

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC
COVER SHEET PG 2

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

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
		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)	\$ 82,165.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 5,102.38
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 55,954.42
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.

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

17 COMMITTEE NAME Texas Health Care Assn. PAC		18 Filer ID (Ethics Commission Filers) 00015591
19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 82,165.00
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	\$ 5,102.38
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: 1/19 Rpt: 4/25
2 FILER NAME Texas Health Care Assn. PAC		3 Filer ID (Ethics Commission Filers) 00015591
4 Date 06/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BASAGOITIA, DIEGO <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77007	7 Amount of Contribution (\$) \$165.00
8 Principal occupation / Job title (See Instructions) COO		9 Employer (See Instructions) Senior PsychCare
Date 05/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bartels, Greg <hr/> Contributor address; City; State; Zip Code Houston, TX 77095	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Enterprise Sales		Employer (See Instructions) SmartLinx
Date 06/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beasley, Samantha <hr/> Contributor address; City; State; Zip Code Longview, TX 75605	Amount of Contribution (\$) \$80.00
Principal occupation / Job title (See Instructions) Director of Business Development		Employer (See Instructions) HCSG
Date 06/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beasley, Samantha <hr/> Contributor address; City; State; Zip Code Longview, TX 75605	Amount of Contribution (\$) \$80.00
Principal occupation / Job title (See Instructions) Director of Business Development		Employer (See Instructions) HCSG
Date 06/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beasley, Samantha <hr/> Contributor address; City; State; Zip Code Longview, TX 75605	Amount of Contribution (\$) \$80.00
Principal occupation / Job title (See Instructions) Director of Business Development		Employer (See Instructions) HCSG

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/19 Rpt: 5/25
2 FILER NAME Texas Health Care Assn. PAC		3 Filer ID (Ethics Commission Filers) 00015591
4 Date 06/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beasley, Samantha	7 Amount of Contribution (\$) \$80.00
	6 Contributor address; City; State; Zip Code Longview, TX 75605	
8 Principal occupation / Job title (See Instructions) Director of Business Development		9 Employer (See Instructions) HCSG
Date 06/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beasley, Samantha	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Longview, TX 75605	
Principal occupation / Job title (See Instructions) Director of Business Development		Employer (See Instructions) HCSG
Date 06/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beasley, Samantha	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Longview, TX 75605	
Principal occupation / Job title (See Instructions) Director of Business Development		Employer (See Instructions) HCSG
Date 06/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bell	Amount of Contribution (\$) \$5,000.00
	Contributor address; City; State; Zip Code Irvine, CA 92614	
Principal occupation / Job title (See Instructions) VP, Corporate Accounts		Employer (See Instructions) Accurate Healthcare
Date 06/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beltran, Larry	Amount of Contribution (\$) \$165.00
	Contributor address; City; State; Zip Code Round Rock, TX 78665	
Principal occupation / Job title (See Instructions) Administrator		Employer (See Instructions) SPJST senior living

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/19 Rpt: 6/25
2 FILER NAME Texas Health Care Assn. PAC		3 Filer ID (Ethics Commission Filers) 00015591
4 Date 06/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beltran, Larry <hr/> 6 Contributor address; City; State; Zip Code Round Rock, TX 78665	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Administrator		9 Employer (See Instructions) SPJST senior living
Date 06/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Besinger, Chris <hr/> Contributor address; City; State; Zip Code Richland, MS 39218	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) First Choice Medical Supply
Date 06/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Besinger, Chris <hr/> Contributor address; City; State; Zip Code Richland, MS 39218	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) First Choice Medical Supply
Date 06/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Biggs, Rodney <hr/> Contributor address; City; State; Zip Code League City, TX 77573	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Regional Business Development		Employer (See Instructions) Neighborhood Portable X-Ray
Date 06/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blount <hr/> Contributor address; City; State; Zip Code Columbus, OH 43215	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) Senior Managing Director		Employer (See Instructions) Vium Capital

