FORM MPAC MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** Filer ID 2 Total pages filed: The MPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00015591 3 COMMITTEE NAME **OFFICE USE ONLY** Texas Health Care Assn. PAC Date Received **ELECTRONICALLY FILED** 10/06/2025 COMMITTEE ADDRESS / PO BOX; APT / SUITE #: CITY: STATE: ZIP **ADDRESS** 1108 Lavaca Street, Ste. 500 Austin, TX 78701 Date Hand-delivered or Date Postmarked CAMPAIGN MS / MRS / MR **FIRST** MI **TREASURER** Receipt # Amount Mr. Steven NAME Date Processed **NICKNAME SUFFIX** LAST Date Imaged **Boulware** CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE TREASURER 1108 Lavaca Street, Suite 500 STREET **ADDRESS** (Residence or Business) Austin, TX 78701 **CAMPAIGN** STREET ADDRESS OR PO BOX; APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** 1108 Lavaca Street, Suite 500 MAILING **ADDRESS** Austin, TX 78701 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (512) 458-1257 REPORT TYPE 10th day after campaign X Monthly Dissolution (Attach PAC-DR) treasurer termination 10 MONTHLY January 5 April 5 July 5 X October 5 REPORT FILING **DEADLINE** February 5 May 5 August 5 November 5 September 5 December 5 March 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 08/26/2025 09/25/2025

GO TO PAGE 2

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

EXPENDITURE TOTALS 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES 4. TOTAL POLITICAL EXPENDITURES \$ CONTRIBUTION 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY	
1. Candidates (dentity by name or, if applicable, classify by party.)	n Filers)
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true and correct and includes all information required to be reported by	
	t is me
M. Our and Building	
Mr. Steven Boulware Signature of Campaign Treasurer	
Signature of Campaign Treasurer	
AFFIX NOTARY STAMP / SEAL ABOVE	
Sworn to and subscribed before me, by the said, this the da	у
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 oa	

MONTHLY FILING GPAC REPORT: PURPOSE

FORM MPAC ADDENDUM

					Page 3 of 31
12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Texas Health Care Assn. F	PAC			00015591	
14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this	Candidates (Identify by name or, if applicable, classify by party.)		Mr. Rocky Thigpen State Re	presentative	
report if necessary.)	2. Measures	A. Supported			
	(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.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)				
(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			
		В. Оррозса			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.))	Rep. Marc LaHood State Re	presentative	
COMMITTEE ACTIVITY	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			
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	Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Rep. Dennis Paul State Rep	resentative	
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FORM MPAC MONTHLY FILING GPAC REPORT: PURPOSE **ADDENDUM** Page 4 of 31 **12** COMMITTEE NAME 13 Filer ID (Ethics Commission Filers) Texas Health Care Assn. PAC 00015591 14 COMMITTEE 1. Candidates A. Supported **ACTIVITY** (Identify by name or, if applicable, classify by party.) (Attach lists on plain B. Opposed paper to complete this report if necessary.) A. Supported 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Rep. Charles Cunningham State Representative Assisted (Identify by name or, if applicable, classify by party.

