FORM MPAC MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** Filer ID 2 Total pages filed: The MPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00015591 3 COMMITTEE NAME **OFFICE USE ONLY** Texas Health Care Assn. PAC Date Received **ELECTRONICALLY FILED** 08/05/2024 COMMITTEE ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP **ADDRESS** 1108 Lavaca Street, Ste. 500 Change of Address Austin, TX 78701 Date Hand-delivered or Date Postmarked MS / MRS / MR **CAMPAIGN FIRST** MI **TREASURER** Receipt # Amount Steven NAME Date Processed **NICKNAME SUFFIX** LAST Date Imaged **Boulware** CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 1108 Lavaca Street, Suite 500 STREET **ADDRESS** (Residence or Business) Austin, TX 78701 **CAMPAIGN** STREET ADDRESS OR PO BOX; APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** 1108 Lavaca Street, Suite 500 MAILING **ADDRESS** Change of Address Austin, TX 78701 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (512) 458-1257 REPORT TYPE 10th day after campaign X Monthly Dissolution (Attach PAC-DR) treasurer termination 10 MONTHLY January 5 April 5 July 5 October 5 REPORT FILING **DEADLINE** February 5 May 5 X August 5 November 5 September 5 December 5 March 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 06/26/2024 07/25/2024

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

2 COMMITTEE NAME	an DAC		13 Filer ID	(Ethics Commission Filers)
Texas Health Care A	ISSN. PAC		00015591	-
4 COMMITTEE	1. Candidates	A. Supported		
ACTIVITY	(Identify by name or, if applicable, classify by party.)			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. Measures	A. Supported		
	(Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	3. Officeholders			
	Assisted (Identify by name or, if applicable, classify by party.)			
5 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS N	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA		\$	1,850.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZE	D POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	AL EXPENDITURES	\$	22,061.68
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAS G PERIOD	T DAY \$	62,079.83
OUTSTANDING LOAN TOTALS	· · · · · · · · · · · · · · · · · · ·	AMOUNT OF ALL OUTSTANDING LOANS AS OF REPORTING PERIOD	THE \$	0.00
6 AFFIDAVIT			<u> </u>	
		I swear, or affirm, under penalty of p true and correct and includes all info under Title 15, Election Code.	erjury, that the a	accompanying report is d to be reported by me
		Mr Steve	en Boulware	
			ampaign Treası	urer
AFFIX NOTA	RY STAMP / SEAL ABOVE			
Sworn to and subscrib	ned hefore me, by the said		this the	day
		which, witness my hand and seal of office.		uuy
-	,, , , , , , , , , , , , , ,			
Signature of officer	administering oath	Printed name of officer administering oath	Title of offi	cer administering oath
- -	-	-		-

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

				3 of 6
17 COMMITTI Texas He	EE NAME alth Care Assn. PAC	(Ethics Commission	Filers)	
19 SCHEDUL				
NAME OF	NAME OF SCHEDULE			OUNT
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	1,850.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	3. SCHEDULE B: PLEDGED CONTRIBUTIONS			
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	\$		
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORAL LABOR ORGANIZATION	\$		
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	SANIZATION	\$	
7.	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	R	\$	
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR	ORGANIZATION	\$	
9.	SCHEDULE E: LOANS		\$	
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	22,061.68
11.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDUI	LE A1
	The Instru	The Instruction Guide explains how to complete this form.		1	Total pages Schedule A1: Sch: 1/1 Rpt: 4/6	
2	FILER NAME Texas Health	R NAME as Health Care Assn. PAC		3	Filer ID (Ethics Commission 00015591	on Filers)
4	Date 07/25/2024	 Full name of contributor out-of-state PAC (ID#:_Brant, Penny Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$200.00
0	Dringing oggu	Pflugerville, TX 78660 pation / Job title (See Instructions)	9 Employer (See Instructions			
8	Administrato		Will-O-Bell)		
	Date 07/25/2024	Full name of contributor out-of-state PAC (ID#:_ Hart, DJ Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$200.00
	Principal occu	Fort Worth, TX 76137 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 07/11/2024	Full name of contributor out-of-state PAC (ID#:_ Heisner, Paige Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$450.00
	Deireciant	Plano, TX 75024	T Formation (On the description			
		pation / Job title (See Instructions) tions Coordinator	Employer (See Instructions Reliant Rehabilitation)		
	Date 07/22/2024	Full name of contributor out-of-state PAC (ID#:_ Johanan, Eric (Mr.) Contributor address; City; State; Zip Code Highland Village, TX 75077			Amount of Contribution (\$)	\$1,000.00
	Principal occu Administrato	pation / Job title (See Instructions) r	Employer (See Instructions Green Oaks/HMG Healt		are	

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 Revenued.

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor, Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category pet listed above)

Credit Card Payment	The Instruction Guide explains how to cor	nplete this form.	OTTIER (effici à calegory flot listed above)	
1 Total pages Schedule F1:	·		3 Filer ID (Ethics Commission F	ilers)
Sch: 1/2 Rpt: 5/6	Texas Health Care Assn. PAC	00015591	,	
4 Date	5 Payee name			
07/02/2024	Authorize.net			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$21.68	808 E. Utah Valley Dr.			
Expenditure from corporate funds	American Fork, UT 84003-9707			
8 PURPOSE OF	, , ,	(b) Description		
EXPENDITURE	Fees		outside of Texas. Complete Schedule T. n, TX, officeholder living expense	
			Processing Fee	
		orount ourur.		
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	nht	Office held	
expenditure to benefit C/OI		gi it	Office field	
Date	Payee name			
07/03/2024	Fisery			
Amount (\$)	Payee address; City; State; Zip Co	de		
\$124.41	255 Fisery Drive			
Expenditure from corporate funds	Brookfield, WI 53045			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF	Fees		outside of Texas. Complete Schedule T.	
EXPENDITURE		Check if Austir	n, TX, officeholder living expense	
		Credit Card F	Processing Fee	
Complete ONLY if direct	Candidate/Officeholder name Office sough	ght	Office held	
expenditure to benefit C/OI	1			
Date	Payee name			
07/17/2024	Margaritaville Lake Conroe			
Amount (\$)	Payee address; City; State; Zip Coo	de		
\$21,274.13	600 Margaritaville Pkwy			
ΨΖΙ,Ζ14.10	ooo warganaviiic i kwy			
Expenditure from corporate funds	Montgomery , TX 77356			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF	Event Expense		outside of Texas. Complete Schedule T.	
EXPENDITURE		Check if Austir	n, TX, officeholder living expense	
		THCA PAC S	Summer Events	
Complete ONLY if direct	Candidate/Officeholder name Office sout	ght	Office held	
expenditure to benefit C/OI	4			

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category and listed above)

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 2/2 Rpt: 6/6	Texas Health Care Assn. PAC 00015591
4 Date	5 Payee name
06/27/2024	RushOrderTees
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$341.46	2727 Commerce Way
Expenditure from corporate funds	Philadelphia, PA 19154
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	THCA PAC Event Expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
07/10/2024	Thomas Graphics
Amount (\$)	Payee address; City; State; Zip Code
\$300.00	PO Box 14226
Expenditure from corporate funds	Austin, TX 78714
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	THCA PAC Event Signage
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held