#### FORM GPAC GENERAL-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00080427 3 COMMITTEE NAME **OFFICE USE ONLY** Texas Association of Health Plans PAC Date Received **ELECTRONICALLY FILED** 01/15/2025 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 1001 Congress Ave., Ste. 300 Date Hand-delivered or Date Postmarked Change of Address Austin, TX 78701 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Jason NAME NICKNAME LAST **SUFFIX** Baxter STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 1001 Congress Ave., Ste. 300 STREET **ADDRESS** (Residence or Business) Austin, TX 78701 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 1001 Congress Ave., Ste. 300 MAILING **ADDRESS** Austin, TX 78701 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (512) 476-2091 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 10/27/2024 12/31/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other 11/05/2024 χ General Special **GO TO PAGE 2**

# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

# FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Texas Association of Healtl	h Plans PAC		0008042	27
ACTIVITY (Ide	Candidates entify by name or, if licable, classify by party.)	A. Supported Sen. Tan Parker State Senato	or	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
(De	Measures scribe by date and location lection and nature of issue.)	A. Supported		
		B. Opposed		
(Ide	Officeholders Assisted entify by name or, if licable, classify by party.)			
TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M check here if this report	POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
2.		L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	800.00
EXPENDITURE 3. TOTALS	TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
4.	TOTAL POLITICA	L EXPENDITURES	\$	56,500.00
CONTRIBUTION 5. BALANCE	TOTAL POLITICAL O	CONTRIBUTIONS MAINTAINED AS OF THE LAST 3 PERIOD	DAY \$	49,043.44
OUTSTANDING 6. LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT				
		I swear, or affirm, under penalty of per true and correct and includes all infor under Title 15, Election Code.		
		Mr. Jas	son Baxter	
		Signature of Ca	ampaign Trea	surer
AFFIX NOTARY STA	AMP / SEAL ABOVE			
Sworn to and subscribed befo	ore me, by the said		this the	day
		which, witness my hand and seal of office.		
Signature of officer admini	stering oath	Printed name of officer administering oath	Title of o	fficer administering oath

### FORM GPAC ADDENDUM

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12	COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
	Texas Association of He	alth Dlane DAC				00080427	(Eurica Commission Friera)
			l				
	COMMITTEE ACTIVITY	Candidates     (Identify by name or, if applicable, classify by party.)		Rep. Ann Johnson	State Repre	sentative	
	(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.)					
			B. Opposed				
		3. Officeholders Assisted (Identify by name or, if					
		applicable, classify by party.)					
	COMMITTEE ACTIVITY	Candidates  (Identify by name or, if	A. Supported	Sen. Lois Kolkhorst	State Sena	tor	
		applicable, classify by party.)					
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
			B. Opposed				
		Officeholders     Assisted					
		(Identify by name or, if applicable, classify by party.)					
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Rep. Tom Oliverson	State Repr	resentative	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
		2. Measures (Describe by date and location of election and	A. Supported				
		nature of issue.)	D. Ong.				
			B. Opposed				
		Officeholders     Assisted					
		(Identify by name or, if applicable, classify by party.)					

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12 COMMITTEE NAME				13 Filer ID (Ethics Commission Filers)
Texas Association of F	Health Plans PAC			00080427
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Rep. Ramon Romero State Re	presentative
(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		
	Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)			
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Mr. Daniel Alders State Represe	entative
(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		
	Officeholders     Assisted  (Identify by name or, if applicable, classify by party.)			
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Rep. Carrie Isaac State Repres	sentative
(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		
	Officeholders     Assisted (Identify by name or, if			

### FORM GPAC ADDENDUM

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12 COMMITTEE NAME				13 Filer ID (Ethics Commission Filers)
Texas Association of F	Health Plans PAC			00080427
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Rep. Keresa Richardson State F	Representative
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)			
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		The Honorable Dan Patrick Lieu	itenant Governor
(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		
	Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)			
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Rep. Morgan Meyer State Repre	esentative
(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		
	Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)			

