

MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

**FORM MPAC
COVER SHEET PG 1**

The MPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00015591	2 Total pages filed: 22
3 COMMITTEE NAME Texas Health Care Assn. PAC		OFFICE USE ONLY	
		Date Received ELECTRONICALLY FILED 10/07/2024	
4 COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP 1108 Lavaca Street, Ste. 500	Date Hand-delivered or Date Postmarked	
<input type="checkbox"/> Change of Address	Austin, TX 78701	Receipt # Amount	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Steven	Date Processed	
	NICKNAME LAST SUFFIX Boulware	Date Imaged	
6 CAMPAIGN TREASURER STREET ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1108 Lavaca Street, Suite 500 Austin, TX 78701		
7 CAMPAIGN TREASURER MAILING ADDRESS	STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1108 Lavaca Street, Suite 500 Austin, TX 78701		
<input type="checkbox"/> Change of Address			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 458-1257		
9 REPORT TYPE	<input checked="" type="checkbox"/> Monthly	<input type="checkbox"/> 10th day after campaign treasurer termination	<input type="checkbox"/> Dissolution (Attach PAC-DR)
10 MONTHLY REPORT FILING DEADLINE	<input type="checkbox"/> January 5 <input type="checkbox"/> April 5 <input type="checkbox"/> July 5 <input checked="" type="checkbox"/> October 5	<input type="checkbox"/> February 5 <input type="checkbox"/> May 5 <input type="checkbox"/> August 5 <input type="checkbox"/> November 5	<input type="checkbox"/> March 5 <input type="checkbox"/> June 5 <input type="checkbox"/> September 5 <input type="checkbox"/> December 5
11 PERIOD COVERED	Month Day Year 08/26/2024	THROUGH	Month Day Year 09/25/2024

GO TO PAGE 2

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
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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
		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)	\$ 36,911.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 33,220.18
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 101,094.56
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	\$ 36,911.00
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	\$ 33,220.18
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: 1/16 Rpt: 4/22
2 FILER NAME Texas Health Care Assn. PAC		3 Filer ID (Ethics Commission Filers) 00015591
4 Date 09/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aguilar, Amy	7 Amount of Contribution (\$) \$200.00
	6 Contributor address; City; State; Zip Code Burleson, TX 76028	
8 Principal occupation / Job title (See Instructions) Director of Clinical Services		9 Employer (See Instructions) Caraday Healthcare
Date 09/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, Jeremy	Amount of Contribution (\$) \$300.00
	Contributor address; City; State; Zip Code Midland, TX 79701	
Principal occupation / Job title (See Instructions) Co-Founder		Employer (See Instructions) Telos Technologies
Date 09/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alley, Matthew	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code St. Louis, MO 63119	
Principal occupation / Job title (See Instructions) Managing Director		Employer (See Instructions) SLIB
Date 09/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bauder, Bill	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Baton Rouge, LA 70810	
Principal occupation / Job title (See Instructions) Partner		Employer (See Instructions) Priority Management
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Biggs, Rodney	Amount of Contribution (\$) \$300.00
	Contributor address; City; State; Zip Code Plano, TX 75074	
Principal occupation / Job title (See Instructions) Reg Business Development		Employer (See Instructions) Neighborhood Portable X-Ray

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/16 Rpt: 5/22
2 FILER NAME Texas Health Care Assn. PAC		3 Filer ID (Ethics Commission Filers) 00015591
4 Date 09/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boeckstiegal, Stacia <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78245	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) Associate territory manager		9 Employer (See Instructions) Impact Medical
Date 09/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boulware, Doug <hr/> Contributor address; City; State; Zip Code Dallas, TX 75205	Amount of Contribution (\$) \$7,500.00
Principal occupation / Job title (See Instructions) Partner		Employer (See Instructions) Priority Management
Date 09/13/2024	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 (\$) \$5,000.00
Principal occupation / Job title (See Instructions) Partner		Employer (See Instructions) Priority Management
Date 09/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bradfield, Scott <hr/> Contributor address; City; State; Zip Code Conroe, TX 77304	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) RVP		Employer (See Instructions) HMG Healthcare
Date 08/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Chris <hr/> Contributor address; City; State; Zip Code Bensalem, PA 19020	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Director of Operations		Employer (See Instructions) Healthcare Services Group

