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: 8	
3 COMMITTEE NAME			OFFICE USE ONLY	
Texas Health Car	e Assn. PAC		Date Received	
			ELECTRONICALLY FILED 06/05/2024	
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 TREASURER	MS / MRS / MR FIRST	MI		
NAME	Mr. Steven		Receipt # Amount	
			Date Drassoned	
	NICKNAME LAST	SUFFIX	Date Processed	
	Boulware		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 MAILING	1108 Lavaca Street, Suite 500			
ADDRESS				
Change of Addres	^s Austin, TX 78701			
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION		
TREASURER PHONE	(512) 458-1257			
	(012) 100 1201			
9 REPORT TYPE	X Monthly	10th day after campaign treasurer termination	Dissolution (Attach PAC-DR)	
10 MONTHLY REPORT FILING	January 5 April	5 July 5	October 5	
DEADLINE	February 5 May		November 5	
	March 5 X June	e 5 September 5	December 5	
11 PERIOD COVERED	Month Day Year	Month THROUGH	Day Year	
COVERED	04/26/2024	05/25/2	2024	
	GO	TO PAGE 2		
Forms provided by Te	xas Ethics Commission www.e	thics.state.tx.us	Version V4.1.0.d378aba0	

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 Ass	n. PAC		00015592	L
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if	A. Supported		
	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	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
			\$	5,205.00
		DGES, LOANS, OR GUARANTEES OF LOANS)		
TOTALS			\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	72.45
CONTRIBUTION BALANCE	5. TOTAL POLITICAL C OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	47,615.02
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT	1		I	
		I swear, or affirm, under penalty of pe true and correct and includes all inform under Title 15, Election Code.		
		Mr. Stover	n Boulware	
		Signature of Car		urer
	STAMP / SEAL ABOVE	-	-	
	STAMP / SEAL ABOVE			
		, tr	nis the	day
of	_, 20, to certify v	vhich, witness my hand and seal of office.		
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title of off	icer administering oath
Forms provided by Texas E	thics Commission	www.ethics.state.tx.us		Version V4.1.0.d378aba0

FORM MPAC COVER SHEET PG 3

3	of	8	

17 COMMITT		18 Filer ID	(Ethics Commission Filers)			
	Texas Health Care Assn. PAC 00015591					
19 SCHEDUL NAME OF	SUBTOTAL AMOUNT					
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 5,205.00			
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$			
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$			
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	PR	\$			
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$			
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$			
7.	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$			
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR	ORGANIZATION	\$			
9.	SCHEDULE E: LOANS		\$			
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$ 72.45			
11.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$			
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$			
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$			
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$			
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$			

SUBTOTALS - MPAC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE	A1
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The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 1/4 Rpt: 4/8	
2 FILER NAME			3 Filer ID (Ethics Commission	on Filers)
	Texas Health Care Assn. PAC			
	5 Full name of contributor Out-of-state PAC (ID#:)	00015591 7 Amount of Contribution (\$)	
05/12/2024				\$150.00
	6 Contributor address; City; State; Zip Code			·
	Austin, TX 78733			
	pation / Job title (See Instructions)	9 Employer (See Instructions)	;) ;	
VP of Busine	ss Development	Wound Care Solutions		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
05/22/2024	Biggs, Rodney			\$990.00
	Contributor address; City; State; Zip Code			
	1			
Dringing occur	League City, TX 77573 pation / Job title (See Instructions)	Employer (See Instructions)	A	
	siness Development	Neighborhood Portable 2		
