

**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) 00083099 | 2 Total pages filed: 11 |
| 3 COMMITTEE NAME Gainwell Holding Corp. Political Action Committee | | OFFICE USE ONLY Date Received ELECTRONICALLY FILED 01/30/2026 Date Hand-delivered or Date Postmarked Receipt # <input type="text"/> Amount <input type="text"/> Date Processed Date Imaged | |
| 4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address 5615 High Point Drive Irving, TX 75038 | | | |
| | | | |
| | | | |
| | | | |
| 5 CAMPAIGN TREASURER NAME | MS / MRS / MR NICKNAME | | |
| 6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); 5615 High Point Drive Irving, TX 75038 | | |
| 7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address | STREET OR PO BOX; 5615 High Point Drive Irving, TX 75038 | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION (732) 556-7248 | | |
| 9 REPORT TYPE | <input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff | | |
| 10 PERIOD COVERED | Month 01/01/2026 | Day | Year |
| | THROUGH | | |
| 11 ELECTION | Month 03/03/2026 | Day | Year |
| | ELECTION DATE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special | | |

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**GENERAL-PURPOSE COMMITTEE REPORT:
PURPOSE AND TOTALS**

**FORM GPAC
COVER SHEET PG 2**

| | | |
|---|---|---|
| 12 COMMITTEE NAME Gainwell Holding Corp. Political Action Committee | | 13 FILER ID (Ethics Commission Filers) 00083099 |
| 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 Angelia Orr B. Opposed |
| | 2. Measures (Describe by date and location of election and nature of issue.) | A. Supported B. Opposed |
| | 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) | |
| | | |
| 15 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input checked="" type="checkbox"/> 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) | \$ 2,075.98 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | \$ 0.00 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 10,000.00 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 124,893.43 |
| 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.

Vineet Gupta

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

**GENERAL-PURPOSE COMMITTEE REPORT:
PURPOSE**

**FORM GPAC
ADDENDUM**

Page 3 of 11

| | | |
|---|---|---|
| 12 COMMITTEE NAME Gainwell Holding Corp. Political Action Committee | | 13 FILER ID (Ethics Commission Filers) 00083099 |
| 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 Charles Perry 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.) | |
| | | |
| 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 Tom Oliverson 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.) | |
| | | |
| 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 Lois Kolkhorst 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.) | |
| | | |

**GENERAL-PURPOSE COMMITTEE REPORT:
PURPOSE**

**FORM GPAC
ADDENDUM**

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| | | |
|---|---|---|
| 12 COMMITTEE NAME Gainwell Holding Corp. Political Action Committee | | 13 FILER ID (Ethics Commission Filers) 00083099 |
| 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 Richard Raymond 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.) | |
| | 1. Candidates (Identify by name or, if applicable, classify by party.) | A. Supported Toni Rose 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.) | | |

SUBTOTALS - GPAC**FORM GPAC**
COVER SHEET PG 3
5 of 11

| | |
|---|---|
| 17 COMMITTEE NAME Gainwell Holding Corp. Political Action Committee | 18 FILER ID (Ethics Commission Filers) 00083099 |
| 19 SCHEDULE SUBTOTALS NAME OF SCHEDULE | |
| 1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ 1,875.98 | |
| 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 checked="" type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION \$ 200.00 | |
| 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 \$ 10,000.00 | |
| 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 type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$ | |
| 15. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER \$ | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 1/3 Rpt: 6/11 |
| 2 FILER NAME Gainwell Holding Corp. Political Action Committee | | 3 Filer ID (Ethics Commission Filers) 00083099 |
| 4 Date 01/15/2026 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allison, William | 7 Amount of Contribution (\$) \$238.09 |
| | 6 Contributor address; City; State; Zip Code Irving, TX 75038 | |
| 8 Principal occupation / Job title (See Instructions) Executive Vice President, Sales | | 9 Employer (See Instructions) Gainwell Technologies |
| Date 01/15/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Behler, Robert | Amount of Contribution (\$) \$190.47 |
| | Contributor address; City; State; Zip Code Irving, TX 75038 | |
| Principal occupation / Job title (See Instructions) Vice President, Product Management | | Employer (See Instructions) Gainwell Technologies LLC |
| Date 01/15/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Call, Gary | Amount of Contribution (\$) \$238.09 |
| | Contributor address; City; State; Zip Code Irving, TX 75038 | |
| Principal occupation / Job title (See Instructions) Chief Medical Officer | | Employer (See Instructions) Health Management Systems |
| Date 01/15/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fraser, Joseph | Amount of Contribution (\$) \$238.09 |
| | Contributor address; City; State; Zip Code Irving, TX 75038 | |
| Principal occupation / Job title (See Instructions) Sr VP, Sector Lead | | Employer (See Instructions) Gainwell Technologies |
| Date 01/15/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grier, Donald | Amount of Contribution (\$) \$119.04 |
| | Contributor address; City; State; Zip Code Irving, TX 75038 | |
| Principal occupation / Job title (See Instructions) Director of Sales Solution | | Employer (See Instructions) Gainwell Technologies |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 2/3 Rpt: 7/11 |
| 2 FILER NAME Gainwell Holding Corp. Political Action Committee | | 3 Filer ID (Ethics Commission Filers) 00083099 |
| 4 Date 01/15/2026 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hartzell, David | 7 Amount of Contribution (\$) \$190.47 |
| | 6 Contributor address; City; State; Zip Code Irving, TX 75038 | |
| 8 Principal occupation / Job title (See Instructions) Vice President, Chief Pharmacist | | 9 Employer (See Instructions) Gainwell Technologies |
| Date 01/15/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mark, Jeffrey | Amount of Contribution (\$) \$85.71 |
| | Contributor address; City; State; Zip Code Irving, TX 75038 | |
| Principal occupation / Job title (See Instructions) Application Architect, Senior Principal | | Employer (See Instructions) Gainwell Technologies |
| Date 01/15/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marlow, Eric | Amount of Contribution (\$) \$4.62 |
| | Contributor address; City; State; Zip Code Irving, TX 75038 | |
| Principal occupation / Job title (See Instructions) Mgr,Data Cust & Analytics | | Employer (See Instructions) Health Management Systems |
| Date 01/15/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oser, Carolyn | Amount of Contribution (\$) \$95.23 |
| | Contributor address; City; State; Zip Code Irving, TX 75038 | |
| Principal occupation / Job title (See Instructions) Account General Manager | | Employer (See Instructions) Gainwell Technologies LLC |
| Date 01/15/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Voelkel, Brian | Amount of Contribution (\$) \$119.04 |
| | Contributor address; City; State; Zip Code Irving, TX 75038 | |
| Principal occupation / Job title (See Instructions) Senior Director, Carrier Optimization | | Employer (See Instructions) Health Management Systems |
| | | |