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/19 Rpt: 7/25
2 FILER NAME Texas Health Care Assn. PAC		3 Filer ID (Ethics Commission Filers) 00015591
4 Date 06/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blount, Scott <hr/> 6 Contributor address; City; State; Zip Code Columbus, OH 43215	7 Amount of Contribution (\$) \$600.00
8 Principal occupation / Job title (See Instructions) Senior Managing Director		9 Employer (See Instructions) Vium Capital
Date 06/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boulware, Steven <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Partner		Employer (See Instructions) Priority Management
Date 06/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boulware, Steven <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219	Amount of Contribution (\$) \$80.00
Principal occupation / Job title (See Instructions) Partner		Employer (See Instructions) Priority Management
Date 06/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boulware, Steven <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219	Amount of Contribution (\$) \$80.00
Principal occupation / Job title (See Instructions) Partner		Employer (See Instructions) Priority Management
Date 06/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boulware, Steven <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219	Amount of Contribution (\$) \$80.00
Principal occupation / Job title (See Instructions) Partner		Employer (See Instructions) Priority Management

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/19 Rpt: 8/25
2 FILER NAME Texas Health Care Assn. PAC		3 Filer ID (Ethics Commission Filers) 00015591
4 Date 06/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Browning, Kyle <hr/> 6 Contributor address; City; State; Zip Code Little Rock, AR 72201	7 Amount of Contribution (\$) \$160.00
8 Principal occupation / Job title (See Instructions) Manager		9 Employer (See Instructions) Abode Care Partners
Date 06/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coan, Austin <hr/> Contributor address; City; State; Zip Code North Richland Hills, TX 76182	Amount of Contribution (\$) \$140.00
Principal occupation / Job title (See Instructions) Regional Sales Manager		Employer (See Instructions) Advantage Wound Care
Date 06/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coe, Dudley <hr/> Contributor address; City; State; Zip Code Lakeway, TX 78734	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions) Senior VP, Sales		Employer (See Instructions) National Mobile X-Ray
Date 06/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coe, Dudley <hr/> Contributor address; City; State; Zip Code Lakeway, TX 78734	Amount of Contribution (\$) \$140.00
Principal occupation / Job title (See Instructions) Senior VP, Sales		Employer (See Instructions) National Mobile X-Ray
Date 05/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Culp, Wayne <hr/> Contributor address; City; State; Zip Code The Woodlands, TX 77382	Amount of Contribution (\$) \$680.00
Principal occupation / Job title (See Instructions) Chief Operating Officer		Employer (See Instructions) HMG Healthcare, LLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/19 Rpt: 9/25
2 FILER NAME Texas Health Care Assn. PAC		3 Filer ID (Ethics Commission Filers) 00015591
4 Date 06/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dalrymple, Brady	7 Amount of Contribution (\$) \$40.00
	6 Contributor address; City; State; Zip Code Canal Winchester, OH 43110	
8 Principal occupation / Job title (See Instructions) Managing Director		9 Employer (See Instructions) Squared Business Solutions
Date 06/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dombroske, Greg	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Richland Hills, TX 76118	
Principal occupation / Job title (See Instructions) Regional Manager		Employer (See Instructions) Auto-Chlor Systems
Date 06/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fernandez	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code The Woodlands, TX 77380	
Principal occupation / Job title (See Instructions) Director, Business Services		Employer (See Instructions) Curitec
Date 06/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fernandez, Samantha	Amount of Contribution (\$) \$300.00
	Contributor address; City; State; Zip Code Conroe, TX 77304	
Principal occupation / Job title (See Instructions) Director of Business Services & Analytics		Employer (See Instructions) Curitec
Date 06/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gadberry, Gavin	Amount of Contribution (\$) \$320.00
	Contributor address; City; State; Zip Code Amarillo, TX 79105	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Underwood