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				1 age e el ee
12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Texas Association of Health Pla	ans PAC		00080427	
ACTIVITY (Identify b	didates A. Supply name or, if e, classify by party.)	orted Rep. Cole Hefner St	ate Representative	
(Attach lists on plain paper to complete this report if necessary.)	В. Орро	sed		
	by date and f election and	orted		
	В. Орро	sed		
Ass (Identify b	ceholders isted y name or, if e, classify by party.)			
COMMITTEE 1. Car	didates A. Supp	orted Rep. Ellen Troxclair	State Representative	
ACTIVITY (Identify b	y name or, if e, classify by party.)	опси Кер. Енеп Похсіан	State Representative	
(Attach lists on plain paper to complete this report if necessary.)	В. Орро	sed		
	by date and f election and	orted		
	В. Орро	sed		
Ass (Identify b	ceholders isted y name or, if e, classify by party.)			
COMMITTEE 1. Car ACTIVITY (Identify b		orted Sen. Kelly Hancock	State Senator	
(Attach lists on plain paper to complete this report if necessary.)	В. Орро	sed		
2. Mea (Describe location o nature of	by date and f election and	orted		
	В. Орро	sed		
Ass (Identify b	ceholders isted y name or, if e, classify by party.)			
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OMMITTEE NAME exas Association of He OMMITTEE CTIVITY				<b>13</b> Filer ID 00080427	(Ethics Commission Filers)
OMMITTEE				00080427	
	1 Condidates			00000427	
	1. Candidates (Identify by name or, if applicable, classify by party.)		Mr. Matt Morgan State Represe	ntative	
attach lists on plain aper to complete this port if necessary.)		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.)				
OMMITTEE	<u> </u>	A. Sunnorted	Mrs. Janis Holt. State Depresent	rative	
CTIVITY	(Identify by name or, if		wis. Jailis Holi. State Represent	auve	
attach lists on plain aper to complete this aport if necessary.)		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.)				
OMMITTEE CTIVITY	Candidates  (Identify by name or, if		Mr. AJ Louderback State Repre	sentative	
attach lists on plain aper to complete this port if necessary.)		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.)				
	DMMITTEE CTIVITY  Ittach lists on plain typer to complete this port if necessary.)  DMMITTEE CTIVITY  Ittach lists on plain typer to complete this	2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  Itach lists on plain uper to complete this port if necessary.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  I. Candidates (Identify by name or, if applicable, classify by party.)  I. Candidates (Identify by name or, if applicable, classify by party.)  I. Candidates (Identify by name or, if applicable, classify by party.)  I. Candidates (Identify by name or, if applicable, classify by party.)  I. Candidates (Identify by name or, if applicable, classify by party.)  I. Candidates (Identify by name or, if applicable, classify by party.)  I. Candidates (Identify by name or, if applicable, classify by party.)  I. Candidates (Identify by name or, if applicable, classify by party.)  I. Candidates (Identify by name or, if applicable, classify by party.)  I. Candidates (Identify by name or, if applicable, classify by party.)  I. Candidates (Identify by name or, if applicable, classify by party.)  I. Candidates (Identify by name or, if applicable, classify by party.)  I. Candidates (Identify by name or, if applicable, classify by party.)  I. Candidates (Identify by name or, if applicable, classify by party.)  I. Candidates (Identify by name or, if applicable, classify by party.)  II. Candidates (Identify by name or, if applicable, classify by party.)  II. Candidates (Identify by name or, if applicable, classify by party.)  II. Candidates (Identify by name or, if applicable, classify by party.)  II. Candidates (Identify by name or, if applicable, classify by party.)	2. Measures (Describe by date and location of election and nature of issue.)  DMMITTEE CTIVITY  1. Candidates (Identify by name or, if applicable, classify by party.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  B. Opposed  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  DMMITTEE CTIVITY  1. Candidates (Identify by name or, if applicable, classify by party.)  B. Opposed  Committee CTIVITY  2. Measures (Identify by name or, if applicable, classify by party.)  B. Opposed  B. Opposed	2. Measures (Describe by date and location of election and nature of issue.)  B. Opposed  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  DMMITTEE CTIVITY  Ittach lists on plain uper to complete this port if necessary.)  2. Measures (Describe by date and location of election and nature of issue.)  B. Opposed  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  B. Opposed  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  B. Opposed  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  DMMITTEE CTIVITY  1. Candidates (Identify by name or, if applicable, classify by party.)  DMMITTEE CTIVITY  2. Measures (Identify by name or, if applicable, classify by party.)  B. Opposed  B. Opposed  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  B. Opposed  B. Opposed  B. Opposed  B. Opposed  B. Opposed  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  B. Opposed  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  B. Opposed	2. Measures (Describe by date and location of election and resture of issue)  3. Officeholders Assisted (Identify by name or, if applicable, classity by purty)  DMMITTEE CITIVITY  1. Candidates (Describe by date and location of election and resture of soue)  2. Measures (Describe by date and location of election and resture of soue)  3. Officeholders Assisted (Identify by name or, if applicable, classity by purty)  2. Measures (Describe by date and location of election and resture of soue)  3. Officeholders Assisted (Identify by name or, if applicable, classity by purty)  DMMITTEE CITIVITY  1. Candidates (Identify by name or, if applicable, classity by purty)  DMMITTEE CITIVITY  2. Measures (Identify by name or, if applicable, classity by purty)  DMMITTEE CITIVITY  2. Measures (Identify by name or, if applicable, classity by purty)  B. Opposed  3. Officeholders Assisted (Identify by name or, if applicable, classity by purty)  B. Opposed  3. Opposed  3. Officeholders Assisted (Identify by name or, if applicable, classity by purty)  B. Opposed  3. Opposed

