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) 00086761 3 COMMITTEE NAME **OFFICE USE ONLY** Provider Coalition for Care Political Action Committee Date Received **ELECTRONICALLY FILED** 07/07/2025 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 1500 Waters Ridge Drive Date Hand-delivered or Date Postmarked Lewisville, TX 75057 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Eddie NAME NICKNAME LAST **SUFFIX** Parades STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 1500 Waters Ridge Drive STREET **ADDRESS** (Residence or Business) Lewisville, TX 75057 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 1500 Waters Ridge Drive MAILING **ADDRESS** Lewisville, TX 75057 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (214) 223-3039 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Х Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 01/01/2025 06/30/2025 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year χ Primary Runoff Other 03/06/2026 General Special

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Provider Coalition for C	are Political Action Cor	mmittee	00086761	
14 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		
	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	PLEDGES, LOANS, CONTRIBUTIONS N	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	78,960.35
EXPENDITURE TOTALS	\$	0.00		
	4. TOTAL POLITICA	L EXPENDITURES	\$	0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	141,536.31
OUTSTANDING LOAN TOTALS	•	AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT			<u>'</u>	
		I swear, or affirm, under penalty of per true and correct and includes all inforr under Title 15, Election Code.		
		Eddie F	Parades	
		Signature of Car	npaign Treasui	rer
AFFIX NOTARY	STAMP / SEAL ABOVE			
Sworn to and subscribed	before me, by the said	, th	nis the	day
of	_, 20, to certify v	which, witness my hand and seal of office.		
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title of offic	er administering oath

SUBTOTALS - GPAC

FORM GPAC **COVER SHEET PG 3**

					3 of 15
		EE NAME Coalition for Care Political Action Committee	18 Filer ID 00086761	(Ethics Commiss	sion Filers)
		E SUBTOTALS SCHEDULE	•	SUBTOTAL	_ AMOUNT
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	78,960.35
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	\$		
5.		\$			
6.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	SANIZATION	\$	
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.		SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	
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.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

	MONEI	ARY POLITICAL CON	TRIBUTIO	NS		SCHEDUI	E A1
	The Instru	ction Guide explains how to c	complete this fo	orm.	1	Total pages Schedule A1: Sch: 1/12 Rpt: 4/15	
2	FILER NAME				3	Filer ID (Ethics Commission	on Filers)
	Provider Coa	lition for Care Political Action Com	mittee			00086761	
4	Date 06/18/2025	 Full name of contributor on Astran, Martha Contributor address; City; State; Z 	ut-of-state PAC (ID#: ip Code)	7	Amount of Contribution (\$)	\$629.00
		Crystal City, TX 78839					
8		oation / Job title (See Instructions)		9 Employer (See Instructions)		
	Nursing Faci	lity Administrator					
	Date 04/28/2025	Full name of contributor on Doubley, Jack Contributor address; City; State; Z	ut-of-state PAC (ID#: ip Code)		Amount of Contribution (\$)	\$5,000.00
		Iowa Park, TX 76367					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Nursing Faci	lity Administrator					
Date 03/27/2025		Full name of contributor on Bauder, William Contributor address; City; State; Z	ut-of-state PAC (ID#:			Amount of Contribution (\$)	\$5,000.00
		Baton Rouge, LA 70810	,p codc				
		pation / Job title (See Instructions)		Employer (See Instructions)		
	Nursing Faci	lity Administrator					
	Date 04/21/2025	Full name of contributor on Bell, Wendy Contributor address; City; State; Z Harker Heights, TX 76548	ut-of-state PAC (ID#:_ ip Code			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Nursing Faci	lity Administrator					
	Date 04/21/2025	Bell, Wendy	ut-of-state PAC (ID#:			Amount of Contribution (\$)	\$500.00
		Contributor address; City; State; Z Harker Heights, TX 76548	ip Code				
		pation / Job title (See Instructions) lity Administrator		Employer (See Instructions)		

