FORM GPAC GENERAL-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00086761 3 COMMITTEE NAME **OFFICE USE ONLY** Provider Coalition for Care Political Action Committee Date Received **ELECTRONICALLY FILED** 02/26/2024 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 1500 Waters Ridge Drive Date Hand-delivered or Date Postmarked Change of Address Lewisville, TX 75057 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Eddie NAME NICKNAME LAST **SUFFIX** Parades STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 1500 Waters Ridge Drive STREET **ADDRESS** (Residence or Business) Lewisville, TX 75057 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 1500 Waters Ridge Drive MAILING **ADDRESS** Lewisville, TX 75057 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (214) 223-3039 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 01/26/2024 02/24/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year χ Primary Runoff Other 03/05/2024 General Special

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME		13 Filer ID (Ethics Commission Filers)			
Provider Coalition for (00086761				
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Rep. Travis Clardy State Rep	presentative		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	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	PLEDGES, LOANS, CONTRIBUTIONS M	O POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00	
	2. TOTAL POLITICA (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	9,145.46	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00	
	4. TOTAL POLITICA	L EXPENDITURES	\$	47,440.00	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL (OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	84,827.77	
OUTSTANDING LOAN TOTALS	1 -	AMOUNT OF ALL OUTSTANDING LOANS AS OF REPORTING PERIOD	THE \$	0.00	
16 AFFIDAVIT	ı		I		
		I swear, or affirm, under penalty of p true and correct and includes all info under Title 15, Election Code.			
		Eddie	Parades		
		Signature of Ca	ampaign Treasu	rer	
AFFIX NOTAR	Y STAMP / SEAL ABOVE				
Sworn to and subscribe	d before me, by the said	<u> </u>	this the	day	
		which, witness my hand and seal of office.			
Signature of officer a	dministering oath	Printed name of officer administering oath	Title of offic	cer administering oath	

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC **ADDENDUM**

					Page 3 01 8
COMMITTEE NAME					(Ethics Commission Filers)
Provider Coalition for Ca	are Political Action C	ommittee		00086761	
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Rep. Ryan Guillen State Repres	sentative	
(Attach lists on plain paper to complete this report if necessary.)		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.)				
COMMITTEE	1. Candidates	A. Sunnorted	Sen. Judith Zaffirini State Senat	nr	
ACTIVITY	(Identify by name or, if applicable, classify by party.)		Sen. Juditi Zanimi State Senat	O	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if				
	applicable, classify by party.)	<u> </u>			
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Rep. Giovanni Capriglione State	e Representative	9
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if				
	applicable, classify by party.)				

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC **ADDENDUM**

				Page 4 01 8
			13 Filer ID	(Ethics Commission Filers)
are Political Action C	Committee		00086761	
Candidates (Identify by name or, if applicable, classify by party.)		Dan Patrick Lieutenant Governo	or	
	B. Opposed			
2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
	B. Opposed			
Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
Candidates (Identify by name or, if applicable, classify by party.)		Rep. Stephanie Klick State Rep	resentative	
	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				
	1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if	(Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (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.) 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) A. Supported B. Opposed 3. Officeholders Assisted A. Supported B. Opposed	1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (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.) 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed A. Supported Rep. Stephanie Klick State Rep Rep. Stephanie Klick State Rep B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed A. Supported Rep. Stephanie Klick State Rep B. Opposed A. Supported Rep. Stephanie Klick State Rep B. Opposed	are Political Action Committee 1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 4. Supported 5. Opposed A. Supported 6. Supported 6. Supported 7. Supported 8. Opposed 8. Opposed 8. Opposed 9. Stephanie Klick State Representative (Identify by name or, if applicable, classify by party.) 9. Opposed 1. Candidates (Identify by name or, if applicable, classify by party.) 8. Opposed 9. Opposed 1. Candidates (Identify by name or, if applicable, classify by party.) 8. Opposed 1. Opposed 1. Candidates (Identify by name or, if applicable, classify by party.) 8. Opposed 1. Candidates (Identify by name or, if applicable, classify by party.) 8. Opposed 1. Candidates (Identify by name or, if applicable, classify by party.) 8. Opposed

