



# MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC  
COVER SHEET PG 2

<b>12 COMMITTEE NAME</b> The Political Action Committee of the Texas Hospital Association	<b>13 Filer ID</b> (Ethics Commission Filers) 00015794
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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 Hatch Smith 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>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)	\$ 48,616.43
EXPENDITURE TOTALS	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 10,960.61
CONTRIBUTION BALANCE	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 203,750.49
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.

Ms. Carrie Kroll  
\_\_\_\_\_  
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 - MPAC

<b>17 COMMITTEE NAME</b> The Political Action Committee of the Texas Hospital Association		<b>18 Filer ID</b> (Ethics Commission Filers) 00015794
<b>19 SCHEDULE SUBTOTALS</b>		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 43,878.93
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	\$ 537.50
7.	<input checked="" type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$ 4,200.00
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	\$ 10,438.11
11.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 522.50
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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/56 Rpt: 4/63
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 12/22/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Allen, David (Dr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78258	
<b>8</b> Principal occupation / Job title (See Instructions) Chief Nursing Officer		<b>9</b> Employer (See Instructions) Methodist Stone Oak Hospital
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Amador, Dolores (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Georgetown, TX 78633	
Principal occupation / Job title (See Instructions) Claims Manager		Employer (See Instructions) Texas Hospital Insurance Exchange
Date 12/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Amador, Dolores (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Georgetown, TX 78633	
Principal occupation / Job title (See Instructions) Claims Manager		Employer (See Instructions) Texas Hospital Insurance Exchange
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ambrose, Ryan (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Houston, TX 77024	
Principal occupation / Job title (See Instructions) Director Federal and State Relations		Employer (See Instructions) Memorial Hermann Health System
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Andersen, Daniel (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Georgetown, TX 78633	
Principal occupation / Job title (See Instructions) VP Underwriting & Business Development		Employer (See Instructions) Texas Hospital Insurance Exchange

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/56 Rpt: 5/63
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 12/22/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Andersen, Daniel (Mr.)	<b>7</b> Amount of Contribution (\$) <span style="float:right">\$14.00</span>
	<b>6</b> Contributor address; City; State; Zip Code  Georgetown, TX 78633	
<b>8</b> Principal occupation / Job title (See Instructions) VP Underwriting & Business Development		<b>9</b> Employer (See Instructions) Texas Hospital Insurance Exchange
<b>Date</b> 11/30/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Archibald, Norman (Mr.)	<b>Amount of Contribution (\$)</b> <span style="float:right">\$19.23</span>
	<b>Contributor address; City; State; Zip Code</b>  Abilene, TX 79601	
<b>Principal occupation / Job title (See Instructions)</b> System Vice President Foundation		<b>Employer (See Instructions)</b> Hendrick Medical Center
<b>Date</b> 12/15/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Archibald, Norman (Mr.)	<b>Amount of Contribution (\$)</b> <span style="float:right">\$19.23</span>
	<b>Contributor address; City; State; Zip Code</b>  Abilene, TX 79601	
<b>Principal occupation / Job title (See Instructions)</b> System Vice President Foundation		<b>Employer (See Instructions)</b> Hendrick Medical Center
<b>Date</b> 12/12/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bagchi, Sam (Dr.)	<b>Amount of Contribution (\$)</b> <span style="float:right">\$165.00</span>
	<b>Contributor address; City; State; Zip Code</b>  Irving, TX 75038	
<b>Principal occupation / Job title (See Instructions)</b> EVP / Chief Clinical Officer		<b>Employer (See Instructions)</b> CHRISTUS Health
<b>Date</b> 12/17/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ballew, Joel (Mr.)	<b>Amount of Contribution (\$)</b> <span style="float:right">\$41.50</span>
	<b>Contributor address; City; State; Zip Code</b>  Arlington, TX 76011	
<b>Principal occupation / Job title (See Instructions)</b> VP Government & Community Affairs		<b>Employer (See Instructions)</b> Texas Health Resources

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 3/56 Rpt: 6/63
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 11/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Banda, Jennifer (Ms.)	7 Amount of Contribution (\$) \$41.00
	6 Contributor address; City; State; Zip Code  Austin, TX 78701	
8 Principal occupation / Job title (See Instructions) Senior VP Advocacy & Public Policy		9 Employer (See Instructions) Texas Hospital Association
Date 12/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Banda, Jennifer (Ms.)	Amount of Contribution (\$) \$41.00
	Contributor address; City; State; Zip Code  Austin, TX 78701	
Principal occupation / Job title (See Instructions) Senior VP Advocacy & Public Policy		Employer (See Instructions) Texas Hospital Association
Date 12/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Barnt, Wesley (Mr.)	Amount of Contribution (\$) \$41.00
	Contributor address; City; State; Zip Code  Midland, TX 79701	
Principal occupation / Job title (See Instructions) Vice President Operations		Employer (See Instructions) Midland Memorial Hospital
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Baty, Krista (Ms.)	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code  Brownwood, TX 76801	
Principal occupation / Job title (See Instructions) Chief Administrative & Nursing Officer		Employer (See Instructions) Hendrick Medical Center
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Baty, Krista (Ms.)	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code  Brownwood, TX 76801	
Principal occupation / Job title (See Instructions) Chief Administrative & Nursing Officer		Employer (See Instructions) Hendrick Medical Center

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/56 Rpt: 7/63
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 11/28/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Beasley, Sharon (Ms.)	<b>7</b> Amount of Contribution (\$) \$8.00
	<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78701	
<b>8</b> Principal occupation / Job title (See Instructions) Sr Dir Governance & Exec Administration		<b>9</b> Employer (See Instructions) Texas Hospital Association
Date 12/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Beasley, Sharon (Ms.)	Amount of Contribution (\$) \$8.00
	Contributor address; City; State; Zip Code  Austin, TX 78701	
Principal occupation / Job title (See Instructions) Sr Dir Governance & Exec Administration		Employer (See Instructions) Texas Hospital Association
Date 12/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Beaver, Michael (Mr.)	Amount of Contribution (\$) \$600.00
	Contributor address; City; State; Zip Code  Live Oak, TX 78233	
Principal occupation / Job title (See Instructions) Chief Executive Officer		Employer (See Instructions) Northeast Methodist Hospital
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bell, Jeff (Mr.)	Amount of Contribution (\$) \$4.00
	Contributor address; City; State; Zip Code  Austin, TX 78701	
Principal occupation / Job title (See Instructions) Manager Corporate Relations		Employer (See Instructions) THA Foundation
Date 12/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bell, Jeff (Mr.)	Amount of Contribution (\$) \$4.00
	Contributor address; City; State; Zip Code  Austin, TX 78701	
Principal occupation / Job title (See Instructions) Manager Corporate Relations		Employer (See Instructions) THA Foundation