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

					5 of 31
17 CO	MMITTE	EE NAME	18 Filer ID	(Ethics Commission	n Filers)
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10 50		E SUBTOTALS		1	
l		SCHEDULE		SUBTOTAL A	AMOUNT
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1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	22,890.00
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2	\Box	SCHEDULE 42: MONI MONETARY (IN VIND) DOLITICAL CONTRIBUTIONS			
2.	Ш	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	Ш	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
		COLUED III E OA. MONETADY CONTRIBUTIONS EDOM CORPORATION OR LANG	ND.		
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION)R	\$	
5.	П	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA	ATION OR	\$	
		LABOR ORGANIZATION			
6		COLIEDURE C2: MONETARY CURRORT FROM CORRORATION OF LABOR ORC	ANIIZATIONI		
6.	Ш	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$	
		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR			
7.	Ш	ORGANIZATION		\$	
8.	П	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (ORGANIZATION	s	
				<u> </u>	
9.	П	SCHEDULE E: LOANS		\$	
J	ш	CONEDULE E. EO/MO		•	
10		COLUMN FAL POLITICAL EVEN NOTICE COM POLITICAL CONTRIBUTION	0		4 000 00
10.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$	4,000.00
11.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
12.	П	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
				<u> </u>	
13.	П	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		6	
10.	Ш	SCHEDGET4. EXPENDITORES WADE DI GREDIT CARD		\$	
14.	X	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	224.44
		COLIED HE IV. INTEREST OREDITO CAING RESUMPS AND CONTRIBUTIONS	DETUDNED		
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$	
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	MONEI	ARY POLITICAL CONTRIB	UTION	IS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete	this for	m.	1	Total pages Schedule A1: Sch: 1/23 Rpt: 6/31	
2	FILER NAME				3	Filer ID (Ethics Commissio	n Filers)
	Texas Healtl	n Care Assn. PAC			L	00015591	
4	Date 09/23/2025	 5 Full name of contributor out-of-state PA Akinroluyo, Marie 6 Contributor address; City; State; Zip Code 	,)	7	Amount of Contribution (\$)	\$100.00
		Dallas, TX 75212					
8		pation / Job title (See Instructions)	9	Employer (See Instructions	s)		
	President			Elevated Care Consultir	ng		
	Date 09/23/2025	Full name of contributor out-of-state PA Alcala, Chris Contributor address; City; State; Zip Code	AC (ID#:)		Amount of Contribution (\$)	\$100.00
		Buda, TX 78610					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Administrator			Caraday			
	Date	Full name of contributor out-of-state PA	AC (ID#:)		Amount of Contribution (\$)	
	09/03/2025	Allen, Jeremy					\$200.00
		Contributor address; City; State; Zip Code Midland, TX 79701					
_	Drincinal occu	pation / Job title (See Instructions)	1	Employer (See Instructions	·/		
	Co-Founder	pation / Job title (See Instructions)		Telos Technologies)		
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	Date 09/23/2025	Full name of contributor out-of-state PA Alvarado, Jonna Contributor address; City; State; Zip Code	AC (ID#:)		Amount of Contribution (\$)	\$200.00
		Dublin, TX 76446					
	Principal occu Owner	pation / Job title (See Instructions)		Employer (See Instructions Three Oaks ALF	s)		
	Date	Full name of contributor ut-of-state PA	AC (ID#:)		Amount of Contribution (\$)	
	09/23/2025	Anderson, Aaron					\$140.00
		Contributor address; City; State; Zip Code					
		Cape Coral, FL 33993					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
				Advantage Surgical and	Ca	are Wounds	
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	MONET	ARY POLITICAL CONTRIBUTION	N	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this f	orı	m.	1	Total pages Schedule A1: Sch: 2/23 Rpt: 7/31	
2	FILER NAME Texas Health	n Care Assn. PAC			3	Filer ID (Ethics Commission 00015591	n Filers)
4	Date 09/23/2025	 Full name of contributor)	7	Amount of Contribution (\$)	\$100.00
8	Principal occu	Houston, TX 77007 pation / Job title (See Instructions)	9	Employer (See Instructions) i)		
•	COO			Senior PsychCare	,		
	Date 09/23/2025	Full name of contributor out-of-state PAC (ID#:_ Baker, Bobby Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$200.00
		Lorena, TX 76655					
	Principal occupation / Job title (See Instructions) Employer (See Sales Rep MedTek21			Employer (See Instructions MedTek21	s)		
	Date 09/18/2025	Full name of contributor)		Amount of Contribution (\$)	\$100.00
	Principal occu	Strongsville, OH 44136 pation / Job title (See Instructions)		Employer (See Instructions	·,		
	Account Exe			OnShift	,,		
	Date Full name of contributor out-of-state PAC (ID#: 09/23/2025 Barrick, Scott					Amount of Contribution (\$)	\$120.00
	Principal occu Administrato	Fort Worth, TX 76135 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	Date 09/23/2025	Full name of contributor out-of-state PAC (ID#:_ Baxter, Kevin Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00
	Principal occu VP of Opera	pation / Job title (See Instructions)		Employer (See Instructions HSM of Texas	5)		
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	MONET	ARY POLITICAL CO	MIRIBUTIO	V 5		SCHEDUL	E A1
	The Instru	ction Guide explains how to	o complete this fo	rm.	1	Total pages Schedule A1: Sch: 3/23 Rpt: 8/31	
2	FILER NAME Texas Health	n Care Assn. PAC			3	Filer ID (Ethics Commission 00015591	n Filers)
4	Date 09/23/2025	5 Full name of contributorBehel, Ben6 Contributor address; City; State	out-of-state PAC (ID#: e; Zip Code		7	Amount of Contribution (\$)	\$100.00
		Richardson, TX 75082					
8	Principal occu Vice Preside	pation / Job title (See Instructions) ent	9	Employer (See Instructions The Steam Team	5)		
	Date 09/21/2025	Full name of contributor Biggs, Rodney Contributor address; City; State League City, TX 77573	out-of-state PAC (ID#: ; Zip Code			Amount of Contribution (\$)	\$500.00
		pation / Job title (See Instructions)		Employer (See Instructions			
			Neighborhood Portable	X-F			
	09/23/2025	Biggs, Rodney Contributor address; City; State	out-of-state PAC (ID#: :::::::::::::::::::::::::::::::::			Amount of Contribution (\$)	\$200.00
	Principal occu	League City, TX 77573 pation / Job title (See Instructions)		Employer (See Instructions	<u>s)</u>		
		siness Development		Neighborhood Portable		Ray	
	Date 09/23/2025	Full name of contributor Bockover, Scott Contributor address; City; State)		Amount of Contribution (\$)	\$500.00
		Liberty, MO 64068					
	Principal occu Director of M	pation / Job title (See Instructions) larketing		Employer (See Instructions Central Power Systems	•	d Services	
	Date 09/19/2025	Full name of contributor Bradfield, Ross Contributor address; City; State Brenham, TX 77833	out-of-state PAC (ID#: e; Zip Code)		Amount of Contribution (\$)	\$100.00
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Executive Di	rector		Kruse Village, LLC			

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDUL	E A1
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2	FILER NAME	a Cara Asan DAC			3	Filer ID (Ethics Commission	n Filers)
		n Care Assn. PAC				00015591	
4	Date 09/15/2025	 5 Full name of contributor Bradfield, Scott 6 Contributor address; City; S)	7	Amount of Contribution (\$)	\$100.00
_	Deimainal assu	Conroe, TX 77304		O Frankrije (Coo krativskiese			
8	RVP	pation / Job title (See Instruction:	(5)	9 Employer (See Instructions HMG Healthcare	5)		
	Date 09/16/2025	Full name of contributor Brant, Penny Contributor address; City; S Pflugerville, TX 78660	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$400.00
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	<u>. </u>		
	Administrato	r		Will-O-Bell Facility Mana	age	ement, LLC	
	Date 09/22/2025	Full name of contributor Burch, Megan Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$120.00
		Brenham, TX 77833					
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions Health Dimensions Grou	•		
					up T		
	Date 09/23/2025	Full name of contributor Carlson, Kristen Contributor address; City; S Willow Park, TX 76097	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
	Principal occu Administrato	pation / Job title (See Instructions r	5)	Employer (See Instructions	5)		
	Date 09/11/2025	Full name of contributor Carmine, Vescio Contributor address; City; S St. Petersburg, FL 33712				Amount of Contribution (\$)	\$120.00
	Principal occu Manager	pation / Job title (See Instructions		Employer (See Instructions ExaCare AI	<u>1</u> S)		