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/16 Rpt: 6/22
2 FILER NAME Texas Health Care Assn. PAC		3 Filer ID (Ethics Commission Filers) 00015591
4 Date 09/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cohen, Joey <hr/> 6 Contributor address; City; State; Zip Code New York, NY 10022	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) President		9 Employer (See Instructions) Fiveboro Printing
Date 09/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Collier, Taylor <hr/> Contributor address; City; State; Zip Code New Braunfels, TX 78132	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Administrator		Employer (See Instructions) Cascade Health
Date 09/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coppinger, Grant <hr/> Contributor address; City; State; Zip Code Katy, TX 77494	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Managing Consultant		Employer (See Instructions) Forvis Mazars, LLP
Date 09/10/2024	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 (\$) \$100.00
Principal occupation / Job title (See Instructions) COO		Employer (See Instructions) HMG
Date 09/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dabich, Charles <hr/> Contributor address; City; State; Zip Code Dunn Loring, VA 22027	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) newPoint

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/16 Rpt: 7/22
2 FILER NAME Texas Health Care Assn. PAC		3 Filer ID (Ethics Commission Filers) 00015591
4 Date 08/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Leigh	7 Amount of Contribution (\$) \$280.00
	6 Contributor address; City; State; Zip Code Fayetteville, AR 72701	
8 Principal occupation / Job title (See Instructions) Owner		9 Employer (See Instructions) Davis+Delany
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dieter, James	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Houston, TX 77058	
Principal occupation / Job title (See Instructions) Chief Executive Officer		Employer (See Instructions) Principle Laboratory
Date 09/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duncan, Rebecca	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Wimberley, TX 78676	
Principal occupation / Job title (See Instructions) Regional Director of Operations		Employer (See Instructions) Caraday Heathcare
Date 09/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Espinoza, Sergio	Amount of Contribution (\$) \$400.00
	Contributor address; City; State; Zip Code Humble, TX 77346	
Principal occupation / Job title (See Instructions) Clinical Practice Manager		Employer (See Instructions) Team Health
Date 08/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Faulk, Tabitha	Amount of Contribution (\$) \$140.00
	Contributor address; City; State; Zip Code Ocala, FL 34471	
Principal occupation / Job title (See Instructions) Managed Care Consultant		Employer (See Instructions) Managed Care Consultants of America

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/16 Rpt: 8/22
2 FILER NAME Texas Health Care Assn. PAC		3 Filer ID (Ethics Commission Filers) 00015591
4 Date 09/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fenstermacher, John <hr/> 6 Contributor address; City; State; Zip Code Dover, PA 17315	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) Director of Facility Services		9 Employer (See Instructions) Aramark
Date 09/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gadberry, Dylan <hr/> Contributor address; City; State; Zip Code Midlothian, TX 76065	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Administrator		Employer (See Instructions) HMG Healthcare
Date 08/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gadberry, Dylan <hr/> Contributor address; City; State; Zip Code Bedford, TX 76065	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Administrator		Employer (See Instructions) HMG Healthcare
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gadberry, Gavin <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79119	Amount of Contribution (\$) \$240.00
Principal occupation / Job title (See Instructions) Shareholder		Employer (See Instructions) Underwood
Date 09/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez, Thomas <hr/> Contributor address; City; State; Zip Code Dallas, TX 75220	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Account Executive		Employer (See Instructions) Nursa

