

GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC COVER SHEET PG 1

The GPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00086761	2 Total pages filed: 15	
3 COMMITTEE NAME Provider Coalition for Care Political Action Committee			OFFICE USE ONLY Date Received ELECTRONICALLY FILED 07/07/2025 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	
4 COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1500 Waters Ridge Drive Lewisville, TX 75057			
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST Eddie NICKNAME LAST SUFFIX Parades		MI	
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1500 Waters Ridge Drive Lewisville, TX 75057			
7 CAMPAIGN TREASURER MAILING ADDRESS	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1500 Waters Ridge Drive Lewisville, TX 75057			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (214) 223-3039			
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff			
10 PERIOD COVERED	Month Day Year 01/01/2025 THROUGH Month Day Year 06/30/2025			
11 ELECTION	ELECTION DATE Month Day Year 03/06/2026	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special		

GO TO PAGE 2

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

12 COMMITTEE NAME Provider Coalition for Care Political Action Committee	13 Filer ID (Ethics Commission Filers) 00086761
------------------------------------------------------------------------------------	-----------------------------------------------------------

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)	\$ 78,960.35
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 141,536.31
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.

Eddie Parades

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 - GPAC**FORM GPAC**
COVER SHEET PG 3
3 of 15

17 COMMITTEE NAME Provider Coalition for Care Political Action Committee		18 Filer ID (Ethics Commission Filers) 00086761
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 78,960.35
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 type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
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: 1/12 Rpt: 4/15
2 FILER NAME Provider Coalition for Care Political Action Committee		3 Filer ID (Ethics Commission Filers) 00086761
4 Date 06/18/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Astran, Martha 6 Contributor address; City; State; Zip Code Crystal City, TX 78839	7 Amount of Contribution (\$) \$629.00
8 Principal occupation / Job title (See Instructions) Nursing Facility Administrator		9 Employer (See Instructions)
Date 04/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bailey, Jack Contributor address; City; State; Zip Code Iowa Park, TX 76367	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) Nursing Facility Administrator		Employer (See Instructions)
Date 03/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bauder, William Contributor address; City; State; Zip Code Baton Rouge, LA 70810	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) Nursing Facility Administrator		Employer (See Instructions)
Date 04/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bell, Wendy Contributor address; City; State; Zip Code Harker Heights, TX 76548	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Nursing Facility Administrator		Employer (See Instructions)
Date 04/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bell, Wendy Contributor address; City; State; Zip Code Harker Heights, TX 76548	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Nursing Facility Administrator		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/12 Rpt: 5/15
2 FILER NAME Provider Coalition for Care Political Action Committee		3 Filer ID (Ethics Commission Filers) 00086761
4 Date 04/28/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blake, Gary <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76109	7 Amount of Contribution (\$) \$5,000.00
8 Principal occupation / Job title (See Instructions) Nursing Facility Administrator		9 Employer (See Instructions)
Date 04/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brende, Marti <hr/> Contributor address; City; State; Zip Code Luling, TX 78648	Amount of Contribution (\$) \$750.00
Principal occupation / Job title (See Instructions) Nursing Facility Administrator		Employer (See Instructions)
Date 02/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campbell, Scott <hr/> Contributor address; City; State; Zip Code Highland Village, TX 75077	Amount of Contribution (\$) \$509.35
Principal occupation / Job title (See Instructions) Nursing Facility Administrator		Employer (See Instructions)
Date 03/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ciseneros, Lisa <hr/> Contributor address; City; State; Zip Code Crystal City, TX 78839	Amount of Contribution (\$) \$671.00
Principal occupation / Job title (See Instructions) Nursing Facility Administrator		Employer (See Instructions)
Date 03/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clay, Sabrina <hr/> Contributor address; City; State; Zip Code Keene, TX 75059	Amount of Contribution (\$) \$750.00
Principal occupation / Job title (See Instructions) Nursing Facility Administrator		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/12 Rpt: 6/15
2 FILER NAME Provider Coalition for Care Political Action Committee		3 Filer ID (Ethics Commission Filers) 00086761
4 Date 02/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cornello, Jael <hr/> 6 Contributor address; City; State; Zip Code Tyler, TX 75702	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Nursing Facility Administrator		9 Employer (See Instructions)
Date 03/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cornello, Jael <hr/> Contributor address; City; State; Zip Code Tyler, TX 75702	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Nursing Facility Administrator		Employer (See Instructions)
Date 04/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crow, Bradley <hr/> Contributor address; City; State; Zip Code Argyle, TX 76266	Amount of Contribution (\$) \$750.00
Principal occupation / Job title (See Instructions) Nursing Facility Administrator		Employer (See Instructions)
