

# 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: 10	
3 COMMITTEE NAME Texas Health Care Assn. PAC				OFFICE USE ONLY Date Received ELECTRONICALLY FILED 09/04/2025 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 type="checkbox"/> August 5 <input type="checkbox"/> November 5 <input type="checkbox"/> March 5 <input type="checkbox"/> June 5 <input checked="" type="checkbox"/> September 5 <input type="checkbox"/> December 5				
11 PERIOD COVERED	Month Day Year    THROUGH    Month Day Year 07/26/2025    08/25/2025				

GO TO PAGE 2

# MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

## FORM MPAC COVER SHEET PG 2

<b>12 COMMITTEE NAME</b> Texas Health Care Assn. PAC		<b>13 Filer ID</b> (Ethics Commission Filers) 00015591
<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	
	<b>15 CONTRIBUTION TOTALS</b>	<b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b> <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold
	<b>2. TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 8,600.00
EXPENDITURE TOTALS	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 0.00
CONTRIBUTION BALANCE	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 84,701.78
OUTSTANDING LOAN TOTALS	<b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 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 10

<b>17 COMMITTEE NAME</b> Texas Health Care Assn. PAC		<b>18 Filer ID</b> (Ethics Commission Filers) 00015591
<b>19 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 8,600.00
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 checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 53.65
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/6 Rpt: 4/10
<b>2</b> FILER NAME Texas Health Care Assn. PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015591
<b>4</b> Date 08/25/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barry, Carr (Mr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Lake Forest, TX 60045	<b>7</b> Amount of Contribution (\$)  \$200.00
<b>8</b> Principal occupation / Job title (See Instructions) Chairman		<b>9</b> Employer (See Instructions) Ignite Medical Resorts
Date 08/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Chris (Mr.) <hr/> Contributor address; City; State; Zip Code  Houston, TX 77070	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Sr. Director of Operations		Employer (See Instructions) Healthcare Services Group
Date 08/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Victoria <hr/> Contributor address; City; State; Zip Code  Houston, TX 77070	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) President & CEO		Employer (See Instructions) VeraWell Consulting
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ciccimiglio, Graziana <hr/> Contributor address; City; State; Zip Code  Middletown, NJ 07748	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Marketing Executive		Employer (See Instructions) AdvancedLife MSO
Date 08/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clardy, Travis <hr/> Contributor address; City; State; Zip Code  Nacogdoches, TX 75961	Amount of Contribution (\$)  \$2,500.00
Principal occupation / Job title (See Instructions) President, CEO		Employer (See Instructions) Clardy Law Offices

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/6 Rpt: 5/10
<b>2</b> FILER NAME Texas Health Care Assn. PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015591
<b>4</b> Date 07/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Diefenderfer, Kierstan <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dilley, TX 78017	<b>7</b> Amount of Contribution (\$)  \$180.00
<b>8</b> Principal occupation / Job title (See Instructions) Director of Nursing		<b>9</b> Employer (See Instructions) Medina Valley Health and Rehab
Date 08/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dieter, James <hr/> Contributor address; City; State; Zip Code  League City, TX 77573	Amount of Contribution (\$)  \$700.00
Principal occupation / Job title (See Instructions) Chairman and Chief Executive Officer		Employer (See Instructions) Principle Health Systems
Date 07/29/2025	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 (\$)  \$200.00
Principal occupation / Job title (See Instructions) President/COO		Employer (See Instructions) Cascade Health Services
Date 07/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gregory, Patrice <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78254	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) Medina Valley Health and Rehabilitation Center
Date 07/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gribbons, Victor <hr/> Contributor address; City; State; Zip Code  Nashville, TN 37203	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Advantage Trust / HealthTrust Performance Group		Employer (See Instructions) Senior Director

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/6 Rpt: 6/10
<b>2</b> FILER NAME Texas Health Care Assn. PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015591
<b>4</b> Date 08/14/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herbert, Deana <hr/> <b>6</b> Contributor address; City; State; Zip Code  Great neck, NY 11021	<b>7</b> Amount of Contribution (\$)  \$200.00
<b>8</b> Principal occupation / Job title (See Instructions) Director of National Accounts		<b>9</b> Employer (See Instructions) First Quality Products, LLC.
Date 08/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoff, Landon <hr/> Contributor address; City; State; Zip Code  Denton, TX 75065	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Territory Sales Director		Employer (See Instructions) Switch
Date 08/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jafari, Nilou <hr/> Contributor address; City; State; Zip Code  Berkeley, CA 94704	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Chief of Staff		Employer (See Instructions) Clearpol
Date 07/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linker, Matt <hr/> Contributor address; City; State; Zip Code  Tomball, TX 77377	Amount of Contribution (\$)  \$480.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) SonderBloom
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Middleton, Caitlyn <hr/> Contributor address; City; State; Zip Code  Mount Vernon, TX 75457	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) VP of Commercial Partnerships		Employer (See Instructions) Wound Management Specialists

