

MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC
COVER SHEET PG 1

The MPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00015591		2 Total pages filed: 12	
3 COMMITTEE NAME Texas Health Care Assn. PAC				OFFICE USE ONLY Date Received ELECTRONICALLY FILED 08/05/2025 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	
4 COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP 1108 Lavaca Street, Ste. 500 Austin, TX 78701				
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Steven				
	NICKNAME LAST SUFFIX Boulware				
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1108 Lavaca Street, Suite 500 Austin, TX 78701				
7 CAMPAIGN TREASURER MAILING ADDRESS	STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1108 Lavaca Street, Suite 500 Austin, TX 78701				
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 458-1257				
9 REPORT TYPE	<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Dissolution (Attach PAC-DR)				
10 MONTHLY REPORT FILING DEADLINE	<input type="checkbox"/> January 5 <input type="checkbox"/> April 5 <input type="checkbox"/> July 5 <input type="checkbox"/> October 5 <input type="checkbox"/> February 5 <input type="checkbox"/> May 5 <input checked="" type="checkbox"/> August 5 <input type="checkbox"/> November 5 <input type="checkbox"/> March 5 <input type="checkbox"/> June 5 <input type="checkbox"/> September 5 <input type="checkbox"/> December 5				
11 PERIOD COVERED	Month Day Year THROUGH Month Day Year 06/26/2025 07/25/2025				

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MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME Texas Health Care Assn. PAC		13 Filer ID (Ethics Commission Filers) 00015591
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
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,964.50
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 268.56
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 78,916.17
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.

Mr. Steven Boulware

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 - MPAC**FORM MPAC**
COVER SHEET PG 3
3 of 12

17 COMMITTEE NAME Texas Health Care Assn. PAC		18 Filer ID (Ethics Commission Filers) 00015591
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4,964.50
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 checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 268.56
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: 1/7 Rpt: 4/12
2 FILER NAME Texas Health Care Assn. PAC		3 Filer ID (Ethics Commission Filers) 00015591
4 Date 06/26/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baker, Michael <hr/> 6 Contributor address; City; State; Zip Code Wylie, TX 75098	7 Amount of Contribution (\$) \$103.50
8 Principal occupation / Job title (See Instructions) Partner		9 Employer (See Instructions) Wound Solutions Group
Date 06/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Biggs, Rodney <hr/> Contributor address; City; State; Zip Code League City, TX 77573	Amount of Contribution (\$) \$724.50
Principal occupation / Job title (See Instructions) Regional Business Development		Employer (See Instructions) Neighborhood Portable X-Ray
Date 06/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boulware, Steven <hr/> Contributor address; City; State; Zip Code Dallas, TX 75205	Amount of Contribution (\$) \$207.00
Principal occupation / Job title (See Instructions) Vice President		Employer (See Instructions) Priority Management Service
Date 06/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brant, Penny <hr/> Contributor address; City; State; Zip Code Pflugerville, TX 78660	Amount of Contribution (\$) \$414.00
Principal occupation / Job title (See Instructions) Administrator		Employer (See Instructions) Will-O-Bell Facility Management, LLC
Date 06/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carr, BJ <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$103.50
Principal occupation / Job title (See Instructions) Associate Sales Rep		Employer (See Instructions) Impact Medical

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/7 Rpt: 5/12
2 FILER NAME Texas Health Care Assn. PAC		3 Filer ID (Ethics Commission Filers) 00015591
4 Date 06/26/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Corah, Sally <hr/> 6 Contributor address; City; State; Zip Code Castle Rock, CO 80109	7 Amount of Contribution (\$) \$207.00
8 Principal occupation / Job title (See Instructions) Clinical Sales Director		9 Employer (See Instructions) In House Health
Date 06/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Culp, Wayne <hr/> Contributor address; City; State; Zip Code Spring, TX 77382	Amount of Contribution (\$) \$103.50
Principal occupation / Job title (See Instructions) COO		Employer (See Instructions) HMG Healthcare, LLC
Date 06/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dorow, Marjorie <hr/> Contributor address; City; State; Zip Code Boerne, TX 78006	Amount of Contribution (\$) \$103.50
Principal occupation / Job title (See Instructions) President/COO		Employer (See Instructions) Cascade Health Services
Date 06/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duncan, Rebecca <hr/> Contributor address; City; State; Zip Code Wimberley, TX 78676	Amount of Contribution (\$) \$103.50
Principal occupation / Job title (See Instructions) Regional Director of Operations		Employer (See Instructions) Caraday Heathcare
Date 06/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Faulk, Tabitha <hr/> Contributor address; City; State; Zip Code Ocala, FL 34471	Amount of Contribution (\$) \$103.50
Principal occupation / Job title (See Instructions) Managed Care Liason, BSN		Employer (See Instructions) Managed Care Consultants of America