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/56 Rpt: 8/63
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 11/30/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Benham, Bradley (Mr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Abilene, TX 79601	<b>7</b> Amount of Contribution (\$)  \$9.62
<b>8</b> Principal occupation / Job title (See Instructions) VP HMC Foundation		<b>9</b> Employer (See Instructions) Hendrick Medical Center
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Benham, Bradley (Mr.) <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79601	Amount of Contribution (\$)  \$9.62
Principal occupation / Job title (See Instructions) VP HMC Foundation		Employer (See Instructions) Hendrick Medical Center
Date 12/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Besse, Kimberly (Mrs.) <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75235	Amount of Contribution (\$)  \$62.50
Principal occupation / Job title (See Instructions) SVP Human Resources		Employer (See Instructions) Children's Medical Center Dallas
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bessent, Brian (Mr.) <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79601	Amount of Contribution (\$)  \$28.85
Principal occupation / Job title (See Instructions) VP / Chief Strategy and Experience Officer		Employer (See Instructions) Hendrick Medical Center
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bessent, Brian (Mr.) <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79601	Amount of Contribution (\$)  \$28.85
Principal occupation / Job title (See Instructions) VP / Chief Strategy and Experience Officer		Employer (See Instructions) Hendrick Medical Center

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/56 Rpt: 9/63
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 12/15/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Border Health PAC <hr/> <b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78504	<b>7</b> Amount of Contribution (\$)  \$10,000.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bowden, Sherri (Ms.) <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79601	Amount of Contribution (\$)  \$3.85
Principal occupation / Job title (See Instructions) Director Pulmonary Services		Employer (See Instructions) Hendrick Medical Center
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bowden, Sherri (Ms.) <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79601	Amount of Contribution (\$)  \$3.85
Principal occupation / Job title (See Instructions) Director Pulmonary Services		Employer (See Instructions) Hendrick Medical Center
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bradley, Denise (Ms.) <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$41.00
Principal occupation / Job title (See Instructions) Vice President Communications & Community Affairs		Employer (See Instructions) St. David's HealthCare
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brennan, Michael (Mr.) <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$2.00
Principal occupation / Job title (See Instructions) Director of Enterprise Data Systems		Employer (See Instructions) THA Foundation

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 7/56 Rpt: 10/63
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 12/22/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brennan, Michael (Mr.) ..... 6 Contributor address; City; State; Zip Code  Austin, TX 78701	7 Amount of Contribution (\$)  \$2.00
8 Principal occupation / Job title (See Instructions) Director of Enterprise Data Systems		9 Employer (See Instructions) THA Foundation
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Broderick, Treva (Ms.) ..... Contributor address; City; State; Zip Code  Abilene, TX 79601	Amount of Contribution (\$)  \$4.81
Principal occupation / Job title (See Instructions) Assistant Vice President Clinical Svs		Employer (See Instructions) Hendrick Medical Center
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Broderick, Treva (Ms.) ..... Contributor address; City; State; Zip Code  Abilene, TX 79601	Amount of Contribution (\$)  \$4.81
Principal occupation / Job title (See Instructions) Assistant Vice President Clinical Svs		Employer (See Instructions) Hendrick Medical Center
Date 12/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bujoi, Mihaela (Dr.) ..... Contributor address; City; State; Zip Code  San Antonio, TX 78229	Amount of Contribution (\$)  \$375.00
Principal occupation / Job title (See Instructions) Associate Chief Medical Officer		Employer (See Instructions) Methodist Hospital
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Calvo, Raul (Mr.) ..... Contributor address; City; State; Zip Code  Abilene, TX 79608	Amount of Contribution (\$)  \$2.50
Principal occupation / Job title (See Instructions) Board Vice Chair		Employer (See Instructions) Hendrick Medical Center

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 8/56 Rpt: 11/63
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 11/30/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Calvo, Raul (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Abilene, TX 79608	<b>7</b> Amount of Contribution (\$)  \$2.50
<b>8</b> Principal occupation / Job title (See Instructions) Board Vice Chair		<b>9</b> Employer (See Instructions) Hendrick Medical Center
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Camacho, Precilla (Ms.) <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79601	Amount of Contribution (\$)  \$3.85
Principal occupation / Job title (See Instructions) Nurse		Employer (See Instructions) Hendrick Medical Center
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Camacho, Precilla (Ms.) <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79601	Amount of Contribution (\$)  \$3.85
Principal occupation / Job title (See Instructions) Nurse		Employer (See Instructions) Hendrick Medical Center
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Canada, Kirk (Mr.) <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79601	Amount of Contribution (\$)  \$19.24
Principal occupation / Job title (See Instructions) Chief Operating Office / System VP		Employer (See Instructions) Hendrick Medical Center
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Canada, Kirk (Mr.) <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79601	Amount of Contribution (\$)  \$19.24
Principal occupation / Job title (See Instructions) Chief Operating Office / System VP		Employer (See Instructions) Hendrick Medical Center

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 9/56 Rpt: 12/63
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 11/30/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Casey, Mary (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Abilene, TX 79601	<b>7</b> Amount of Contribution (\$)  \$3.85
<b>8</b> Principal occupation / Job title (See Instructions) Healthcare Professional		<b>9</b> Employer (See Instructions) Hendrick Medical Center
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Casey, Mary (Ms.) <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79601	Amount of Contribution (\$)  \$3.85
Principal occupation / Job title (See Instructions) Healthcare Professional		Employer (See Instructions) Hendrick Medical Center
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cates, Boyd (Mr.) <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79601	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Diagnostic Technologist		Employer (See Instructions) Hendrick Medical Center
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cates, Boyd (Mr.) <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79601	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Diagnostic Technologist		Employer (See Instructions) Hendrick Medical Center
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cazares, Diana (Ms.) <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$14.00
Principal occupation / Job title (See Instructions) Sr. Payroll Administrator		Employer (See Instructions) Texas Hospital Association

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 10/56 Rpt: 13/63
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 12/22/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cazares, Diana (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78701	<b>7</b> Amount of Contribution (\$)  \$14.00
<b>8</b> Principal occupation / Job title (See Instructions) Sr. Payroll Administrator		<b>9</b> Employer (See Instructions) Texas Hospital Association
Date 12/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Coleman, Shane (Mr.) <hr/> Contributor address; City; State; Zip Code  Mineral Wells, TX 76067	Amount of Contribution (\$)  \$41.00
Principal occupation / Job title (See Instructions) Chief Operations Officer / CIO		Employer (See Instructions) Palo Pinto General Hospital
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Connell, Jessica (Ms.) <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79601	Amount of Contribution (\$)  \$4.81
Principal occupation / Job title (See Instructions) Director, Telemetry		Employer (See Instructions) Hendrick Medical Center
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Connell, Jessica (Ms.) <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79601	Amount of Contribution (\$)  \$4.81
Principal occupation / Job title (See Instructions) Director, Telemetry		Employer (See Instructions) Hendrick Medical Center
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Conner, Cecil (Mr.) <hr/> Contributor address; City; State; Zip Code  Austin, TX 78731	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) Risk Management Advisor		Employer (See Instructions) Texas Hospital Insurance Exchange

