amount (\$) 400.00
Date 09/01/2023	Corporation / Labor Organization name Texas Association of Health Plans	Amount (\$) 400.00
Date 10/01/2023	Corporation / Labor Organization name Texas Association of Health Plans	Amount (\$) 400.00
Date 11/01/2023	Corporation / Labor Organization name Texas Association of Health Plans	Amount (\$) 400.00
Date 12/01/2023	Corporation / Labor Organization name Texas Association of Health Plans	Amount (\$) 400.00

# 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.

<b>1</b> Total pages Schedule F1: Sch: 1/2 Rpt: 8/11	<b>2</b> FILER NAME Texas Association of Health Plans PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00080427
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<b>4</b> Date 11/16/2023	<b>5</b> Payee name Friends of Paul Bettencourt
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<b>6</b> Amount (\$) \$1,000.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 1 E Greenway Plaza Ste 225 Houston , TX 77046
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</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
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/30/2023	Payee name Lacey Hull for Texas
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Amount (\$) \$2,000.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 19231  Houston , TX 77224
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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
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/26/2023	Payee name Matt Shaheen Campaign
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Amount (\$) \$1,000.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 3917 Malton Dr  Plano , TX 75025
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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
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# 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.

<b>1</b> Total pages Schedule F1: Sch: 2/2 Rpt: 9/11	<b>2</b> FILER NAME Texas Association of Health Plans PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00080427
<b>4</b> Date 12/04/2023	<b>5</b> Payee name Texans for Joan Huffman	
<b>6</b> Amount (\$) \$2,500.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 3733-1 Westheimer #40 Houston , TX 77027	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</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
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule I: Sch: 1/2 Rpt:	<b>2</b> FILER NAME Texas Association of Health Plans PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00080427
<b>4</b> Date 08/31/2023	<b>5</b> Payee name Frost Bank	
<b>6</b> Amount (\$) 5.00 <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee Address; City; State; Zip P.O. Box 1727  Austin, TX 78767	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories) Accounting/Banking	<b>(b)</b> Description (See instructions regarding type of information required.) Service Charge Fee
Date 08/31/2023	Payee name Frost Bank	
Amount (\$) 5.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip P.O. Box 1727  Austin, TX 78767	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories) Accounting/Banking	<b>(b)</b> Description (See instructions regarding type of information required.) Service Fee
Date 09/29/2023	Payee name Frost Bank	
Amount (\$) 5.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip P.O. Box 1727  Austin, TX 78767	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories) Accounting/Banking	<b>(b)</b> Description (See instructions regarding type of information required.) Service Fee
Date 10/31/2023	Payee name Frost Bank	
Amount (\$) 5.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip P.O. Box 1727  Austin, TX 78767	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories) Accounting/Banking	<b>(b)</b> Description (See instructions regarding type of information required.) Service Fee

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 2/2 Rpt:	2 FILER NAME Texas Association of Health Plans PAC	3 Filer ID (Ethics Commission Filers) 00080427
4 Date 11/30/2023	5 Payee name Frost Bank	
6 Amount (\$) 5.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip P.O. Box 1727  Austin, TX 78767	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Service Fee
Date 12/29/2023	Payee name Frost Bank	
Amount (\$) 5.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip P.O. Box 1727  Austin, TX 78767	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Service Fee