

# 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: 31	
3 COMMITTEE NAME Texas Health Care Assn. PAC				OFFICE USE ONLY  Date Received ELECTRONICALLY FILED 10/06/2025  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 checked="" 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 type="checkbox"/> September 5 <input type="checkbox"/> December 5				
11 PERIOD COVERED	Month Day Year    THROUGH    Month Day Year 08/26/2025    09/25/2025				

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# 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
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<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.)	Rep. Trent Ashby State Representative

<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	\$ 0.00
	<b>2. TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 22,890.00
EXPENDITURE TOTALS	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 4,000.00
CONTRIBUTION BALANCE	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 96,447.40
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

# MONTHLY FILING GPAC REPORT: PURPOSE

FORM **MPAC**  
ADDENDUM

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<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 Mr. Rocky Thigpen State Representative
		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>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.)
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.)		Rep. Marc LaHood State Representative
<b>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.)
	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.)	Rep. Dennis Paul State Representative

# MONTHLY FILING GPAC REPORT: PURPOSE

FORM **MPAC**  
ADDENDUM

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<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.)	Rep. Charles Cunningham State Representative

**SUBTOTALS - MPAC****FORM MPAC**  
**COVER SHEET PG 3**  
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<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	\$ 22,890.00
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 checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 4,000.00
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	\$ 224.44
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: 1/23 Rpt: 6/31
<b>2</b> FILER NAME Texas Health Care Assn. PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015591
<b>4</b> Date 09/23/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Akinroluyo, Marie <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75212	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) President		<b>9</b> Employer (See Instructions) Elevated Care Consulting
Date 09/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alcala, Chris <hr/> Contributor address; City; State; Zip Code  Buda, TX 78610	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Administrator		Employer (See Instructions) Caraday
Date 09/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, Jeremy <hr/> Contributor address; City; State; Zip Code  Midland, TX 79701	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Co-Founder		Employer (See Instructions) Telos Technologies
Date 09/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alvarado, Jonna <hr/> Contributor address; City; State; Zip Code  Dublin, TX 76446	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Three Oaks ALF
Date 09/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Aaron <hr/> Contributor address; City; State; Zip Code  Cape Coral, FL 33993	Amount of Contribution (\$)  \$140.00
Principal occupation / Job title (See Instructions) VP of Field Operations		Employer (See Instructions) Advantage Surgical and Care Wounds

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/23 Rpt: 7/31
<b>2</b> FILER NAME Texas Health Care Assn. PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015591
<b>4</b> Date 09/23/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BASAGOITIA, DIEGO <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77007	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) COO		<b>9</b> Employer (See Instructions) Senior PsychCare
Date 09/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baker, Bobby <hr/> Contributor address; City; State; Zip Code  Lorena, TX 76655	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Sales Rep		Employer (See Instructions) MedTek21
Date 09/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barnhart, Austin <hr/> Contributor address; City; State; Zip Code  Strongsville, OH 44136	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Account Executive		Employer (See Instructions) OnShift
Date 09/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barrick, Scott <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76135	Amount of Contribution (\$)  \$120.00
Principal occupation / Job title (See Instructions) Administrator		Employer (See Instructions) HMG
Date 09/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baxter, Kevin <hr/> Contributor address; City; State; Zip Code  Tomball, TX 77375	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) VP of Operations		Employer (See Instructions) HSM of Texas

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/23 Rpt: 8/31
<b>2</b> FILER NAME Texas Health Care Assn. PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015591
<b>4</b> Date 09/23/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Behel, Ben <hr/> <b>6</b> Contributor address; City; State; Zip Code  Richardson, TX 75082	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Vice President		<b>9</b> Employer (See Instructions) The Steam Team
Date 09/21/2025	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 (\$)  \$500.00
Principal occupation / Job title (See Instructions) Regional Business Development		Employer (See Instructions) Neighborhood Portable X-Ray
Date 09/23/2025	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 (\$)  \$200.00
Principal occupation / Job title (See Instructions) Regional Business Development		Employer (See Instructions) Neighborhood Portable X-Ray
Date 09/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bockover, Scott <hr/> Contributor address; City; State; Zip Code  Liberty, MO 64068	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Director of Marketing		Employer (See Instructions) Central Power Systems and Services
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bradfield, Ross <hr/> Contributor address; City; State; Zip Code  Brenham, TX 77833	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) Kruse Village, LLC