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12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Texas Association of Healt	th Plans PAC			00080427	
ACTIVITY	Candidates entify by name or, if plicable, classify by party.)	A. Supported	Rep. John Lujan State Repre	sentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
(De	Measures escribe by date and ation of election and ture of issue.)	A. Supported			
		B. Opposed			
(Ide	Officeholders Assisted entify by name or, if plicable, classify by party.)				
COMMITTEE 1.	Candidates	A. Supported	Mr. Brent Money State Repre	sentative	
ACTIVITY	entify by name or, if plicable, classify by party.)	7. Gapponoa	Wil. Brent Money State Repre	Scritative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
(De loca	Measures escribe by date and ation of election and ture of issue.)	A. Supported			
		B. Opposed			
(Ide	Officeholders Assisted entify by name or, if plicable, classify by party.)				
COMMITTEE 1. ACTIVITY (Ide		A. Supported	Rep. Cody Vasut State Repre	esentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
(De loca	Measures escribe by date and ation of election and ture of issue.)	A. Supported			
		B. Opposed			
(Ide	Officeholders Assisted entify by name or, if plicable, classify by party.)				
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COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Texas Association of He	ealth Plans PAC			00080427	
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Mrs. Hillary Hickland State Repr	resentative	
(Attach lists on plain paper to complete this report if necessary.)		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.)				
COMMITTEE ACTIVITY	Candidates     (Identify by name or, if applicable, classify by party.)		Rep. Anglia Orr State Represer	ntative	
(Attach lists on plain paper to complete this report if necessary.)		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.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Mrs. Shelley Luther State Repre	esentative	
(Attach lists on plain paper to complete this report if necessary.)		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.)				

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COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Texas Association of He	ealth Plans PAC			00080427	
COMMITTEE ACTIVITY	Candidates     (Identify by name or, if applicable, classify by party.)		Mrs. Denise Villalobos State Re	epresentative	
(Attach lists on plain paper to complete this report if necessary.)		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.)				
COMMITTEE ACTIVITY	Candidates     (Identify by name or, if applicable, classify by party.)		Rep. Brad Buckley State Repre	sentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Rep. Shelby Slawson State Rep	oresentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)				

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12	COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
	Texas Association of He	alth Dlane DAC				00080427	(Eurica Commission Friera)
			l				
	COMMITTEE ACTIVITY	Candidates     (Identify by name or, if applicable, classify by party.)		Sen. Joan Huffman	State Senato	or	
	(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.)					
			B. Opposed				
		Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)					
	COMMITTEE			NA Advantion	01.1.0		
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Mr. Adam Hinojosa	State Senato	or	
	(Attach lists on plain paper to complete this report if necessary.)		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.)					
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Sen. Juan Hinojosa	State Senato	or	
	(Attach lists on plain paper to complete this report if necessary.)		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.)					
		1	I				

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COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Texas Association of He	ealth Plans PAC			00080427	
COMMITTEE ACTIVITY	Candidates     (Identify by name or, if applicable, classify by party.)		Rep. Ana Hernandez State Rep	resentative	
(Attach lists on plain paper to complete this report if necessary.)		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.)				
COMMITTEE ACTIVITY	Candidates     (Identify by name or, if applicable, classify by party.)		Rep. David Spiller State Repres	entative	
(Attach lists on plain paper to complete this report if necessary.)		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.)				
COMMITTEE ACTIVITY	Candidates     (Identify by name or, if applicable, classify by party.)	A. Supported	Rep. Toni Rose State Represen	tative	
(Attach lists on plain paper to complete this report if necessary.)		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.)				