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 11/56 Rpt: 14/63
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 12/22/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Conner, Cecil (Mr.)	<b>7</b> Amount of Contribution (\$) \$4.00
<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78731		
<b>8</b> Principal occupation / Job title (See Instructions) Risk Management Advisor		<b>9</b> Employer (See Instructions) Texas Hospital Insurance Exchange
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Contreras, Rosendo (Ms.)	Amount of Contribution (\$) \$1.93
Contributor address; City; State; Zip Code  Abilene, TX 79601		
Principal occupation / Job title (See Instructions) Dir Patient Safety, Infection Preventionist, Perf Improv		Employer (See Instructions) Hendrick Medical Center
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Contreras, Rosendo (Ms.)	Amount of Contribution (\$) \$1.93
Contributor address; City; State; Zip Code  Abilene, TX 79601		
Principal occupation / Job title (See Instructions) Dir Patient Safety, Infection Preventionist, Perf Improv		Employer (See Instructions) Hendrick Medical Center
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cook, Kenneth (Mr.)	Amount of Contribution (\$) \$2.00
Contributor address; City; State; Zip Code  Austin, TX 78701		
Principal occupation / Job title (See Instructions) IT Director		Employer (See Instructions) THA Foundation
Date 12/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cook, Kenneth (Mr.)	Amount of Contribution (\$) \$2.00
Contributor address; City; State; Zip Code  Austin, TX 78701		
Principal occupation / Job title (See Instructions) IT Director		Employer (See Instructions) THA Foundation

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 12/56 Rpt: 15/63
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 11/30/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cooper, David (Mr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Abilene, TX 79601	
<b>8</b> Principal occupation / Job title (See Instructions) Lab Supervisor		<b>9</b> Employer (See Instructions) Hendrick Medical Center
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cooper, David (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Lab Supervisor		Employer (See Instructions) Hendrick Medical Center
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Costilla, Nina (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Austin, TX 78701	
Principal occupation / Job title (See Instructions) Clinical Projects Manager		Employer (See Instructions) THA Foundation
Date 12/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Costilla, Nina (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Austin, TX 78701	
Principal occupation / Job title (See Instructions) Clinical Projects Manager		Employer (See Instructions) THA Foundation
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cotton, Corey (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Austin, TX 78701	
Principal occupation / Job title (See Instructions) Member Ambassador		Employer (See Instructions) Texas Hospital Association

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 13/56 Rpt: 16/63
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 12/22/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cotton, Corey (Mr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78701	
<b>8</b> Principal occupation / Job title (See Instructions) Member Ambassador		<b>9</b> Employer (See Instructions) Texas Hospital Association
<b>Date</b> 11/29/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cruz Kerker, Juliana (Ms.)	<b>Amount of Contribution (\$)</b> \$41.00
	<b>Contributor address; City; State; Zip Code</b>  Austin, TX 78701	
<b>Principal occupation / Job title (See Instructions)</b> Director Government Relations		<b>Employer (See Instructions)</b> St. David's HealthCare
<b>Date</b> 11/28/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dale, Vicki (Ms.)	<b>Amount of Contribution (\$)</b> \$20.00
	<b>Contributor address; City; State; Zip Code</b>  Austin, TX 78701	
<b>Principal occupation / Job title (See Instructions)</b> Director of Business Relations		<b>Employer (See Instructions)</b> THA Foundation
<b>Date</b> 12/22/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dale, Vicki (Ms.)	<b>Amount of Contribution (\$)</b> \$20.00
	<b>Contributor address; City; State; Zip Code</b>  Austin, TX 78701	
<b>Principal occupation / Job title (See Instructions)</b> Director of Business Relations		<b>Employer (See Instructions)</b> THA Foundation
<b>Date</b> 12/07/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Daskevich, Cris (Ms.)	<b>Amount of Contribution (\$)</b> \$83.00
	<b>Contributor address; City; State; Zip Code</b>  San Antonio, TX 78207	
<b>Principal occupation / Job title (See Instructions)</b> CEO Childrens Hosp SA & SVP Maternal SrvcS CHRISTUS		<b>Employer (See Instructions)</b> CHRISTUS Children's

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 14/56 Rpt: 17/63
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 11/28/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Davenport, Chad (Mr.)	<b>7</b> Amount of Contribution (\$) \$2.00
<b>6</b> Contributor address; City; State; Zip Code  Georgetown, TX 78633		
<b>8</b> Principal occupation / Job title (See Instructions) Accounting Specialist		<b>9</b> Employer (See Instructions) Texas Hospital Insurance Exchange
Date 12/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Davenport, Chad (Mr.)	Amount of Contribution (\$) \$2.00
Contributor address; City; State; Zip Code  Georgetown, TX 78633		
Principal occupation / Job title (See Instructions) Accounting Specialist		Employer (See Instructions) Texas Hospital Insurance Exchange
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Davila, Leslie (Ms.)	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code  Georgetown, TX 78633		
Principal occupation / Job title (See Instructions) Receptionist		Employer (See Instructions) Texas Hospital Insurance Exchange
Date 12/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Davila, Leslie (Ms.)	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code  Georgetown, TX 78633		
Principal occupation / Job title (See Instructions) Receptionist		Employer (See Instructions) Texas Hospital Insurance Exchange
Date 12/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Davis, John (Mr.)	Amount of Contribution (\$) \$3.85
Contributor address; City; State; Zip Code  Cuero, TX 77954		
Principal occupation / Job title (See Instructions) Director Cardiopulmonary		Employer (See Instructions) Cuero Regional Hospital

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 15/56 Rpt: 18/63
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 11/30/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Davis, Martha (Ms.)	<b>7</b> Amount of Contribution (\$)  \$3.85
	<b>6</b> Contributor address; City; State; Zip Code  Abilene, TX 79601	
<b>8</b> Principal occupation / Job title (See Instructions) HIM Supervisor		<b>9</b> Employer (See Instructions) Hendrick Medical Center
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Davis, Martha (Ms.)	Amount of Contribution (\$)  \$3.85
	Contributor address; City; State; Zip Code  Abilene, TX 79601	
Principal occupation / Job title (See Instructions) HIM Supervisor		Employer (See Instructions) Hendrick Medical Center
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) De La Garza, Heather (Ms.)	Amount of Contribution (\$)  \$2.00
	Contributor address; City; State; Zip Code  Austin, TX 78701	
Principal occupation / Job title (See Instructions) Assistant General Counsel		Employer (See Instructions) Texas Hospital Association
Date 12/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) De La Garza, Heather (Ms.)	Amount of Contribution (\$)  \$2.00
	Contributor address; City; State; Zip Code  Austin, TX 78701	
Principal occupation / Job title (See Instructions) Assistant General Counsel		Employer (See Instructions) Texas Hospital Association
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) DeHoyos, Cynthia (Ms.)	Amount of Contribution (\$)  \$3.85
	Contributor address; City; State; Zip Code  Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Managing Director		Employer (See Instructions) Hendrick Medical Center