	MONET	ARY POLITICAL CONTRIE	BUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complet	te this for	n.	1	Total pages Schedule A1: Sch: 5/23 Rpt: 10/31	
2	FILER NAME Texas Health	n Care Assn. PAC			3	Filer ID (Ethics Commission 00015591	n Filers)
4	Date 09/23/2025	 Full name of contributor out-of-state F Cleaver, Brad Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$300.00
8	Principal occur	Murray, KY 42071 pation / Job title (See Instructions)	la la	Employer (See Instructions	;) 		
	VP of Sales	odion 7 oob title (oee mondellons)		Promus Diagnostics	,,		
	Date 09/23/2025	Collier, Taylor	PAC (ID#:)		Amount of Contribution (\$)	\$100.00
	Dringing! aggs	New Braunfels, TX 78132		Employer (Coo Instructions	<u></u>		
	Administrato	pation / Job title (See Instructions)		Employer (See Instructions Cascade Health	o)		
	Date 09/22/2025	Full name of contributor out-of-state PAC (ID#:) 2/2025 Coppinger, Grant Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$140.00	
		Katy, TX 77494					
	Principal occu Managing Co	pation / Job title (See Instructions) pnsultant		Employer (See Instructions Forvis Mazars, LLP	5)		
	Date 09/23/2025	Full name of contributor out-of-state in Corah, Sally Contributor address; City; State; Zip Code Castle Rock, CO 80109)		Amount of Contribution (\$)	\$140.00
	Principal occu Clinical Sales	oation / Job title (See Instructions) s Director		Employer (See Instructions In House Health	s)		
	Date 09/23/2025	Full name of contributor out-of-state R Coston, Byron Contributor address; City; State; Zip Code Richmond, TX 77407)		Amount of Contribution (\$)	\$100.00
	Principal occu Regional Ma	pation / Job title (See Instructions)		Employer (See Instructions Advantage Surgical and		ound Care	

	MONEI	ARY POLITICAL C	ONTRIBUTION	NS		SCHEDUL	E A1
	The Instruc	ction Guide explains how	to complete this for	rm.	1	Total pages Schedule A1: Sch: 6/23 Rpt: 11/31	
2	FILER NAME Texas Health	h Care Assn. PAC			3	Filer ID (Ethics Commission 00015591	n Filers)
4	Date 09/19/2025	Full name of contributor Davies, Brendon Contributor address; City; Sta)	7	Amount of Contribution (\$)	\$240.00
8	Principal occu Account Exe		9	Employer (See Instructions Point Click Care	<u> </u>		
	Date 09/23/2025	Full name of contributor Duncan, Rebecca Contributor address; City; Sta Wimberley, TX 78676	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
	Principal occupation / Job title (See Instructions) Emp			Employer (See Instructions Caraday Heathcare	<u> </u> 5)		
	Date 09/17/2025	Full name of contributor Einecker, Bill Contributor address; City; Sta	out-of-state PAC (ID#:ate; Zip Code			Amount of Contribution (\$)	\$100.00
		Rio Rico, AZ 85648					
	Principal occu Vice Preside	pation / Job title (See Instructions) ent		Employer (See Instructions Incite Workforce Solution			
	Date 09/11/2025	Full name of contributor Elder, Andrew Contributor address; City; Sta St. Petersburg, FL 33712	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
	Principal occu Manager	pation / Job title (See Instructions)		Employer (See Instructions Exacare AI	5)		
	Date 09/23/2025	Full name of contributor Entwistle, Susan Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$200.00
	Principal occu Manager	pation / Job title (See Instructions)		Employer (See Instructions TeamHealth	5)		

	MONEI	ARY POLITICAL C	ONTRIBUTION	NS	sc	HEDULE A1
	The Instru	ction Guide explains how	to complete this for	m.	1 Total pages Sched Sch: 7/23 Rpt: 12	
2	FILER NAME Texas Health	n Care Assn. PAC			3 Filer ID (Ethics C 00015591	ommission Filers)
4	Date 09/10/2025	5 Full name of contributorFaulk, Tabitha6 Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code)	7 Amount of Contribu	stion (\$) \$200.00
_	Dringing con	Ocala, FL 34471	10	Employer (Co.) Instructions		
o		pation / Job title (See Instructions) are Liason, BSN	9	Employer (See Instructions Managed Care Consulta		
	Date 09/16/2025	Full name of contributor Felber, Harry Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code)	Amount of Contribu	s360.00
		Scottsdale, AZ 85262	· · · · · · · · · · · · · · · · · · ·			
	Principal occu CEO	pation / Job title (See Instructions)		Employer (See Instructions Medilogix	s)	
	Date 09/23/2025	Full name of contributor Fischer, Ryan Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code)	Amount of Contribu	s100.00
	Dein sin al a sacc	Kansas City, MO 64108		Faralassa (Osas kastausetis as	->	
	Vice Preside	pation / Job title (See Instructions) nt		Employer (See Instructions CardioRenal Vision	S)	
	Date 09/22/2025	Full name of contributor Flowers, Michael Contributor address; City; Sta Conway, AR 72032	out-of-state PAC (ID#: tte; Zip Code)	Amount of Contribu	stion (\$) \$100.00
	Principal occu Software Sp	pation / Job title (See Instructions) ecialist		Employer (See Instructions	s)	
	Date 09/23/2025	Full name of contributor Frank, Brian Contributor address; City; Sta	out-of-state PAC (ID#:		Amount of Contribu	stion (\$) \$200.00
	Principal occu RVP Sales	pation / Job title (See Instructions)		Employer (See Instructions Homestead Smart Healt		