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						Page 14 01 30
	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Texas Association of Health Plans PAC					00080427	
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Sen. Molly Cook State Senator		
	(Attach lists on plain paper to complete this report if necessary.)		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.)				
	COMMITTEE ACTIVITY	Candidates     (Identify by name or, if applicable, classify by party.)		Rep. Jared Patterson State Rep	oresentative	
	(Attach lists on plain paper to complete this report if necessary.)		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.)				
	COMMITTEE ACTIVITY	Candidates     (Identify by name or, if applicable, classify by party.)		Mr. Andy Hopper State Represe	entative	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		Officeholders     Assisted     (Identify by name or, if				
		applicable, classify by party.)				
		(Identify by name or, if applicable, classify by party.)				

### **SUBTOTALS - GPAC**

# FORM GPAC COVER SHEET PG 3

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17 CON Tex	MITTE as Ass	(Ethics Commission Filers)		
19 SCH NAM	IEDULI	SUBTOTAL AMOUNT		
1.		SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	R	\$
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	TION OR	\$
6.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$
7.	Х	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$ 800.00
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (	DRGANIZATION	\$
9.		SCHEDULE E: LOANS		\$
10.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	6	\$ 56,500.00
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.	X	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$ 15.00
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$

# NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C4

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	The Instruction Guide explains how to complete this form.			1 Total pages Schedule C4: Sch: 1/1 Rpt: 16/30		
2	FILER NAME     Texas Association of Health Plans PAC		3	Filer ID 00080427	(Ethics Commission Filers)	
	Date 11/01/2024	5 Corporation / Labor Organization name Texas Association of Health Plans	6	Amount (\$)	2	400.00
	Date 12/01/2024	Corporation / Labor Organization name Texas Association of Health Plans		Amount (\$)	2	400.00

#### 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

ment Solicitation/Fundraising Expense
rnse 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: 1/13 Rpt: 17/30	Texas Association of Health Plans PAC  00080427
4 Date	5 Payee name
12/04/2024	AJ Louderback Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	P.O. Box 1792
Expenditure from	
corporate funds	Victoria , TX 77902
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXPENDITORE	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
11/14/2024	Ana Hernandez Campaing
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	P.O. Box 15538
Expenditure from corporate funds	Houston , TX 77220
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee
	Sampaigh sommation
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/Ol	
Date	Payee name
12/03/2024	Angelia Orr for Texas
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	P.O. Box 113
Expenditure from corporate funds	Itasca , TX 76055
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 CNII V if divers	Candidate/Officeholder name Office cought Office hold
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
,	

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Com Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	
1 Total pages Schedule F1: Sch: 2/13 Rpt: 18/30	2 FILER NAME3 Filer ID(Ethics Commission Filers)Texas Association of Health Plans PAC00080427
4 Date	5 Payee name
12/09/2024	Ann Johnson Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	PO Box 56386
Expenditure from corporate funds	Houston, TX 77256
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXPENDITORE	Candidate/Officeholder/Political Committee
	Campaign contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	H .
Date	Payee name
12/06/2024	Brad Buckley Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	1321 Pershing Drive
<del>+ -,</del>	
Expenditure from corporate funds	Killeen , TX 76549
•	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By  Contributions/Donations Made By
EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Candidate/Officeholder   Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Campaign contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
D-1-	
Date	Payee name
12/06/2024	Brent Money for Texas
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	2606 Lee Street
- Evenanditura from	
Expenditure from corporate funds	Greenville, TX 75401
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.
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