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/7 Rpt: 6/12
2 FILER NAME Texas Health Care Assn. PAC		3 Filer ID (Ethics Commission Filers) 00015591
4 Date 06/26/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gadberry, Gavin <hr/> 6 Contributor address; City; State; Zip Code Amarillo, TX 79119	7 Amount of Contribution (\$) \$310.50
8 Principal occupation / Job title (See Instructions) THCA General Counsel		9 Employer (See Instructions) Underwood Law Firm
Date 06/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Glawson, Gregg <hr/> Contributor address; City; State; Zip Code St. Joseph, MO 64507	Amount of Contribution (\$) \$103.50
Principal occupation / Job title (See Instructions) Director of Clinical Operations		Employer (See Instructions) Impact Medica
Date 06/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Griffin, Antoinette <hr/> Contributor address; City; State; Zip Code Suwanee, GA 30024	Amount of Contribution (\$) \$103.50
Principal occupation / Job title (See Instructions) Maxwell Leadership Exec Coach, Trainer		Employer (See Instructions) Griff Development
Date 06/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haney, Ronald <hr/> Contributor address; City; State; Zip Code Boerne, TX 78006	Amount of Contribution (\$) \$103.50
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Cascade Health Services
Date 06/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Jeff <hr/> Contributor address; City; State; Zip Code Franklin, TX 77856	Amount of Contribution (\$) \$103.50
Principal occupation / Job title (See Instructions) Administrator/Owner		Employer (See Instructions) Rockdale Estates and Rehab

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/7 Rpt: 7/12
2 FILER NAME Texas Health Care Assn. PAC		3 Filer ID (Ethics Commission Filers) 00015591
4 Date 06/26/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Langsdale, Troy <hr/> 6 Contributor address; City; State; Zip Code McKinney, TX 75071	7 Amount of Contribution (\$) \$103.50
8 Principal occupation / Job title (See Instructions) CEO		9 Employer (See Instructions) ML Healthcare
Date 06/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Light, Chris <hr/> Contributor address; City; State; Zip Code Houston, TX 77058	Amount of Contribution (\$) \$207.00
Principal occupation / Job title (See Instructions) COO		Employer (See Instructions) Principle Health Systems
Date 06/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lytle, Cheryl <hr/> Contributor address; City; State; Zip Code Burleson, TX 76028	Amount of Contribution (\$) \$207.00
Principal occupation / Job title (See Instructions) VP of Clinical and Business Development		Employer (See Instructions) Curitec
Date 06/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marable, Clay <hr/> Contributor address; City; State; Zip Code Sherman, TX 75092	Amount of Contribution (\$) \$103.50
Principal occupation / Job title (See Instructions) Regional Sales Manager		Employer (See Instructions) Impact Medical
Date 06/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Randall <hr/> Contributor address; City; State; Zip Code Dallas, TX 75248	Amount of Contribution (\$) \$103.50
Principal occupation / Job title (See Instructions) Reimbursement Operations Resource		Employer (See Instructions) Ensign Services