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/19 Rpt: 10/25
2 FILER NAME Texas Health Care Assn. PAC		3 Filer ID (Ethics Commission Filers) 00015591
4 Date 06/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gadberry, Laura <hr/> 6 Contributor address; City; State; Zip Code Amarillo, TX 79105	7 Amount of Contribution (\$) \$40.00
8 Principal occupation / Job title (See Instructions) Boss		9 Employer (See Instructions) Underwood
Date 06/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gill, Brandon <hr/> Contributor address; City; State; Zip Code Austin, TX 78746	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) VP		Employer (See Instructions) Lument
Date 06/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haney, Ron <hr/> Contributor address; City; State; Zip Code Boerne, TX 78006	Amount of Contribution (\$) \$160.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Cascade Health Services
Date 06/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haney, Ronald <hr/> Contributor address; City; State; Zip Code Boerne, TX 78006	Amount of Contribution (\$) \$80.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Cascade Health Services
Date 06/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Head, Jeff <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76108	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Administrator		Employer (See Instructions) PMG

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/19 Rpt: 11/25
2 FILER NAME Texas Health Care Assn. PAC		3 Filer ID (Ethics Commission Filers) 00015591
4 Date 06/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holton, Tim	7 Amount of Contribution (\$) \$80.00
	6 Contributor address; City; State; Zip Code round rock, TX 78665	
8 Principal occupation / Job title (See Instructions) Operations Manager		9 Employer (See Instructions) Crestmark Pharmacy
Date 06/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holton, Tim	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code round rock, TX 78665	
Principal occupation / Job title (See Instructions) Operations Manager		Employer (See Instructions) Crestmark Pharmacy
Date 06/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kruger, Kip	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76114	
Principal occupation / Job title (See Instructions) LTC Corporate Account Specialist		Employer (See Instructions) Principle Laboratory
Date 06/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LeNeave, Ted	Amount of Contribution (\$) \$165.00
	Contributor address; City; State; Zip Code Waukee, IA 50263	
Principal occupation / Job title (See Instructions) CEO & Founder		Employer (See Instructions) Accura HealthCare
Date 06/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leichliter	Amount of Contribution (\$) \$10,000.00
	Contributor address; City; State; Zip Code Tyler, TX 75703	
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) TotalCare

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/19 Rpt: 12/25
2 FILER NAME Texas Health Care Assn. PAC		3 Filer ID (Ethics Commission Filers) 00015591
4 Date 06/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Light, Chris <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77058	7 Amount of Contribution (\$) \$40.00
8 Principal occupation / Job title (See Instructions) COO		9 Employer (See Instructions) Principle Laboratory
Date 06/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linker, Matt <hr/> Contributor address; City; State; Zip Code Tomball, TX 77377	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) SonderBloom
Date 06/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linker, Matt <hr/> Contributor address; City; State; Zip Code Tomball, TX 77377	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) SonderBloom
Date 06/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linker, Matt <hr/> Contributor address; City; State; Zip Code Tomball, TX 77377	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) SonderBloom
Date 06/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linker, Matt <hr/> Contributor address; City; State; Zip Code Tomball, TX 77377	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) SonderBloom

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/19 Rpt: 13/25
2 FILER NAME Texas Health Care Assn. PAC		3 Filer ID (Ethics Commission Filers) 00015591
4 Date 06/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Manuel, Guy <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77043	7 Amount of Contribution (\$) \$140.00
8 Principal occupation / Job title (See Instructions) President/Owner		9 Employer (See Instructions) Dyna-Flow Dispensing Systems
Date 06/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marable, Clay <hr/> Contributor address; City; State; Zip Code Sherman, TX 75092	Amount of Contribution (\$) \$185.00
Principal occupation / Job title (See Instructions) Territory Manager		Employer (See Instructions) Impact Medical
Date 06/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marable, Clay <hr/> Contributor address; City; State; Zip Code Sherman, TX 75092	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Territory Manager		Employer (See Instructions) Impact Medical
Date 06/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marable, Clay <hr/> Contributor address; City; State; Zip Code Sherman, TX 75092	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Territory Manager		Employer (See Instructions) Impact Medical
Date 06/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marable, Clay <hr/> Contributor address; City; State; Zip Code Sherman, TX 75092	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Territory Manager		Employer (See Instructions) Impact Medical