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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: 3/13 Rpt: 19/30	Texas Association of Health Plans PAC  00080427
4 Date	5 Payee name
12/11/2024	Carrie Isaac for Texas
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	100 Commons Road
- "	# <b>7-125</b>
Expenditure from corporate funds	Dripping Springs , TX 78620
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By  (b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
	Campaign contribution
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/05/2024	Cody Vasut Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	P.O. Box 2724
+2,000.00	. 10. 20. 2. 2
Expenditure from corporate funds	Angleton, TX 77516
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
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
11/21/2024	Cole Hefner for State Represntative
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	P.O. Bax 167
Ψ1,000.00	1.0. Bax 107
Expenditure from corporate funds	Mount Pleasant , TX 75456
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
LAI LINDITORE	Candidate/Officeholder/Political Committee
	Campaign contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		, , , , , , , , , , , , , , , , , , , ,
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
_	Sch: 4/13 Rpt: 20/30	Texas Association of Health Plans PAC	00080427
4	Date	5 Payee name	
	12/11/2024	Daniel Alders for Texas	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1,000.00	PO Box 8907	
	Expenditure from corporate funds	Tyler, TX 75711	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	1
	OF EXPENDITURE	Contributions/Bonations Made By	avel outside of Texas. Complete Schedule T.
		Carranado, Cinicario Carranado	sustin, TX, officeholder living expense
		Campaigi	n contribution
^	Complete ONL V if direct	Condidate/Officeholder name Office cought	Office hold
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	11/13/2024	David Spiller for Texas	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,000.00	P.O. Box 447	
Г	Expenditure from	Jackshaue TV 76450	
<u> </u>		Jacksboro, TX 76458	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Continuations/Bonations Wade By	avel outside of Texas. Complete Schedule T. austin, TX, officeholder living expense
		Carratactor Circon Continues Continues	n contribution
		Campaig.	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	12/06/2024	Denise Villalobos Campaign	
		· ·	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,000.00	No address available	
	Expenditure from corporate funds	TX	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	1
	OF EXPENDITURE	Continuations/Donations Made By	avel outside of Texas. Complete Schedule T.
			austin, TX, officeholder living expense
		Campaigi	n contribution
	Commission Chill V. 'C. ''	Constitute (Office helder name	Office hald
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
_			

#### 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

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: 5/13 Rpt: 21/30	Texas Association of Health Plans PAC 00080427
4 Date	5 Payee name
11/19/2024	Elect Adam Hinojosa Campaing
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,000.00	P.O. Box 18301
Expenditure from corporate funds	Corpus Christi , TX 78480
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 <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
·	
Date	Payee name
12/11/2024	Ellen Troxclair for Texas
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	701 HWY 281
Evnanditura from	Suite H #196
Expenditure from corporate funds	Marble Falls , TX 78654
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
	Campaign contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
Date	Payee name
12/06/2024	Friends of Tom Oliverson
Amount (\$)	Payee address; City; State; Zip Code
\$2,000.00	1 E. Greenway Plza
	Ste 225
Expenditure from corporate funds	Houston , TX 77046
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By  Contributions/Donations Made By  Contributions/Donations Made By
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaign contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experientale to belieff C/O	

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Food/Beverage Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
orodic odra i dymoni	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 6/13 Rpt: 22/30	Texas Association of Health Plans PAC 00080427
4 Date	5 Payee name
12/03/2024	Hillary Hickland Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	P.O. Box 1191
Expenditure from corporate funds	Belton , TX 76513
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By  Contributions/Donations Made By
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Campaign contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
11/05/2024	Hopper for Texas
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	P.O. Box 1052
Expenditure from corporate funds	Decatur, TX 76234
·	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Taxes, Complete Schedule T
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Campaign contribution
	San pargurant
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
·	
Date	Payee name
12/02/2024	Janis Holt Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	P.O. Box 1311
Expenditure from corporate funds	Silsbee, TX 77656
•	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Candidate/Officerioider/Political Committee Campaign contribution
	Campaign contribution
Complete CNII V if divert	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	<b>y</b>
, , . ,	

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
g Expense Event Expense Loan Repayment/Reimbu