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 16/56 Rpt: 19/63
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 12/15/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) DeHoyos, Cynthia (Ms.)	<b>7</b> Amount of Contribution (\$)  \$3.85
	<b>6</b> Contributor address; City; State; Zip Code  Abilene, TX 79601	
<b>8</b> Principal occupation / Job title (See Instructions) Managing Director		<b>9</b> Employer (See Instructions) Hendrick Medical Center
<b>Date</b> 11/30/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) DeYoung, Peter (Dr.)	<b>Amount of Contribution (\$)</b>  \$41.00
	<b>Contributor address; City; State; Zip Code</b>  Austin, TX 78758	
<b>Principal occupation / Job title (See Instructions)</b> Chief Medical Officer		<b>Employer (See Instructions)</b> St Davids North Austin Medical Center
<b>Date</b> 11/30/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dennis, Gregory (Mr.)	<b>Amount of Contribution (\$)</b>  \$3.85
	<b>Contributor address; City; State; Zip Code</b>  Abilene, TX 79601	
<b>Principal occupation / Job title (See Instructions)</b> Director Facility Management		<b>Employer (See Instructions)</b> Hendrick Medical Center
<b>Date</b> 12/15/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dennis, Gregory (Mr.)	<b>Amount of Contribution (\$)</b>  \$3.85
	<b>Contributor address; City; State; Zip Code</b>  Abilene, TX 79601	
<b>Principal occupation / Job title (See Instructions)</b> Director Facility Management		<b>Employer (See Instructions)</b> Hendrick Medical Center
<b>Date</b> 11/30/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Devun, Sharn (Ms.)	<b>Amount of Contribution (\$)</b>  \$3.85
	<b>Contributor address; City; State; Zip Code</b>  Abilene, TX 79601	
<b>Principal occupation / Job title (See Instructions)</b> Director Risk Management		<b>Employer (See Instructions)</b> Hendrick Medical Center

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 17/56 Rpt: 20/63
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 12/15/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Devun, Sharn (Ms.)	<b>7</b> Amount of Contribution (\$)  \$3.85
	<b>6</b> Contributor address; City; State; Zip Code  Abilene, TX 79601	
<b>8</b> Principal occupation / Job title (See Instructions) Director Risk Management		<b>9</b> Employer (See Instructions) Hendrick Medical Center
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Donaway, Duane (Mr.)	Amount of Contribution (\$)  \$1.93
	Contributor address; City; State; Zip Code  Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Director Information Systems		Employer (See Instructions) Hendrick Medical Center
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Donaway, Duane (Mr.)	Amount of Contribution (\$)  \$1.93
	Contributor address; City; State; Zip Code  Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Director Information Systems		Employer (See Instructions) Hendrick Medical Center
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Driskell, Jesiree (Ms.)	Amount of Contribution (\$)  \$4.25
	Contributor address; City; State; Zip Code  Abilene, TX 79601	
Principal occupation / Job title (See Instructions) AVP Strategic Communication and Digital Expert		Employer (See Instructions) Hendrick Medical Center
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Driskell, Jesiree (Ms.)	Amount of Contribution (\$)  \$4.25
	Contributor address; City; State; Zip Code  Abilene, TX 79601	
Principal occupation / Job title (See Instructions) AVP Strategic Communication and Digital Expert		Employer (See Instructions) Hendrick Medical Center

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 18/56 Rpt: 21/63
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 11/28/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dupree II, Anthony (Mr.)	<b>7</b> Amount of Contribution (\$) \$4.00
	<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78701	
<b>8</b> Principal occupation / Job title (See Instructions) Sr. Accounts Payable Specialist		<b>9</b> Employer (See Instructions) Texas Hospital Association
Date 12/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dupree II, Anthony (Mr.)	Amount of Contribution (\$) \$4.00
	Contributor address; City; State; Zip Code  Austin, TX 78701	
Principal occupation / Job title (See Instructions) Sr. Accounts Payable Specialist		Employer (See Instructions) Texas Hospital Association
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Duran, Andres (Mr.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  Carrizo Springs, TX 78834	
Principal occupation / Job title (See Instructions) Chief Executive Officer		Employer (See Instructions) Dimmit Regional Hospital
Date 12/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Escajeda, Lilia (Ms.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Amarillo, TX 79120	
Principal occupation / Job title (See Instructions) Board Member Ex Officio		Employer (See Instructions) Northwest Texas Healthcare System
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Escobar, Jaye (Ms.)	Amount of Contribution (\$) \$3.85
	Contributor address; City; State; Zip Code  Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Director of Correctional Health		Employer (See Instructions) Hendrick Medical Center

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 19/56 Rpt: 22/63
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 12/15/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Escobar, Jaye (Ms.)	<b>7</b> Amount of Contribution (\$)  \$3.85
	<b>6</b> Contributor address; City; State; Zip Code  Abilene, TX 79601	
<b>8</b> Principal occupation / Job title (See Instructions) Director of Correctional Health		<b>9</b> Employer (See Instructions) Hendrick Medical Center
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Eskew, Amy (Ms.)	Amount of Contribution (\$)  \$14.00
	Contributor address; City; State; Zip Code  Austin, TX 78701	
Principal occupation / Job title (See Instructions) President / CEO		Employer (See Instructions) Texas Healthcare Trustees
Date 12/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Eskew, Amy (Ms.)	Amount of Contribution (\$)  \$14.00
	Contributor address; City; State; Zip Code  Austin, TX 78701	
Principal occupation / Job title (See Instructions) President / CEO		Employer (See Instructions) Texas Healthcare Trustees
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Eurek, Andrew (Mr.)	Amount of Contribution (\$)  \$3.85
	Contributor address; City; State; Zip Code  Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Director Financial Analysis		Employer (See Instructions) Hendrick Medical Center
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Eurek, Andrew (Mr.)	Amount of Contribution (\$)  \$3.85
	Contributor address; City; State; Zip Code  Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Director Financial Analysis		Employer (See Instructions) Hendrick Medical Center