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/16 Rpt: 9/22
2 FILER NAME Texas Health Care Assn. PAC		3 Filer ID (Ethics Commission Filers) 00015591
4 Date 09/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Green, Melissa <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75206	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Director of Sales		9 Employer (See Instructions) P4 Clinical Lab
Date 09/03/2024	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 (\$) \$220.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Cascade Health Services, LLC
Date 08/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrington, Ryan <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76102	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Trinity Healthcare
Date 09/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henley, Derek <hr/> Contributor address; City; State; Zip Code Great Neck, NY 11021	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Director of Sales		Employer (See Instructions) First Quality Products, Inc.
Date 09/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hill, Jacob <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78245	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Associate 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: 7/16 Rpt: 10/22
2 FILER NAME Texas Health Care Assn. PAC		3 Filer ID (Ethics Commission Filers) 00015591
4 Date 09/06/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hollas, Matt <hr/> 6 Contributor address; City; State; Zip Code Parsippany, NJ 07054	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Business Development Manager		9 Employer (See Instructions) Navigator Group Purchasing, LLC
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Huber, Andrew <hr/> Contributor address; City; State; Zip Code Spring, TX 77380	Amount of Contribution (\$) \$120.00
Principal occupation / Job title (See Instructions) Senior National Account Manager		Employer (See Instructions) Direct Supply
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ives, Reece <hr/> Contributor address; City; State; Zip Code Hertford EN SG14 2EQ United Kingdom	Amount of Contribution (\$) \$240.00
Principal occupation / Job title (See Instructions) Director of Sales		Employer (See Instructions) Maple
Date 09/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Tate <hr/> Contributor address; City; State; Zip Code Vancouver, WA 98685	Amount of Contribution (\$) \$240.00
Principal occupation / Job title (See Instructions) RVP of Growth		Employer (See Instructions) Integra Scripts
Date 09/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jafari, Nilou <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94105	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Chief of Staff		Employer (See Instructions) Clearpol

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/16 Rpt: 11/22
2 FILER NAME Texas Health Care Assn. PAC		3 Filer ID (Ethics Commission Filers) 00015591
4 Date 09/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johanani, Eric <hr/> 6 Contributor address; City; State; Zip Code Highland Village, TX 75077	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Administrator		9 Employer (See Instructions) Green Oaks Nursing and Rehab
Date 09/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kadah, Lara <hr/> Contributor address; City; State; Zip Code Plano, TX 75024	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Vp of BD		Employer (See Instructions) Reliant
Date 09/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee, Austin <hr/> Contributor address; City; State; Zip Code Woodway, TX 76712	Amount of Contribution (\$) \$280.00
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) SilverMed Pharmacy
Date 09/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lege, Rodney <hr/> Contributor address; City; State; Zip Code Missouri City, TX 77459	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Administrator		Employer (See Instructions) Park Manor of Quail Valley
Date 09/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lytle, Cheryl <hr/> Contributor address; City; State; Zip Code Burleson, TX 76028	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) VP of Clinical and Business Development		Employer (See Instructions) Curitec

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/16 Rpt: 12/22
2 FILER NAME Texas Health Care Assn. PAC		3 Filer ID (Ethics Commission Filers) 00015591
4 Date 09/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Macey, Carter <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75270	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Account Executive		9 Employer (See Instructions) PointClickCare
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Magence, Elan <hr/> Contributor address; City; State; Zip Code Chicago, IL 60645	Amount of Contribution (\$) \$1,500.00
Principal occupation / Job title (See Instructions) Senior VP		Employer (See Instructions) Newpoint Real Estate Capital
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Manuel, Tangela <hr/> Contributor address; City; State; Zip Code Humble, TX 77338	Amount of Contribution (\$) \$891.00
Principal occupation / Job title (See Instructions) Administrator		Employer (See Instructions) HMG Healthcare
Date 09/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKenzie, Stephen <hr/> Contributor address; City; State; Zip Code Irving, TX 75039	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Regional Sales Director		Employer (See Instructions) ShiftKey
Date 09/23/2024	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 (\$) \$2,400.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) MChest