			-	
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of Contribution (\$)	
)		¢265.00
05/03/2024	Coan, Austin			\$265.00
				\$265.00
	Coan, Austin			\$265.00
	Coan, Austin			\$265.00
05/03/2024	Coan, Austin Contributor address; City; State; Zip Code	Employer (See Instructions)		\$265.00
05/03/2024	Coan, Austin Contributor address; City; State; Zip Code North Richland Hills, TX 76182 pation / Job title (See Instructions)	Employer (See Instructions) Advantage Wound Care	;)	\$265.00
05/03/2024 Principal occup	Coan, Austin Contributor address; City; State; Zip Code North Richland Hills, TX 76182 pation / Job title (See Instructions)		;)	\$265.00
05/03/2024 Principal occup Regional Sale	Coan, Austin Contributor address; City; State; Zip Code North Richland Hills, TX 76182 pation / Job title (See Instructions) es Manager		s)	\$265.00
05/03/2024 Principal occup Regional Sale Date	Coan, Austin Contributor address; City; State; Zip Code North Richland Hills, TX 76182 pation / Job title (See Instructions) es Manager Full name of contributor out-of-state PAC (ID#:_		s)	
05/03/2024 Principal occup Regional Sale Date	Coan, Austin Contributor address; City; State; Zip Code North Richland Hills, TX 76182 pation / Job title (See Instructions) es Manager Full name of contributor out-of-state PAC (ID#:_ Haney, Ron		s)	
05/03/2024 Principal occup Regional Sale Date	Coan, Austin Contributor address; City; State; Zip Code North Richland Hills, TX 76182 pation / Job title (See Instructions) es Manager Full name of contributor out-of-state PAC (ID#:_ Haney, Ron Contributor address; City; State; Zip Code		s)	
05/03/2024 Principal occur Regional Sale Date 05/20/2024	Coan, Austin Contributor address; City; State; Zip Code North Richland Hills, TX 76182 pation / Job title (See Instructions) es Manager Full name of contributor out-of-state PAC (ID#: Haney, Ron Contributor address; City; State; Zip Code Boerne, TX 78006	Advantage Wound Care	Amount of Contribution (\$)	
05/03/2024 Principal occur Regional Sale Date 05/20/2024	Coan, Austin Contributor address; City; State; Zip Code North Richland Hills, TX 76182 pation / Job title (See Instructions) es Manager Full name of contributor out-of-state PAC (ID#:_ Haney, Ron Contributor address; City; State; Zip Code		S) Amount of Contribution (\$)	
05/03/2024 Principal occup Regional Sale Date 05/20/2024 Principal occup Partner	Coan, Austin Contributor address; City; State; Zip Code North Richland Hills, TX 76182 pation / Job title (See Instructions) es Manager Full name of contributor	Advantage Wound Care	Amount of Contribution (\$)	
05/03/2024 Principal occur Regional Sale Date 05/20/2024 Principal occur	Coan, Austin Contributor address; City; State; Zip Code North Richland Hills, TX 76182 Dation / Job title (See Instructions) es Manager Full name of contributor	Advantage Wound Care	S) Amount of Contribution (\$)	\$1,060.00
05/03/2024 Principal occur Regional Sale Date 05/20/2024 Principal occur Partner Date	Coan, Austin Contributor address; City; State; Zip Code North Richland Hills, TX 76182 Dation / Job title (See Instructions) es Manager Full name of contributor	Advantage Wound Care	Amount of Contribution (\$)	
05/03/2024 Principal occur Regional Sale Date 05/20/2024 Principal occur Partner Date	Coan, Austin Contributor address; City; State; Zip Code North Richland Hills, TX 76182 Dation / Job title (See Instructions) es Manager Full name of contributor	Advantage Wound Care	Amount of Contribution (\$)	\$1,060.00
05/03/2024 Principal occur Regional Sale Date 05/20/2024 Principal occur Partner Date	Coan, Austin Contributor address; City; State; Zip Code North Richland Hills, TX 76182 Dation / Job title (See Instructions) es Manager Full name of contributor	Advantage Wound Care	Amount of Contribution (\$)	\$1,060.00
05/03/2024 Principal occur Regional Sale Date 05/20/2024 Principal occur Partner Date	Coan, Austin Contributor address; City; State; Zip Code North Richland Hills, TX 76182 Dation / Job title (See Instructions) es Manager Full name of contributor	Advantage Wound Care	Amount of Contribution (\$)	\$1,060.00