	MONEI	ARY POLITICAL (CONTRIBUTIO)NS		SCHEDUI	E A1
	The Instru	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A1: Sch: 2/12 Rpt: 5/15	
2	FILER NAME				3	Filer ID (Ethics Commission	on Filers)
	Provider Coa	alition for Care Political Action	Committee			00086761	
4	Date 04/28/2025	5 Full name of contributorBlake, Gary6 Contributor address; City; S	out-of-state PAC (ID#:_		7	Amount of Contribution (\$)	\$5,000.00
		Fort Worth, TX 76109					
8		pation / Job title (See Instructions	5)	9 Employer (See Instructions	5)		
	Nursing Faci	lity Administrator					
	Date 04/16/2025	Full name of contributor Brende, Marti Contributor address; City; S	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$750.00
		Luling, TX 78648					
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	5)		
	Nursing Faci	lity Administrator					
	Date 02/27/2025	Full name of contributor Campbell, Scott Contributor address; City; S	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$509.35
		Highland Village, TX 7507	77				
		pation / Job title (See Instructions lity Administrator	5)	Employer (See Instructions	5)		
	Date 03/27/2025	Full name of contributor Ciseneros, Lisa Contributor address; City; S Crystal City, TX 78839	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$671.00
	•	pation / Job title (See Instructions lity Administrator	5)	Employer (See Instructions	5)		
	Date 03/27/2025	Full name of contributor Clay, Sabrina Contributor address; City; S Keene, TX 75059	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$750.00
		pation / Job title (See Instructions lity Administrator	5)	Employer (See Instructions	<u>(</u>		

	MONEI	ARY POLITICAL CO	ONTRIBUTIO	ONS		SCHEDUI	LE A1
	The Instru	ction Guide explains how t	o complete this fo	orm.	1	Total pages Schedule A1: Sch: 3/12 Rpt: 6/15	
2	FILER NAME	alition for Care Political Action C	`ommittee		3	Filer ID (Ethics Commission 00086761	on Filers)
_		_	_		Ļ		
4	Date 02/10/2025	5 Full name of contributor Cornello, Jael6 Contributor address; City; Stat	out-of-state PAC (ID#:_)	<i>'</i>	Amount of Contribution (\$)	\$500.00
8	Principal occu	Tyler, TX 75702 pation / Job title (See Instructions)		Employer (See Instructions	:)		
		lity Administrator		, ,,, (,	,		
	Date 03/27/2025	Full name of contributor Cornello, Jael Contributor address; City; Stat	out-of-state PAC (ID#:_ e; Zip Code			Amount of Contribution (\$)	\$1,000.00
		Tyler, TX 75702	-				
		pation / Job title (See Instructions) lity Administrator		Employer (See Instructions	5)		
	Date 04/16/2025	Full name of contributor Crow, Bradley Contributor address; City; Stat	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$750.00
		Argyle, TX 76266					
		pation / Job title (See Instructions) lity Administrator		Employer (See Instructions	<u>(</u>		
	Date 06/03/2025	Full name of contributor Day, Wendy Contributor address; City; Stat Pearland, TX 77584	out-of-state PAC (ID#:_ e; Zip Code			Amount of Contribution (\$)	\$250.00
	•	pation / Job title (See Instructions) lity Administrator		Employer (See Instructions)		
	Date 05/15/2025	Full name of contributor Dekowski, Donovan Contributor address; City; Stat Yoakum, TX 77995	out-of-state PAC (ID#:_ e; Zip Code			Amount of Contribution (\$)	\$5,000.00
		pation / Job title (See Instructions) lity Administrator		Employer (See Instructions	5)		