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 20/56 Rpt: 23/63
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 11/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Felton, Chris (Mr.) ..... 6 Contributor address; City; State; Zip Code  Austin, TX 78701	7 Amount of Contribution (\$)  \$4.00
8 Principal occupation / Job title (See Instructions) Regional Ambassador West Texas		9 Employer (See Instructions) Texas Hospital Association
Date 12/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Felton, Chris (Mr.) ..... Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) Regional Ambassador West Texas		Employer (See Instructions) Texas Hospital Association
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ford, Christopher (Mr.) ..... Contributor address; City; State; Zip Code  Abilene, TX 79601	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) AVP Support Services		Employer (See Instructions) Hendrick Medical Center
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ford, Christopher (Mr.) ..... Contributor address; City; State; Zip Code  Abilene, TX 79601	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) AVP Support Services		Employer (See Instructions) Hendrick Medical Center
Date 12/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fox, Jay (Mr.) ..... Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$20.50
Principal occupation / Job title (See Instructions) President BSWH Austin Area		Employer (See Instructions) Baylor Scott & White Medical Center - Pflugerville

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 21/56 Rpt: 24/63
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 12/13/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Francis, Christy (Mrs.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Canadian, TX 79014	
<b>8</b> Principal occupation / Job title (See Instructions) Chief Executive Officer		<b>9</b> Employer (See Instructions) Hemphill County Hospital District
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Frazier, Tess (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Georgetown, TX 78633	
Principal occupation / Job title (See Instructions) President / CEO		Employer (See Instructions) Texas Hospital Insurance Exchange
Date 12/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Frazier, Tess (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Georgetown, TX 78633	
Principal occupation / Job title (See Instructions) President / CEO		Employer (See Instructions) Texas Hospital Insurance Exchange
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gaines, Cameron (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Georgetown, TX 78633	
Principal occupation / Job title (See Instructions) IT Support Specialist		Employer (See Instructions) Texas Hospital Insurance Exchange
Date 12/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gaines, Cameron (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Georgetown, TX 78633	
Principal occupation / Job title (See Instructions) IT Support Specialist		Employer (See Instructions) Texas Hospital Insurance Exchange

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 22/56 Rpt: 25/63
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 11/28/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gette, Angela (Ms.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Georgetown, TX 78633	
<b>8</b> Principal occupation / Job title (See Instructions) Vice President Claims		<b>9</b> Employer (See Instructions) Texas Hospital Insurance Exchange
Date 12/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gette, Angela (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Georgetown, TX 78633	
Principal occupation / Job title (See Instructions) Vice President Claims		Employer (See Instructions) Texas Hospital Insurance Exchange
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gleitz, Stephen (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Nurse Manager of Critical Care Unit		Employer (See Instructions) Hendrick Medical Center
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gleitz, Stephen (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Nurse Manager of Critical Care Unit		Employer (See Instructions) Hendrick Medical Center
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Goforth, Al (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Austin, TX 78701	
Principal occupation / Job title (See Instructions) Member Ambassador		Employer (See Instructions) Texas Hospital Association

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 23/56 Rpt: 26/63
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 12/22/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Goforth, Al (Mr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78701	
<b>8</b> Principal occupation / Job title (See Instructions) Member Ambassador		<b>9</b> Employer (See Instructions) Texas Hospital Association
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gonzalez, Sara (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Austin, TX 78701	
Principal occupation / Job title (See Instructions) VP Advocacy / Public Policy		Employer (See Instructions) Texas Hospital Association
Date 12/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gonzalez, Sara (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Austin, TX 78701	
Principal occupation / Job title (See Instructions) VP Advocacy / Public Policy		Employer (See Instructions) Texas Hospital Association
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Goolsby, Emily (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Dir of the Dept of Education and Professional Development		Employer (See Instructions) Hendrick Medical Center
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Goolsby, Emily (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Dir of the Dept of Education and Professional Development		Employer (See Instructions) Hendrick Medical Center

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 24/56 Rpt: 27/63
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 11/28/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gordon, Brittany (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78701	<b>7</b> Amount of Contribution (\$)  \$2.00
<b>8</b> Principal occupation / Job title (See Instructions) Sr Specialist, AR & Association Management System		<b>9</b> Employer (See Instructions) Texas Hospital Association
Date 12/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gordon, Brittany (Ms.) <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$2.00
Principal occupation / Job title (See Instructions) Sr Specialist, AR & Association Management System		Employer (See Instructions) Texas Hospital Association
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Greenwood, Susan (Ms.) <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79601	Amount of Contribution (\$)  \$9.62
Principal occupation / Job title (See Instructions) Vice President / Chief Nursing Officer		Employer (See Instructions) Hendrick Medical Center
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Greenwood, Susan (Ms.) <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79601	Amount of Contribution (\$)  \$9.62
Principal occupation / Job title (See Instructions) Vice President / Chief Nursing Officer		Employer (See Instructions) Hendrick Medical Center
Date 12/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) HCA Texas Good Government Fund <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75240	Amount of Contribution (\$)  \$25,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 25/56 Rpt: 28/63
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 11/28/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Haas, Mark (Mr.)	<b>7</b> Amount of Contribution (\$) \$4.00
	<b>6</b> Contributor address; City; State; Zip Code  Georgetown, TX 78633	
<b>8</b> Principal occupation / Job title (See Instructions) Staff Accountant		<b>9</b> Employer (See Instructions) Texas Hospital Insurance Exchange
<b>Date</b> 12/22/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Haas, Mark (Mr.)	<b>Amount of Contribution (\$)</b> \$4.00
	<b>Contributor address; City; State; Zip Code</b>  Georgetown, TX 78633	
<b>Principal occupation / Job title (See Instructions)</b> Staff Accountant		<b>Employer (See Instructions)</b> Texas Hospital Insurance Exchange
<b>Date</b> 11/30/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hair, Donna (Ms.)	<b>Amount of Contribution (\$)</b> \$3.85
	<b>Contributor address; City; State; Zip Code</b>  Brownwood, TX 76804	
<b>Principal occupation / Job title (See Instructions)</b> Director of Marketing		<b>Employer (See Instructions)</b> Hendrick Medical Center
<b>Date</b> 12/15/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hair, Donna (Ms.)	<b>Amount of Contribution (\$)</b> \$3.85
	<b>Contributor address; City; State; Zip Code</b>  Brownwood, TX 76804	
<b>Principal occupation / Job title (See Instructions)</b> Director of Marketing		<b>Employer (See Instructions)</b> Hendrick Medical Center
<b>Date</b> 11/30/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Harris, Erica (Ms.)	<b>Amount of Contribution (\$)</b> \$3.85
	<b>Contributor address; City; State; Zip Code</b>  Abilene, TX 79601	
<b>Principal occupation / Job title (See Instructions)</b> Admissions Director		<b>Employer (See Instructions)</b> Hendrick Medical Center