05/03/2024 Principal occur Regional Sale Date 05/20/2024 Principal occur Partner Date 05/08/2024	Coan, Austin Contributor address; City; State; Zip Code North Richland Hills, TX 76182 Dotion / Job title (See Instructions) es Manager Full name of contributor	Advantage Wound Care	Amount of Contribution (\$) Amount of Contribution (\$) Amount of Contribution (\$) Amount of Contribution (\$)	\$1,060.00

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE	A1
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Texas Health Care Assn. PAC 00015591						
Texas Health Care Assn. PAC 00015591 4 Date 05/22/2024 5 Full name of contributor out-of-state PAC (to::::::::::::::::::::::::::::::::::::	The Instruc	ction Guide explains how to complete this f	1			
4 Date 5 Full name of contributor out-of-state PAC (Diff	2 FILER NAME			3	Filer ID (Ethics Commission	n Filers)
05/22/2024 Langsdale, Troy \$150.00 6 Contributor address: City: State: 2/p Code McKinney, TX 75071 8 Principal occupation / Job title (See Instructions) Pemployer (See Instructions) CEO Martin, Brian Amount of Contributor (S) 04/30/2024 Full name of contributor contributor ox-of-state PAC (Dim Montgomery, TX 77356 Employer (See Instructions) Amount of Contribution (S) Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (S) Date Full name of contributor contributor contributor ox-of-state PAC (Dim Amount of Contribution (S) 05/21/2024 Full name of contributor contributor contributor ox-of-state PAC (Dim Amount of Contribution (S) Account Manager Contributor address: City: State: 2/p Code Amount of Contribution (S) \$265.00 Date Full name of contributor ox-of-state PAC (Dim Amount of Contribution (S) \$265.00 Difference Contributor address: City: State: 2/p Code Amount of Contribution (S) \$265.00 Difference Full name of contributor ox-of-state PAC (Dim Amount of Contribution (S) \$265.00 Difference <td>Texas Health</td> <td>ו Care Assn. PAC</td> <td></td> <td></td> <td>00015591</td> <td></td>	Texas Health	ו Care Assn. PAC			00015591	
05/22/2024 Langsdale, Troy \$150.00 6 Contributor address; City; State; Zip Code McKinney, TX 75071 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) CEO Martin, Brian Amount of Contributor Amount of Contribution (\$) 04/30/2024 Full name of contributor out-of-state PAC (to::::::::::::::::::::::::::::::::::::	4 Date	5 Full name of contributor Out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
6 Contributor address; City; State; Zip Code McKinney, TX 75071 8 Principal occupation / Job title (See Instructions) CEO Pull name of contributor out-of-state PAC (ID#	05/22/2024	Langsdale, Troy				\$150.00
McKinney, TX 75071 McKinney, TX 75071 Principal occupation / Job title (See Instructions) CEO Patholyer (See Instructions) ML Healthcare Date 04/30/2024 Full name of contributor out-of-state PAC (Der Contributor address, City, State; Zip Code Amount of Contribution (\$) \$150.00 Principal occupation / Job title (See Instructions) Administrator Employer (See Instructions) Regent Care Center of the Woodlands Date 05/21/2024 Full name of contributor out-of-state PAC (Der Contributor address; City, State; Zip Code Amount of Contribution (\$) \$265.00 Principal occupation / Job title (See Instructions) Account Manager Employer (See Instructions) McKesson Medical-Surgical Date 05/21/2024 Full name of contributor out-of-state PAC (Der AUSTIN, TX 78735 Amount of Contribution (\$) \$265.00 Principal occupation / Job title (See Instructions) Account Manager Employer (See Instructions) McKesson Medical-Surgical Date 05/21/2024 Full name of contributor out-of-state PAC (Der Moresville, NC 28115 Amount of Contribution (\$) \$150.00 Principal occupation / Job title (See Instructions) Business Development Specialst Employer (See Instructions) Gordon Food Service Date 04/26/2024 Full name of contributor out-of-state PAC (Der Moresville, NC 28115 Amount of Contribution (\$) \$500.00 Principal occupation / Job title (See Instructions) Business Development Specialst Employer (See Instructions						