Date 06/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Day, Wendy <hr/> Contributor address; City; State; Zip Code Pearland, TX 77584	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Nursing Facility Administrator		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dekowski, Donovan <hr/> Contributor address; City; State; Zip Code Yoakum, TX 77995	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) Nursing Facility Administrator		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/12 Rpt: 7/15
2 FILER NAME Provider Coalition for Care Political Action Committee		3 Filer ID (Ethics Commission Filers) 00086761
4 Date 04/21/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dillard, Rhonda <hr/> 6 Contributor address; City; State; Zip Code Desoto, TX 75115	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Nursing Facility Administrator		9 Employer (See Instructions)
Date 04/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eddings, Cametrica <hr/> Contributor address; City; State; Zip Code Navasota, TX 77868	Amount of Contribution (\$) \$750.00
Principal occupation / Job title (See Instructions) Nursing Facility Administrator		Employer (See Instructions)
Date 04/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Esquibel, Carol <hr/> Contributor address; City; State; Zip Code Canyon, TX 79015	Amount of Contribution (\$) \$455.00
Principal occupation / Job title (See Instructions) Nursing Facility Administrator		Employer (See Instructions)
Date 06/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Esquibel, Carol <hr/> Contributor address; City; State; Zip Code Canyon, TX 79015	Amount of Contribution (\$) \$545.00
Principal occupation / Job title (See Instructions) Nursing Facility Administrator		Employer (See Instructions)
Date 03/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fisher, James <hr/> Contributor address; City; State; Zip Code Lantana, TX 76226	Amount of Contribution (\$) \$595.36
Principal occupation / Job title (See Instructions) Nursing Facility Administrator		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/12 Rpt: 8/15
2 FILER NAME Provider Coalition for Care Political Action Committee		3 Filer ID (Ethics Commission Filers) 00086761
4 Date 06/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Franklin, Ashley 6 Contributor address; City; State; Zip Code Denton, TX 76208	7 Amount of Contribution (\$) \$512.00
8 Principal occupation / Job title (See Instructions) Nursing Facility Administrator		9 Employer (See Instructions)
Date 06/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fulchino, Mark Contributor address; City; State; Zip Code Towson, TX 21249	Amount of Contribution (\$) \$350.00
Principal occupation / Job title (See Instructions) Nursing Facility Administrator		Employer (See Instructions)
Date 06/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Mary Jane Contributor address; City; State; Zip Code Victoria, TX 77904	Amount of Contribution (\$) \$350.00
Principal occupation / Job title (See Instructions) Nursing Facility Administrator		Employer (See Instructions)
Date 06/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gray, DeAnne Contributor address; City; State; Zip Code Breckenridge, TX 76425	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Nursing Facility Administrator		Employer (See Instructions)
Date 04/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guevara, Victoria Contributor address; City; State; Zip Code Riviera, TX 78379	Amount of Contribution (\$) \$1,187.00
Principal occupation / Job title (See Instructions) Nursing Facility Administrator		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/12 Rpt: 9/15
2 FILER NAME Provider Coalition for Care Political Action Committee		3 Filer ID (Ethics Commission Filers) 00086761
4 Date 02/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gurwitz, Solomon <hr/> 6 Contributor address; City; State; Zip Code Los Angeles, CA 90020	7 Amount of Contribution (\$) \$2,500.00
8 Principal occupation / Job title (See Instructions) Nursing Facility Administrator		9 Employer (See Instructions)
Date 03/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hawley, Morgan <hr/> Contributor address; City; State; Zip Code Beaumont, TX 77707	Amount of Contribution (\$) \$750.00
Principal occupation / Job title (See Instructions) Nursing Facility Administrator		Employer (See Instructions)
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hughes, Tylene <hr/> Contributor address; City; State; Zip Code Brownwood, TX 76801	Amount of Contribution (\$) \$1,500.00
Principal occupation / Job title (See Instructions) Nursing Facility Administrator		Employer (See Instructions)
Date 06/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Humble, Douglas <hr/> Contributor address; City; State; Zip Code Athens, TX 75751	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Nursing Facility Administrator		Employer (See Instructions)
Date 06/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Allyson <hr/> Contributor address; City; State; Zip Code Bacliff, TX 77518	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Nursing Facility Administrator		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/12 Rpt: 10/15
2 FILER NAME Provider Coalition for Care Political Action Committee		3 Filer ID (Ethics Commission Filers) 00086761
4 Date 04/16/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Beau 6 Contributor address; City; State; Zip Code Gilmer, TX 75644	7 Amount of Contribution (\$) \$900.00
8 Principal occupation / Job title (See Instructions) Nursing Home Administrator		9 Employer (See Instructions)
Date 04/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keadle, Jaysen Contributor address; City; State; Zip Code Burleson, TX 76028	Amount of Contribution (\$) \$750.00
Principal occupation / Job title (See Instructions) Nursing Facility Administrator		Employer (See Instructions)
Date 03/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keystone Care PAC Contributor address; City; State; Zip Code San Antonio, TX 78209	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LeBlanc, Ryan Contributor address; City; State; Zip Code Joshua, TX 76058	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Nursing Facility Administrator		Employer (See Instructions)
Date 06/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lodhi, Mubashir Contributor address; City; State; Zip Code Austin, TX 78729	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Nursing Facility Administrator		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/12 Rpt: 11/15