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/23 Rpt: 9/31
<b>2</b> FILER NAME Texas Health Care Assn. PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015591
<b>4</b> Date 09/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bradfield, Scott <hr/> <b>6</b> Contributor address; City; State; Zip Code  Conroe, TX 77304	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) RVP		<b>9</b> Employer (See Instructions) HMG Healthcare
Date 09/16/2025	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 (\$)  \$400.00
Principal occupation / Job title (See Instructions) Administrator		Employer (See Instructions) Will-O-Bell Facility Management, LLC
Date 09/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burch, Megan <hr/> Contributor address; City; State; Zip Code  Brenham, TX 77833	Amount of Contribution (\$)  \$120.00
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) Health Dimensions Group
Date 09/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carlson, Kristen <hr/> Contributor address; City; State; Zip Code  Willow Park, TX 76097	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Administrator		Employer (See Instructions)
Date 09/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carmine, Vescio <hr/> Contributor address; City; State; Zip Code  St. Petersburg, FL 33712	Amount of Contribution (\$)  \$120.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) ExaCare AI

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/23 Rpt: 10/31
<b>2</b> FILER NAME Texas Health Care Assn. PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015591
<b>4</b> Date 09/23/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cleaver, Brad <hr/> <b>6</b> Contributor address; City; State; Zip Code  Murray, KY 42071	<b>7</b> Amount of Contribution (\$)  \$300.00
<b>8</b> Principal occupation / Job title (See Instructions) VP of Sales		<b>9</b> Employer (See Instructions) Promus Diagnostics
Date 09/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Collier, Taylor <hr/> Contributor address; City; State; Zip Code  New Braunfels, TX 78132	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Administrator		Employer (See Instructions) Cascade Health
Date 09/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coppinger, Grant <hr/> Contributor address; City; State; Zip Code  Katy, TX 77494	Amount of Contribution (\$)  \$140.00
Principal occupation / Job title (See Instructions) Managing Consultant		Employer (See Instructions) Forvis Mazars, LLP
Date 09/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Corah, Sally <hr/> Contributor address; City; State; Zip Code  Castle Rock, CO 80109	Amount of Contribution (\$)  \$140.00
Principal occupation / Job title (See Instructions) Clinical Sales Director		Employer (See Instructions) In House Health
Date 09/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coston, Byron <hr/> Contributor address; City; State; Zip Code  Richmond, TX 77407	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Regional Manager		Employer (See Instructions) Advantage Surgical and Wound Care

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/23 Rpt: 11/31
<b>2</b> FILER NAME Texas Health Care Assn. PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015591
<b>4</b> Date 09/19/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davies, Brendon <hr/> <b>6</b> Contributor address; City; State; Zip Code  Milton Ontario L9T0V9 Canada	<b>7</b> Amount of Contribution (\$)  \$240.00
<b>8</b> Principal occupation / Job title (See Instructions) Account Executive		<b>9</b> Employer (See Instructions) Point Click Care
Date 09/23/2025	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 (\$)  \$100.00
Principal occupation / Job title (See Instructions) Regional Director of Operations		Employer (See Instructions) Caraday Heathcare
Date 09/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Einecker, Bill <hr/> Contributor address; City; State; Zip Code  Rio Rico, AZ 85648	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Vice President		Employer (See Instructions) Incite Workforce Solutions
Date 09/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elder, Andrew <hr/> Contributor address; City; State; Zip Code  St. Petersburg, FL 33712	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Exacare AI
Date 09/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Entwistle, Susan <hr/> Contributor address; City; State; Zip Code  Houston, TX 77018	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) TeamHealth

