



# MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC  
COVER SHEET PG 2

<b>12 COMMITTEE NAME</b> Texas Health Care Assn. PAC	<b>13 Filer ID</b> (Ethics Commission Filers) 00015591
---	---

<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
		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)	\$ 5,205.00
EXPENDITURE TOTALS	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 72.45
CONTRIBUTION BALANCE	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 47,615.02
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. Steven Boulware  
\_\_\_\_\_  
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 - MPAC

<b>17 COMMITTEE NAME</b> Texas Health Care Assn. PAC		<b>18 Filer ID</b> (Ethics Commission Filers) 00015591
<b>19 SCHEDULE SUBTOTALS</b>		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 5,205.00
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 type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
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	\$ 72.45
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**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 1/4 Rpt: 4/8
2 FILER NAME Texas Health Care Assn. PAC		3 Filer ID (Ethics Commission Filers) 00015591
4 Date 05/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Besinger, Chris	7 Amount of Contribution (\$)  \$150.00
	6 Contributor address; City; State; Zip Code  Austin, TX 78733	
8 Principal occupation / Job title (See Instructions) VP of Business Development		9 Employer (See Instructions) Wound Care Solutions
Date 05/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Biggs, Rodney	Amount of Contribution (\$)  \$990.00
	Contributor address; City; State; Zip Code  League City, TX 77573	
Principal occupation / Job title (See Instructions) Regional Business Development		Employer (See Instructions) Neighborhood Portable X-ray
Date 05/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coan, Austin	Amount of Contribution (\$)  \$265.00
	Contributor address; City; State; Zip Code  North Richland Hills, TX 76182	
Principal occupation / Job title (See Instructions) Regional Sales Manager		Employer (See Instructions) Advantage Wound Care
Date 05/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haney, Ron	Amount of Contribution (\$)  \$1,060.00
	Contributor address; City; State; Zip Code  Boerne, TX 78006	
Principal occupation / Job title (See Instructions) Partner		Employer (See Instructions) Cascade Health Services, LLC
Date 05/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KIRKPATRICK, JOHN	Amount of Contribution (\$)  \$150.00
	Contributor address; City; State; Zip Code  Nocona, TX 76255	
Principal occupation / Job title (See Instructions) Director of Sales		Employer (See Instructions) GUARDIAN PHARMACY TEXAS

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 2/4 Rpt: 5/8
2 FILER NAME Texas Health Care Assn. PAC		3 Filer ID (Ethics Commission Filers) 00015591
4 Date 05/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Langsdale, Troy	7 Amount of Contribution (\$)  \$150.00
	6 Contributor address; City; State; Zip Code  McKinney, TX 75071	
8 Principal occupation / Job title (See Instructions) CEO		9 Employer (See Instructions) ML Healthcare
Date 04/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Brian	Amount of Contribution (\$)  \$150.00
	Contributor address; City; State; Zip Code  Montgomery, TX 77356	
Principal occupation / Job title (See Instructions) Administrator		Employer (See Instructions) Regent Care Center of the Woodlands
Date 05/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Merrick, Coles	Amount of Contribution (\$)  \$265.00
	Contributor address; City; State; Zip Code  AUSTIN, TX 78735	
Principal occupation / Job title (See Instructions) Account Manager		Employer (See Instructions) McKesson Medical-Surgical
Date 05/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Muffett, Josh	Amount of Contribution (\$)  \$150.00
	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 04/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oglesby	Amount of Contribution (\$)  \$500.00
	Contributor address; City; State; Zip Code  Stratford, CT 06614	
Principal occupation / Job title (See Instructions) VP, Enterprise Sales		Employer (See Instructions) TapestryHealth

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/4 Rpt: 6/8
<b>2</b> FILER NAME Texas Health Care Assn. PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015591
<b>4</b> Date 05/14/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Olson, Krista <hr/> <b>6</b> Contributor address; City; State; Zip Code  Panama City, FL 32401	<b>7</b> Amount of Contribution (\$)  \$450.00
<b>8</b> Principal occupation / Job title (See Instructions) Regional VP of Business Development		<b>9</b> Employer (See Instructions) Crestmark Pharmacy
Date 05/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Reardon, Eddie <hr/> Contributor address; City; State; Zip Code  Frisco, TX 75033	Amount of Contribution (\$)  \$125.00
Principal occupation / Job title (See Instructions) VP, Finance		Employer (See Instructions) Southwest LTC Management
Date 05/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Seagroves, Steven <hr/> Contributor address; City; State; Zip Code  houston, TX 77064	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Consultant Pharmacist		Employer (See Instructions) LLW Consulting
Date 05/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Serrano, Carrie <hr/> Contributor address; City; State; Zip Code  Concord, NC 28027	Amount of Contribution (\$)  \$150.00
Principal occupation / Job title (See Instructions) Non Commercial Business Solutions Specialist		Employer (See Instructions) Gordon Food Service
Date 05/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Spears, Chris <hr/> Contributor address; City; State; Zip Code  Spicewood, TX 78669	Amount of Contribution (\$)  \$150.00
Principal occupation / Job title (See Instructions) VP of Sales		Employer (See Instructions) DermaRite

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/4 Rpt: 7/8
<b>2</b> FILER NAME Texas Health Care Assn. PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015591
<b>4</b> Date 05/08/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Thomas, Brian <hr/> <b>6</b> Contributor address; City; State; Zip Code  Pflugerville, TX 78691	<b>7</b> Amount of Contribution (\$) <span style="float: right;">\$150.00</span>
<b>8</b> Principal occupation / Job title (See Instructions) CEO		<b>9</b> Employer (See Instructions) TGR Healthcare
Date 05/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Villa, Ricardo <hr/> Contributor address; City; State; Zip Code  Conroe, TX 77302	Amount of Contribution (\$) <span style="float: right;">\$150.00</span>
Principal occupation / Job title (See Instructions) Regional Manager		Employer (See Instructions) Auto-Chlor

# 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: 1/1 Rpt: 8/8	<b>2</b> FILER NAME Texas Health Care Assn. PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00015591
--	--	--

<b>4</b> Date 05/02/2024	<b>5</b> Payee name Authorize.net
-----------------------------	--------------------------------------

<b>6</b> Amount (\$) \$17.62  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 808 E. Utah Valley Dr.  American Fork, UT 84003-9707
--	---

<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<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 Credit Card Processing Fee
---------------------------------	---	--

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
---	-----------------------------	---------------	-------------

Date 05/03/2024	Payee name Fisery
--------------------	----------------------

Amount (\$) \$54.83  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 255 Fisery Drive  Brookfield, WI 53045
---	--

<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<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 Credit Card Processing Fee
-------------------------------	---	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

--	--	--	--	--