2 FILER NAME Provider Coalition for Care Political Action Committee		3 Filer ID (Ethics Commission Filers) 00086761
4 Date 05/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Malec, Amanda <hr/> 6 Contributor address; City; State; Zip Code New Braunfels, TX 78130	7 Amount of Contribution (\$) \$817.00
8 Principal occupation / Job title (See Instructions) Nursing Facility Administrator		9 Employer (See Instructions)
Date 02/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nadir, Ladonna <hr/> Contributor address; City; State; Zip Code Rockwall, TX 75087	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Nursing Facility Administrator		Employer (See Instructions)
Date 06/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nicholson, Louis <hr/> Contributor address; City; State; Zip Code Cypress, TX 77429	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) Nursing Facility Administrator		Employer (See Instructions)
Date 06/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nolan, John <hr/> Contributor address; City; State; Zip Code Cockeysville, MD 21030	Amount of Contribution (\$) \$350.00
Principal occupation / Job title (See Instructions) Nursing Facility Administrator		Employer (See Instructions)
Date 06/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peterson, Bronz <hr/> Contributor address; City; State; Zip Code Flower Mound, TX 75028	Amount of Contribution (\$) \$350.00
Principal occupation / Job title (See Instructions) Nursing Facility Administrator		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/12 Rpt: 12/15
2 FILER NAME Provider Coalition for Care Political Action Committee		3 Filer ID (Ethics Commission Filers) 00086761
4 Date 05/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pickett, Lydia <hr/> 6 Contributor address; City; State; Zip Code Riviera, TX 78379	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) Nursing Facility Administrator		9 Employer (See Instructions)
Date 04/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rivera, Lisa <hr/> Contributor address; City; State; Zip Code Crystal City, TX 78839	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Nursing Facility Administrator		Employer (See Instructions)
Date 02/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shkop, Aharon <hr/> Contributor address; City; State; Zip Code Chicago, IL 60645	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions) Nursing Facility Administrator		Employer (See Instructions)
Date 06/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Kasha <hr/> Contributor address; City; State; Zip Code Terrell, TX 75160	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Nursing Facility Administrator		Employer (See Instructions)
Date 04/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephens, Lisa <hr/> Contributor address; City; State; Zip Code Pearland, TX 77584	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Nursing Facility Administrator		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/12 Rpt: 13/15
2 FILER NAME Provider Coalition for Care Political Action Committee		3 Filer ID (Ethics Commission Filers) 00086761
4 Date 04/21/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stiles, Cameron <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77040	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Nursing Facility Administrator		9 Employer (See Instructions)
Date 06/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Strubbe, Loretta <hr/> Contributor address; City; State; Zip Code Midlothian, TX 76065	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) Nursing Facility Administrator		Employer (See Instructions)
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Summit LTC Management, LLC <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76107	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, John <hr/> Contributor address; City; State; Zip Code Highland Village, TX 75077	Amount of Contribution (\$) \$3,385.94
Principal occupation / Job title (See Instructions) Nursing Facility Administrator		Employer (See Instructions)
Date 03/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, John <hr/> Contributor address; City; State; Zip Code Flower Mount, TX 75022	Amount of Contribution (\$) \$509.35
Principal occupation / Job title (See Instructions) Nursing Facility Administrator		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/12 Rpt: 14/15
2 FILER NAME Provider Coalition for Care Political Action Committee		3 Filer ID (Ethics Commission Filers) 00086761
4 Date 04/21/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Teage, Phillip <hr/> 6 Contributor address; City; State; Zip Code El Paso, TX 79907	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Nursing Facility Administrator		9 Employer (See Instructions)
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Underhill, Dean <hr/> Contributor address; City; State; Zip Code Collyville, TX 76034	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) Nursing Facility Administrator		Employer (See Instructions)
Date 06/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walker, Barry <hr/> Contributor address; City; State; Zip Code Sherman, TX 75092	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Nursing Facility Administrator		Employer (See Instructions)
Date 03/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Michael <hr/> Contributor address; City; State; Zip Code La Ward, TX 77970	Amount of Contribution (\$) \$509.35
Principal occupation / Job title (See Instructions) Nursing Facility Administrator		Employer (See Instructions)
Date 03/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Michael <hr/> Contributor address; City; State; Zip Code La Ward, TX 77970	Amount of Contribution (\$) \$182.00
Principal occupation / Job title (See Instructions) Nursing Facility Administrator		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/12 Rpt: 15/15
2 FILER NAME Provider Coalition for Care Political Action Committee		3 Filer ID (Ethics Commission Filers) 00086761
4 Date 05/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Michael <hr/> 6 Contributor address; City; State; Zip Code La Ward, TX 77970	7 Amount of Contribution (\$) \$203.00
8 Principal occupation / Job title (See Instructions) Nursing Facility Administrator		9 Employer (See Instructions)