8 Principal occupation / Job tile (See Instructions) CEO 9 Employer (See Instructions) ML Healthcare Date 04/30/2024 Full name of contributor out-of-state PAC (Doff) Martin, Brian Amount of Contribution (\$) \$150.00 Od/30/2024 Full name of contributor out-of-state PAC (Doff) Montgomery, TX 77356 Amount of Contribution (\$) \$150.00 Principal occupation / Job title (See Instructions) Administrator Employer (See Instructions) Regent Care Center of the Woodlands Date 05/21/2024 Full name of contributor out-of-state PAC (Doff) Amount of Contribution (\$) Contributor address; City; State; Zip Code Amount of Contribution (\$) \$265.00 Principal occupation / Job title (See Instructions) Account Manager Employer (See Instructions) McKesson Medical-Surgical \$265.00 Date 05/21/2024 Full name of contributor out-of-state PAC (Doff) McKesson Medical-Surgical Amount of Contribution (\$) \$150.00 Date 05/21/2024 Full name of contributor out-of-state PAC (Doff) Moresville, NC 28115 Amount of Contribution (\$) \$150.00 Principal occupation / Job title (See Instructions) Business Development Specialst Employer (See Instructions) Gordon Food Service Amount of Contribution (\$) \$500.00 O4/26/2024 Full name of contributor out-of-state PAC (Doff) Contributor address; City; State; Zip						
8 Principal occupation / Job tile (See Instructions) CEO 9 Employer (See Instructions) ML Healthcare Date 04/30/2024 Full name of contributor out-of-state PAC (Doff) Martin, Brian Amount of Contribution (\$) \$150.00 Od/30/2024 Full name of contributor out-of-state PAC (Doff) Montgomery, TX 77356 Amount of Contribution (\$) \$150.00 Principal occupation / Job title (See Instructions) Administrator Employer (See Instructions) Regent Care Center of the Woodlands Date 05/21/2024 Full name of contributor out-of-state PAC (Doff) Amount of Contribution (\$) Contributor address; City; State; Zip Code Amount of Contribution (\$) \$265.00 Principal occupation / Job title (See Instructions) Account Manager Employer (See Instructions) McKesson Medical-Surgical \$265.00 Date 05/21/2024 Full name of contributor out-of-state PAC (Doff) McKesson Medical-Surgical Amount of Contribution (\$) \$150.00 Date 05/21/2024 Full name of contributor out-of-state PAC (Doff) Moresville, NC 28115 Amount of Contribution (\$) \$150.00 Principal occupation / Job title (See Instructions) Business Development Specialst Employer (See Instructions) Gordon Food Service Amount of Contribution (\$) \$500.00 O4/26/2024 Full name of contributor out-of-state PAC (Doff) Contributor address; City; State; Zip						
CEO ML Healthcare Date Full name of contributor out-of-state PAC (DB:		McKinney, TX 75071				
Date Full name of contributor out-of-state PAC (DBL Amount of Contribution (\$) 04/30/2024 Martin, Brian \$\$150.00 Contributor address; City; State; Zip Code Amount of Contribution (\$) \$\$150.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Regent Care Center of the Woodlands Date Full name of contributor out-of-state PAC (IDFL) Amount of Contribution (\$) 05/21/2024 Full name of contributor out-of-state PAC (IDFL) Amount of Contribution (\$) 05/21/2024 Full name of contributor out-of-state PAC (IDFL) Amount of Contribution (\$) 05/21/2024 Full name of contributor out-of-state PAC (IDFL) Amount of Contribution (\$) 05/21/2024 Full name of contributor out-of-state PAC (IDFL) Amount of Contribution (\$) 05/21/2024 Full name of contributor out-of-state PAC (IDFL) Amount of Contribution (\$) 05/21/2024 Full name of contributor out-of-state PAC (IDFL) Amount of Contribution (\$) 04/26/2024 Full name of contributor out-of-state PAC (IDFL) Amount of Contribution (\$) 04/26/2024 Full name of contributor out-of-state PAC (IDFL) Amount of		pation / Job title (See Instructions)		าร)		