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/19 Rpt: 14/25
2 FILER NAME Texas Health Care Assn. PAC		3 Filer ID (Ethics Commission Filers) 00015591
4 Date 06/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marable, Clay <hr/> 6 Contributor address; City; State; Zip Code Sherman, TX 75092	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Territory Manager		9 Employer (See Instructions) Impact Medical
Date 06/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Merrick, Coles <hr/> Contributor address; City; State; Zip Code Austin, TX 78735	Amount of Contribution (\$) \$80.00
Principal occupation / Job title (See Instructions) Account Manager		Employer (See Instructions) McKesson
Date 06/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michel <hr/> Contributor address; City; State; Zip Code Tyler, TX 75701	Amount of Contribution (\$) \$12,500.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) MChest
Date 06/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michel, Chad <hr/> Contributor address; City; State; Zip Code Tyler, TX 75701	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) MChest
Date 06/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mills <hr/> Contributor address; City; State; Zip Code The Woodlands, TX 77380	Amount of Contribution (\$) \$7,500.00
Principal occupation / Job title (See Instructions) COO		Employer (See Instructions) WiseDX

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/19 Rpt: 15/25
2 FILER NAME Texas Health Care Assn. PAC		3 Filer ID (Ethics Commission Filers) 00015591
4 Date 06/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mills, John <hr/> 6 Contributor address; City; State; Zip Code The Woodlands, TX 77380	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) COO		9 Employer (See Instructions) WiseDX
Date 06/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Greg <hr/> Contributor address; City; State; Zip Code Buda, TX 78610	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Caraday Healthcare
Date 06/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Muffett, Josh <hr/> Contributor address; City; State; Zip Code Mooresville, NC 28115	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Healthcare New Business Developer		Employer (See Instructions) Gordon Food Service
Date 06/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nino, Cynthia <hr/> Contributor address; City; State; Zip Code Lake Oswego, OR 97035	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Business Development Manager		Employer (See Instructions) Incite
Date 06/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Norris <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78240	Amount of Contribution (\$) \$7,500.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Deer Oaks

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/19 Rpt: 16/25
2 FILER NAME Texas Health Care Assn. PAC		3 Filer ID (Ethics Commission Filers) 00015591
4 Date 06/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olson, Krista <hr/> 6 Contributor address; City; State; Zip Code round rock, TX 78665	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) VP of Business Development		9 Employer (See Instructions) Crestmark Pharmacy Services of Texas
Date 06/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olson, Krista <hr/> Contributor address; City; State; Zip Code round rock, TX 78665	Amount of Contribution (\$) \$80.00
Principal occupation / Job title (See Instructions) VP of Business Development		Employer (See Instructions) Crestmark Pharmacy Services of Texas
Date 06/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olson, Krista <hr/> Contributor address; City; State; Zip Code round rock, TX 78665	Amount of Contribution (\$) \$80.00
Principal occupation / Job title (See Instructions) VP of Business Development		Employer (See Instructions) Crestmark Pharmacy Services of Texas
Date 06/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olson, Krista <hr/> Contributor address; City; State; Zip Code round rock, TX 78665	Amount of Contribution (\$) \$80.00
Principal occupation / Job title (See Instructions) VP of Business Development		Employer (See Instructions) Crestmark Pharmacy Services of Texas
Date 06/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olson, Krista <hr/> Contributor address; City; State; Zip Code round rock, TX 78665	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) VP of Business Development		Employer (See Instructions) Crestmark Pharmacy Services of Texas