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 26/56 Rpt: 29/63
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 12/15/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Harris, Erica (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Abilene, TX 79601	<b>7</b> Amount of Contribution (\$)  \$3.85
<b>8</b> Principal occupation / Job title (See Instructions) Admissions Director		<b>9</b> Employer (See Instructions) Hendrick Medical Center
Date 11/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hart, Brandy (Mrs.) <hr/> Contributor address; City; State; Zip Code  Nashville, TN 37203	Amount of Contribution (\$)  \$83.00
Principal occupation / Job title (See Instructions) Regional Vice President / Behavioral Health		Employer (See Instructions) HCA Healthcare
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hawkins, John (Mr.) <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$90.00
Principal occupation / Job title (See Instructions) President / CEO		Employer (See Instructions) Texas Hospital Association
Date 12/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hawkins, John (Mr.) <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$1,300.00
Principal occupation / Job title (See Instructions) President / CEO		Employer (See Instructions) Texas Hospital Association
Date 12/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hawkins, John (Mr.) <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$90.00
Principal occupation / Job title (See Instructions) President / CEO		Employer (See Instructions) Texas Hospital Association

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 27/56 Rpt: 30/63
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 12/15/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Head, Courtney (Mr.)	<b>7</b> Amount of Contribution (\$)  \$9.62
	<b>6</b> Contributor address; City; State; Zip Code  Abilene, TX 79601	
<b>8</b> Principal occupation / Job title (See Instructions) Vice President of Human Resources		<b>9</b> Employer (See Instructions) Hendrick Medical Center
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Head, Courtney (Ms.)	Amount of Contribution (\$)  \$9.62
	Contributor address; City; State; Zip Code  Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Vice President of Human Resources		Employer (See Instructions) Hendrick Medical Center
Date 12/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Henderson, John (Mr.)	Amount of Contribution (\$)  \$83.00
	Contributor address; City; State; Zip Code  Round Rock, TX 78664	
Principal occupation / Job title (See Instructions) President / CEO		Employer (See Instructions) TORCH
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Henry, Elizabeth (Ms.)	Amount of Contribution (\$)  \$4.81
	Contributor address; City; State; Zip Code  Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Director Case Management		Employer (See Instructions) Hendrick Medical Center
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Henry, Elizabeth (Ms.)	Amount of Contribution (\$)  \$4.81
	Contributor address; City; State; Zip Code  Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Director Case Management		Employer (See Instructions) Hendrick Medical Center

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 28/56 Rpt: 31/63
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 11/28/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hernandez, Janet (Ms.)	<b>7</b> Amount of Contribution (\$)  \$8.34
	<b>6</b> Contributor address; City; State; Zip Code  Georgetown, TX 78633	
<b>8</b> Principal occupation / Job title (See Instructions) Accounting Manager		<b>9</b> Employer (See Instructions) Texas Hospital Insurance Exchange
Date 12/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hernandez, Janet (Ms.)	Amount of Contribution (\$)  \$8.34
	Contributor address; City; State; Zip Code  Georgetown, TX 78633	
Principal occupation / Job title (See Instructions) Accounting Manager		Employer (See Instructions) Texas Hospital Insurance Exchange
Date 12/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Holland, Brad (Mr.)	Amount of Contribution (\$)  \$82.50
	Contributor address; City; State; Zip Code  Abilene, TX 79601	
Principal occupation / Job title (See Instructions) President / Chief Executive Officer		Employer (See Instructions) Hendrick Health
Date 12/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Honea, Michael (Mr.)	Amount of Contribution (\$)  \$41.00
	Contributor address; City; State; Zip Code  Glen Rose, TX 76043	
Principal occupation / Job title (See Instructions) Chief Executive Officer		Employer (See Instructions) Glen Rose Medical Center
Date 12/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hrncirik, Bobbye (Ms.)	Amount of Contribution (\$)  \$83.00
	Contributor address; City; State; Zip Code  Lubbock, TX 79415	
Principal occupation / Job title (See Instructions) VP Supplemental Funding		Employer (See Instructions) University Medical Center

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 29/56 Rpt: 32/63
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 11/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Huff, Alexander (Mr.) ..... 6 Contributor address; City; State; Zip Code  Austin, TX 78701	7 Amount of Contribution (\$)  \$2.00
8 Principal occupation / Job title (See Instructions) Vice President of Health IT Programs		9 Employer (See Instructions) THA Foundation
Date 12/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Huff, Alexander (Mr.) ..... Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$2.00
Principal occupation / Job title (See Instructions) Vice President of Health IT Programs		Employer (See Instructions) THA Foundation
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Huffington, Mark (Mr.) ..... Contributor address; City; State; Zip Code  Abilene, TX 79601	Amount of Contribution (\$)  \$4.81
Principal occupation / Job title (See Instructions) System Assistant Vice President Analytics		Employer (See Instructions) Hendrick Medical Center
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Huffington, Mark (Mr.) ..... Contributor address; City; State; Zip Code  Abilene, TX 79601	Amount of Contribution (\$)  \$4.81
Principal occupation / Job title (See Instructions) System Assistant Vice President Analytics		Employer (See Instructions) Hendrick Medical Center
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hunnicut, Craig (Mr.) ..... Contributor address; City; State; Zip Code  Abilene, TX 79601	Amount of Contribution (\$)  \$3.85
Principal occupation / Job title (See Instructions) Director Regional Services		Employer (See Instructions) Hendrick Medical Center

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 30/56 Rpt: 33/63
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 12/15/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hunnicut, Craig (Mr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Abilene, TX 79601	<b>7</b> Amount of Contribution (\$)  \$3.85
<b>8</b> Principal occupation / Job title (See Instructions) Director Regional Services		<b>9</b> Employer (See Instructions) Hendrick Medical Center
Date 12/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hurst, William (Mr.) <hr/> Contributor address; City; State; Zip Code  Plano, TX 75075	Amount of Contribution (\$)  \$125.00
Principal occupation / Job title (See Instructions) President / CEO		Employer (See Instructions) Patient Physician Network
Date 12/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jackson, Olga (Ms.) <hr/> Contributor address; City; State; Zip Code  Cuero, TX 77954	Amount of Contribution (\$)  \$0.97
Principal occupation / Job title (See Instructions) Support Services		Employer (See Instructions) Cuero Regional Hospital
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jackson, Robin (Ms.) <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) Vice President, Service Center		Employer (See Instructions) Texas Hospital Association
Date 12/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jackson, Robin (Ms.) <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) Vice President, Service Center		Employer (See Instructions) Texas Hospital Association

