

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: 22
3 COMMITTEE NAME Provider Coalition for Care Political Action Committee		OFFICE USE ONLY	
		Date Received ELECTRONICALLY FILED 07/12/2024	
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	
		Date Hand-delivered or Date Postmarked	
		Receipt #	Amount
		Date Processed	
		Date Imaged	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
		Eddie	
	NICKNAME	LAST	SUFFIX
		Parades	
6 CAMPAIGN TREASURER STREET ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); 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 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 type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Dissolution (Attach PAC-DR)
	<input checked="" 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	THROUGH	Month Day Year
	02/25/2024		06/30/2024
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year 11/05/2024	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff <input type="checkbox"/> Other
		<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special

GO TO PAGE 2

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 Sen. Lois Kolkhorst State Senator
		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)	\$	127,898.35
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	18,000.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	191,748.31
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

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

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 Rep. Stephanie Klick State Representative
		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 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.)	

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	\$ 127,898.35
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	\$ 18,000.00
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: 1/17 Rpt: 5/22
2 FILER NAME Provider Coalition for Care Political Action Committee		3 Filer ID (Ethics Commission Filers) 00086761
4 Date 05/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Agyemang, Rita <hr/> 6 Contributor address; City; State; Zip Code Manor, TX 78653	7 Amount of Contribution (\$) \$400.00
8 Principal occupation / Job title (See Instructions) Nursing Home Administrator		9 Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Akins, Jamelyn <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79119	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions) Nursing Home Administrator		Employer (See Instructions)
Date 06/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Antonelos, Dennis <hr/> Contributor address; City; State; Zip Code Milford, CT 06460	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) Nursing Home Administrator		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Asare, Agnes <hr/> Contributor address; City; State; Zip Code Killeen, TX 76543	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions) Nursing Home Administrator		Employer (See Instructions)
Date 04/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bailey, Jack <hr/> Contributor address; City; State; Zip Code Iowa Park, TX 76367	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions) Nursing Home Administrator		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/17 Rpt: 6/22
2 FILER NAME Provider Coalition for Care Political Action Committee		3 Filer ID (Ethics Commission Filers) 00086761
4 Date 06/18/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baily, Jack <hr/> 6 Contributor address; City; State; Zip Code Iowa Park, TX 76367	7 Amount of Contribution (\$) \$400.00
8 Principal occupation / Job title (See Instructions) Nursing Home Administrator		9 Employer (See Instructions)
Date 02/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barbera, Bradley <hr/> Contributor address; City; State; Zip Code Thibodaux, LA 70301	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions) Nursing Home Administrator		Employer (See Instructions)
Date 06/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bell, Wendy <hr/> Contributor address; City; State; Zip Code Harker Heights, TX 76548	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Nursing Home Administrator		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bickle, Angela <hr/> Contributor address; City; State; Zip Code Fate, TX 75087	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions) Nursing Home Administrator		Employer (See Instructions)
Date 06/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brady, Scott <hr/> Contributor address; City; State; Zip Code Collierville, TN 38017	Amount of Contribution (\$) \$7,500.00
Principal occupation / Job title (See Instructions) Nursing Home Administrator		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/17 Rpt: 7/22
2 FILER NAME Provider Coalition for Care Political Action Committee		3 Filer ID (Ethics Commission Filers) 00086761
4 Date 02/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brende, Marti Ann <hr/> 6 Contributor address; City; State; Zip Code Luling, TX 78698	7 Amount of Contribution (\$) \$350.00
8 Principal occupation / Job title (See Instructions) Nursing Home Administrator		9 Employer (See Instructions)
Date 03/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bryan, Joshua <hr/> Contributor address; City; State; Zip Code Tupelo, MS 38801	Amount of Contribution (\$) \$750.00
Principal occupation / Job title (See Instructions) Nursing Home Administrator		Employer (See Instructions)
Date 06/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Calderon, Jorge <hr/> Contributor address; City; State; Zip Code Austin, TX 75702	Amount of Contribution (\$) \$275.00
Principal occupation / Job title (See Instructions) Nursing Home Administrator		Employer (See Instructions)
Date 02/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cornelio, Jael <hr/> Contributor address; City; State; Zip Code Tyler, TX 75702	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Nursing Home Administrator		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carrera, Kristy <hr/> Contributor address; City; State; Zip Code McKinney, TX 75071	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions) Nursing Home Administrator		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/17 Rpt: 8/22
2 FILER NAME Provider Coalition for Care Political Action Committee		3 Filer ID (Ethics Commission Filers) 00086761
4 Date 03/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crow, Bradley <hr/> 6 Contributor address; City; State; Zip Code Argyle, TX 76226	7 Amount of Contribution (\$) \$700.00