	MONEI	ARY POLITICAL CO	DNTRIBUTIO	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to	o complete this fo	orm.	1	Total pages Schedule A1: Sch: 4/12 Rpt: 7/15	
2	FILER NAME Provider Coa	alition for Care Political Action C	ommittee		3	Filer ID (Ethics Commission 00086761	n Filers)
4	Date 04/21/2025	5 Full name of contributor Dillard, Rhonda6 Contributor address; City; State	out-of-state PAC (ID#:_ e; Zip Code		7	Amount of Contribution (\$)	\$500.00
8		Desoto, TX 75115 pation / Job title (See Instructions) lity Administrator		9 Employer (See Instructions	<u> </u> ;)		
	Date 04/16/2025	Full name of contributor Eddings, Cametrica Contributor address; City; State	out-of-state PAC (ID#:_ e; Zip Code			Amount of Contribution (\$)	\$750.00
		pation / Job title (See Instructions) lity Administrator		Employer (See Instructions	5)		
	Date 04/21/2025	Full name of contributor Esquibel, Carol Contributor address; City; State	out-of-state PAC (ID#:_ e; Zip Code			Amount of Contribution (\$)	\$455.00
	Principal occu	Canyon, TX 79015 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	•	lity Administrator					
	Date 06/03/2025	Full name of contributor Esquibel, Carol Contributor address; City; State Canyon, TX 79015	out-of-state PAC (ID#:_ e; Zip Code)		Amount of Contribution (\$)	\$545.00
	•	pation / Job title (See Instructions) lity Administrator		Employer (See Instructions	<u>(</u>		
	Date 03/17/2025	Full name of contributor Fisher, James Contributor address; City; State Lantana, TX 76226	out-of-state PAC (ID#:_ e; Zip Code			Amount of Contribution (\$)	\$595.36
		pation / Job title (See Instructions) lity Administrator		Employer (See Instructions	5)		

	MONEI	ARY POLITICAL CON	NIRIBUTIO	NS		SCHEDUI	E A1
	The Instru	ction Guide explains how to c	complete this fo	orm.	1	Total pages Schedule A1: Sch: 5/12 Rpt: 8/15	
2	FILER NAME	lition for Care Political Action Com	amittoo		3	Filer ID (Ethics Commission 00086761	on Filers)
_					_		
4	Date 06/03/2025	 Full name of contributor on Franklin, Ashley Contributor address; City; State; Z 	ut-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$512.00
_		Denton, TX 76208					
8		pation / Job title (See Instructions)		9 Employer (See Instructions)		
	Nursing Faci	lity Administrator					
	Date 06/03/2025	Full name of contributor of Fulchino, Mark Contributor address; City; State; Z	ut-of-state PAC (ID#: Zip Code			Amount of Contribution (\$)	\$350.00
		Towson, TX 21249					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Nursing Faci	lity Administrator					
	Date	Full name of contributor	ut-of-state PAC (ID#:)		Amount of Contribution (\$)	
	06/03/2025	Garcia, Mary Jane	` _	·			\$350.00
		Contributor address; City; State; Z	ip Code				
		Victoria, TX 77904					
	Principal occu	oation / Job title (See Instructions)		Employer (See Instructions)		
	Nursing Faci	lity Administrator					
	Date	Full name of contributor	ut-of-state PAC (ID#:)		Amount of Contribution (\$)	
	06/03/2025	Gray, DeAnne Contributor address; City; State; Z	ip Code				\$500.00
		Breckenridge, TX 76425					
		pation / Job title (See Instructions) lity Administrator		Employer (See Instructions)		
	Date	Full name of contributor	ut-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/16/2025	Guevara, Victoria					\$1,187.00
		Contributor address; City; State; Z	Cip Code				
		Riviera, TX 78379	 		<u></u>		
		pation / Job title (See Instructions) lity Administrator		Employer (See Instructions)		