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 7/23 Rpt: 12/31
<b>2</b> FILER NAME Texas Health Care Assn. PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015591
<b>4</b> Date 09/10/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Faulk, Tabitha <hr/> <b>6</b> Contributor address; City; State; Zip Code  Ocala, FL 34471	<b>7</b> Amount of Contribution (\$)  \$200.00
<b>8</b> Principal occupation / Job title (See Instructions) Managed Care Liason, BSN		<b>9</b> Employer (See Instructions) Managed Care Consultants of America
Date 09/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Felber, Harry <hr/> Contributor address; City; State; Zip Code  Scottsdale, AZ 85262	Amount of Contribution (\$)  \$360.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Medilogix
Date 09/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fischer, Ryan <hr/> Contributor address; City; State; Zip Code  Kansas City, MO 64108	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Vice President		Employer (See Instructions) CardioRenal Vision
Date 09/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flowers, Michael <hr/> Contributor address; City; State; Zip Code  Conway, AR 72032	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Software Specialist		Employer (See Instructions) Carefeed
Date 09/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frank, Brian <hr/> Contributor address; City; State; Zip Code  Houston, TX 77008	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) RVP Sales		Employer (See Instructions) Homestead Smart Healthplans

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 8/23 Rpt: 13/31
<b>2</b> FILER NAME Texas Health Care Assn. PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015591
<b>4</b> Date 09/03/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frapart, Randall <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77096	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) President		<b>9</b> Employer (See Instructions) Senior PsychCare
Date 09/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gadberry, Dylan <hr/> Contributor address; City; State; Zip Code  Midlothian, TX 76065	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Administrator		Employer (See Instructions) HMG Healthcare
Date 09/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gadberry, Gavin <hr/> Contributor address; City; State; Zip Code  Amarillo, TX 79119	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) THCA General Counsel		Employer (See Instructions) Underwood Law Firm
Date 09/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Glenn, Randall <hr/> Contributor address; City; State; Zip Code  Austin, TX 78738	Amount of Contribution (\$)  \$240.00
Principal occupation / Job title (See Instructions) Owner/Member		Employer (See Instructions) Glenn Rogers, PLLC
Date 08/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grandas, Bobby <hr/> Contributor address; City; State; Zip Code  The Woodlands, TX 77380	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Executive Director of Sales		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: 9/23 Rpt: 14/31
<b>2</b> FILER NAME Texas Health Care Assn. PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015591
<b>4</b> Date 09/23/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Green, Melissa <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75206	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Director of Sales		<b>9</b> Employer (See Instructions) P4 Clinical Lab
Date 09/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gunn, Gene <hr/> Contributor address; City; State; Zip Code  Lakeway, TX 78734	Amount of Contribution (\$)  \$440.00
Principal occupation / Job title (See Instructions) VP of Business Development		Employer (See Instructions) National Mobile X Ray
Date 09/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hamme, Nathan <hr/> Contributor address; City; State; Zip Code  Washington, DC 20001	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Ceca Foundation
Date 09/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hayes, Robin <hr/> Contributor address; City; State; Zip Code  Marble Falls, TX 78654	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) SVP Clinical Operations		Employer (See Instructions) ML Healthcare
Date 09/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hedgpeth, Molly <hr/> Contributor address; City; State; Zip Code  Plano, TX 75025	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) SLP Operations

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 10/23 Rpt: 15/31
<b>2</b> FILER NAME Texas Health Care Assn. PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015591
<b>4</b> Date 09/05/2025	<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 (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Director of National Accounts		<b>9</b> Employer (See Instructions) First Quality Products, LLC.
Date 09/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holton, David <hr/> Contributor address; City; State; Zip Code  Magnolia, TX 77354	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Administrator		Employer (See Instructions) Park Manor
Date 09/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johanan, Eric <hr/> Contributor address; City; State; Zip Code  Highland Village, TX 75077	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Administrator		Employer (See Instructions) Green Oaks Nursing and Rehab
Date 09/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jurbala, Rich <hr/> Contributor address; City; State; Zip Code  Lake Mary, FL 32746	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Twinmed
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karlin, Tiffany <hr/> Contributor address; City; State; Zip Code  Saint Louis, MO 63105	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Principal, Healthcare and Consulting Services		Employer (See Instructions) Wipfli LLP

