#### 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) 00088833 3 COMMITTEE NAME **OFFICE USE ONLY** Texans for Compassionate Healthcare PAC Date Received **ELECTRONICALLY FILED** 09/04/2024 COMMITTEE ADDRESS / PO BOX; APT / SUITE #: CITY: STATE: ZIP **ADDRESS** 400 West 15th Street Suite 950 Change of Address Austin, TX 78701 Date Hand-delivered or Date Postmarked MS / MRS / MR **CAMPAIGN FIRST** MI **TREASURER** Receipt # Amount Logan NAME Date Processed **NICKNAME SUFFIX** LAST Date Imaged Spence CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE TREASURER 400 West 15th Street STREET **ADDRESS** Suite 950 (Residence or Business) Austin, TX 78701 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** 400 West 15th Street MAILING **ADDRESS** Suite 950 Change of Address Austin, TX 78701 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (512) 479-8888 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 August 5 November 5 March 5 X September 5 December 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 07/26/2024 08/25/2024

## MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

# FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID (Et	hics Commission Filers)
Texans for Compass	00088833			
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	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	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLE	AL CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZEI	D POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	0.00
CONTRIBUTION BALANCE		5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		
OUTSTANDING LOAN TOTALS	•	AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	HE \$	0.00
16 AFFIDAVIT			<u> </u>	
		I swear, or affirm, under penalty of per true and correct and includes all inforr under Title 15, Election Code.	rjury, that the accom nation required to bo	ppanying report is e reported by me
		Logan	Spence	
			npaign Treasurer	
AFFIX NOTAI	RY STAMP / SEAL ABOVE			
Sworn to and subscrib	ed before me, by the said _	, th	nis 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 ad	ministering oath

#### **SUBTOTALS - MPAC**

### FORM MPAC COVER SHEET PG 3 3 of 5

17 COMMITT	(Ethics Co	mmission Filers)		
Texans fo				
19 SCHEDUL NAME OF	SUBTOTAL AMOUNT			
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	0.00
2. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00
3. X	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOURGANIZATION	PR	\$	
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORAL LABOR ORGANIZATION	ATION OR	\$	
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$	
7.	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$	
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (	ORGANIZATION	\$	
9. X	SCHEDULE E: LOANS		\$	0.00
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$	0.00
11. X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00
12. X	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	0.00
13. X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$	
			•	

PLEI	DGED CONTRIBU	TIONS				SCHEDULE B
The Instruction Guide explains how to complete this form.				1	Total pages Sch	
2 FILER NAME Texans for Compassionate Healthcare PAC			3	Filer ID (Ethics Commission Filers) 00088833		
1	OF UNITEMIZED PLEDO				\$	0.00
<b>5</b> Date	6 Full name of pledgor	6 Full name of pledgorout-of-state PAC (ID#:)		_) 8	Amount of	9 In-kind description
	7 Pledgor Address;	City; State; Zip C	ode		pledge (\$)	(If applicable) I I I I
				[		tside of Texas. Complete Schedule T.
<b>10</b> Principal	l occupation / Job title (See Instru	uctions)	11 Employer (See In	structi	ons)	

	LOANS					SCHED	JLE <b>E</b>
	The Instruction Guide explains how to complete this form				ages Schedule E: /1 Rpt: 5/5		
	2 FILER NAME Texans for Compassionate Healthcare PAC				3 Filer ID (Ethics Commission Filers) 00088833		
4 .	TOTAL OF UN	IITEMIZED LOANS			•	\$	0.00
5	Date of loan	7 Name of lender	out-of-state PA	C (ID#:		9 Loan Amount (\$	)
1	Is lender a financial institution?	8 Lender address; City;	State;	Zip Code		10 Interest Rate	
						11 Maturity Date	
12	Principal occupation	on / Job title (See Instructions)		13 Employer (See Instruction	ıs)		
14 [	Description of Coll None	ateral		15 Check if personal funds w	ere deposite	ed into political accoun (See Instruction	
	GUARANTOR INFORMATION	17 Name of guarantor		<u> </u>		19 Amount Guaran	teed (\$)
[	not applicable	<b>18</b> Guarantor address; City;	State;	Zip Code			
20	Principal occupation	on		21 Employer (See Instruction	ıs)	1	