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/7 Rpt: 8/12
2 FILER NAME Texas Health Care Assn. PAC		3 Filer ID (Ethics Commission Filers) 00015591
4 Date 06/26/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McPike, Jon <hr/> 6 Contributor address; City; State; Zip Code Southlake, TX 76092	7 Amount of Contribution (\$) \$103.50
8 Principal occupation / Job title (See Instructions) Chief Operating Officer		9 Employer (See Instructions) Remarkable Healthcare
Date 07/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nino, Cynthia <hr/> Contributor address; City; State; Zip Code Lake Oswego, OR 97035	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Business Development Manager		Employer (See Instructions) Incite Strategic Partners
Date 06/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Payne, Ron <hr/> Contributor address; City; State; Zip Code Dallas, TX 75252	Amount of Contribution (\$) \$103.50
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Southwest LTC
Date 06/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Post, Steve <hr/> Contributor address; City; State; Zip Code Southlake, TX 76092	Amount of Contribution (\$) \$103.50
Principal occupation / Job title (See Instructions) CFO		Employer (See Instructions) Trinity Healthcare
Date 06/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Price, Molly <hr/> Contributor address; City; State; Zip Code Ft. Worth, TX 76109	Amount of Contribution (\$) \$103.50
Principal occupation / Job title (See Instructions) Regional Sales Manager		Employer (See Instructions) McKesson

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/7 Rpt: 9/12
2 FILER NAME Texas Health Care Assn. PAC		3 Filer ID (Ethics Commission Filers) 00015591
4 Date 06/26/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Provada, Felica <hr/> 6 Contributor address; City; State; Zip Code Bellaire, TX 77401	7 Amount of Contribution (\$) \$207.00
8 Principal occupation / Job title (See Instructions) Director of Business Relations		9 Employer (See Instructions) Luby's Culinary Services
Date 06/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schopp, Julia <hr/> Contributor address; City; State; Zip Code Lewisville, TX 75077	Amount of Contribution (\$) \$103.50
Principal occupation / Job title (See Instructions) Account Manager		Employer (See Instructions) Essity
Date 06/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Threadgill, Forrest <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$103.50
Principal occupation / Job title (See Instructions) VP Clinical		Employer (See Instructions) Momentum
Date 06/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trigger, Chris <hr/> Contributor address; City; State; Zip Code Ft. Worth, TX 76109	Amount of Contribution (\$) \$103.50
Principal occupation / Job title (See Instructions) SVP		Employer (See Instructions) Bank of Texas
Date 06/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villa, Ricardo <hr/> Contributor address; City; State; Zip Code Glen Rose, TX 76043	Amount of Contribution (\$) \$207.00
Principal occupation / Job title (See Instructions) COO		Employer (See Instructions) TGR Healthcare

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/7 Rpt: 10/12
2 FILER NAME Texas Health Care Assn. PAC		3 Filer ID (Ethics Commission Filers) 00015591
4 Date 06/26/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zurovec, Darrell <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78746	7 Amount of Contribution (\$) \$103.50
8 Principal occupation / Job title (See Instructions) General Counsel		9 Employer (See Instructions) Touchstone Communities

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
Credit Card Payment

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/2 Rpt: 11/12	2 FILER NAME Texas Health Care Assn. PAC	3 Filer ID (Ethics Commission Filers) 00015591
4 Date 07/02/2025	5 Payee name Authorize.net	
6 Amount (\$) \$19.30 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 808 E Utah Valley Drive American Fork, UT 84003-9707	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/15/2025	Candidate/Officeholder name Cvent, Inc.	
Amount (\$) \$3.95 <input type="checkbox"/> Expenditure from corporate funds	Office sought Office held	
Date 07/15/2025	Payee name Cvent, Inc.	
Amount (\$) \$3.95 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1765 Greensboro Station Place 7th Floor Tysons Corner, VA 22102	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/24/2025	Candidate/Officeholder name Cvent, Inc.	
Amount (\$) \$192.20 <input type="checkbox"/> Expenditure from corporate funds	Office sought Office held	
Date 07/24/2025	Payee name Cvent, Inc.	
Amount (\$) \$192.20 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1765 Greensboro Station Place 7th Floor Tysons Corner, VA 22102	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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
Credit Card Payment

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/2 Rpt: 12/12	2 FILER NAME Texas Health Care Assn. PAC	3 Filer ID (Ethics Commission Filers) 00015591
4 Date 07/03/2025	5 Payee name Frost Bank	
6 Amount (\$) \$53.11 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 300 W 9th St Austin, TX 78701	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank Fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held