8 Principal occupation / Job title (See Instructions) Nursing Home Administrator		9 Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daddy B Trucking <hr/> Contributor address; City; State; Zip Code Huntsville, TX 77342	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daily, Leah <hr/> Contributor address; City; State; Zip Code Krum, TX 76249	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniel, Karen <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79423	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Danna, Shea <hr/> Contributor address; City; State; Zip Code Inverness, MS 38753	Amount of Contribution (\$) \$950.00
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: 5/17 Rpt: 9/22
2 FILER NAME Provider Coalition for Care Political Action Committee		3 Filer ID (Ethics Commission Filers) 00086761
4 Date 06/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Suzanne <hr/> 6 Contributor address; City; State; Zip Code Burleson, TX 76028	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Nursing Home Administrator		9 Employer (See Instructions)
Date 02/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ellis, Danette <hr/> Contributor address; City; State; Zip Code Morgan City, LA 70381	Amount of Contribution (\$) \$800.00
Principal occupation / Job title (See Instructions) Nursing Home Administrator		Employer (See Instructions)
Date 04/10/2024	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 (\$) \$500.00
Principal occupation / Job title (See Instructions) Nursing Home Administrator		Employer (See Instructions)
Date 05/17/2024	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 (\$) \$400.00
Principal occupation / Job title (See Instructions) Nursing Home Administrator		Employer (See Instructions)
Date 06/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gage, Leala <hr/> Contributor address; City; State; Zip Code Buckholts, TX 76518	Amount of Contribution (\$) \$180.00
Principal occupation / Job title (See Instructions) Nursing Home Administrator		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/17 Rpt: 10/22
2 FILER NAME Provider Coalition for Care Political Action Committee		3 Filer ID (Ethics Commission Filers) 00086761
4 Date 06/18/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gay, Derek <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76109	7 Amount of Contribution (\$) \$10,000.00
8 Principal occupation / Job title (See Instructions) Nursing Home Administrator		9 Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Glazier, Darren <hr/> Contributor address; City; State; Zip Code League City, TX 77573	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions) Nursing Home Administrator		Employer (See Instructions)
Date 05/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gregory, Trista <hr/> Contributor address; City; State; Zip Code El Paso, TX 79934	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Nursing Home Administrator		Employer (See Instructions)
Date 05/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gurwitz, Solomon <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90020	Amount of Contribution (\$) \$4,315.00
Principal occupation / Job title (See Instructions) Nursing Home Administrator		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gutierrez, Irma <hr/> Contributor address; City; State; Zip Code Wichita Falls, TX 76310	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions) Nursing Home Administrator		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/17 Rpt: 11/22
2 FILER NAME Provider Coalition for Care Political Action Committee		3 Filer ID (Ethics Commission Filers) 00086761
4 Date 05/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hall, Marcus <hr/> 6 Contributor address; City; State; Zip Code Cibolo, TX 78108	7 Amount of Contribution (\$) \$400.00
8 Principal occupation / Job title (See Instructions) Nursing Home Administrator		9 Employer (See Instructions)
Date 06/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanson, Christi <hr/> Contributor address; City; State; Zip Code Mabank, TX 75156	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Nursing Home Administrator		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanson, Evelyn <hr/> Contributor address; City; State; Zip Code Luling, TX 78648	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions) Nursing Home Administrator		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harper, Merrideth <hr/> Contributor address; City; State; Zip Code Broken Arrow, OK 74014	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions) Nursing Home Administrator		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Philip <hr/> Contributor address; City; State; Zip Code Granbury, TX 76049	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions) Nursing Home Administrator		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/17 Rpt: 12/22
2 FILER NAME Provider Coalition for Care Political Action Committee		3 Filer ID (Ethics Commission Filers) 00086761
4 Date 02/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hasty, Gregory <hr/> 6 Contributor address; City; State; Zip Code Vicksburg, MS 39180	7 Amount of Contribution (\$) \$1,234.00
8 Principal occupation / Job title (See Instructions) Nursing Home Administrator		9 Employer (See Instructions)
Date 06/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hobbs, James <hr/> Contributor address; City; State; Zip Code Nashville, TN 37215	Amount of Contribution (\$) \$6,000.00
Principal occupation / Job title (See Instructions) Nursing Home Administrator		Employer (See Instructions)
Date 02/26/2024	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 (\$) \$300.00
Principal occupation / Job title (See Instructions) Nursing Home Administrator		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Jeremy <hr/> Contributor address; City; State; Zip Code Tennessee Colony, TX 75861	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions) Nursing Home Administrator		Employer (See Instructions)
Date 04/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jorgensen, Richard <hr/> Contributor address; City; State; Zip Code Heath, TX 75032	Amount of Contribution (\$) \$2,940.00
Principal occupation / Job title (See Instructions) Nursing Home Administrator		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/17 Rpt: 13/22
2 FILER NAME Provider Coalition for Care Political Action Committee		3 Filer ID (Ethics Commission Filers) 00086761