04/30/2024 Martin, Brian \$150.00 Contributor address; City; State; Zip Code Montgomery, TX 77356 Employer (See Instructions) Principal occupation / Job title (See Instructions) Regent Care Center of the Woodlands Date Full name of contributor out-of-state PAC (Der	CEO		ML Healthcare			
Contributor address; City; State; Zip Code Montgomery, TX 77356 Principal occupation / Job title (See Instructions) Administrator Date 05/21/2024 AUSTIN, TX 78735 Principal occupation / Job title (See Instructions) ACCount Manager Addition address; City; State; Zip Code AUSTIN, TX 78735 Principal occupation / Job title (See Instructions) Account Manager Date O5/21/2024 Muffett, Josh Contributor address; City; State; Zip Code Austrink, Coles Contributor address; City; State; Zip Code Austrink, TX 78735 Employer (See Instructions) Account Manager Moretsville, NC 28115 Principal occupation / Job title (See Instructions) Business Development Specialst Odr/26/2024 Oglesby Oate Full name of contributor Out-of-state PAC (De:	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
Contributor address; City; State; Zip Code Montgomery, TX 77356 Principal occupation / Job title (See Instructions) Administrator Date Full name of contributor 0s/21/2024 Merrick, Coles Contributor address; City; State; Zip Code Amount of Contribution (\$) S265.00 Contributor address; City; State; Zip Code Amount of Contribution (\$) AUSTIN, TX 78735 Employer (See Instructions) Account Manager Employer (See Instructions) Muffett, Josh Employer (See Instructions) Muffett, Josh Moresville, NC 28115 Principal occupation / Job title (See Instructions) Employer (See Instructions) Business Development Specialst Gordon Food Service Oate Full name of contributor out-of-state PAC (ID#: O4/26/2024 Full name of contributor out-of-state PAC (ID#: Mooresville, NC 28115 Employer (See Instructions) Business Development Specialst Gordon Food Service O4/26/2024 Oglesby State PAC (ID#: Officient C, CT 06614 Employer (See Instructions) Sto0.00 Principal occupation / Job title (See Instructions) <	04/30/2024					\$150.00
Principal occupation / Job title (See Instructions) Administrator Employer (See Instructions) Regent Care Center of the Woodlands Date Full name of contributor out-of-state PAC (ID#:				"		
Principal occupation / Job title (See Instructions) Administrator Employer (See Instructions) Regent Care Center of the Woodlands Date Full name of contributor out-of-state PAC (ID#:						
Principal occupation / Job title (See Instructions) Administrator Employer (See Instructions) Regent Care Center of the Woodlands Date Full name of contributor out-of-state PAC (ID#:						
Administrator Regent Care Center of the Woodlands Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$265.00 05/21/2024 Merrick, Coles Contributor address; City; State; Zip Code Amount of Contribution (\$) \$265.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) \$265.00 Account Manager Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$150.00 Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$150.00 O5/21/2024 Muffett, Josh Contributor address; City; State; Zip Code Amount of Contribution (\$) \$150.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) S150.00 Business Development Specialst Gordon Food Service Amount of Contribution (\$) \$500.00 Od/26/2024 Full name of contributor out-of-state PAC (ID#:			<u> </u>	<u> </u>		
Date Full name of contributor out-of-state PAC (ID#) Amount of Contribution (\$) 05/21/2024 Merrick, Coles \$265.00 Contributor address; City; State; Zip Code AUSTIN, TX 78735 Principal occupation / Job title (See Instructions) Employer (See Instructions) Account Manager Amount of Contributor (\$) Date Full name of contributor out-of-state PAC (ID#) 05/21/2024 Muffett, Josh Amount of Contribution (\$) Contributor address; City; State; Zip Code Amount of Contribution (\$) 05/21/2024 Muffett, Josh S150.00 Contributor address; City; State; Zip Code Mooresville, NC 28115 Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) S150.00 Business Development Specialst Gordon Food Service Amount of Contribution (\$) \$500.00 04/26/2024 Full name of contributor out-of-state PAC (ID#) Amount of Contribution (\$) \$500.00 04/26/2024 Full name of contributor out-of-state PAC (ID#) Amount of Contribution (\$) \$500.00 04/26/2024 Full name of contributor out-of-state PAC (ID#						