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 31/56 Rpt: 34/63
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 11/30/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jara, Erica (Ms.)	<b>7</b> Amount of Contribution (\$)  \$3.85
	<b>6</b> Contributor address; City; State; Zip Code  Abilene, TX 79601	
<b>8</b> Principal occupation / Job title (See Instructions) System Director Benefits		<b>9</b> Employer (See Instructions) Hendrick Medical Center
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jara, Erica (Ms.)	Amount of Contribution (\$)  \$3.85
	Contributor address; City; State; Zip Code  Abilene, TX 79601	
Principal occupation / Job title (See Instructions) System Director Benefits		Employer (See Instructions) Hendrick Medical Center
Date 12/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jasper, Jerry (Mr.)	Amount of Contribution (\$)  \$41.00
	Contributor address; City; State; Zip Code  Harlingen, TX 78550	
Principal occupation / Job title (See Instructions) Chief Executive Officer		Employer (See Instructions) Solara Hospital Harlingen
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jones, Susan (Ms.)	Amount of Contribution (\$)  \$20.00
	Contributor address; City; State; Zip Code  Austin, TX 78701	
Principal occupation / Job title (See Instructions) Member Ambassador		Employer (See Instructions) Texas Hospital Association
Date 12/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jones, Susan (Ms.)	Amount of Contribution (\$)  \$20.00
	Contributor address; City; State; Zip Code  Austin, TX 78701	
Principal occupation / Job title (See Instructions) Member Ambassador		Employer (See Instructions) Texas Hospital Association

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 32/56 Rpt: 35/63
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 11/30/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kelly, Tave (Ms.) ..... <b>6</b> Contributor address; City; State; Zip Code  Abilene, TX 79601	<b>7</b> Amount of Contribution (\$)  \$4.81
<b>8</b> Principal occupation / Job title (See Instructions) System Assistant Vice President Revenue Cycle		<b>9</b> Employer (See Instructions) Hendrick Medical Center
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kelly, Tave (Ms.) ..... Contributor address; City; State; Zip Code  Abilene, TX 79601	Amount of Contribution (\$)  \$4.81
Principal occupation / Job title (See Instructions) System Assistant Vice President Revenue Cycle		Employer (See Instructions) Hendrick Medical Center
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kendrick, Karen (Ms.) ..... Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) VP of Clinical Initiatives		Employer (See Instructions) THA Foundation
Date 12/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kendrick, Karen (Ms.) ..... Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) VP of Clinical Initiatives		Employer (See Instructions) THA Foundation
Date 12/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kimmel, Stephen (Mr.) ..... Contributor address; City; State; Zip Code  Fort Worth, TX 76104	Amount of Contribution (\$)  \$83.00
Principal occupation / Job title (See Instructions) Chief Financial Officer		Employer (See Instructions) Cook Children's Medical Center

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 33/56 Rpt: 36/63
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 12/10/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kirkman, Leni (Ms.)	<b>7</b> Amount of Contribution (\$) \$41.00
	<b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78229	
<b>8</b> Principal occupation / Job title (See Instructions) Exec VP Corp Communications & Mktg		<b>9</b> Employer (See Instructions) University Health
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kroll, Carrie (Ms.)	Amount of Contribution (\$) \$62.00
	Contributor address; City; State; Zip Code  Austin, TX 78701	
Principal occupation / Job title (See Instructions) VP Advocacy / Pub Policy / Political Strategy		Employer (See Instructions) Texas Hospital Association
Date 12/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kroll, Carrie (Ms.)	Amount of Contribution (\$) \$62.00
	Contributor address; City; State; Zip Code  Austin, TX 78701	
Principal occupation / Job title (See Instructions) VP Advocacy / Pub Policy / Political Strategy		Employer (See Instructions) Texas Hospital Association
Date 12/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krupala, Judith (Ms.)	Amount of Contribution (\$) \$1.93
	Contributor address; City; State; Zip Code  Cuero, TX 77954	
Principal occupation / Job title (See Instructions) Chief Nursing Officer		Employer (See Instructions) Cuero Regional Hospital
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lafrance, Judith (Ms.)	Amount of Contribution (\$) \$4.81
	Contributor address; City; State; Zip Code  Abilene, TX 79606	
Principal occupation / Job title (See Instructions) HMCS Chief Administrative Officer		Employer (See Instructions) Hendrick Medical Center

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 34/56 Rpt: 37/63
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 12/15/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lafrance, Judith (Ms.)	<b>7</b> Amount of Contribution (\$)  \$4.81
	<b>6</b> Contributor address; City; State; Zip Code  Abilene, TX 79606	
<b>8</b> Principal occupation / Job title (See Instructions) HMCS Chief Administrative Officer		<b>9</b> Employer (See Instructions) Hendrick Medical Center
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lampert, Bruce (Mr.)	Amount of Contribution (\$)  \$3.85
	Contributor address; City; State; Zip Code  Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Director, Hospice Care		Employer (See Instructions) Hendrick Medical Center
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lampert, Bruce (Mr.)	Amount of Contribution (\$)  \$3.85
	Contributor address; City; State; Zip Code  Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Director, Hospice Care		Employer (See Instructions) Hendrick Medical Center
Date 12/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Leal, Jorge (Mr.)	Amount of Contribution (\$)  \$83.00
	Contributor address; City; State; Zip Code  Laredo, TX 78044	
Principal occupation / Job title (See Instructions) Chief Executive Officer		Employer (See Instructions) Laredo Medical Center
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lee, Rachel (Ms.)	Amount of Contribution (\$)  \$3.85
	Contributor address; City; State; Zip Code  Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Dir Med Staff Srvcs & Physician Recruitment		Employer (See Instructions) Hendrick Medical Center

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 35/56 Rpt: 38/63
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 12/15/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lee, Rachel (Ms.)	<b>7</b> Amount of Contribution (\$)  \$3.85
	<b>6</b> Contributor address; City; State; Zip Code  Abilene, TX 79601	
<b>8</b> Principal occupation / Job title (See Instructions) Dir Med Staff Srvcs & Physician Recruitment		<b>9</b> Employer (See Instructions) Hendrick Medical Center
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lengal, Samantha (Ms.)	Amount of Contribution (\$)  \$4.00
	Contributor address; City; State; Zip Code  Georgetown, TX 78633	
Principal occupation / Job title (See Instructions) Underwriting Coordinator		Employer (See Instructions) Texas Hospital Insurance Exchange
Date 12/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lengal, Samantha (Ms.)	Amount of Contribution (\$)  \$4.00
	Contributor address; City; State; Zip Code  Georgetown, TX 78633	
Principal occupation / Job title (See Instructions) Underwriting Coordinator		Employer (See Instructions) Texas Hospital Insurance Exchange
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Liscano, Rosie (Ms.)	Amount of Contribution (\$)  \$2.00
	Contributor address; City; State; Zip Code  Georgetown, TX 78633	
Principal occupation / Job title (See Instructions) Senior Claims Adj/Risk Mgmt Specialist		Employer (See Instructions) Texas Hospital Insurance Exchange
Date 12/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Liscano, Rosie (Ms.)	Amount of Contribution (\$)  \$2.00
	Contributor address; City; State; Zip Code  Georgetown, TX 78633	
Principal occupation / Job title (See Instructions) Senior Claims Adj/Risk Mgmt Specialist		Employer (See Instructions) Texas Hospital Insurance Exchange