4 Date 02/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kamara, Malinda <hr/> 6 Contributor address; City; State; Zip Code Lake Jackson, TX 77566	7 Amount of Contribution (\$) \$800.00
8 Principal occupation / Job title (See Instructions) Nursing Home Administrator		9 Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kohleppel, Alta <hr/> Contributor address; City; State; Zip Code San Angelo, TX 76904	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions) Nursing Home Administrator		Employer (See Instructions)
Date 02/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ladner, Kery <hr/> Contributor address; City; State; Zip Code Pass Christian, MS 39511	Amount of Contribution (\$) \$110.00
Principal occupation / Job title (See Instructions) Nursing Home Administrator		Employer (See Instructions)
Date 05/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LeBlanc, Ryan <hr/> Contributor address; City; State; Zip Code Joshua, TX 76058	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Nursing Home Administrator		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ledford, Mark <hr/> Contributor address; City; State; Zip Code Plano, TX 75074	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions) Nursing Home Administrator		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/17 Rpt: 14/22
2 FILER NAME Provider Coalition for Care Political Action Committee		3 Filer ID (Ethics Commission Filers) 00086761
4 Date 05/14/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee, Raleigh 6 Contributor address; City; State; Zip Code Wolfforth, TX 79382	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Nursing Home Administrator		9 Employer (See Instructions)
Date 06/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lodhi, Mubashir Contributor address; City; State; Zip Code Austin, TX 78729	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Nursing Home Administrator		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Dena Contributor address; City; State; Zip Code Snyder, TX 79549	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions) Nursing Home Administrator		Employer (See Instructions)
Date 06/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mckenzie, Mark Contributor address; City; State; Zip Code Fort Worth, TX 76132	Amount of Contribution (\$) \$12,970.00
Principal occupation / Job title (See Instructions) Nursing Home Administrator		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Merril, Wenna Contributor address; City; State; Zip Code Hurst, TX 76053	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions) Nursing Home Administrator		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/17 Rpt: 15/22
2 FILER NAME Provider Coalition for Care Political Action Committee		3 Filer ID (Ethics Commission Filers) 00086761
4 Date 05/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michel, Jennifer <hr/> 6 Contributor address; City; State; Zip Code Lindale, TX 75771	7 Amount of Contribution (\$) \$7,500.00
8 Principal occupation / Job title (See Instructions) Nursing Home Administrator		9 Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Dawn <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78418	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions) Nursing Home Administrator		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mock, Carl <hr/> Contributor address; City; State; Zip Code Snyder, TX 79549	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions) Nursing Home Administrator		Employer (See Instructions)
Date 02/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monuz, AnnaLisa <hr/> Contributor address; City; State; Zip Code Kingsville, TX 78363	Amount of Contribution (\$) \$116.00
Principal occupation / Job title (See Instructions) Nursing Home Administrator		Employer (See Instructions)
Date 02/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moran, Lori <hr/> Contributor address; City; State; Zip Code Early, TX 76802	Amount of Contribution (\$) \$105.00
Principal occupation / Job title (See Instructions) Nursing Home Administrator		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/17 Rpt: 16/22
2 FILER NAME Provider Coalition for Care Political Action Committee		3 Filer ID (Ethics Commission Filers) 00086761
4 Date 03/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Myles, Rebecca <hr/> 6 Contributor address; City; State; Zip Code Minden, LA 71058	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Nursing Home Administrator		9 Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Newby, Kristian <hr/> Contributor address; City; State; Zip Code Beaumont, TX 77707	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions) Nursing Home Administrator		Employer (See Instructions)
Date 06/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oglesby, Tyler <hr/> Contributor address; City; State; Zip Code Southlake, TX 76092	Amount of Contribution (\$) \$10,000.00
Principal occupation / Job title (See Instructions) Nursing Home Administrator		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Papillion, Donald <hr/> Contributor address; City; State; Zip Code Eden, TX 76837	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nursing Home Administrator		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parker, Karen <hr/> Contributor address; City; State; Zip Code Sprint, TX 77373	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions) Nursing Home Administrator		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/17 Rpt: 17/22
2 FILER NAME Provider Coalition for Care Political Action Committee		3 Filer ID (Ethics Commission Filers) 00086761
4 Date 05/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parker, Karen <hr/> 6 Contributor address; City; State; Zip Code Spring, TX 77373	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Nursing Home Administrator		9 Employer (See Instructions)
Date 03/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Poe, Unda <hr/> Contributor address; City; State; Zip Code Grenada, MS 38901	Amount of Contribution (\$) \$750.00
Principal occupation / Job title (See Instructions) Nursing Home Administrator		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Potter, Drew <hr/> Contributor address; City; State; Zip Code Odessa, TX 79761	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions) Nursing Home Administrator		Employer (See Instructions)
Date 06/27/2024	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 Home Administrator		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Patrick <hr/> Contributor address; City; State; Zip Code Lindale, TX 75771	Amount of Contribution (\$) \$1,830.00
