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: 6

3 COMMITTEE NAME
Provider Coalition for Care Political Action Committee

OFFICE USE ONLY
Date Received
ELECTRONICALLY FILED
02/24/2026
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: 01/23/2026 THROUGH Month Day Year: 02/21/2026

11 ELECTION
ELECTION DATE: Month Day Year: 03/03/2026
ELECTION TYPE
☒ Primary ☐ Runoff ☐ Other
☐ General ☐ Special

GO TO PAGE 2

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: Lois Kolkhorst State Senator
		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)	$ 650.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	$ 15,000.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 87,286.56
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

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC
ADDENDUM

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 Charles Schwertner State Senator
		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

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	**$** 650.00
2.	[ ]	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	**$**
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	**$**
10.	[X]	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	**$** 15,000.00
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: 5/6

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 ($)
02/17/2026	Bell, Wendy	$500.00
	6 Contributor address; City; State; Zip Code: Harker Heights, TX 76548	

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 ($)
02/17/2026	Garcia, Mary	$150.00
	Contributor address; City; State; Zip Code: Victoria, TX 77901	

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

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.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 1/1 Rpt: 6/6	Provider Coalition for Care Political Action Committee	00086761

4 Date	5 Payee name
01/26/2026	Lois Kolkhorst Campaign

6 Amount ($)	7 Payee address; City; State; Zip Code
$10,000.00	P.O. Box 2546
☐ Expenditure from corporate funds	Brenham, TX 77834

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Contributions/Donations Made By Candidate/Officeholder/Political Committee	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Campaign Contribution

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

Date	Payee name
01/28/2026	Texans for Charles Schwertner

Amount ($)	Payee address; City; State; Zip Code
$5,000.00	PO Box 2248
☐ Expenditure from corporate funds	Georgetown, TX 78627

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Contributions/Donations Made By Candidate/Officeholder/Political Committee	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Campaign Contribution

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held