	MONET	ARY POLITICAL CONTRIBUTION	NC	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 8/23 Rpt: 13/31	
2	FILER NAME Texas Health	n Care Assn. PAC			3	Filer ID (Ethics Commission 00015591	n Filers)
4	Date 09/03/2025	 Full name of contributor			7	Amount of Contribution (\$)	\$100.00
8	Principal occu	Houston, TX 77096 pation / Job title (See Instructions)	9	Employer (See Instructions	 S)		
	Date 09/08/2025	Full name of contributor out-of-state PAC (ID#: Gadberry, Dylan Contributor address; City; State; Zip Code Midlothian, TX 76065		Senior PsychCare		Amount of Contribution (\$)	\$100.00
	Principal occupation / Job title (See Instructions) Administrator			Employer (See Instructions HMG Healthcare	<u>l</u> s)		
	Date 09/22/2025	Full name of contributor out-of-state PAC (ID#: Gadberry, Gavin Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$200.00
	Principal occu	Amarillo, TX 79119 pation / Job title (See Instructions)		Employer (See Instructions Underwood Law Firm	<u> </u> s)		
	Date 09/04/2025	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$240.00
	Principal occu Owner/Meml	pation / Job title (See Instructions)		Employer (See Instructions Glenn Rogers, PLLC	<u>l</u> S)		
	Date 08/28/2025	Full name of contributor out-of-state PAC (ID#: Grandas, Bobby Contributor address; City; State; Zip Code The Woodlands, TX 77380				Amount of Contribution (\$)	\$100.00
	•	pation / Job title (See Instructions) rector of Sales		Employer (See Instructions Curitec	5)		

	MONET	ARY POLITICAL CONT	TRIBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to co	mplete this forr	n.	1	Total pages Schedule A1: Sch: 9/23 Rpt: 14/31	
2	FILER NAME Texas Health	n Care Assn. PAC			3	Filer ID (Ethics Commission 00015591	n Filers)
4	Date 09/23/2025	Green, Melissa	of-state PAC (ID#:		7	Amount of Contribution (\$)	\$100.00
8		Dallas, TX 75206 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u> 5)		
	Date 09/23/2025	Full name of contributor out-out-out-out-out-out-out-out-out-out-	of-state PAC (ID#:	P4 Clinical Lab		Amount of Contribution (\$)	\$440.00
				Employer (See Instructions National Mobile X Ray	<u> </u> ;)		
	Date 09/22/2025	Full name of contributor out-of-state PAC (ID#:) Hamme, Nathan Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$200.00	
	Principal occu	Washington, DC 20001 pation / Job title (See Instructions)		Employer (See Instructions) ;)		
	President Date 09/17/2025	Hayes, Robin		Ceca Foundation		Amount of Contribution (\$)	\$250.00
		Contributor address; City; State; Zip Marble Falls, TX 78654	Code				
	Principal occu SVP Clinical	pation / Job title (See Instructions) Operations		Employer (See Instructions ML Healthcare	5)		
	Date 09/23/2025	Hedgpeth, Molly)		Amount of Contribution (\$)	\$100.00
	Principal occu Director	pation / Job title (See Instructions)		Employer (See Instructions SLP Operations	5)		

	MONET	ARY POLITICAL CONTRIBUTION	ON	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 10/23 Rpt: 15/31	
2	FILER NAME Texas Health	n Care Assn. PAC			3	Filer ID (Ethics Commission 00015591	n Filers)
4	Date 09/05/2025	 Full name of contributor out-of-state PAC (ID# Herbert, Deana Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$100.00
_	Dringing Lagor	Great neck, NY 11021	٦٥	Frankrija (Cara kashrija tara	_		
8		pation / Job title (See Instructions) ational Accounts	9	Employer (See Instructions First Quality Products, L			
	Date 09/23/2025	Full name of contributor out-of-state PAC (ID# Holton, David Contributor address; City; State; Zip Code Magnolia, TX 77354)		Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)	Τ	Employer (See Instructions	<u> </u> 5)		
	Administrato	r		Park Manor			
	Date 09/16/2025	Full name of contributor out-of-state PAC (ID# Johanan, Eric Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00
		Highland Village, TX 75077					
	Principal occu Administrato	pation / Job title (See Instructions) r		Employer (See Instructions Green Oaks Nursing an	•	Rehab	
	Date 09/23/2025	Full name of contributor out-of-state PAC (ID# Jurbala, Rich Contributor address; City; State; Zip Code Lake Mary, FL 32746				Amount of Contribution (\$)	\$100.00
	Principal occu Sales	pation / Job title (See Instructions)		Employer (See Instructions Twinmed	<u>s)</u>		
	Date 09/19/2025	Full name of contributor out-of-state PAC (ID# Karlin, Tiffany Contributor address; City; State; Zip Code Saint Louis, MO 63105)	•	Amount of Contribution (\$)	\$300.00
		pation / Job title (See Instructions) althcare and Consulting Services		Employer (See Instructions Wipfli LLP	5)		
	- 1. 3-1, - 10		1	·			

	MONET	ONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instru	ction Guide explains how to complete this f	orı	m.	1	Total pages Schedule A1: Sch: 11/23 Rpt: 16/31		
2	FILER NAME Texas Health	n Care Assn. PAC			3	Filer ID (Ethics Commission 00015591	n Filers)	
4	Date 09/23/2025	 5 Full name of contributor out-of-state PAC (ID#:_Karlin, Tiffany 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$500.00	
8	Principal occu	Saint Louis, MO 63105 pation / Job title (See Instructions)	l a	Employer (See Instructions	:, 			
Ü		ealthcare and Consulting Services	ľ	Wipfli LLP	,,			
	Date 09/21/2025	Full name of contributor out-of-state PAC (ID#:_ Kees, Amanda Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00	
		Chandler, TX 75758-2034	_					
	Account Exe	pation / Job title (See Instructions) cutive		Employer (See Instructions SilverMed Pharmacy Se		ces		
	Date 09/23/2025	Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$200.00	
	Principal occu	pation / Job title (See Instructions)	_	Employer (See Instructions	;) 			
	•	ate Account Specialist		Principle Laboratory	,			
	Date 09/23/2025	Full name of contributor out-of-state PAC (ID#:_Lancaster, Trent Contributor address; City; State; Zip Code Brazil, IN 47834)		Amount of Contribution (\$)	\$200.00	
	Principal occu Director	pation / Job title (See Instructions)		Employer (See Instructions Olio Health	<u> </u>			
	Date 09/23/2025	Full name of contributor out-of-state PAC (ID#:_Lapp, Tim Contributor address; City; State; Zip Code Richmond, TX 77406				Amount of Contribution (\$)	\$100.00	
	Principal occu Account Mar	pation / Job title (See Instructions) nager		Employer (See Instructions Masimo	5)			
			<u> </u>					