05/21/2024 Merrick, Coles \$265.00 Contributor address; City; State; Zip Code	Auministrator					
Contributor address; City; State; Zip Code AUSTIN, TX 78735 Principal occupation / Job title (See Instructions) Account Manager Date 6/21/2024 Muffett, Josh Contributor address; City; State; Zip Code Muffett, Josh Contributor address; City; State; Zip Code Mooresville, NC 28115 Principal occupation / Job title (See Instructions) Business Development Specialst Od/26/2024 Full name of contributor Out-of-state PAC (ID#:) Amount of Contribution (\$) Stratford, CT 06614 Principal occupation / Job title (See Instructions) Business Development Specialst Date Full name of contributor Out-of-state PAC (ID#:) Amount of Contribution (\$) Gordon Food Service Stratford, CT 06614 Principal occupation / Job title (See Instructions) Employer (See Instructions) Stratford, CT 06614)		Amount of Contribution (\$)	
AUSTIN, TX 78735 Employer (See Instructions) Account Manager Employer (See Instructions) McKesson Medical-Surgical Date Full name of contributor out-of-state PAC (ID#:) Muffett, Josh Amount of Contribution (\$) 05/21/2024 Muffett, Josh s150.00 Contributor address; City, State; Zip Code Mooresville, NC 28115 Principal occupation / Job title (See Instructions) Business Development Specialst Employer (See Instructions) Gordon Food Service Date Full name of contributor out-of-state PAC (ID#:	05/21/2024				\$265	
Principal occupation / Job title (See Instructions) Employer (See Instructions) Account Manager Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) 05/21/2024 Muffett, Josh \$150.00 Contributor address; City; State; Zip Code Mooresville, NC 28115 \$150.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$150.00 Business Development Specialst Gordon Food Service Gordon Food Service Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 04/26/2024 Oglesby contributor address; City; State; Zip Code \$500.00 Contributor address; City; State; Zip Code Stratford, CT 06614 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions)		Contributor address; City; State; Zip Code				
Principal occupation / Job title (See Instructions) Employer (See Instructions) Account Manager Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) 05/21/2024 Muffett, Josh \$150.00 Contributor address; City; State; Zip Code Mooresville, NC 28115 \$150.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$150.00 Business Development Specialst Gordon Food Service Gordon Food Service Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 04/26/2024 Oglesby contributor address; City; State; Zip Code \$500.00 Contributor address; City; State; Zip Code Stratford, CT 06614 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions)						
Account Manager McKesson Medical-Surgical Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 05/21/2024 Muffett, Josh \$150.00 Contributor address; City; State; Zip Code Contributor address; City; State; Zip Code \$150.00 Mooresville, NC 28115 Employer (See Instructions) Employer (See Instructions) Business Development Specialst Gordon Food Service Amount of Contribution (\$) 04/26/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 04/26/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 04/26/2024 Oglesby Stratford, CT 06614 Stratford, CT 06614 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions)		AUSTIN, TX 78735				
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 05/21/2024 Muffett, Josh \$150.00 Contributor address; City; State; Zip Code Mooresville, NC 28115 Principal occupation / Job title (See Instructions) Employer (See Instructions) Business Development Specialst Gordon Food Service Date Full name of contributor out-of-state PAC (ID#:) O4/26/2024 Oglesby Amount of Contribution (\$) Contributor address; City; State; Zip Code Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Gardon Food Service Amount of Contribution (\$) O4/26/2024 Oglesby \$500.00 Contributor address; City; State; Zip Code Stratford, CT 06614 Principal occupation / Job title (See Instructions) Employer (See Instructions)	Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ıs)		