Principal occupation / Job title (See Instructions) Nursing Home Administrator		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/17 Rpt: 18/22
2 FILER NAME Provider Coalition for Care Political Action Committee		3 Filer ID (Ethics Commission Filers) 00086761
4 Date 05/14/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schkop, Aharon <hr/> 6 Contributor address; City; State; Zip Code Chicago, IL 60645	7 Amount of Contribution (\$) \$8,655.00
8 Principal occupation / Job title (See Instructions) Nursing Home Administrator		9 Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Self, Amanda <hr/> Contributor address; City; State; Zip Code Childress, TX 79201	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions) Nursing Home Administrator		Employer (See Instructions)
Date 02/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sowell, Don <hr/> Contributor address; City; State; Zip Code Spring, TX 77379	Amount of Contribution (\$) \$235.00
Principal occupation / Job title (See Instructions) Nursing Home Administrator		Employer (See Instructions)
Date 06/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spencer, Clark <hr/> Contributor address; City; State; Zip Code Canton, TX 75103	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions) Nursing Home Administrator		Employer (See Instructions)
Date 03/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stiles, Cameron <hr/> Contributor address; City; State; Zip Code Houston, TX 77040	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Nursing Home Administrator		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/17 Rpt: 19/22
2 FILER NAME Provider Coalition for Care Political Action Committee		3 Filer ID (Ethics Commission Filers) 00086761
4 Date 05/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sue, Joshua <hr/> 6 Contributor address; City; State; Zip Code Childress, TX 79201	7 Amount of Contribution (\$) \$400.00
8 Principal occupation / Job title (See Instructions) Nursing Home Administrator		9 Employer (See Instructions)
Date 03/25/2024	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 (\$) \$10,470.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, John <hr/> Contributor address; City; State; Zip Code Flower Mound, TX 75022	Amount of Contribution (\$) \$1,763.35
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Teague, Phillip <hr/> Contributor address; City; State; Zip Code El Paso, TX 79907	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Templeton, Michael <hr/> Contributor address; City; State; Zip Code Belton, TX 76513	Amount of Contribution (\$) \$400.00
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: 16/17 Rpt: 20/22
2 FILER NAME Provider Coalition for Care Political Action Committee		3 Filer ID (Ethics Commission Filers) 00086761
4 Date 05/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Templeton, Michael <hr/> 6 Contributor address; City; State; Zip Code Belton, TX 76513	7 Amount of Contribution (\$) \$400.00
8 Principal occupation / Job title (See Instructions) Nursing Home Administrator		9 Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tumlinson, Sammy <hr/> Contributor address; City; State; Zip Code Merkel, TX 79536	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions) Nursing Home Administrator		Employer (See Instructions)
Date 06/12/2024	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 Home Administrator		Employer (See Instructions)
Date 04/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walter, Shane <hr/> Contributor address; City; State; Zip Code Bonham, TX 75418	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Nursing Home Administrator		Employer (See Instructions)
Date 06/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warren, Jerry <hr/> Contributor address; City; State; Zip Code Dallas, TX 75248	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Nursing Home Administrator		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/17 Rpt: 21/22
2 FILER NAME Provider Coalition for Care Political Action Committee		3 Filer ID (Ethics Commission Filers) 00086761
4 Date 03/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watts, Marcy <hr/> 6 Contributor address; City; State; Zip Code Gonzales, LA 70737	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) Nursing Home Administrator		9 Employer (See Instructions)
Date 06/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White, Patricia <hr/> Contributor address; City; State; Zip Code Burleson, TX 76028	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions) Nursing Home Administrator		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whitesides, Jessica <hr/> Contributor address; City; State; Zip Code Ropesville, TX 79358	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions) Nursing Home Administrator		Employer (See Instructions)
Date 06/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yates, Tim <hr/> Contributor address; City; State; Zip Code Tool, TX 74143	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Nursing Home Administrator		Employer (See Instructions)

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: 22/22	2 FILER NAME Provider Coalition for Care Political Action Committee	3 Filer ID (Ethics Commission Filers) 00086761
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4 Date 02/26/2024	5 Payee name Lois W. Kolkhorst Campaign
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6 Amount (\$) \$10,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code P.O. Box 2546 Brenham, TX 77834
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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 Political Contribution
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/28/2024	Payee name Stephanie Klick Campaign
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Amount (\$) \$3,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 7592 Fort Worth, TX 76111
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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 Political 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 04/22/2024	Payee name Texans for Greg Abbott
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Amount (\$) \$5,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 308 Austin, TX 78767
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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 Political 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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