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 11/23 Rpt: 16/31
<b>2</b> FILER NAME Texas Health Care Assn. PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015591
<b>4</b> Date 09/23/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karlin, Tiffany <hr/> <b>6</b> Contributor address; City; State; Zip Code  Saint Louis, MO 63105	<b>7</b> Amount of Contribution (\$)  \$500.00
<b>8</b> Principal occupation / Job title (See Instructions) Principal, Healthcare and Consulting Services		<b>9</b> Employer (See Instructions) Wipfli LLP
Date 09/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kees, Amanda <hr/> Contributor address; City; State; Zip Code  Chandler, TX 75758-2034	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Account Executive		Employer (See Instructions) SilverMed Pharmacy Services
Date 09/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kruger, Kip <hr/> Contributor address; City; State; Zip Code  Weatherford, TX 76085	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) LTC Corporate Account Specialist		Employer (See Instructions) Principle Laboratory
Date 09/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lancaster, Trent <hr/> Contributor address; City; State; Zip Code  Brazil, IN 47834	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) Olio Health
Date 09/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lapp, Tim <hr/> Contributor address; City; State; Zip Code  Richmond, TX 77406	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Account Manager		Employer (See Instructions) Masimo



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 12/23 Rpt: 17/31
<b>2</b> FILER NAME Texas Health Care Assn. PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015591
<b>4</b> Date 09/02/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laroche, Sebastien <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78209	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Corporate Business Development		<b>9</b> Employer (See Instructions) Senior PsychCare
Date 09/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lewis, Peter Murphy <hr/> Contributor address; City; State; Zip Code  Goddard, KS 67052	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Strategic Pete
Date 09/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Limjoco, Mario <hr/> Contributor address; City; State; Zip Code  Skoakie, IL 60076	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Vp		Employer (See Instructions) All Stat Portable
Date 09/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Macey, Carter <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75270	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Account Executive		Employer (See Instructions) PointClickCare
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Madden, Shawn <hr/> Contributor address; City; State; Zip Code  Georgetown, TX 78628	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Sales Leader		Employer (See Instructions) Cantex

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 13/23 Rpt: 18/31
<b>2</b> FILER NAME Texas Health Care Assn. PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015591
<b>4</b> Date 09/23/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Malkowski, Ted <hr/> <b>6</b> Contributor address; City; State; Zip Code  Glen Carbon, IL 62034	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Executive Director		<b>9</b> Employer (See Instructions) Numotion
Date 09/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Manuel, Guy <hr/> Contributor address; City; State; Zip Code  Houston, TX 77043	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) President/Owner		Employer (See Instructions) Dyna-Flow Dispensing Systems
Date 09/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mark, Caden <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75230	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Regional VP		Employer (See Instructions) Avir
Date 09/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McClurkan, Karlee <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76137	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) PAC Sales Rep		Employer (See Instructions) Medline Industries, LLC
Date 09/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKee, Janet <hr/> Contributor address; City; State; Zip Code  Orlando, FL 32804	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Nutritious Lifestyles, Inc

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 14/23 Rpt: 19/31
<b>2</b> FILER NAME Texas Health Care Assn. PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015591
<b>4</b> Date 09/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKenzie, Stephen <hr/> <b>6</b> Contributor address; City; State; Zip Code  Irving, TX 75039	<b>7</b> Amount of Contribution (\$)  \$120.00
<b>8</b> Principal occupation / Job title (See Instructions) Regional Sales Director		<b>9</b> Employer (See Instructions) ShiftKey
Date 09/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McPike, Jon <hr/> Contributor address; City; State; Zip Code  Southlake, TX 76092	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Chief Operating Officer		Employer (See Instructions) Remarkable Healthcare
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meiners, Troy <hr/> Contributor address; City; State; Zip Code  Westfield, TX 46074	Amount of Contribution (\$)  \$140.00
Principal occupation / Job title (See Instructions) Calderon Textiles		Employer (See Instructions) Director of Sales
Date 09/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meyers, Kristine <hr/> Contributor address; City; State; Zip Code  Kansas City, MO 64111	Amount of Contribution (\$)  \$400.00
Principal occupation / Job title (See Instructions) Vice President		Employer (See Instructions) Numotion
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Wendy <hr/> Contributor address; City; State; Zip Code  New Braunfels, TX 78132	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Regional Business Development		Employer (See Instructions) Avir