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/16 Rpt: 13/22
2 FILER NAME Texas Health Care Assn. PAC		3 Filer ID (Ethics Commission Filers) 00015591
4 Date 09/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Greg <hr/> 6 Contributor address; City; State; Zip Code Buda, TX 78610	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) President		9 Employer (See Instructions) Caraday Healthcare
Date 09/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Niles, Sam <hr/> Contributor address; City; State; Zip Code Great Neck, NY 11021	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Sales Ambassador		Employer (See Instructions) First Quality Products, Inc.
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Orbin, Michaela <hr/> Contributor address; City; State; Zip Code Sachse, TX 75048	Amount of Contribution (\$) \$120.00
Principal occupation / Job title (See Instructions) Director of Business Development		Employer (See Instructions) Meridian Health Partners
Date 09/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pebsworth, Josie <hr/> Contributor address; City; State; Zip Code Bangs, TX 76823	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Administrator		Employer (See Instructions) Pecan Bayou N&R
Date 09/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phillips, Jacob <hr/> Contributor address; City; State; Zip Code Great Neck, NY 11021	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Sales Representative		Employer (See Instructions) First Quality Products, Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/16 Rpt: 14/22
2 FILER NAME Texas Health Care Assn. PAC		3 Filer ID (Ethics Commission Filers) 00015591
4 Date 09/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Provada, Felica	7 Amount of Contribution (\$) \$200.00
6 Contributor address; City; State; Zip Code Houston, TX 77040		
8 Principal occupation / Job title (See Instructions) Director of Business Development		9 Employer (See Instructions) Luby's Culinary Services
Date 08/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quintero, Crystal	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Tomball, TX 77377		
Principal occupation / Job title (See Instructions) Administrator		Employer (See Instructions) HMG Healthcare
Date 09/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Randall, Katie	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Fairfield, TX 75840		
Principal occupation / Job title (See Instructions) Product Specialist		Employer (See Instructions) Gentell
Date 09/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rockett, LPN, FAACM, Jeanine	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Leesburg, FL 34748		
Principal occupation / Job title (See Instructions) Managed Care Liaison		Employer (See Instructions) Managed Care Consultants of America
Date 09/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Daniel	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Mission, TX 78572		
Principal occupation / Job title (See Instructions) Admin		Employer (See Instructions) Mission Nursing and Rehab

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/16 Rpt: 15/22
2 FILER NAME Texas Health Care Assn. PAC		3 Filer ID (Ethics Commission Filers) 00015591
4 Date 09/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ross, Jessica <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78240	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Administrator		9 Employer (See Instructions) Post Acute
Date 09/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rosy, Parker <hr/> Contributor address; City; State; Zip Code Houston, TX 77095	Amount of Contribution (\$) \$280.00
Principal occupation / Job title (See Instructions) Senior Sales Director		Employer (See Instructions) Dragonfly Health
Date 08/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Runager, Dana <hr/> Contributor address; City; State; Zip Code Murfreesboro, TN 37128	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Chief Strategic Officer		Employer (See Instructions) ExcelHealth Group
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanders, Jana <hr/> Contributor address; City; State; Zip Code Weatherford, TX 76088	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Administrator		Employer (See Instructions) HMG Healthcare
Date 08/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanders, Jimmy <hr/> Contributor address; City; State; Zip Code Nacogdoches, TX 75961	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Administrator		Employer (See Instructions) HMG Healthcare

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/16 Rpt: 16/22
2 FILER NAME Texas Health Care Assn. PAC		3 Filer ID (Ethics Commission Filers) 00015591
4 Date 09/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scarbro, Jodi	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Burleson, TX 76028	
8 Principal occupation / Job title (See Instructions) Administrator		9 Employer (See Instructions) HMG
Date 08/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scarbro, Jodi	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Burleson, TX 76028	
Principal occupation / Job title (See Instructions) Administrator		Employer (See Instructions) HMG Healthcare
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sears, Chris	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code Austin, TX 78749	
Principal occupation / Job title (See Instructions) Regional Manager of Operations		Employer (See Instructions) Accelerated Care Plus
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Becca	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Austin, TX 78739	
Principal occupation / Job title (See Instructions) VP of Value Based Initiatives & Reimbursement		Employer (See Instructions) Caraday Healthcare
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Chelsea	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Parsippany, NJ 07054	
Principal occupation / Job title (See Instructions) Account Executive		Employer (See Instructions) Navigator Group Purchasing, LLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/16 Rpt: 17/22
2 FILER NAME Texas Health Care Assn. PAC		3 Filer ID (Ethics Commission Filers) 00015591
4 Date 09/08/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sooliman, Etai <hr/> 6 Contributor address; City; State; Zip Code Skokie, IL 60076	7 Amount of Contribution (\$) \$300.00
8 Principal occupation / Job title (See Instructions) CEO		9 Employer (See Instructions) All-Stat Portable
Date 08/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steele, Jennifer <hr/> Contributor address; City; State; Zip Code Refugio, TX 78377	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Administrator		Employer (See Instructions) HMG Healthcare
Date 09/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swayne, Guy <hr/> Contributor address; City; State; Zip Code Hosuton, TX 77007	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Director of Business Development		Employer (See Instructions) Select Rehab
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tavarez, Chris <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78250	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Director of partnerships		Employer (See Instructions) Remarkable Hospice
Date 09/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Teter, Shelly <hr/> Contributor address; City; State; Zip Code Plano, TX 75074	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Dir of Ops		Employer (See Instructions) Neighborhood Portable X-ray