05/21/2024 Muffett, Josh \$150.00 Contributor address; City; State; Zip Code Mooresville, NC 28115 Employer (See Instructions) Business Development Specialst Employer (See Instructions) Gordon Food Service Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 04/26/2024 Oglesby Contributor address; City; State; Zip Code \$500.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$500.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$500.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$500.00	Account Man	lager	McKesson Medical-Sur	rgica	l	
Contributor address; City; State; Zip Code Mooresville, NC 28115 Principal occupation / Job title (See Instructions) Business Development Specialst Date Full name of contributor Out-of-state PAC (ID#:) Amount of Contribution (\$) Oglesby Contributor address; City; State; Zip Code Stratford, CT 06614 Principal occupation / Job title (See Instructions) Employer (See Instructions) Business Development Specialst Date Full name of contributor Out-of-state PAC (ID#:) Amount of Contribution (\$) Stratford, CT 06614 Principal occupation / Job title (See Instructions) Employer (See Instructions)	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
Mooresville, NC 28115 Principal occupation / Job title (See Instructions) Business Development Specialst Employer (See Instructions) Gordon Food Service Date Full name of contributor out-of-state PAC (ID#:) 04/26/2024 Oglesby Amount of Contribution (\$) 04/26/2024 Stratford, CT 06614 Stratford, CT 06614 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions)	05/21/2024	Muffett, Josh				\$150.00
Principal occupation / Job title (See Instructions) Employer (See Instructions) Business Development Specialst Gordon Food Service Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 04/26/2024 Oglesby Contributor address; City; State; Zip Code \$500.00 Stratford, CT 06614 Employer (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions)		Contributor address; City; State; Zip Code		"		
Principal occupation / Job title (See Instructions) Employer (See Instructions) Business Development Specialst Gordon Food Service Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 04/26/2024 Oglesby Contributor address; City; State; Zip Code \$500.00 Stratford, CT 06614 Employer (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions)						
Principal occupation / Job title (See Instructions) Employer (See Instructions) Business Development Specialst Gordon Food Service Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 04/26/2024 Oglesby Contributor address; City; State; Zip Code \$500.00 Stratford, CT 06614 Employer (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions)						
Business Development Specialst Gordon Food Service Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 04/26/2024 Oglesby \$500.00 Contributor address; City; State; Zip Code Stratford, CT 06614 Principal occupation / Job title (See Instructions) Employer (See Instructions)			1			
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 04/26/2024 Oglesby \$500.00 Contributor address; City; State; Zip Code \$500.00 Stratford, CT 06614 Employer (See Instructions)				าร)		
04/26/2024 Oglesby \$500.00 Contributor address; City; State; Zip Code \$500.00 Stratford, CT 06614 Employer (See Instructions)	Business Dev		Gordon Food Service			
Contributor address; City; State; Zip Code Stratford, CT 06614 Principal occupation / Job title (See Instructions) Employer (See Instructions))		Amount of Contribution (\$)	
Stratford, CT 06614 Principal occupation / Job title (See Instructions) Employer (See Instructions)	04/26/2024					\$500.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)		Contributor address; City; State; Zip Code				