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

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal 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
OTHER (enter a category not 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: 7/13 Rpt: 23/30	Texas Association of Health Plans PAC 00080427
4 Date	5 Payee name
11/12/2024	Jared Patterson Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	P.O. Box 5419
Evpanditure from	
Expenditure from corporate funds	Frisco , TX 75035
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee
	Campaigh contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Dougo nama
12/09/2024	Payee name
	John Lujan for Texas
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	20003 FM 1937
Expenditure from	
corporate funds	San Antonio , TX 78221
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
12/09/2024	Keresa Richardson Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	P.O. Box 1179
— Foresedit ve from	
Expenditure from corporate funds	McKinney, TX 75070
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaign contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experialitie to beliefft G/OI	•

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor  The Instruction Guide explains how to complete this form.	OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 8/13 Rpt: 24/30	Texas Association of Health Plans PAC	00080427
4	Date	5 Payee name	
	12/04/2024	Lois W. Kolkhorst Campaign	
6	Amount (\$) \$5,000.00	7 Payee address; City; State; Zip Code P.O. Box 2546	
	Expenditure from corporate funds	Brenham, TX 77834	
8	PURPOSE OF EXPENDITURE	Contribution of Bonation of Made By	outside of Texas. Complete Schedule T. , TX, officeholder living expense intributions
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	11/12/2024	Molly for Texas	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,000.00	P.O. Box 667238	
	Expenditure from corporate funds	Houston , TX 77266	
	PURPOSE OF EXPENDITURE	Continuations/Bonditions wade by	outside of Texas. Complete Schedule T. , TX, officeholder living expense intribution
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	12/04/2024	Morgan Meyer for Texas	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,000.00	3838 Oak Lawn Avenue	
		Suite 400	
	Expenditure from corporate funds	Dallas, TX 75219	
	PURPOSE OF EXPENDITURE	Continuations/Bonations Made by	outside of Texas. Complete Schedule T. , TX, officeholder living expense Intribution
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
4 7	
1 Total pages Schedule F1:	
Sch: 9/13 Rpt: 25/30	Texas Association of Health Plans PAC 00080427
4 Date	5 Payee name
12/06/2024	Morgan for Texas
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	503 FM 359
	Suite 130
Expenditure from	Richmond, TX 77406
corporate funds	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Candidate/Officerioider/Political Committee Campaign contribution
	Campaign continuation
O Compulate ONLY if divert	Condidate/Office holds
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
11/21/2024	Pat Curry for Texas
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	204 Woodhew Drive
Expenditure from corporate funds	Waco, TX 76712
·	1
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By  Contributions/Donations Made By
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Campaign contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
11/19/2024	Ramon Romero Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 181
Expenditure from corporate funds	Fort Worth, TX 76101
PURPOSE	1
OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By  (b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
	Campaign contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica		Gift/Awards/Memorials Expense Printing E mmittee Legal Services Salaries/V		ravel Out of District  OTHER (enter a category not listed above)
	Credit Card Payment		The Instruction Guide explains how to co	mple	ete this form.
1	Total pages Schedule F1:	2	FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 10/13 Rpt: 26/30		Texas Association of Health Plans PAC		00080427
4	Date	5	Payee name		
	11/21/2024		Senator Juan "Chuy" Hinojosa Campaign		
6	Amount (\$)	7	Payee address; City; State; Zip Co	ode	
	\$1,000.00		612 W. Nolana		
_	■ Expenditure from		Suite 410		
L	corporate funds		McAllen, TX 78504		
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.
			Candidate/Officeholder/Political Committee		Campaign contribution
					Can page Communication
9	Complete ONLY if direct		Candidate/Officeholder name Office sou	l ight	Office held
	expenditure to benefit C/OI	H			
	Date		Payee name		
	12/05/2024		Shelby Slawson for Texas		
	Amount (\$)		Payee address; City; State; Zip Co	ode	
	\$1,000.00		PO Box 286		
_	T Expenditure from				
L	corporate funds		Stephenville, TX 76401		
	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description
	EXPENDITURE		Contributions/Donations Made By Candidate/Officeholder/Political Committee		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
			Candidate/Officeriolide// Officer Committee		Campaign contribution
	Complete ONLY if direct		Candidate/Officeholder name Office sou	ıght	Office held
	expenditure to benefit C/OI	Η			
	Date		Payee name		
	12/10/2024		Shelley Luther Campaign		
	Amount (\$)		Payee address; City; State; Zip Co	ode	
	\$1,000.00		105 S Britton		
	■ Expenditure from		Suite 302		
	corporate funds		Tom Bean , TX 75489		
	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.  Check if Austin, TX, officeholder living expense
			Candidate/Officeholder/Political Committee		Campaign contribution
	Complete ONLY if direct		Candidate/Officeholder name Office sou	<u>l</u> ıght	Office held
	expenditure to benefit C/OI			J	