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 15/23 Rpt: 20/31
<b>2</b> FILER NAME Texas Health Care Assn. PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015591
<b>4</b> Date 09/22/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morris, Daniel <hr/> <b>6</b> Contributor address; City; State; Zip Code  Edmond, OK 73013	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Partner		<b>9</b> Employer (See Instructions) Plains Commercial
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Myers, Shilo <hr/> Contributor address; City; State; Zip Code  Keller, TX 76244	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Physician Practice Manager		Employer (See Instructions) Skilled Wound Care
Date 09/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nakizito, Kazigo <hr/> Contributor address; City; State; Zip Code  Arlington, TX 76006	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Platinum Line
Date 09/04/2025	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 09/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ondrusek, Ashlea <hr/> Contributor address; City; State; Zip Code  New Braunfels, TX 78132	Amount of Contribution (\$)  \$900.00
Principal occupation / Job title (See Instructions) Executive Vice President		Employer (See Instructions) AVIR Health Group

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 16/23 Rpt: 21/31
<b>2</b> FILER NAME Texas Health Care Assn. PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015591
<b>4</b> Date 09/21/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parker, Charles "Buddy" <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75238	<b>7</b> Amount of Contribution (\$)  \$500.00
<b>8</b> Principal occupation / Job title (See Instructions) Vice President of Sales		<b>9</b> Employer (See Instructions) TwinMed LLC
Date 08/26/2025	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 (\$)  \$200.00
Principal occupation / Job title (See Instructions) Sales Director		Employer (See Instructions) Dragonfly Health
Date 09/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pebsworth, Josie <hr/> Contributor address; City; State; Zip Code  Bangs, TX 76823	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Administrator		Employer (See Instructions) Pecan Bayou N&R
Date 09/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Petty, Mark <hr/> Contributor address; City; State; Zip Code  St. Louis, MO 63132	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) EVP of Business Development		Employer (See Instructions) Integrated Care Professionals
Date 09/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phillips, Jacob <hr/> Contributor address; City; State; Zip Code  Great Neck, NY 11021	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Sales Representative		Employer (See Instructions) First Quality Products, Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 17/23 Rpt: 22/31
<b>2</b> FILER NAME Texas Health Care Assn. PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015591
<b>4</b> Date 09/17/2025	<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 (\$)  \$1,200.00
<b>8</b> Principal occupation / Job title (See Instructions) Chief Strategy Officer		<b>9</b> Employer (See Instructions) HMG Health Care
Date 09/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Popp, Tanner <hr/> Contributor address; City; State; Zip Code  Houston, TX 77057	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Forviz
Date 09/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rafalovich, Jessalyn <hr/> Contributor address; City; State; Zip Code  St. Petersburg, FL 33712	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) ExaCare AI
Date 09/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Redlin, Robbie <hr/> Contributor address; City; State; Zip Code  Aurora, CO 80016	Amount of Contribution (\$)  \$120.00
Principal occupation / Job title (See Instructions) CRO		Employer (See Instructions) Tricura Insurance
Date 09/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reid, Joshua <hr/> Contributor address; City; State; Zip Code  Valparaiso, IN 46383	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Director of marketing and business development		Employer (See Instructions) GuideStar Eldercare