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

| | | | |
|--|--|---|--|
| The Instruction Guide explains how to complete this form. | | | 1 Total pages Schedule A1: Sch: 3/3 Rpt: 8/11 |
| 2 FILER NAME Gainwell Holding Corp. Political Action Committee | | | 3 Filer ID (Ethics Commission Filers) 00083099 |
| 4 Date 01/15/2026 | 5 Full name of contributor Wacker, Charles 6 Contributor address; City; State; Zip Code Irving, TX 75038 | 7 Amount of Contribution (\$) \$119.04 | |
| 8 Principal occupation / Job title (See Instructions) Vice President, Sales | | 9 Employer (See Instructions) Gainwell Technologies | |
| Date 01/15/2026 | Full name of contributor Weekes, Monica Contributor address; City; State; Zip Code Irving, TX 75038 | Amount of Contribution (\$) \$238.09 | |
| Principal occupation / Job title (See Instructions) Senior Vice President, Sector General Manager | | Employer (See Instructions) Gainwell Technologies | |

**MONETARY SUPPORT FROM CORPORATION OR
LABOR ORGANIZATION****SCHEDULE C3**

| | | |
|--|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule C3: Sch: 1/1 Rpt: 9/11 |
| 2 FILER NAME Gainwell Holding Corp. Political Action Committee | | 3 Filer ID (Ethics Commission Filers) 00083099 |
| 4 Date 01/22/2026 | 5 Corporation / Labor Organization name Gainwell Holding Corp. | 6 Amount (\$) 200.00 |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | |
|---|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Credit Card Payment | 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: Sch: 1/2 Rpt: 10/11 | 2 FILER NAME Gainwell Holding Corp. Political Action Committee | 3 Filer ID (Ethics Commission Filers) 00083099 |
| 4 Date 01/08/2026 | 5 Payee name Kolkhorst, Lois (Sen.) | |
| 6 Amount (\$) \$2,000.00 | 7 Payee address; City; State; Zip Code P.O. Box 2546 Brenham, TX 77834 | |
| <input type="checkbox"/> Expenditure from corporate funds | (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 Lois Kolkhorst/Support/2026 Primary |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 01/08/2026 | Payee name Oliverson, Tom (Rep.) | |
| Amount (\$) \$1,500.00 | Payee address; City; State; Zip Code 1 E. Greenway Plaza, Ste. 225 Houston, TX 77046 | |
| <input type="checkbox"/> Expenditure from corporate funds | (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 Tom Oliverson/Support/2026 Primary |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 01/08/2026 | Payee name Orr, Angelia (Rep.) | |
| Amount (\$) \$1,500.00 | Payee address; City; State; Zip Code PO Box 113 Itasca, TX 76055 | |
| <input type="checkbox"/> Expenditure from corporate funds | (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 Angelia Orr/Support/2026 Primary |
| Complete ONLY 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 | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Credit Card Payment | 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: Sch: 2/2 Rpt: 11/11 | 2 FILER NAME Gainwell Holding Corp. Political Action Committee | 3 Filer ID (Ethics Commission Filers) 00083099 |
| 4 Date 01/08/2026 | 5 Payee name Perry, Charles (Sen.) | |
| 6 Amount (\$) \$2,000.00 | 7 Payee address; City; P.O. Box 94806 Lubbock, TX 79493 | State; Zip Code |
| <input type="checkbox"/> Expenditure from corporate funds | (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 Charles Perry/Support/2026 Primary |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 01/08/2026 | Payee name Raymond, Richard (Rep.) | |
| Amount (\$) \$1,500.00 | Payee address; City; P.O. Box 450349 Laredo, TX 78045 | State; Zip Code |
| <input type="checkbox"/> Expenditure from corporate funds | (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 Richard Raymond/Support/2026 Primary |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 01/08/2026 | Payee name Rose, Toni (Rep.) | |
| Amount (\$) \$1,500.00 | Payee address; City; P.O. Box 41867 Dallas, TX 75241 | State; Zip Code |
| <input type="checkbox"/> Expenditure from corporate funds | (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 Toni Rose/Support/2026 Primary |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |