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** 07/14/2025 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 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 Runoff Other Primary 11/04/2026 χ General Special

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 H	00080427			
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Rep. Dennis Paul State Senat	tor	
(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	IL CONTRIBUTIONS DOGES, LOANS, OR GUARANTEES OF LOANS)	\$	25,000.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	16,500.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL (OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	72,416.00
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF TREPORTING PERIOD	THE \$	76,412.00
16 AFFIDAVIT	<u>'</u>		I	
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.		
		Mr. Jas	on Baxter	
		Signature of Ca	mpaign Treasure	r
AFFIX NOTARY	STAMP / SEAL ABOVE			
Sworn to and subscribed	before me, by the said	, tl	his the	day
		which, witness my hand and seal of office.		
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title of office	r administering oath

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC ADDENDUM

Page 3 of 8

COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
T A:				120 1 1101 12	(Ethics Commission Filers)
rexas association of He	ealth Plans PAC			00080427	
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Sen. Kelly Hancock Comptroller	r	
(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.)				
COMMITTEE		A Supported	Pan Jay Dean State Depresen	ntativo	
ACTIVITY	(Identify by name or, if		Rep. Jay Dean State Represer	itative	
(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				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if	A. Supported	Rep. David Cook State Senator		
(Attach lists on plain paper to complete this eport 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.)				
	ACTIVITY Attach lists on plain paper to complete this eport if necessary.) COMMITTEE ACTIVITY Attach lists on plain paper to complete this eport if necessary.) COMMITTEE ACTIVITY Attach lists on plain paper to complete this eport if necessary.)	Attach lists on plain paper to complete this peport 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.) COMMITTEE ACTIVITY Attach lists on plain paper to complete this peport if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 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.) 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.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	Attach lists on plain 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.) EXACTIVITY 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) EXACTIVITY Attach lists on plain apper to complete this eport if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) EXACTIVITY 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) EXACTIVITY 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) EXACTIVITY Attach lists on plain apper to complete this eport if necessary.) EXACTIVITY 2. Measures (Identify by name or, if applicable, classify by party.) EXACTIVITY 2. Measures (Identify by name or, if applicable, classify by party.) EXACTIVITY 2. Measures (Identify by name or, if applicable, classify by party.) EXACTIVITY 3. Officeholders Assisted A. Supported (Identify by name or, if applicable, classify by party.) EXACTIVITY 3. Officeholders Assisted A. Supported (Identify by name or, if applicable, classify by party.) EXACTIVITY 3. Officeholders Assisted B. Opposed B. Opposed	Attach lists on plain apper to complete this eport if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identity by name or, if applicable, classify by party.) Attach lists on plain apper to complete this eport if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identity by name or, if applicable, classify by party.) Attach lists on plain apper to complete this eport if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identity by name or, if applicable, classify by party.) 4. Supported B. Opposed B. Opposed B. Opposed COMMITTEE CTIVITY 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed B. Opposed	Attach lists on plain appricable, classify by party. 2. Measures (Describe by date and vocation of electrics and later of fectors) 3. Officeholders Assisted (Gently by party) COMMITTEE (CTIVITY) Attach lists on plain appricable, classify by party) Attach lists on plain appricable complete this eport if necessary.) 2. Measures (Gently by name or, if applicable, classify by party) Attach lists on plain apper to complete this eport of electrics and nature of fescue. 3. Officeholders Assisted (Gently by name or, if applicable, classify by party) B. Opposed B. Opposed B. Opposed B. Opposed B. Opposed B. Opposed Candidates (Gently by name or, if applicable, classify by party) B. Opposed Committee (Gently by name or, if applicable, classify by party) Attach lists on plain apper to complete this eport if necessary.) Committee CTIVITY Attach lists on plain apper or complete this eport of electrics and nature of issue.) B. Opposed Committee CTIVITY Attach lists on plain apper or complete this eport of electrics and nature of issue.) B. Opposed A. Supported B. Opposed B. Opposed A. Supported Committee (Rep. David Cook State Senator dental applicable, classify by party). Committee (Checkby by name or, if applicable, classify by party). B. Opposed B. Opposed

GENERAL-PURPOSE COMMITTEE REPORT:

FORM GPAC ADDENDUM

				Page 4 of 8
				. a.go . o. o
			13 Filer ID	(Ethics Commission Filers)
ealth Plans PAC			00080427	
Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Rep. Matt Mor	gan State Repres	entative	
	B. Opposed			
Measures (Describe by date and location of election and	A. Supported			
nature of issue.)	B. Opposed			
3. Officeholders				
Assisted (Identify by name or, if applicable, classify by party.)				
	(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 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed B. Opposed	(Identify by name or, if applicable, classify by party.) 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.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed B. Opposed 3. Officeholders Assisted

SUBTOTALS - GPAC

FORM GPAC **COVER SHEET PG 3**

					5 of 8
17 CO	MMITTE	E NAME	18 Filer ID	(Ethics Commission	n Filers)
l		sociation of Health Plans PAC	00080427	(,
		E SUBTOTALS	00000121	Т	
l		SCHEDULE		SUBTOTAL A	MOUNT
INAI	VIE OF	SCHEDULE			
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	25,000.00
				·	
2.	П	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		 	
3.	П	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
				*	
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO)R	 	
7.	Ш	ORGANIZATION) a	
_		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA	ATION OR		
5.	Ш	LABOR ORGANIZATION		\$	
6.	Ш	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$	
		COLIED III E CA. NON MONETARY CURRORT FROM CORRORATION OR LARGE			
7.		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$	
8.	П	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (ORGANIZATION	\$	
9.	П	SCHEDULE E: LOANS		\$	
10.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	 	16,500.00
10.		CONEDULE 11. 1 CENTO AE EM ENDITORES FROM I CENTO AE CONTRIBOTION	S]*	10,500.00
11		COLIED II E FO. LINDAID INCLIEDED ODLICATIONS			
11.	Ш	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
12.	Ш	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.	П	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	
		TOTILLIN			

MONET	ARY POLITICAL CONTRIBUTI	ONS	SCHEDULE A1
The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 1/1 Rpt: 6/8
FILER NAME Texas Assoc			3 Filer ID (Ethics Commission Filers) 00080427
Date 06/09/2025	Full name of contributor	#: <u>C00274431</u>	7 Amount of Contribution (\$) \$25,000.00
	Washington DC, DC 20004	1	
Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)
	The Instru FILER NAME Texas Assoc Date 06/09/2025	The Instruction Guide explains how to complete this FILER NAME Texas Association of Health Plans PAC Date 5 Full name of contributor	Texas Association of Health Plans PAC Date 06/09/2025 5 Full name of contributor

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 1/2 Rpt: 7/8	Texas Association of Health Plans PAC 00080427
4 Date	5 Payee name
06/30/2025	David Cook Campaign
6 Amount (\$) \$2,000.00	7 Payee address; City; State; Zip Code 309 E Broad St.
Ψ2,000.00	ooo E Broad off
Expenditure from corporate funds	Mansfield, TX 76063
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 contributions
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
06/24/2025	Dennis Paul Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$5,000.00	626 1/2 Barringer Ln
	Ste. A
Expenditure from	
corporate funds	Webster, TX 77598
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Campaign continuation
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
06/24/2025	Jay Dean for Texas
Amount (\$)	Payee address; City; State; Zip Code
\$5,000.00	101 E. Methvin St., Suite 103
Expenditure from corporate funds	Longview, TX 75601
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
D. LIBITORE	Candidate/Officeholder/Political Committee
	Campaign contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiorare to benefit C/OI	