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 18/23 Rpt: 23/31
<b>2</b> FILER NAME Texas Health Care Assn. PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015591
<b>4</b> Date 09/09/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richardson, Nina <hr/> <b>6</b> Contributor address; City; State; Zip Code  Tucson, AZ 85750	<b>7</b> Amount of Contribution (\$)  \$140.00
<b>8</b> Principal occupation / Job title (See Instructions) Director of Ancillary Services		<b>9</b> Employer (See Instructions) HMG Healthcare
Date 09/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robbins, Paige <hr/> Contributor address; City; State; Zip Code  Woodway, TX 76712	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Territory Manager		Employer (See Instructions) Masimo
Date 09/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rossy, Parker <hr/> Contributor address; City; State; Zip Code  Houston, TX 77095	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Senior Sales Director		Employer (See Instructions) Dragonfly Health
Date 09/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanchez, Sandra <hr/> Contributor address; City; State; Zip Code  Poplar Bluff, MO 63901	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Regional Director		Employer (See Instructions) All Stat Portable
Date 09/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanders, Jana <hr/> Contributor address; City; State; Zip Code  Weatherford, TX 76088	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Administrator		Employer (See Instructions) HMG Healthcare

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 19/23 Rpt: 24/31
<b>2</b> FILER NAME Texas Health Care Assn. PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015591
<b>4</b> Date 09/23/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scarbro, Jodi <hr/> <b>6</b> Contributor address; City; State; Zip Code  Burleson, TX 76028	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Administrator		<b>9</b> Employer (See Instructions) HMG
Date 09/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schierloh, Adam <hr/> Contributor address; City; State; Zip Code  Houston, TX 77084	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) VP of Sales		Employer (See Instructions) PharmScript of Texas
Date 09/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schuricht, Ann <hr/> Contributor address; City; State; Zip Code  Lampasas, TX 76550	Amount of Contribution (\$)  \$120.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions) Avir
Date 09/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Silvas, Ashly <hr/> Contributor address; City; State; Zip Code  METAIRIE, LA 70002	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Director of Corporate Accounts		Employer (See Instructions) Restorix Health
Date 09/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simpkins, Bobby <hr/> Contributor address; City; State; Zip Code  Rising Star, TX 76471	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Administrator		Employer (See Instructions) HMG



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 20/23 Rpt: 25/31
<b>2</b> FILER NAME Texas Health Care Assn. PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015591
<b>4</b> Date 09/23/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Strack, Stuart <hr/> <b>6</b> Contributor address; City; State; Zip Code  Pearland, TX 77584	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) ATP		<b>9</b> Employer (See Instructions) Numotion
Date 09/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Brian <hr/> Contributor address; City; State; Zip Code  Pflugerville, TX 78691	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) TGR Healthcare
Date 09/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Threadgill, Sharyln <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$1,600.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Momentum Skilled Services
Date 09/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Unroe, Jon <hr/> Contributor address; City; State; Zip Code  Huffman, TX 77336	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Partner		Employer (See Instructions) Forvis Mazars
Date 09/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Unroe, Jon <hr/> Contributor address; City; State; Zip Code  Huffman, TX 77336	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Partner		Employer (See Instructions) Forvis Mazars

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 21/23 Rpt: 26/31
<b>2</b> FILER NAME Texas Health Care Assn. PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015591
<b>4</b> Date 09/03/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Uriz, Kate <hr/> <b>6</b> Contributor address; City; State; Zip Code  Truckee, CA 96191	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Director		<b>9</b> Employer (See Instructions) Olio
Date 09/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valdez, Mateo <hr/> Contributor address; City; State; Zip Code  Las Vegas, NV 89148	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Business Development Manager		Employer (See Instructions) Skilled Wound Care
Date 09/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vargas, Yvonne <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78247	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Senior LTC Sales		Employer (See Instructions) Acadia Pharmaceuticals
Date 09/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vishy, Craig <hr/> Contributor address; City; State; Zip Code  Washington, IL 61571	Amount of Contribution (\$)  \$120.00
Principal occupation / Job title (See Instructions) Vice President		Employer (See Instructions) Synergy Care
Date 09/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walsh, Brent <hr/> Contributor address; City; State; Zip Code  Pasadena, TX 77504	Amount of Contribution (\$)  \$120.00
Principal occupation / Job title (See Instructions) Administrator		Employer (See Instructions) HMG Healthcare