SUBTOTALS - GPAC

FORM GPAC COVER SHEET PG 3

				5 of	f 8			
17 CO	MMITTE	E NAME	18 Filer ID	(Ethics Commission Filers				
Pro	vider C	Coalition for Care Political Action Committee	00086761		,			
	19 SCHEDULE SUBTOTALS							
			SUBTOTAL AMOUN	Т				
NAME OF SCHEDULE								
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 9,14	15.46			
	ت			•,				
2	П	SCHEDULE 42: MONI MONETARY (IN VIND) POLITICAL CONTRIBUTIONS						
2.	Ш	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$				
3.	Ш	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$				
		COLUED III E OA. MONETADY CONTRIBUTIONS EDOM CORPORATION OR LANG						
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	ıK	\$				
5.	П	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA	ATION OR	 				
		LABOR ORGANIZATION		<u> </u>				
	$\overline{}$	COLIEDURE CO. MONETARY CURRORT FROM CORRORATION OF LABOR ORC	ANIIZATIONI					
6.	Ш	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$				
		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR						
7.	Ш	ORGANIZATION		\$				
8.	П	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (ORGANIZATION	 \$				
				·				
9.	П	SCHEDULE E: LOANS		 				
J	ш	CONEDULE E. EO/MO		Φ				
10		COLUMN E 54. DOLUTION EVEN DELL'ES EDOM DOLUTION CONTRIBUTION	2	47.4	40.00			
10.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	5	\$ 47,44	10.00			
11.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$				
12.	П	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	 \$				
				·				
13.	П	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		l _e				
10.	Ш	CONESCET II. EXITENSIONES WINDE STONEST CHILD		 \$				
14.	Ш	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	JNS	\$				
		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS	DETLIDNED					
15.		TO FILER	KETOKNED	\$				
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	MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
	The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 1/1 Rpt: 6/8
2	FILER NAME Provider Coalition for Care Political Action Committee	3 Filer ID (Ethics Commission Filers) 00086761
4	Date 02/05/2024 5 Full name of contributor out-of-state PAC (ID#:) Johnson, Taylor 6 Contributor address; City; State; Zip Code	7 Amount of Contribution (\$) \$7,382.11
8	Highland Village, TX 75077 Principal occupation / Job title (See Instructions) Nursing Facility Administrator 9 Employer (See Instructions)	tions)
	Date Full name of contributor out-of-state PAC (ID#:) 02/05/2024 Scott, Campbell Contributor address; City; State; Zip Code Highland Village, TX 75077	Amount of Contribution (\$) \$1,763.35
_	Principal occupation / Job title (See Instructions) Employer (See Instruct Nursing Facility Administrator	tions)

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	Legal Servic	Memorials Exp es			Expens Wages			Travel in District Travel Out of D OTHER (enter a		
1	Total pages Schedule F1:	2	FII FR NAME			. ,		-,		3	Filer ID	(Ethics Commission Filer	rs)
	Sch: 1/2 Rpt: 7/8	_	Provider Co		r Care Po	litical Act	ion Cor	nmit	tee		00086761	(_2000 00000000 F 1100	.5)
4	Date	5	Payee name										
	02/19/2024		Dan Patrick		gn								
6	Amount (\$)	7	Payee addre	ss; Ci	ty;	State;	Zip C	ode					
	\$25,000.00		PO Box 685										
	Expenditure from corporate funds		Austin, TX	78768									
8	PURPOSE	(a)	Category (S	ee Categories	listed at the to	op of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Contribution	ns/Donati	ons Made	е Ву			=			nplete Schedule T.	
	LXI ENDITORE		Candidate/	Officeholo	der/Politic	al Comm	ittee		ш		officeholder livin	g expense	
									Campaign Co	ontr	ribution		
9	Complete ONLY if direct expenditure to benefit C/Oh		Candidate/Offi	ceholder r	name	С	office sou	ught			Office h	eld	
F	Date		Payee name										
	02/13/2024		Giovanni Ca	apriglione	Campaiç	gn							
⊢	Amount (\$)		Payee addre	ss; Ci	tv:	State:	Zip C	ode					
	\$5,000.00		PO Box 920	•	.,	Otato,	p 0	000					
	Ψ3,000.00		1 O BOX 320	501									
	Expenditure from corporate funds		Southlake,	TX 76092	2								
	PURPOSE	(a)	Category (Se	ee Categories	listed at the to	op of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Contribution						=			nplete Schedule T.	
	-		Candidate/0	Officeholo	der/Politica	al Comm	ittee		ш		officeholder livin	g expense	
									Campaign Co	OHL	ibulion		
L	2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	<u> </u>						<u> </u>					
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Offi	cenolder r	name	C	office sou	ugnt			Office h	eld	
	Date		Payee name										
	01/31/2024		Judith Zaffii	rini Camp	aign								
	Amount (\$)		Payee addre	ss; Ci	ty;	State;	Zip C	ode					
	\$2,000.00		1407 Wash	ington St	reet								
	Expenditure from corporate funds		Laredo, TX	78040									
	PURPOSE OF	(a)	Category (S	ee Categories	listed at the to	op of this sche	edule)	(b)	Description				
	EXPENDITURE		Contribution									nplete Schedule T.	
			Candidate/0	Officeholo	der/Politica	aı Comm	ittee				officeholder livin	g expense	
									Campaign Co	UHL	ามนแบบ		
dash	0 1: 0:::::::::::::::::::::::::::::::::	L						<u> </u>			·		
	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Offi	cenolder r	name	С	office sou	ught			Office h	eia	
L	ponditare to benefit 6/01												

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District Travel in District

Candidate/Officeholder/Politica Credit Card Payment	
Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 2/2 Rpt: 8/8	Provider Coalition for Care Political Action Committee 00086761
4 Date	5 Payee name
01/31/2024	Ryan Guillen Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$5,000.00	5346 E. US HWY 83
Expenditure from	Bdg A, STE 5-A
corporate funds	RIO GRANDE CITY, TX 78582
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee Campaign Contribution
	Campaigh Continuation
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
01/29/2024	Stephanie Klick Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$5,440.00	P.O. Box 7592
40, 110.00	
Expenditure from corporate funds	Fort Worth, TX 76111
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee Campaign Contribution
	Campaigh Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Davisa nama
01/29/2024	Payee name Travis Clardy Campaign
Amount (\$) \$5,000.00	Payee address; City; State; Zip Code 209 E. Main St
\$5,000.00	209 E. Maiii St
Expenditure from corporate funds	Nacogdoches, TX 75961
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Campaign Continuation
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	