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee L	-ood/Beverage Expen: Gift/Awards/Memorials Legal Services The Instruction G	Expense		kpense /ages/	e Contract Labor		Travel in District Travel Out of D OTHER (enter a	
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Filers)
	Sch: 2/2 Rpt: 8/8		Texas Assoc	ciation of Health	n Plans PAC	;				00080427	
4	Date	5	Payee name								
	06/23/2025		Morgan for T	exas							
6	Amount (\$)	7	Payee address	s; City;	State;	Zip Co	de				
	\$2,000.00		503 FM 359								
			Suite 130								
	Expenditure from corporate funds		Richmond, T	X 77406							
8	PURPOSE	(a)	Category (See	e Categories listed at t	ne top of this sche	dule)	(b)	Description			
	OF EXPENDITURE			s/Donations Ma		,		<u> </u>			mplete Schedule T.
	EXI ENDITORE		Candidate/O	fficeholder/Pol	tical Commi	ttee		_		officeholder livin	g expense
								Campaign co	oritri	DULION	
_	Computate ONLY if direct	Ļ	Sandidata/Offic	- h - l d - u		"	a. la.t			Office le	امام
9	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Offic	enolder name	0	ffice sou	gnt			Office h	leia
	Date		Payee name								
	06/30/2025		Texans For I	Kelly Hancock							
	Amount (\$)		Payee address	s; City;	State;	Zip Co	de				
	\$2,500.00		P.O. Box 822	1349							
	- Companyity was finance										
Ш	Expenditure from corporate funds		North Richla	nd Hills, TX 76	182						
-		ı									
Ľ	PURPOSE	├	Category (See	e Categories listed at t	ne top of this sche	dule)	(b)	Description			
	PURPOSE OF	(a)	Contributions	s/Donations Ma	ide By		(b)	Check if travel			nplete Schedule T.
	PURPOSE	(a)	Contributions		ide By			Check if travel Check if Austin	, TX,	officeholder livin	
	PURPOSE OF	(a)	Contributions	s/Donations Ma	ide By			Check if travel	, TX,	officeholder livin	
	PURPOSE OF EXPENDITURE	(a)	Contributions Candidate/O	s/Donations Ma fficeholder/Pol	ide By tical Commi	ttee		Check if travel Check if Austin	, TX,	officeholder livin bution	g expense
	PURPOSE OF	(a)	Contributions	s/Donations Ma fficeholder/Pol	ide By tical Commi			Check if travel Check if Austin	, TX,	officeholder livin	g expense
	PURPOSE OF EXPENDITURE Complete ONLY if direct	(a)	Contributions Candidate/O	s/Donations Ma fficeholder/Pol	ide By tical Commi	ttee		Check if travel Check if Austin	, TX,	officeholder livin bution	g expense
	PURPOSE OF EXPENDITURE Complete ONLY if direct	(a)	Contributions Candidate/O	s/Donations Ma fficeholder/Pol	ide By tical Commi	ttee		Check if travel Check if Austin	, TX,	officeholder livin bution	g expense
	PURPOSE OF EXPENDITURE Complete ONLY if direct	(a)	Contributions Candidate/O	s/Donations Ma fficeholder/Pol	ide By tical Commi	ttee		Check if travel Check if Austin	, TX,	officeholder livin bution	g expense
	PURPOSE OF EXPENDITURE Complete ONLY if direct	(a)	Contributions Candidate/O	s/Donations Ma fficeholder/Pol	ide By tical Commi	ttee		Check if travel Check if Austin	, TX,	officeholder livin bution	g expense
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	PURPOSE OF EXPENDITURE Complete ONLY if direct	(a)	Contributions Candidate/O	s/Donations Ma fficeholder/Pol	ide By tical Commi	ttee		Check if travel Check if Austin	, TX,	officeholder livin bution	g expense
	PURPOSE OF EXPENDITURE Complete ONLY if direct	(a)	Contributions Candidate/O	s/Donations Ma fficeholder/Pol	ide By tical Commi	ttee		Check if travel Check if Austin	, TX,	officeholder livin bution	g expense