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 22/23 Rpt: 27/31
<b>2</b> FILER NAME Texas Health Care Assn. PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015591
<b>4</b> Date 09/23/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White, Joshua <hr/> <b>6</b> Contributor address; City; State; Zip Code  Magnolia, TX 77354	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) CEO		<b>9</b> Employer (See Instructions) Health Services Management
Date 09/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wieczorek, Sarah <hr/> Contributor address; City; State; Zip Code  Houston, TX 77084	Amount of Contribution (\$)  \$120.00
Principal occupation / Job title (See Instructions) Account Manager		Employer (See Instructions) PharMerica
Date 09/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilen, Travis <hr/> Contributor address; City; State; Zip Code  Westfield, IN 46074	Amount of Contribution (\$)  \$120.00
Principal occupation / Job title (See Instructions) Sales Manager		Employer (See Instructions) Calderon Textiles
Date 09/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams , Patrice <hr/> Contributor address; City; State; Zip Code  Frisco, TX 75034	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Vice President		Employer (See Instructions) Optum
Date 09/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williamson, Jay <hr/> Contributor address; City; State; Zip Code  Lorena, TX 76655	Amount of Contribution (\$)  \$160.00
Principal occupation / Job title (See Instructions) National Sales Manager		Employer (See Instructions) Convatec

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 23/23 Rpt: 28/31
<b>2</b> FILER NAME Texas Health Care Assn. PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015591
<b>4</b> Date 09/23/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zurovec, Darrell <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78746	<b>7</b> Amount of Contribution (\$)  \$180.00
<b>8</b> Principal occupation / Job title (See Instructions) General Counsel		<b>9</b> Employer (See Instructions) Touchstone Communities
Date 09/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) altmann, kristel <hr/> Contributor address; City; State; Zip Code  Houston, TX 77007	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Nutritious Lifestyles
Date 09/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) anger, elisabeth <hr/> Contributor address; City; State; Zip Code  Baker, FL 32531	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Account Executive		Employer (See Instructions) KARE
Date 09/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) galvan, adriana <hr/> Contributor address; City; State; Zip Code  Houston, TX 77057	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Marketing Director		Employer (See Instructions) Concord EMS
Date 09/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) licari, charlie <hr/> Contributor address; City; State; Zip Code  Lantana, TX 76226	Amount of Contribution (\$)  \$120.00
Principal occupation / Job title (See Instructions) Sales Director		Employer (See Instructions) Shiftkey

# 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.

<b>1</b> Total pages Schedule F1: Sch: 1/2 Rpt: 29/31	<b>2</b> FILER NAME Texas Health Care Assn. PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00015591
<b>4</b> Date 09/23/2025	<b>5</b> Payee name Charles Cunningham Campaign	
<b>6</b> Amount (\$) \$1,000.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code PO Box 14352  Humble, TX 77347	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution to Charles Cunningham Campaign.
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/23/2025	Payee name Dennis Paul Campaign	
Amount (\$) \$1,000.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 626 1/2 Barringer Ln Suite E  Webster, TX 77598	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution to Dennis Paul Campaign.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/16/2025	Payee name Marc LaHood Campaign	
Amount (\$) \$500.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 4014 McCullough Ave.  San Antonio, TX 78212	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution to Marc LaHood Campaign.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# 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.

<b>1</b> Total pages Schedule F1: Sch: 2/2 Rpt: 30/31	<b>2</b> FILER NAME Texas Health Care Assn. PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00015591
<b>4</b> Date 09/09/2025	<b>5</b> Payee name Rocky Thigpen Campaign	
<b>6</b> Amount (\$) \$500.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code PO Box 25  Lufkin, TX 75902	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution to Rocky Thigpen Campaign.
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held
Date 09/09/2025	Payee name Texans for Trent Ashby	
Amount (\$) \$1,000.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 412  Lufkin, TX 75902	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution to Texans for Trent Ashby.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE I**

The Instruction Guide explains how to complete this form.

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