	MONET	ARY POLITICAL CON	TRIBUTIO	DNS		SCHEDUI	_E A1
	The Instru	ction Guide explains how to co	omplete this fo	orm.	1	Total pages Schedule A1: Sch: 6/12 Rpt: 9/15	
2	FILER NAME	lition for Care Political Action Comn	nittoo		3	Filer ID (Ethics Commission 00086761	on Filers)
_					_		
4	Date 02/17/2025	 Full name of contributor out Gurwitz, Solomon Contributor address; City; State; Zip 	:-of-state PAC (ID#:_ o Code)	7	Amount of Contribution (\$)	\$2,500.00
		Los Angeles, CA 90020					
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions)		
	Nursing Faci	lity Administrator					
_	Date	Full name of contributor out	-of-state PAC (ID#:_			Amount of Contribution (\$)	
	03/27/2025	Hawley, Morgan	-or-state FAC (ID#			Amount of Contribution (4)	\$750.00
	03/21/2023		. 0 - 1 -				Ψ130.00
		Contributor address; City; State; Zip	o Code				
		Beaumont, TX 77707					
		oation / Job title (See Instructions)		Employer (See Instructions)		
	Nursing Faci	lity Administrator					
	Date	Full name of contributor out	-of-state PAC (ID#:_			Amount of Contribution (\$)	
	05/07/2025	Hughes, Tylene					\$1,500.00
		Contributor address; City; State; Zip	Code				
		Brownwood, TX 76801					
	Principal occu	oation / Job title (See Instructions)		Employer (See Instructions)		
	Nursing Faci	lity Administrator					
	Date	Full name of contributor out	-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	06/03/2025	Humble, Douglas	_				\$500.00
		Contributor address; City; State; Zip	 Code				
			7 0000				
		Athens, TX 75751					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Nursing Faci	lity Administrator					
	Date	Full name of contributor out	-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	06/03/2025	Johnson, Allyson					\$500.00
		Contributor address; City; State; Ziţ	Code				
		Bacliff, TX 77518					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Nursing Faci	lity Administrator					

	MONET	ARY POLITICAL CONTR	RIBUTION	IS		SCHEDUI	E A1
	The Instruc	ction Guide explains how to comp	olete this for	m.	1	Total pages Schedule A1: Sch: 7/12 Rpt: 10/15	
2	FILER NAME Provider Coa	lition for Care Political Action Committe	e		3	Filer ID (Ethics Commission 00086761	on Filers)
4	Date 04/16/2025	 Full name of contributor out-of-st Jones, Beau Contributor address; City; State; Zip Cod 			7	Amount of Contribution (\$)	\$900.00
_		Gilmer, TX 75644					
8		pation / Job title (See Instructions) ne Administrator	9	Employer (See Instructions)		
	Date 04/16/2025	Full name of contributor out-of-st Keadle, Jaysen Contributor address; City; State; Zip Cod				Amount of Contribution (\$)	\$750.00
	Principal occu	Burleson, TX 76028 pation / Job title (See Instructions)		Employer (See Instructions)		
		lity Administrator		p.oyo. (000ououoo.	,		
	Date 03/06/2025	Full name of contributor out-of-st Keystone Care PAC Contributor address; City; State; Zip Cod	ate PAC (ID#:			Amount of Contribution (\$)	\$5,000.00
		San Antonio, TX 78209					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 04/21/2025	LeBlanc, Ryan)		Amount of Contribution (\$)	\$500.00
		oation / Job title (See Instructions) lity Administrator		Employer (See Instructions)		
	Date 06/03/2025	Lodhi, Mubashir	ate PAC (ID#:			Amount of Contribution (\$)	\$500.00
		pation / Job title (See Instructions) lity Administrator		Employer (See Instructions)		
			-				