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
4 Tatal manua Cabadula E4.	,
1 Total pages Schedule F1: Sch: 11/13 Rpt: 27/30	2 FILER NAME 3 Filer ID (Ethics Commission Filers) Texas Association of Health Plans PAC 00080427
4 Date	5 Payee name
12/11/2024	Tan Parker Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,000.00	P.O. Box 271741
Expenditure from corporate funds	Flower Mound , TX 75027
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By  Contributions/Donations Made By  Contributions/Donations Made By
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaign contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	<b>⊣</b>
Date	Payee name
12/04/2024	Texans For Kelly Hancock
Amount (\$)	Payee address; City; State; Zip Code
\$2,000.00	P.O. Box 821349
Ψ2,000.00	1.O. BOX 021343
Expenditure from	
corporate funds	North Richland Hills, TX 76182
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 0 0 1 0 1	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/02/2024	Texans for Brian Harrison
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	6061 Hayes Rd.
Expenditure from corporate funds	Midlothian, TX 76065
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By  Contributions/Donations Made By  Contributions/Donations Made By
EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
	Campaign contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	<del>1</del>

#### 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 Git/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
4 Tatal manua Cabadula E4.	,
1 Total pages Schedule F1:	
Sch: 12/13 Rpt: 28/30	Texas Association of Health Plans PAC 00080427
4 Date	5 Payee name
12/10/2024	Texans for Dan Patrick
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$10,000.00	P.O. Box 685085
Expenditure from	Austin , TX 78768
corporate funds	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee
	Sampaign sommand
Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
•	
Date	Payee name
11/11/2024	Texans for Joan Huffman
Amount (\$)	Payee address; City; State; Zip Code
\$2,500.00	3733-1 Westheimer
	#40
Expenditure from	Houston , TX 77027
corporate funds	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Campaign contribution
	Campaign continuation
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	· ·
Date	Payee name
12/03/2024	Texans for Trent Ashby
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 412
Expenditure from corporate funds	Lufkin , TX 75902
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Contributions/Donations Made By  Contributions/Donations Made By
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Contributions/Donations Made By Candidate/Officeholder/Political Committee  Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Campaign contribution
Complete <u>ONLY</u> 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 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

Contributions/ Donations Made E Candidate/Officeholder/Politic Credit Card Payment		
1 Total pages Schedule F1: Sch: 13/13 Rpt: 29/30		3 Filer ID (Ethics Commission Filers) 00080427
		00000427
4 Date	5 Payee name	
11/14/2024	Toni Rose Campaign	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$2,000.00	P.O. Box 41867	
Expenditure from corporate funds	Dallas , TX 75241	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	n
OF		travel outside of Texas. Complete Schedule T.
EXPENDITURE		Austin, TX, officeholder living expense
		n contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/C	JH	

#### SCHEDULE I

	The Instruction Guide explains how to complete this form.
Total pages Schedule I:     Sch: 1/1 Rpt:	2 FILER NAME Texas Association of Health Plans PAC 3 Filer ID (Ethics Commission Filers) 00080427
4 Date 10/31/2024	5 Payee name Frost Bank
6 Amount (\$) 5.00	7 Payee Address; City; State; Zip P.O. Box 1727
Expenditure from corporate funds	Austin, TX 78767
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking  (b) Description (See instructions regarding type of information required.) Service fee charge
Date 11/29/2024	Payee name Frost Bank
Amount (\$)  5.00  Expenditure from corporate funds	Payee Address; City; State; Zip P.O. Box 1727  Austin, TX 78767
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking  (b) Description (See instructions regarding type of information required.) Service fee charge
Date 12/31/2024	Payee name Frost Bank
Amount (\$)	Payee Address; City; State; Zip
5.00	P.O. Box 1727
Expenditure from corporate funds	Austin, TX 78767
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking  (b) Description (See instructions regarding type of information required.) Service fee charge