	MONEI	DNETARY POLITICAL CONTRIBUTIONS				SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 12/23 Rpt: 17/31	
2	FILER NAME Texas Health	n Care Assn. PAC			3	Filer ID (Ethics Commission 00015591	n Filers)
4	Date 09/02/2025	5 Full name of contributor Laroche, Sebastien6 Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code)	7	Amount of Contribution (\$)	\$100.00
8		San Antonio, TX 78209 pation / Job title (See Instructions) usiness Development	g	Employer (See Instructions Senior PsychCare	5)		
	Date 09/23/2025	Full name of contributor Lewis, Peter Murphy Contributor address; City; Sta	out-of-state PAC (ID#: ite; Zip Code			Amount of Contribution (\$)	\$100.00
	Principal occu President	pation / Job title (See Instructions)		Employer (See Instructions Strategic Pete	<u> </u> 5)		
	Date 09/04/2025	Full name of contributor Limjoco, Mario Contributor address; City; Sta	out-of-state PAC (ID#: ite; Zip Code)		Amount of Contribution (\$)	\$300.00
		Skoakie, IL 60076	1		_		
	Vp	pation / Job title (See Instructions)		Employer (See Instructions All Stat Portable	5)		
	Date 09/18/2025	Full name of contributor Macey, Carter Contributor address; City; Sta Dallas, TX 75270	out-of-state PAC (ID#: ite; Zip Code)		Amount of Contribution (\$)	\$300.00
	Principal occu Account Exe	pation / Job title (See Instructions)		Employer (See Instructions PointClickCare	<u> </u> 5)		
	Date 09/19/2025	Full name of contributor Madden, Shawn Contributor address; City; Sta Georgetown, TX 78628	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
	Principal occu Sales Leade	pation / Job title (See Instructions) r		Employer (See Instructions Cantex	5)		

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 13/23 Rpt: 18/31	
2	FILER NAME Texas Health	h Care Assn. PAC			1	Filer ID (Ethics Commission 00015591	n Filers)
4	Date 09/23/2025	5 Full name of contributor Malkowski, Ted6 Contributor address; City; Sta	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$100.00
	Dringing aggr	Glen Carbon, IL 62034	<u> </u>	• Employer (See Instruction			
8	Executive Di			9 Employer (See Instructions Numotion	S)		
	Date 09/23/2025	Full name of contributor Manuel, Guy Contributor address; City; Sta)		Amount of Contribution (\$)	\$100.00
	Principal occu	Houston, TX 77043 pation / Job title (See Instructions))	Employer (See Instructions	s)		
	President/Ov	wner		Dyna-Flow Dispensing	Sys	tems	
	Date 09/10/2025	Full name of contributor Mark, Caden Contributor address; City; Sta	out-of-state PAC (ID#: ate; Zip Code)		Amount of Contribution (\$)	\$100.00
		Dallas, TX 75230					
	Principal occu Regional VP	pation / Job title (See Instructions))	Employer (See Instructions Avir	s)		
	Date 09/21/2025	Full name of contributor McClurkan, Karlee Contributor address; City; Sta	out-of-state PAC (ID#:ate; Zip Code			Amount of Contribution (\$)	\$100.00
	Principal occu PAC Sales F	pation / Job title (See Instructions))	Employer (See Instructions Medline Industries, LLC	•		
	Date 09/11/2025	Full name of contributor McKee, Janet Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
	Principal occu President	pation / Job title (See Instructions))	Employer (See Instructions Nutritious Lifestyles, Inc			

	MONEI	ONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 14/23 Rpt: 19/31		
2	FILER NAME	n Care Assn. PAC			3	Filer ID (Ethics Commission 00015591	n Filers)	
_					Ŀ			
4	Date 09/15/2025	 5 Full name of contributor McKenzie, Stephen 6 Contributor address; City; Sta 	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$120.00	
_	Drive in all account	Irving, TX 75039	la la	Familia va (Can Instruction				
8		pation / Job title (See Instructions)	9	Employer (See Instructions	5)			
	Regional Sal	ies director		ShiftKey ————————————————————————————————————				
	Date 09/23/2025	Full name of contributor McPike, Jon Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00	
		Southlake, TX 76092						
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)			
	Chief Operat	ting Officer		Remarkable Healthcare				
	Date 09/19/2025	Full name of contributor Meiners, Troy Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code)	•	Amount of Contribution (\$)	\$140.00	
		Westfield, TX 46074						
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)			
	Calderon Te	xtiles		Director of Sales				
	Date 09/22/2025	Full name of contributor Meyers, Kristine Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code			Amount of Contribution (\$)	\$400.00	
	Principal occu Vice Preside	pation / Job title (See Instructions) ent		Employer (See Instructions Numotion	5)			
	Date 09/19/2025	Full name of contributor Moore, Wendy Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code		•	Amount of Contribution (\$)	\$100.00	
		New Braunfels, TX 78132						
		pation / Job title (See Instructions)		Employer (See Instructions	s)			
	Regional Bu	siness Development		Avir				

