GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC
COVER SHEET PG 1

The GPAC Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers): 00086761

2 Total pages filed: 4

3 COMMITTEE NAME: Provider Coalition for Care Political Action Committee

OFFICE USE ONLY

Date Received: ELECTRONICALLY FILED 01/07/2026

Date Hand-delivered or Date Postmarked:

Receipt # | Amount:

Date Processed:

Date Imaged:

4 COMMITTEE ADDRESS

☐ Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

1500 Waters Ridge Drive

Lewisville, TX 75057

5 CAMPAIGN TREASURER NAME

MS / MRS / MR | FIRST: Eddie | MI

NICKNAME | LAST: Parades | SUFFIX

6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

1500 Waters Ridge Drive

Lewisville, TX 75057

7 CAMPAIGN TREASURER MAILING ADDRESS

☐ Change of Address

STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

1500 Waters Ridge Drive

Lewisville, TX 75057

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

(214) 223-3039

9 REPORT TYPE

- ☒ January 15
- ☐ July 15
- ☐ 30th day before election
- ☐ 8th day before election
- ☐ Runoff
- ☐ Dissolution (Attach PAC-DR)
- ☐ 10th day after campaign treasurer termination

10 PERIOD COVERED

Month Day Year: 10/26/2025 THROUGH Month Day Year: 12/31/2025

11 ELECTION

ELECTION DATE: Month Day Year: 03/03/2026

ELECTION TYPE

- ☒ Primary
- ☐ Runoff
- ☐ Other
- ☐ General
- ☐ Special

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GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC
COVER SHEET PG 2

12 COMMITTEE NAME	**13** Filer ID (Ethics Commission Filers)
Provider Coalition for Care Political Action Committee	00086761

14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) ☐ check here if this report qualifies for the higher itemization threshold	$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 23,288.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	$ 0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 55,663.56
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 0.00

16 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Eddie Parades

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of_____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath | Printed name of officer administering oath | Title of officer administering oath

SUBTOTALS - GPAC

FORM GPAC

COVER SHEET PG 3

17 COMMITTEE NAME	**18** Filer ID (Ethics Commission Filers)
Provider Coalition for Care Political Action Committee	00086761

19 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	[X]	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	**$** 23,288.00
2.	[ ]	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	**$**
3.	[ ]	SCHEDULE B: PLEDGED CONTRIBUTIONS	**$**
4.	[ ]	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	**$**
5.	[ ]	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	**$**
6.	[ ]	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	**$**
7.	[ ]	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	**$**
8.	[ ]	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	**$**
9.	[ ]	SCHEDULE E: LOANS	**$**
10.	[ ]	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	**$**
11.	[ ]	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	**$**
12.	[ ]	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	**$**
13.	[ ]	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	**$**
14.	[ ]	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	**$**
15.	[ ]	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	**$**

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 1/1 Rpt: 4/4

2 FILER NAME: Provider Coalition for Care Political Action Committee

3 Filer ID (Ethics Commission Filers): 00086761

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
11/13/2025	Dillard, Rhonda	$300.00
	6 Contributor address; City; State; Zip Code: Desoto, TX 75115	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Nursing Facility Administrator	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
12/31/2025	Fields, Tim	$7,500.00
	Contributor address; City; State; Zip Code: South Barrington, IL 60010	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Nursing Facility Administrator	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
11/13/2025	Franklin, Ashley	$488.00
	Contributor address; City; State; Zip Code: Denton, TX 76208	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Nursing Facility Administrator	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
12/15/2025	Underhill, Dean	$15,000.00
	Contributor address; City; State; Zip Code: Collyville, TX 76034	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Nursing Facility Administrator	