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** 12/04/2024 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 August 5 November 5 September 5 December 5 March 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 10/26/2024 11/25/2024

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

L2 COMMITTEE NAME	- DAC		13 Filer		(Ethics Commission Filers)
Texas Health Care Ass	n. PAC	_	0001	.5591	
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.)	7. Capported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if				
	applicable, classify by party.)				
5 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS N	O POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold		\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLEI	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS		\$	12,825.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	,	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES		\$	118,333.95
CONTRIBUTION BALANCE	5. TOTAL POLITICAL (OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LA G PERIOD	AST DAY	\$	126,162.12
OUTSTANDING LOAN TOTALS	•	AMOUNT OF ALL OUTSTANDING LOANS AS (REPORTING PERIOD	OF THE	\$	0.00
6 AFFIDAVIT	l		1		
		I swear, or affirm, under penalty o true and correct and includes all i under Title 15, Election Code.	of perjury, tha nformation re	at the acco	ompanying report is be reported by me
		Mr. Ste	even Boulw	vare	
			f Campaign T		
AFFIX NOTARY	STAMP / SEAL ABOVE	, and the second	, 3		
Comments and subscribed	leafana na haraba asid		Alete Alee		de
		which witness my hand and seel of office	, this the		day
01	, 20, to certify (vhich, witness my hand and seal of office.			
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title	of officer	administering oath

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

				3 of 10
17 COMMITTI	(Ethics Cor	nmission Filers)		
Texas He	alth Care Assn. PAC	00015591		,
19 SCHEDUL	E SUBTOTALS	1	Τ	
NAME OF		SUBT	OTAL AMOUNT	
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	12,825.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO	DR	\$	
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORAL LABOR ORGANIZATION	ATION OR	\$	
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	JANIZATION	\$	
7.	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$	
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (ORGANIZATION	\$	
9.	SCHEDULE E: LOANS		\$	
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$	118,333.95
11.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
12.	12. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS		\$	
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 I TO FILER	RETURNED	\$	

MONETARY POLITICAL CONTRIBUTIONS						SCHEDULE A1		
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 1/2 Rpt: 4/10			
2	FILER NAME Texas Health	n Care Assn. PAC			3	Filer ID (Ethics Commission 00015591	on Filers)	
4	Date 11/18/2024			7	Amount of Contribution (\$)	\$5,000.00		
_		Dallas, TX 75219	10					
8	Principal occu Partner	pation / Job title (See Instructions)		Employer (See Instructions Priority Management	<u></u>			
	Date 11/20/2024	Full name of contributor Harrington, Ryan Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$2,500.00	
	Principal occu	Fort Worth, TX 76102 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>			
	CEO	,		Trinity Healthcare	,			
	Date 11/18/2024	Full name of contributor Kazigo, Nakizito Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$200.00	
		Arlington, TX 76006						
	Principal occu CEO	pation / Job title (See Instructions)		Employer (See Instructions LTHCareline)			
	Date 11/21/2024	Full name of contributor Langsdale, Troy Contributor address; City; State McKinney, TX 75071)		Amount of Contribution (\$)	\$2,500.00	
	Principal occu CEO	pation / Job title (See Instructions)		Employer (See Instructions ML Healthcare	()			
	Date 11/20/2024	Full name of contributor Michel, Chad Contributor address; City; State Tyler, TX 75701	out-of-state PAC (ID#:e; Zip Code)		Amount of Contribution (\$)	\$2,500.00	
	Principal occu CEO	pation / Job title (See Instructions)		Employer (See Instructions MChest	<u>;</u>)			

	MONET	ARY POLITICAL CONTRIBUTION	ON	IS		SCHEDULE A1
	The Instru	ction Guide explains how to complete this	fori	m.	1	Total pages Schedule A1: Sch: 2/2 Rpt: 5/10
2	FILER NAME Texas Healt	h Care Assn. PAC			3	Filer ID (Ethics Commission Filers) 00015591
4	Date 11/13/2024	 Full name of contributor	:		7	Amount of Contribution (\$) \$125.00
8	Principal occu	Frisco, TX 75033 upation / Job title (See Instructions)	9	Employer (See Instructions Southwest LTC Manage		

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

nbursement Solicitation/Fundraising Expense
al Expense Transportation Equipment & Related Expense
Travel in District
Travel Out of District
act Labor OTHER (enter a category not listed above)