	MONEI	ARY POLITICAL CON	TIRIBUTIO	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how to co	omplete this fo	orm.	1	Total pages Schedule A1: Sch: 8/12 Rpt: 11/15	
2	FILER NAME Provider Coa	alition for Care Political Action Comr	mittee		3	Filer ID (Ethics Commission 00086761	on Filers)
4	Date 05/07/2025	 Full name of contributor ou Malec, Amanda Contributor address; City; State; Zig 	ut-of-state PAC (ID#: ip Code)	7	Amount of Contribution (\$)	\$817.00
8	Principal occu	New Braunfels, TX 78130 pation / Job title (See Instructions)		9 Employer (See Instructions	 		
	Nursing Faci	ility Administrator					
	Date 02/10/2025	Full name of contributor ou Nadir, Ladonna Contributor address; City; State; Zi	ut-of-state PAC (ID#: ip Code)		Amount of Contribution (\$)	\$500.00
		Rockwall, TX 75087					
		pation / Job title (See Instructions) ility Administrator		Employer (See Instructions	5)		
-	Date		ut-of-state PAC (ID#:)	Π	Amount of Contribution (\$)	
	06/26/2025	Nicholson, Louis Contributor address; City; State; Zi	ip Code				\$5,000.00
		Cypress, TX 77429					
		pation / Job title (See Instructions) ility Administrator		Employer (See Instructions	5)		
	Date 06/03/2025	Nolan, John)		Amount of Contribution (\$)	\$350.00
	•	pation / Job title (See Instructions) ility Administrator		Employer (See Instructions	5)		
	Date 06/03/2025	Full name of contributor ou Peterson, Bronz Contributor address; City; State; Zij Flower Mound, TX 75028	ut-of-state PAC (ID#: ip Code			Amount of Contribution (\$)	\$350.00
		pation / Job title (See Instructions) ility Administrator		Employer (See Instructions	5)		

	MONEI	ARY POLITICAL CONTRI	BUTIC	ONS		SCHEDUI	E A1
	The Instru	ction Guide explains how to comple	te this f	orm.	1	Total pages Schedule A1: Sch: 9/12 Rpt: 12/15	
2	FILER NAME				3	Filer ID (Ethics Commission	on Filers)
	Provider Coa	lition for Care Political Action Committee				00086761	
4	Date 05/07/2025	 Full name of contributor ut-of-state out-of-state out-of-state out-of-state Pickett, Lydia Contributor address; City; State; Zip Code 	PAC (ID#:_)	7	Amount of Contribution (\$)	\$1,000.00
•	Principal occur	Riviera, TX 78379 pation / Job title (See Instructions)		Employer (See Instructions			
0		lity Administrator		9 Employer (See Instructions)		
	Date 04/16/2025	Full name of contributor out-of-state Rivera, Lisa Contributor address; City; State; Zip Code Crystal City, TX 78839	PAC (ID#:_			Amount of Contribution (\$)	\$200.00
	Dringinal occu	pation / Job title (See Instructions)		Employer (See Instructions	, 		
		lity Administrator		Employer (See mandenons	')		
	Date Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)		
	02/27/2025	Shkop, Aharon	17 AC (ID#			ranount of Contribution (¢)	\$2,500.00
		Contributor address; City; State; Zip Code					
		Chicago, IL 60645					
		pation / Job title (See Instructions) lity Administrator		Employer (See Instructions	i)		
	Date 06/03/2025	Full name of contributor out-of-state Smith, Kasha Contributor address; City; State; Zip Code Terrell, TX 75160	PAC (ID#:_			Amount of Contribution (\$)	\$500.00
	•	oation / Job title (See Instructions) lity Administrator		Employer (See Instructions	5)		
	Date 04/21/2025	Full name of contributor out-of-state Stephens, Lisa Contributor address; City; State; Zip Code Pearland, TX 77584	PAC (ID#:_			Amount of Contribution (\$)	\$500.00
		pation / Job title (See Instructions) lity Administrator		Employer (See Instructions	5)		