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/19 Rpt: 17/25
2 FILER NAME Texas Health Care Assn. PAC		3 Filer ID (Ethics Commission Filers) 00015591
4 Date 06/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PAYNE, RONALD	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code Plano, TX 75024		
8 Principal occupation / Job title (See Instructions) CEO		9 Employer (See Instructions) Southwest LTC
Date 06/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PAYNE, RONALD	Amount of Contribution (\$) \$80.00
Contributor address; City; State; Zip Code Plano, TX 75024		
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Southwest LTC
Date 06/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pico, Ana	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code Fort Worth, TX 76108		
Principal occupation / Job title (See Instructions) Chief Strategy Officer		Employer (See Instructions) HMG Healthcare, LLC
Date 06/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Prince, Derek	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code The Woodlands, TX 77380		
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) HMG
Date 06/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Prince, Derek	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code The Woodlands, TX 77380		
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) HMG

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/19 Rpt: 18/25
2 FILER NAME Texas Health Care Assn. PAC		3 Filer ID (Ethics Commission Filers) 00015591
4 Date 06/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pyle, Landon <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76114	7 Amount of Contribution (\$) \$80.00
8 Principal occupation / Job title (See Instructions) Regional Sales Manager		9 Employer (See Instructions) MasVida
Date 06/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pyle, Landon <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76114	Amount of Contribution (\$) \$120.00
Principal occupation / Job title (See Instructions) Regional Sales Manager		Employer (See Instructions) MasVida
Date 06/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reinarz, Christian <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78258	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) VP of Operations		Employer (See Instructions) HMG Healthcare, LLC
Date 06/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rich, Danny <hr/> Contributor address; City; State; Zip Code Tyler, TX 75701	Amount of Contribution (\$) \$180.00
Principal occupation / Job title (See Instructions) Director of LTC		Employer (See Instructions) MChest
Date 06/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robertson <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76114	Amount of Contribution (\$) \$10,000.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) MasVida

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/19 Rpt: 19/25
2 FILER NAME Texas Health Care Assn. PAC		3 Filer ID (Ethics Commission Filers) 00015591
4 Date 06/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robertson, Josh <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76114	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) CEO		9 Employer (See Instructions) MasVida
Date 06/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robertson, Joshua <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76114	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) MasVida
Date 06/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robertson, Joshua <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76114	Amount of Contribution (\$) \$80.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) MasVida
Date 06/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robertson, Joshua <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76114	Amount of Contribution (\$) \$80.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) MasVida
Date 05/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rossy, Parker <hr/> Contributor address; City; State; Zip Code Houston, TX 77095	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Senior Sales Director		Employer (See Instructions) Tallwood Medical Equipment and Supply / StateServ Medical

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/19 Rpt: 20/25
2 FILER NAME Texas Health Care Assn. PAC		3 Filer ID (Ethics Commission Filers) 00015591
4 Date 06/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sayed, Sharif <hr/> 6 Contributor address; City; State; Zip Code Frisco, TX 75035	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) VP, Business Development		9 Employer (See Instructions) Lifetime Wellness LTD
Date 06/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spears, Chris <hr/> Contributor address; City; State; Zip Code LAGO VISTA, TX 78645	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) VP of Sales		Employer (See Instructions) DermaRite Industries, LLC
Date 06/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spears, Chris <hr/> Contributor address; City; State; Zip Code LAGO VISTA, TX 78645	Amount of Contribution (\$) \$80.00
Principal occupation / Job title (See Instructions) VP of Sales		Employer (See Instructions) DermaRite Industries, LLC
Date 06/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Brian <hr/> Contributor address; City; State; Zip Code Pflugerville, TX 78691	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) TGR Healthcare
Date 06/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Kyle <hr/> Contributor address; City; State; Zip Code Hinsdale, IL 60521	Amount of Contribution (\$) \$80.00
Principal occupation / Job title (See Instructions) Director of Operations		Employer (See Instructions) HCSG