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/6 Rpt: 7/10
<b>2</b> FILER NAME Texas Health Care Assn. PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015591
<b>4</b> Date 08/08/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morris, Grant <hr/> <b>6</b> Contributor address; City; State; Zip Code  Owasso, OK 74055	<b>7</b> Amount of Contribution (\$)  \$220.00
<b>8</b> Principal occupation / Job title (See Instructions) Managing Partner		<b>9</b> Employer (See Instructions) Clinical Health Monitoring Solutions
Date 07/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olson, Krista <hr/> Contributor address; City; State; Zip Code  Georgetown, TX 78633	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Regional VP of Business Development		Employer (See Instructions) Crestmark Pharmacy
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parker, Rossy <hr/> Contributor address; City; State; Zip Code  Houston, TX 77095	Amount of Contribution (\$)  \$480.00
Principal occupation / Job title (See Instructions) Sales Director		Employer (See Instructions) Dragonfly Health
Date 08/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paul , Jarvis <hr/> Contributor address; City; State; Zip Code  Houston, TX 77009	Amount of Contribution (\$)  \$360.00
Principal occupation / Job title (See Instructions) EVP of Sakes & Marketing		Employer (See Instructions) Procure HR
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Percival, Maria <hr/> Contributor address; City; State; Zip Code  Spring, TX 77380	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Chief Executive Officer		Employer (See Instructions) Curitec

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/6 Rpt: 8/10
<b>2</b> FILER NAME Texas Health Care Assn. PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015591
<b>4</b> Date 08/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pico, Ana <hr/> <b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76108	<b>7</b> Amount of Contribution (\$)  \$200.00
<b>8</b> Principal occupation / Job title (See Instructions) Chief Strategy Officer		<b>9</b> Employer (See Instructions) HMG Health Care
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Russell, Laird <hr/> Contributor address; City; State; Zip Code  St. Petersburg, FL 33712	Amount of Contribution (\$)  \$120.00
Principal occupation / Job title (See Instructions) Co-Founder/CEO		Employer (See Instructions) ExaCare AI
Date 08/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Self, Amada (Mrs.) <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79602	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Administrator		Employer (See Instructions) Avir Health Group
Date 08/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smejkal, David <hr/> Contributor address; City; State; Zip Code  Lantana, TX 76226	Amount of Contribution (\$)  \$140.00
Principal occupation / Job title (See Instructions) Regional VP of Operations (Northeast)		Employer (See Instructions) Avir Healthcare
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steinhauser, Amanda <hr/> Contributor address; City; State; Zip Code  Chico, TX 76431	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Strategic Accounts Manager Gentell Home Direct		Employer (See Instructions) Gentell



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/6 Rpt: 9/10
<b>2</b> FILER NAME Texas Health Care Assn. PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015591
<b>4</b> Date 08/11/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vignola, Justin <hr/> <b>6</b> Contributor address; City; State; Zip Code  St. Johns, FL 32259	<b>7</b> Amount of Contribution (\$)  \$400.00
<b>8</b> Principal occupation / Job title (See Instructions) VP of Business Development		<b>9</b> Employer (See Instructions) Healthcare Services Group
Date 08/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wicker, Keith <hr/> Contributor address; City; State; Zip Code  Grand Prairie, TX 75054	Amount of Contribution (\$)  \$120.00
Principal occupation / Job title (See Instructions) VP Enterprise Relations and Strategic Partnerships		Employer (See Instructions) ShiftKey LLC

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 1/1 Rpt:	2 FILER NAME Texas Health Care Assn. PAC	3 Filer ID (Ethics Commission Filers) 00015591
4 Date 08/04/2025	5 Payee name Authorize.net	
6 Amount (\$) 17.50 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 808 E Utah Valley Drive American Fork, UT 84003-9707	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Authorize.net Gateway Billing.
Date 08/04/2025	Payee name Frost Bank	
Amount (\$) 36.15 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 300 W 9th St Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Fees.