	MONET	ARY POLITICAL CONTRIBI	UTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete	this for	n.	1	Total pages Schedule A1: Sch: 15/23 Rpt: 20/31	
2	FILER NAME Texas Health	n Care Assn. PAC			3	Filer ID (Ethics Commission 00015591	n Filers)
4	Date 09/22/2025	 Full name of contributor)	7	Amount of Contribution (\$)	\$100.00
_	· · ·	Edmond, OK 73013	la la	5 1 (0 1 1 1			
8	Principal occu Partner	pation / Job title (See Instructions)	9	Employer (See Instructions Plains Commercial	5)		
	Date 09/19/2025	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$200.00
	Principal occu	Keller, TX 76244 pation / Job title (See Instructions)		Employer (See Instructions	 ;)		
	Physician Pr	actice Manager		Skilled Wound Care			
	Date 09/17/2025	Full name of contributor out-of-state PA Nakizito, Kazigo Contributor address; City; State; Zip Code	AC (ID#:)		Amount of Contribution (\$)	\$200.00
		Arlington, TX 76006					
	Principal occu CEO	pation / Job title (See Instructions)		Employer (See Instructions Platinum Line	5)		
	Date 09/04/2025	Full name of contributor out-of-state PANino, Cynthia Contributor address; City; State; Zip Code Lake Oswego, OR 97035)		Amount of Contribution (\$)	\$100.00
	·	pation / Job title (See Instructions) velopment Manager		Employer (See Instructions Incite Strategic Partners			
	Date 09/11/2025	Full name of contributor out-of-state PA Ondrusek, Ashlea Contributor address; City; State; Zip Code New Braunfels, TX 78132)		Amount of Contribution (\$)	\$900.00
	·	pation / Job title (See Instructions) ce President		Employer (See Instructions	5)		
	Executive VI	CE FIESIUEIII		AVIR Health Group			

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this for	rm.	1	Total pages Schedule A1: Sch: 16/23 Rpt: 21/31	
2	FILER NAME	n Care Assn. PAC			3	Filer ID (Ethics Commission 00015591	n Filers)
_	Date	5 Full name of contributor	Out of state DAC (ID#))	-	Amount of Contribution (\$)	
4	09/21/2025	Parker, Charles "Buddy" 6 Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code		,	Amount of Continuation (\$)	\$500.00
		Dallas, TX 75238					
8	Principal occu	pation / Job title (See Instructions) 9	Employer (See Instructions	5)		
	Vice Preside	nt of Sales		TwinMed LLC			
	Date 08/26/2025	Full name of contributor Parker, Rossy Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$200.00
	5	Houston, TX 77095	\	-	$\overline{\Gamma}$		
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Sales Directo			Dragonfly Health	_		
	Date 09/23/2025	Full name of contributor Pebsworth, Josie Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$100.00
		Bangs, TX 76823					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Administrato	r		Pecan Bayou N&R			
	Date 09/16/2025	Full name of contributor Petty, Mark Contributor address; City; St St. Louis, MO 63132	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
	•	pation / Job title (See Instructions)	Employer (See Instructions			
	EVP of Busir	ness Development		Integrated Care Profess	ion	als	
	Date 09/23/2025	Full name of contributor Phillips, Jacob Contributor address; City; St Great Neck, NY 11021	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Sales Repre	sentative		First Quality Products, In	nc.		

	MONET	ARY POLITICAL C		SCHEDUI	E A1		
	The Instruc	ction Guide explains how t	o complete this form	n.	1	Total pages Schedule A1: Sch: 17/23 Rpt: 22/31	
2	FILER NAME Texas Health	n Care Assn. PAC			3	Filer ID (Ethics Commission 00015591	on Filers)
4	Date 09/17/2025	5 Full name of contributor	out-of-state PAC (ID#: e; Zip Code)	7	Amount of Contribution (\$)	\$1,200.00
8	Principal occur	Fort Worth, TX 76108 pation / Job title (See Instructions)	ام	Employer (See Instructions			
•	Chief Strateg	,	9	HMG Health Care)		
	Date 09/22/2025	Full name of contributor Popp, Tanner Contributor address; City; Stat	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
	Principal occu	Houston, TX 77057 pation / Job title (See Instructions)		Employer (See Instructions)		
	Manager			Forviz			
	Date 09/11/2025	Full name of contributor [Rafalovich, Jessalyn Contributor address; City; Stat	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
		St. Petersburg, FL 33712	<u> </u>				
	Principal occu Manager	pation / Job title (See Instructions)		Employer (See Instructions ExaCare Al)		
	Date 09/23/2025	Full name of contributor Redlin, Robbie Contributor address; City; Stat Aurora, CO 80016				Amount of Contribution (\$)	\$120.00
	Principal occu CRO	pation / Job title (See Instructions)		Employer (See Instructions Tricura Insurance)		
	Date 09/23/2025	Full name of contributor Reid, Joshua Contributor address; City; Stat Valparaiso, IN 46383	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$300.00
		pation / Job title (See Instructions) arketing and business develop	ment	Employer (See Instructions GuideStar Eldercare)		
	2 2 2 2 3 1 11	3 2					

	MONET	ARY POLITICAL C	ONTRIBUTION	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 18/23 Rpt: 23/31	
2	FILER NAME Texas Health	n Care Assn. PAC			3	Filer ID (Ethics Commission 00015591	n Filers)
4	Date 09/09/2025	5 Full name of contributor Richardson, Nina6 Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code)	7	Amount of Contribution (\$)	\$140.00
8	Principal occu	Tucson, AZ 85750 pation / Job title (See Instructions)	ام	Employer (See Instructions	·/_		
•		ncillary Services	9	HMG Healthcare	•)		
	Date 09/23/2025	Full name of contributor Robbins, Paige Contributor address; City; Sta)		Amount of Contribution (\$)	\$100.00
	Principal occu	Woodway, TX 76712 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)		
	Territory Mar			Masimo	,		
	Date 09/23/2025	Full name of contributor Rossy, Parker Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$200.00
		Houston, TX 77095					
	Principal occu Senior Sales	pation / Job title (See Instructions) Director		Employer (See Instructions Dragonfly Health	5)		
	Date 09/04/2025	Full name of contributor Sanchez, Sandra Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
	Principal occu Regional Dir	pation / Job title (See Instructions) ector		Employer (See Instructions All Stat Portable	5)		
	Date 09/23/2025	Full name of contributor Sanders, Jana Contributor address; City; Sta Weatherford, TX 76088	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
	Principal occu Administrato	pation / Job title (See Instructions) r		Employer (See Instructions HMG Healthcare	5)		
			L				