Candidate/Officeholder/Politica Credit Card Payment		
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
Sch: 1/5 Rpt: 6/10	Texas Health Care Assn. PAC 00015591	
4 Date	5 Payee name	
11/04/2024	Authorize.net	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$17.50	808 E. Utah Valley Dr.	
Expenditure from corporate funds	American Fork, UT 84003-9707	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
	Credit Cord Processing Food	
	Credit Card Processing Fees	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
Date	Payee name	
11/20/2024	Bryan Hughes Campaign	
Amount (\$)	Payee address; City; State; Zip Code	_
\$5.000.00	P. O. Box 450	
40,000.00	T T O BOX 100	
Expenditure from corporate funds	Mineola, TX 75773	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Contributions/Donations Made By	
EXI ENDITORE	Candidate/Officeholder/Political Committee	
	Campaign Contribution	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
Data		_
Date	Payee name	
11/20/2024	Charles Perry Campaign	
Amount (\$)	Payee address; City; State; Zip Code	
\$5,000.00	P. O. Box 94806	
Expenditure from corporate funds	Lubbock, TX 79493	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF	Contributions/Donations Made By	
EXPENDITURE	Candidate/Officeholder/Political Committee	
	Campaign Contribution	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI	H	
		_

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 2/5 Rpt: 7/10	Texas Health Care Assn. PAC 00015591
4 Date	5 Payee name
11/25/2024	Cvent, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$3,272.50	1765 Greensboro Station Place
	7th Floor
Expenditure from corporate funds	Tysons Corner, VA 22102
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.
	Check if Austin, TX, officeholder living expense
	Event Management System
O Commission ONLY if alimost	Condidate/Officeholder name
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
11/04/2024	Fisery
Amount (\$)	Payee address; City; State; Zip Code
\$43.95	255 Fisery Drive
φ43.93	233 Fisely Dilve
Expenditure from corporate funds	Brookfield, WI 53045
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Credit Card Processing Fees
2 1 2 2 1 1 2 1 1	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
11/20/2024	Greg Bonnen Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$2,500.00	P.O. Box 1183
Expenditure from corporate funds	Friendswood, TX 77549
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experialture to beliefft G/OI	•

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Comn

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 3/5 Rpt: 8/10	Texas Health Care Assn. PAC 00015591
4 Date	5 Payee name
11/20/2024	Lacey Hull for Texas
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,500.00	P.O. Box 19231
- Evpanditura from	
Expenditure from corporate funds	Houston, TX 77224
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Date	Payee name
11/20/2024	Lois W. Kolkhorst Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$10,000.00	P.O. Box 2546
Expenditure from corporate funds	Brenham, TX 77834
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Campaign Continuution
0 1: 0.11.7.7.1.	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
11/20/2024	Richard Peña Raymond Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$2,500.00	P.O. Box 450349
Expenditure from corporate funds	Laredo, TX 78045
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Campaign Contribution
0 1. 6	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
3.,50	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Reimbursement Solicitation/Fundraising Expense
tental Expense Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 4/5 Rpt: 9/10	Texas Health Care Assn. PAC 00015591
4 Date	5 Payee name
11/20/2024	Texans for Dade
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$25,000.00	P.O. Box 848
Expenditure from	
corporate funds	Nederland, TX 77627
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	Candidate/Officeholder/Political Committee
	Campaign Contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
11/20/2024	Texans for Dan Patrick
Amount (\$)	Payee address; City; State; Zip Code
\$25,000.00	P.O. Box 685085
Expenditure from corporate funds	Austin, TX 78768
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
11/20/2024	Texans for Greg Abbott
Amount (\$)	Payee address; City; State; Zip Code
\$25,000.00	P.O. Box 308
Expenditure from corporate funds	Austin, TX 78767
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made B

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Lenal Services 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
OTHEP (expense a category not listed above)

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 5/5 Rpt: 10/10	Texas Health Care Assn. PAC 00015591
4 Date	5 Payee name
11/20/2024	Texans for Joan Huffman
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$10,000.00	3375 Westpark Dr.
	Suite 135
Expenditure from corporate funds	Houston, TX 77005
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	Campaign Contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
Complete ONLY if direct expenditure to benefit C/Ol	
Date	Payee name
11/20/2024	Texans for Trent Ashby
Amount (\$)	Payee address; City; State; Zip Code
\$2,500.00	P.O. Box 412
Expenditure from	
corporate funds	Lufkin, TX 75902
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Campaign Continuation
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	