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/19 Rpt: 21/25
2 FILER NAME Texas Health Care Assn. PAC		3 Filer ID (Ethics Commission Filers) 00015591
4 Date 06/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomason	7 Amount of Contribution (\$) \$7,500.00
6 Contributor address; City; State; Zip Code Little Rock, AR 72201		
8 Principal occupation / Job title (See Instructions) President		9 Employer (See Instructions) Abode Care Partners
Date 06/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trankito, Nick	Amount of Contribution (\$) \$80.00
Contributor address; City; State; Zip Code Lake Oswego, OR 97035		
Principal occupation / Job title (See Instructions) Sr. Director of Partnership Development		Employer (See Instructions) Incite
Date 06/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trankito, Nick	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Lake Oswego, OR 97035		
Principal occupation / Job title (See Instructions) Sr. Director of Partnership Development		Employer (See Instructions) Incite
Date 06/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walker, Clint	Amount of Contribution (\$) \$165.00
Contributor address; City; State; Zip Code Houston, TX 77077		
Principal occupation / Job title (See Instructions) Business Development Manager		Employer (See Instructions) BluSky Restoration
Date 06/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walker, Clint	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Houston, TX 77077		
Principal occupation / Job title (See Instructions) Business Development Manager		Employer (See Instructions) BluSky Restoration

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/19 Rpt: 22/25
2 FILER NAME Texas Health Care Assn. PAC		3 Filer ID (Ethics Commission Filers) 00015591
4 Date 06/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walker, Clint <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77077	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Business Development Manager		9 Employer (See Instructions) BluSky Restoration
Date 06/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warwick <hr/> Contributor address; City; State; Zip Code Tulsa, OK 74105	Amount of Contribution (\$) \$7,500.00
Principal occupation / Job title (See Instructions) Vice President		Employer (See Instructions) Rich & Cartmill
Date 06/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Washington, Bryan <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78240	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Deer Oaks

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: 1/3 Rpt: 23/25	2 FILER NAME Texas Health Care Assn. PAC	3 Filer ID (Ethics Commission Filers) 00015591
4 Date 06/04/2024	5 Payee name Authorize.net	
6 Amount (\$) \$17.50 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 808 E. Utah Valley Dr. American Fork, UT 84003-9707	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(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
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 06/17/2024	Candidate/Officeholder name Crestline	
Amount (\$) \$320.19 <input type="checkbox"/> Expenditure from corporate funds	Office sought PO Box 2027 Lewiston, ME 04131	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense THCA PAC Golf
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 06/03/2024	Candidate/Officeholder name Fisery	
Amount (\$) \$41.95 <input type="checkbox"/> Expenditure from corporate funds	Office sought 255 Fisery Drive Brookfield, WI 53045	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(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		

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: 2/3 Rpt: 24/25	2 FILER NAME Texas Health Care Assn. PAC	3 Filer ID (Ethics Commission Filers) 00015591
--	--	--

4 Date 06/17/2024	5 Payee name Mainspring Music
-----------------------------	---

6 Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 3217 Burnet Circle Rockwall, TX 75032
---	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense THCA PAC Summer
---------------------------------	--	---

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

Date 06/17/2024	Payee name My Custom Golf Ball
--------------------	-----------------------------------

Amount (\$) \$158.46 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 12985 Pioneer Trail Eden Prairie, MN 55347
--	---

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense THCA PAC Golf
-------------------------------	--	---

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

Date 06/12/2024	Payee name Perfect Golf Event
--------------------	----------------------------------

Amount (\$) \$312.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 9889 Gate Pkwy N Ste 301 Jacksonville, FL 32246
--	---

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense THCA PAC Golf
-------------------------------	--	---

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

--	--

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: 3/3 Rpt: 25/25	2 FILER NAME Texas Health Care Assn. PAC	3 Filer ID (Ethics Commission Filers) 00015591
4 Date 06/17/2024	5 Payee name Perfect Golf Event	
6 Amount (\$) \$2,689.20 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 9889 Gate Pkwy N Ste 301 Jacksonville, FL 32246	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense THCA PAC Golf
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/17/2024	Payee name Perfect Golf Event	
Amount (\$) \$398.88 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 9889 Gate Pkwy N Ste 301 Jacksonville, FL 32246	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense THCA PAC Golf
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/17/2024	Payee name Personalization Mall	
Amount (\$) \$164.20 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 51 Shore Drive Burr Ridge, IL 60527	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense THCA PAC Golf
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held