	MONEI	DNETARY POLITICAL CONTRIBUTIONS				SCHEDULE A		
	The Instruc	ction Guide explains hov	v to complete this fo	orm.	1	Total pages Schedule A1: Sch: 19/23 Rpt: 24/31		
2	FILER NAME Texas Health	n Care Assn. PAC			3	Filer ID (Ethics Commission 00015591	n Filers)	
4	Date 09/23/2025	5 Full name of contributor Scarbro, Jodi 6 Contributor address; City; S	out-of-state PAC (ID#:_ tate; Zip Code)	7	Amount of Contribution (\$)	\$100.00	
8	Principal occu Administrato	Burleson, TX 76028 pation / Job title (See Instruction r	s)	Employer (See Instructions HMG	5)			
	Date 09/23/2025	Full name of contributor Schierloh, Adam Contributor address; City; S Houston, TX 77084	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$300.00	
	Principal occu VP of Sales	pation / Job title (See Instruction	s)	Employer (See Instructions PharmScript of Texas	<u> </u> S)			
	Date 09/03/2025	Full name of contributor Schuricht, Ann Contributor address; City; S	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$120.00	
	Dringing! aggs	Lampasas, TX 76550 pation / Job title (See Instruction	2)	Employer (Coo Instructions	<u></u>			
	Registered N	,	5)	Employer (See Instructions Avir	>)			
	Date 09/05/2025	Full name of contributor Silvas, Ashly Contributor address; City; S METAIRIE, LA 70002	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$200.00	
	•	pation / Job title (See Instruction forporate Accounts	s)	Employer (See Instructions Restorix Health	<u>l</u> s)			
	Date 09/16/2025	Full name of contributor Simpkins, Bobby Contributor address; City; S Rising Star, TX 76471	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$100.00	
	Principal occu Administrato	pation / Job title (See Instruction r	s)	Employer (See Instructions HMG	5)			

	MONET	ARY POLITICAL CONT		SCHEDUI	E A1		
	The Instruc	ction Guide explains how to con	nplete this form	n.	1	Total pages Schedule A1: Sch: 20/23 Rpt: 25/31	
2	FILER NAME Texas Health	n Care Assn. PAC			3	Filer ID (Ethics Commission 00015591	on Filers)
4	Date 09/23/2025	Strack, Stuart	f-state PAC (ID#:)	7	Amount of Contribution (\$)	\$100.00
_	Dringing Loon	Pearland, TX 77584	lo.	Employer (Coo Instructions			
8	ATP	pation / Job title (See Instructions)		Employer (See Instructions Numotion)		
	Date 09/23/2025	Thomas, Brian Contributor address; City; State; Zip C	f-state PAC (ID#:)		Amount of Contribution (\$)	\$200.00
	Principal occu	Pflugerville, TX 78691 pation / Job title (See Instructions)		Employer (See Instructions)		
	President	,		TGR Healthcare	•		
	Date 09/03/2025	Full name of contributor out-of Threadgill, SharyIn Contributor address; City; State; Zip C	f-state PAC (ID#:			Amount of Contribution (\$)	\$1,600.00
		Austin, TX 78701					
	Principal occu President	pation / Job title (See Instructions)		Employer (See Instructions Momentum Skilled Serv		S	
	Date 09/15/2025	Unroe, Jon	f-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
	Principal occu Partner	pation / Job title (See Instructions)		Employer (See Instructions Forvis Mazars)		
	Date 09/11/2025	Unroe, Jon	f-state PAC (ID#:)		Amount of Contribution (\$)	\$1,000.00
	Principal occu Partner	pation / Job title (See Instructions)		Employer (See Instructions Forvis Mazars)		
			1				

	MONET	ARY POLITICAL CONT	RIBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to com	plete this forr	n.	1	Total pages Schedule A1: Sch: 21/23 Rpt: 26/31	
2	FILER NAME Texas Health	n Care Assn. PAC			3	Filer ID (Ethics Commission 00015591	n Filers)
4	Date 09/03/2025	 Full name of contributor out-of- Uriz, Kate Contributor address; City; State; Zip C)	7	Amount of Contribution (\$)	\$100.00
8	Principal occu	Truckee, CA 96191 pation / Job title (See Instructions)	la la	Employer (See Instructions			
0	Director	pation 7 300 title (See Instructions)	<u> </u>	Olio	')		
	Date 09/23/2025	Full name of contributor out-of- Valdez, Mateo Contributor address; City; State; Zip C)		Amount of Contribution (\$)	\$100.00
		Las Vegas, NV 89148	į				
	-	pation / Job title (See Instructions) velopment Manager		Employer (See Instructions Skilled Wound Care	i)		
	Date 09/23/2025	Full name of contributor out-of- Vargas, Yvonne Contributor address; City; State; Zip C	-state PAC (ID#:)		Amount of Contribution (\$)	\$200.00
		San Antonio, TX 78247					
	Principal occu Senior LTC S	pation / Job title (See Instructions) Sales		Employer (See Instructions Acadia Pharmacuticals	i)		
	Date 09/20/2025	Vishy, Craig)		Amount of Contribution (\$)	\$120.00
	Principal occu Vice Preside	pation / Job title (See Instructions) nt		Employer (See Instructions Synergy Care)		
	Date 09/23/2025	Walsh, Brent	-state PAC (ID#:			Amount of Contribution (\$)	\$120.00
	Principal occu Administrato	pation / Job title (See Instructions) r		Employer (See Instructions HMG Healthcare	5)		
			•				

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instru	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 22/23 Rpt: 27/31	
2	FILER NAME Texas Health	R NAME as Health Care Assn. PAC		3	B Filer ID (Ethics Commission Filers) 00015591		
4	Date 09/23/2025			7	Amount of Contribution (\$)	\$100.00	
		Magnolia, TX 77354					
8	Principal occu CEO	pation / Job title (See Instructions)		Employer (See Instructions Health Services Manage		ent	
	Date 09/23/2025	Full name of contributor				Amount of Contribution (\$)	\$120.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Account Mar	nager		PharMerica			
	Date 09/17/2025	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$120.00
		Westfield, IN 46074					
	Principal occu Sales Manag	pation / Job title (See Instructions) ger		Employer (See Instructions Calderon Textiles)		
	09/04/2025 Williams , Patrice Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$300.00
	Principal occu Vice Preside	pation / Job title (See Instructions) nt		Employer (See Instructions Optum)		
	Date Full name of contributor out-of-state PAC (ID#:) 09/23/2025 Williamson, Jay Contributor address; City; State; Zip Code Lorena, TX 76655)		Amount of Contribution (\$)	\$160.00	
	Principal occu National Sale	pation / Job title (See Instructions)		Employer (See Instructions Convatec)		
	. radona odi	oo managoi		Solivation			