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/16 Rpt: 18/22
2 FILER NAME Texas Health Care Assn. PAC		3 Filer ID (Ethics Commission Filers) 00015591
4 Date 08/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walsh, Brent <hr/> 6 Contributor address; City; State; Zip Code Pasadena, TX 77504	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) Administrator		9 Employer (See Instructions) HMG Healthcare
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wewers, Michelle <hr/> Contributor address; City; State; Zip Code Barling, AR 72923	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Partner/CRO		Employer (See Instructions) Nexus Therapy Management
Date 09/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whitaker, Jeff <hr/> Contributor address; City; State; Zip Code Austin, TX 78738	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) SVP of Business Development		Employer (See Instructions) Kindful Health
Date 09/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whitten, Greg <hr/> Contributor address; City; State; Zip Code Coleman, TX 76834	Amount of Contribution (\$) \$260.00
Principal occupation / Job title (See Instructions) Admin Owner		Employer (See Instructions) Rising Star Senior Care
Date 09/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zurovec, Darrell <hr/> Contributor address; City; State; Zip Code Austin, TX 78746	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) General Counsel		Employer (See Instructions) Touchstone Communities

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/16 Rpt: 19/22
2 FILER NAME Texas Health Care Assn. PAC		3 Filer ID (Ethics Commission Filers) 00015591
4 Date 09/08/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) leopold, Scott <hr/> 6 Contributor address; City; State; Zip Code Ridgefield, CT 06877	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Senior Director		9 Employer (See Instructions) Parachute health
Date 09/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) scott, stanton <hr/> Contributor address; City; State; Zip Code Austin, TX 78759	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Regional Manager- Austin, TX		Employer (See Instructions) Deer Oaks Mental Health Associates

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: 20/22	2 FILER NAME Texas Health Care Assn. PAC	3 Filer ID (Ethics Commission Filers) 00015591
4 Date 09/05/2024	5 Payee name Amazon	
6 Amount (\$) \$31.83 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 440 Terry Ave N Seattle, WA 98109	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 Event Expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/03/2024	Payee name Authorize.net	
Amount (\$) \$17.81 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 808 E. Utah Valley Dr. American Fork, UT 84003-9707	
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 Payment Transaction Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/30/2024	Payee name Cari Laza Designs	
Amount (\$) \$1,100.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 709 Dundee St Victoria, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 Graphic Design
Complete ONLY 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: 2/3 Rpt: 21/22	2 FILER NAME Texas Health Care Assn. PAC	3 Filer ID (Ethics Commission Filers) 00015591
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4 Date 09/03/2024	5 Payee name Fisery
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6 Amount (\$) \$120.96 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 255 Fisery Drive Brookfield, WI 53045
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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 Payment Transaction Fees
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/10/2024	Payee name Grand Hyatt
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Amount (\$) \$3,029.97 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 600 East Market St San Antonio, TX 78205
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 Event Expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/25/2024	Payee name Heisner, Paige
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Amount (\$) \$450.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 500 Granite Parkway Suite 100 Plano, TX 75024
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Refund for Accidental PAC Donation
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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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: 22/22	2 FILER NAME Texas Health Care Assn. PAC	3 Filer ID (Ethics Commission Filers) 00015591
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4 Date 09/10/2024	5 Payee name Paramour
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6 Amount (\$) \$28,199.61 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 102 9th Street Penthouse San Antonio, TX 78215
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 Event Expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/12/2024	Payee name Professional Images Photography
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Amount (\$) \$270.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 12818 Terrace Hollow San Antonio, TX 78259
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 Photographer
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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