	MONEI	ARY POLITICAL CONTRIB	UTIC)NS		SCHEDUI	E A1
	The Instru	ction Guide explains how to complete	this f	orm.	1	Total pages Schedule A1: Sch: 10/12 Rpt: 13/15	
2	FILER NAME	Pitter for Company Delition I Author Committee			3	Filer ID (Ethics Commission	on Filers)
		lition for Care Political Action Committee				00086761	
4	Date 04/21/2025	 Full name of contributor	AC (ID#:_		7	Amount of Contribution (\$)	\$500.00
		Houston, TX 77040					
8		pation / Job title (See Instructions)		9 Employer (See Instructions	5)		
	Nursing Faci	lity Administrator					
	Date 06/18/2025	Full name of contributor	AC (ID#:_			Amount of Contribution (\$)	\$5,000.00
		Midlothian, TX 76065					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Nursing Faci	lity Administrator					
	Date	Full name of contributor out-of-state P.	AC (ID#:_)		Amount of Contribution (\$)	
	05/07/2025	Summit LTC Management, LLC					\$5,000.00
		Contributor address; City; State; Zip Code Fort Worth, TX 76107					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	:) [
	о.ра. осоа				,		
	Date 02/27/2025	Full name of contributor out-of-state P. Taylor, John Contributor address; City; State; Zip Code Highland Village, TX 75077	AC (ID#:_			Amount of Contribution (\$)	\$3,385.94
	•	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Nursing Faci	lity Administrator					
	Date 03/03/2025	Full name of contributor out-of-state P. Taylor, John	AC (ID#:_			Amount of Contribution (\$)	\$509.35
		Contributor address; City; State; Zip Code Flower Mount, TX 75022					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Nursing Faci	lity Administrator					

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instru	ction Guide explains how to complete this form.				Total pages Schedule A1: Sch: 11/12 Rpt: 14/15		
2	FILER NAME					Filer ID (Ethics Commission Filers)		
		lition for Care Political Action Commi				00086761		
4	Date 04/21/2025					Amount of Contribution (\$)	\$500.00	
		El Paso, TX 79907	ı					
8		pation / Job title (See Instructions)		9 Employer (See Instructions)			
	Nursing Faci	lity Administrator						
	Date 05/07/2025	Full name of contributor out-o Underhill, Dean Contributor address; City; State; Zip 0	of-state PAC (ID#:_ Code			Amount of Contribution (\$)	\$5,000.00	
		Collyville, TX 76034						
	Principal occu	oation / Job title (See Instructions)		Employer (See Instructions)			
	Nursing Faci	lity Administrator						
Date 06/03/2025		Full name of contributor out-of-state PAC (ID#:) Walker, Barry Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$500.00	
		Sherman, TX 75092						
		oation / Job title (See Instructions) lity Administrator		Employer (See Instructions)			
	Date	<u> </u>	(-) -) - DAO (ID!)	\		Amount of Contribution (\$)		
	03/06/2025	Williams, Michael Contributor address; City; State; Zip of La Ward, TX 77970	of-state PAC (ID#:_ Code			Amount of Contribution (\$)	\$509.35	
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)			
	Nursing Faci	lity Administrator						
	Date 03/27/2025	Full name of contributor out-o Williams, Michael Contributor address; City; State; Zip o	of-state PAC (ID#:_)		Amount of Contribution (\$)	\$182.00	
	Principal occu	pation / Job title (See Instructions)	1	Employer (See Instructions	<u> </u>			
Nursing Facility Administrator					,			

MONET	ARY POLITICAL CONTRIBUT	SCHEDULE A1		
The Instru	ction Guide explains how to complete this	s form.	1 Total pages Schedule A1: Sch: 12/12 Rpt: 15/15	
FILER NAME Provider Coa		3 Filer ID (Ethics Commission Filers) 00086761		
Date 05/07/2025	Full name of contributor	#:)	7 Amount of Contribution (\$) \$203.0	
Principal occu	La Ward, TX 77970	Employer (See Instruction)	ne)	
		5 Employer (See instructions	15)	
1	FILER NAME Provider Co. Date 05/07/2025	The Instruction Guide explains how to complete this FILER NAME Provider Coalition for Care Political Action Committee Date Distormal Structure of Structure out-of-state PAC (ID) Williams, Michael 6 Contributor address; City; State; Zip Code	Provider Coalition for Care Political Action Committee Date D5 Full name of contributor out-of-state PAC (ID#:	