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instruc	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 23/23 Rpt: 28/31	
2	FILER NAME Texas Health	NAME Health Care Assn. PAC			3	3 Filer ID (Ethics Commission Filers) 00015591	
4	Date 09/23/2025	6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$180.00	
8	Principal occu General Cou	Austin, TX 78746 pation / Job title (See Instructions	s) <u></u>	9 Employer (See Instructions Touchstone Communities			
	Date 09/17/2025	Full name of contributor out-of-state PAC (ID#:) altmann, kristel Contributor address; City; State; Zip Code Houston, TX 77007			Amount of Contribution (\$)	\$100.00	
	Principal occu Consultant	pation / Job title (See Instructions	5)	Employer (See Instructions Nutritious Lifestyles	5)		
	Date 09/18/2025	Full name of contributor anger, elisabeth Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
		Baker, FL 32531 pation / Job title (See Instructions	s)	Employer (See Instructions	<u> </u> s)		
	Account Executive KARE Date Full name of contributor out-of-state PAC (ID#:) galvan, adriana Contributor address; City; State; Zip Code Houston, TX 77057			Amount of Contribution (\$)	\$200.00		
	Principal occu Marketing Di	pation / Job title (See Instructions rector	s)	Employer (See Instructions Concord EMS	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 09/17/2025 licari, charlie Contributor address; City; State; Zip Code Lantana, TX 76226		•	Amount of Contribution (\$)	\$120.00		
	Principal occu Sales Directo	pation / Job title (See Instructions or	5)	Employer (See Instructions Shiftkey	s)		

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 Comm

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

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
OTHER (outer a category not listed above)

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: 29/31	Texas Health Care Assn. PAC 00015591				
4 Date	5 Payee name				
09/23/2025	Charles Cunningham Campaign				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$1,000.00	PO Box 14352				
— Forest dit us form					
Expenditure from corporate funds	Humble, TX 77347				
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.				
EXPENDITURE	Candidate/Officeholder/Political Committee				
	Contribution to Charles Cunningham Campaign.				
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
Date	Payee name				
09/23/2025	Dennis Paul Campaign				
Amount (\$)	Payee address; City; State; Zip Code				
\$1,000.00	626 1/2 Barringer Ln Suite E				
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 Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T.				
	Candidate/Officeholder/Political Committee				
	Contribution to Definis Faul Campaign.				
Commission ONII V if dispose	Condidate/Officeholder name Office sought Office hold				
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH					
Date	Payee name				
09/16/2025	Marc LaHood Campaign				
Amount (\$)	Payee address; City; State; Zip Code				
\$500.00	4014 McCullough Ave.				
Expenditure from corporate funds	San Antonio, TX 78212				
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
OF EXPENDITURE	Contributions/Donations Made By				
_/	Candidate/Officeholder/Political Committee				
	Contribution to Marc LaHood Campaign.				
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH					
1					

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
OTHER (other a cottographed listed above)

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)
•	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 2/2 Rpt: 30/31	Texas Health Care Assn. PAC	00015591
4 Date	5 Payee name	
09/09/2025	Rocky Thigpen Campaign	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$500.00	PO Box 25	
Expenditure from		
corporate funds	Lufkin, TX 75902	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF		outside of Texas. Complete Schedule T.
EXPENDITURE		, TX, officeholder living expense
	Contribution t	o Rocky Thigpen Campaign.
9 Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/O		
Date	Payas name	
	Payee name	
09/09/2025	Texans for Trent Ashby	
Amount (\$)	Payee address; City; State; Zip Code	
\$1,000.00	PO Box 412	
Expenditure from corporate funds	Lufkin, TX 75902	
PURPOSE		
OF		outside of Texas. Complete Schedule T.
EXPENDITURE	Contributions/Ponditions Made By	, TX, officeholder living expense
	I —	to Texans for Trent Ashby.
		_
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/O		000 No.ia

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

	The Instruction Guide explains how to	complete this form.
1 Total pages Schedule I:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 1/1 Rpt:	Texas Health Care Assn. PAC	00015591
4 Date	5 Payee name	
09/02/2025	Authorize.net	
6 Amount (\$)	7 Payee Address; City; State; Zip	
17.50	808 E Utah Valley Drive	
Expenditure from corporate funds	American Fork, UT 84003-9707	
8 PURPOSE	(a) Category (See instructions for examples of acceptable categories)	•
OF EXPENDITURE	Accounting/Banking	Billing.
Date	Payee name	
09/03/2025	Cvent, Inc.	
Amount (\$)	Payee Address; City; State; Zip	
39.95	1765 Greensboro Station Place	
Expenditure from	7th Floor	
corporate funds	Tysons Corner, VA 22102	las
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Cvent fees.
EXPENDITURE	1003	Cvent lees.
Date	Payee name	
09/17/2025	Frost Bank	
Amount (\$)	Payee Address; City; State; Zip	
0.35	300 W 9th St	
Expenditure from	Austin, TX 78701	
corporate funds PURPOSE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
OF	Fees	Banking fees.
EXPENDITURE		
Date	Payee name	
09/24/2025	Harland Clark	
Amount (\$)	Payee Address; City; State; Zip	
166.64	5800 Northwest Pkwy	
Expenditure from		
corporate funds	San Antonio, TX 78249	
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories)	·
EXPENDITURE	Accounting/Banking	Checks.
	1	