Principal occupation / Job title (See Instructions) Employer (See Instructions)						
Principal occupation / Job title (See Instructions) Employer (See Instructions)		Stratford CT 06614				
	Principal occur		Employer (See Instruction	<u>ר</u> ופי		
				137		
	vi , <u> </u>					

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instru	ction Guide explains how to complete th	1 Total pages Schedule A1: Sch: 3/4 Rpt: 6/8		
2 FILER NAME		3 Filer ID (Ethics Commission F	Filers)	
	h Care Assn. PAC	00015591		
4 Date	5 Full name of contributor out-of-state PAC ((ID#:)	7 Amount of Contribution (\$)	
05/14/2024	Olson, Krista			\$450.00
	6 Contributor address; City; State; Zip Code		1	
	Panama City, FL 32401	i		
•	upation / Job title (See Instructions)	9 Employer (See Instructions	3)	
Regional VF	P of Business Development	Crestmark Pharmacy		
Date	Full name of contributor Dut-of-state PAC ((ID#:)	Amount of Contribution (\$)	
05/09/2024	Reardon, Eddie			\$125.00
	Contributor address; City; State; Zip Code		1	
	Frisco, TX 75033			
-	upation / Job title (See Instructions)	Employer (See Instructions		
VP, Finance	; 	Southwest LTC Manage	ement	
Date	Full name of contributor out-of-state PAC ((ID#:)	Amount of Contribution (\$)	
05/14/2024	Seagroves, Steven			\$200.00
	Contributor address; City; State; Zip Code		1	
	houston, TX 77064			
-	upation / Job title (See Instructions)	Employer (See Instructions	5)	
Consultant F	Pharmacist	LLW Consulting		
Date	Full name of contributor out-of-state PAC ((ID#:)	Amount of Contribution (\$)	
05/22/2024	Serrano, Carrie			\$150.00
	Contributor address; City; State; Zip Code		1	
	Concord, NC 28027			
	upation / Job title (See Instructions)	Employer (See Instructions	3)	
Non Comme	ercial Business Solutions Specialist	Gordon Food Service		
Date	Full name of contributor out-of-state PAC ((ID#:)	Amount of Contribution (\$)	
05/12/2024	Spears, Chris			\$150.00
	Contributor address; City; State; Zip Code			
	Spicewood, TX 78669			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)	
VP of Sales		DermaRite		

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 4/4 Rpt: 7/8
2	FILER NAME Texas Health	h Care Assn. PAC		3	Filer ID (Ethics Commission Filers) 00015591
4	Date 05/08/2024	 5 Full name of contributor out-of-state PAC (ID#: Thomas, Brian 6 Contributor address; City; State; Zip Code Pflugerville, TX 78691 		7	Amount of Contribution (\$) \$150.00
8	Principal occu CEO	1	9 Employer (See Instructions TGR Healthcare	;)	
	Date 05/08/2024	Full name of contributor out-of-state PAC (ID#: Villa, Ricardo Contributor address; City; State; Zip Code)		Amount of Contribution (\$) \$150.00
┡	Principal occu	Conroe, TX 77302 Ipation / Job title (See Instructions)	Employer (See Instructions	;)	
	Regional Ma		Auto-Chlor	,	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment	EXPENDITURE CATEGO Event Expense Fees Food/Beverage Expense offt/Awards/Memorials Expense al Committee Legal Services The Instruction Guide explains	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)
1 Total pages Schedule F1:	2 FILER NAME	3	3 Filer ID (Ethics Commission Filers)
Sch: 1/1 Rpt: 8/8	Texas Health Care Assn. PAC		00015591
	5 Davias name		
05/02/2024	5 Payee name Authorize.net		
6 Amount (\$) \$17.62	 7 Payee address; City; State 808 E. Utah Valley Dr. 	e; Zip Code	
Expenditure from corporate funds	American Fork, UT 84003-9707		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this so Fees	Check if travel ou	utside of Texas. Complete Schedule T. TX, officeholder living expense OCESSING FEE
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Office sought	Office held
Date 05/03/2024	Payee name Fisery		
Amount (\$) \$54.83	Payee address; City; State 255 Fisery Drive Brookfield, WI 53045	e; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this so Fees	Check if travel ou	utside of Texas. Complete Schedule T. TX, officeholder living expense OCESSING Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Office sought	Office held