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** 01/30/2025 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 March 5 September 5 December 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 12/26/2024 01/25/2025

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 File	r ID	(Ethics Commission Filers)
			15591		
L4 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures	A. Supported			
	(Describe by date and location of election and nature of issue.)	74. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
5 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold	R THAN	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF I	LOANS)	\$	5,000.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES		\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES		\$	198.33
CONTRIBUTION BALANCE	I	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		\$	15,987.32
OUTSTANDING LOAN TOTALS		6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		\$	0.00
.6 AFFIDAVIT	l			<u> </u>	
		I swear, or affirm, under p true and correct and inclu under Title 15, Election Co	des all information i		
			Mr. Steven Boul	ware	
		Sign	ature of Campaign	Treasur	er
AFFIX NOTA	RY STAMP / SEAL ABOVE				
Sworn to and subscrib	ped before me, by the said		, this the _		day
		which, witness my hand and seal of office			
Cignoting of officer	administaring seth	Drinted name of officer administrative	th T:u -	of cff:-	or administavira anth
Signature of officer	administering oath	Printed name of officer administering oa	ui HUE	OI UIIIC	er administering oath

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

					3 of 5
17 CO	MMITTE	E NAME	18 Filer ID	(Ethics Commissi	on Filers)
		alth Care Assn. PAC	00015591	(
		E SUBTOTALS	00010001	T	
l		SCHEDULE		SUBTOTAL	AMOUNT
INA	IVIE OF	SCHEDULE			
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS			\$	5,000.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	4. SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION			\$	
5.	5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION			\$	
6.	6. SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION			\$	
7.	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.	10. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS			\$	198.33
11.	11. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS			\$	
12.	12. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS			\$	
13.	13. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD			\$	
14.	14. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS			\$	
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

TARY POLITICAL CONTRIB	SCHEDULE A1			
ıction Guide explains how to complete	1 Total pages Schedule A1: Sch: 1/1 Rpt: 4/5			
th Care Assn. PAC	3 Filer ID (Ethics Commission Filers) 00015591			
 Full name of contributor out-of-state PA Keystone Care PAC Contributor address; City; State; Zip Code 	7 Amount of Contribution (\$) \$5,000.00			
San Antonio, TX 78209				
upation / Job title (See Instructions)	9 Employer (See Instruction	s)		
t	th Care Assn. PAC 5 Full name of contributor	th Care Assn. PAC 5 Full name of contributor out-of-state PAC (ID#:) Keystone Care PAC 6 Contributor address; City; State; Zip Code San Antonio, TX 78209		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to co	mplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 1/1 Rpt: 5/5	Texas Health Care Assn. PAC	00015591
4 Date	5 Payee name	
01/02/2025	Authorize.net	
6 Amount (\$)	7 Payee address; City; State; Zip Co	de
\$17.62	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.
		Check if Austin, TX, officeholder living expense Credit Card Processing Fee
		Credit Card 1 100033ing 1 ce
Complete ONLY if direct	Condidate/Officeholder name Office sev	aht Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	gnt Office field
·		
Date	Payee name	
01/03/2025	Fisery	
Amount (\$)	Payee address; City; State; Zip Co	de
\$180.71	255 Fisery Drive	
Expenditure from corporate funds	Brookfield, WI 53045	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF	Fees	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
		Credit Card Processing Fee
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght Office held
expenditure to benefit C/OI	1	