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 36/56 Rpt: 39/63
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 11/28/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lopez, Cesar (Mr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78701	
<b>8</b> Principal occupation / Job title (See Instructions) Associate General Counsel		<b>9</b> Employer (See Instructions) Texas Hospital Association
Date 12/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lopez, Cesar (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Austin, TX 78701	
Principal occupation / Job title (See Instructions) Associate General Counsel		Employer (See Instructions) Texas Hospital Association
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lowery, James (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Director Managed Care		Employer (See Instructions) Hendrick Medical Center
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lowery, James (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Director Managed Care		Employer (See Instructions) Hendrick Medical Center
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McCollough, Kimberly (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Abilene, TX 79606	
Principal occupation / Job title (See Instructions) Director of Women and Children Services		Employer (See Instructions) Hendrick Medical Center

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 37/56 Rpt: 40/63
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 12/15/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McCollough, Kimberly (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Abilene, TX 79606	<b>7</b> Amount of Contribution (\$)  \$3.85
<b>8</b> Principal occupation / Job title (See Instructions) Director of Women and Children Services		<b>9</b> Employer (See Instructions) Hendrick Medical Center
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McElrath, Pamela (Ms.) <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79601	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions) Hendrick Medical Center
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McElrath, Pamela (Ms.) <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79601	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions) Hendrick Medical Center
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Merrell, Angie (Ms.) <hr/> Contributor address; City; State; Zip Code  Georgetown, TX 78633	Amount of Contribution (\$)  \$2.00
Principal occupation / Job title (See Instructions) THIE Vice President of Risk Management		Employer (See Instructions) Texas Hospital Insurance Exchange
Date 12/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Merrell, Angie (Ms.) <hr/> Contributor address; City; State; Zip Code  Georgetown, TX 78633	Amount of Contribution (\$)  \$2.00
Principal occupation / Job title (See Instructions) THIE Vice President of Risk Management		Employer (See Instructions) Texas Hospital Insurance Exchange

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 38/56 Rpt: 41/63
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 12/01/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mitchell, Kenneth (Dr.)	<b>7</b> Amount of Contribution (\$)  \$41.00
	<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78701	
<b>8</b> Principal occupation / Job title (See Instructions) SVP / Chief Medical Officer		<b>9</b> Employer (See Instructions) St. David's HealthCare
Date 12/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Morales, Daniel (Mr.)	Amount of Contribution (\$)  \$20.50
	Contributor address; City; State; Zip Code  Houston, TX 77030	
Principal occupation / Job title (See Instructions) Vice President Government Affairs		Employer (See Instructions) Houston Methodist
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mundfrom, Jessie (Ms.)	Amount of Contribution (\$)  \$1.00
	Contributor address; City; State; Zip Code  Austin, TX 78701	
Principal occupation / Job title (See Instructions) Manager of Virtual Education		Employer (See Instructions) THA Foundation
Date 12/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mundfrom, Jessie (Ms.)	Amount of Contribution (\$)  \$2.00
	Contributor address; City; State; Zip Code  Austin, TX 78701	
Principal occupation / Job title (See Instructions) Manager of Virtual Education		Employer (See Instructions) THA Foundation
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Murphy, Patrick (Mr.)	Amount of Contribution (\$)  \$3.85
	Contributor address; City; State; Zip Code  Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Healthcare Professional		Employer (See Instructions) Hendrick Medical Center

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 39/56 Rpt: 42/63
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 12/15/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Murphy, Patrick (Mr.)	<b>7</b> Amount of Contribution (\$) <span style="float:right">\$3.85</span>
<b>6</b> Contributor address; City; State; Zip Code  Abilene, TX 79601		
<b>8</b> Principal occupation / Job title (See Instructions) Healthcare Professional		<b>9</b> Employer (See Instructions) Hendrick Medical Center
Date 12/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nagel, Robert (Mr.)	Amount of Contribution (\$) <span style="float:right">\$500.00</span>
Contributor address; City; State; Zip Code  Austin, TX 78701		
Principal occupation / Job title (See Instructions) SVP Business Development		Employer (See Instructions) St. David's HealthCare
Date 12/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Neves, Susan (Ms.)	Amount of Contribution (\$) <span style="float:right">\$500.00</span>
Contributor address; City; State; Zip Code  Fredericksburg, TX 78624		
Principal occupation / Job title (See Instructions) Chief Financial Officer		Employer (See Instructions) Methodist Hospital Hill Country
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) O'Neil, Jennifer (Ms.)	Amount of Contribution (\$) <span style="float:right">\$10.00</span>
Contributor address; City; State; Zip Code  Austin, TX 78701		
Principal occupation / Job title (See Instructions) Advisor Govmnt Relations & HOSPAC		Employer (See Instructions) Texas Hospital Association
Date 12/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) O'Neil, Jennifer (Ms.)	Amount of Contribution (\$) <span style="float:right">\$10.00</span>
Contributor address; City; State; Zip Code  Austin, TX 78701		
Principal occupation / Job title (See Instructions) Advisor Govmnt Relations & HOSPAC		Employer (See Instructions) Texas Hospital Association

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 40/56 Rpt: 43/63
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 11/28/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pargac, Ann (Ms.)	<b>7</b> Amount of Contribution (\$) \$2.00
<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78701		
<b>8</b> Principal occupation / Job title (See Instructions) Director of Education		<b>9</b> Employer (See Instructions) THA Foundation
Date 12/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pargac, Ann (Ms.)	Amount of Contribution (\$) \$2.00
Contributor address; City; State; Zip Code  Austin, TX 78701		
Principal occupation / Job title (See Instructions) Director of Education		Employer (See Instructions) THA Foundation
Date 12/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Parisi, James (Mr.)	Amount of Contribution (\$) \$41.50
Contributor address; City; State; Zip Code  The Woodlands, TX 77384		
Principal occupation / Job title (See Instructions) Chief Executive Officer		Employer (See Instructions) CHI St Lukes Health - The Woodlands Hospital
Date 11/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pickett, Jerry (Mr.)	Amount of Contribution (\$) \$20.50
Contributor address; City; State; Zip Code  Clifton, TX 76634		
Principal occupation / Job title (See Instructions) Chief Financial Officer		Employer (See Instructions) Goodall-Witcher Healthcare
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Porter, Lea Anne (Ms.)	Amount of Contribution (\$) \$2.00
Contributor address; City; State; Zip Code  Austin, TX 78701		
Principal occupation / Job title (See Instructions) VP Retirement Plans		Employer (See Instructions) Texas Hospital Association Retirement Plan

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 41/56 Rpt: 44/63
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 12/22/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Porter, Lea Anne (Ms.)	<b>7</b> Amount of Contribution (\$) \$2.00
	<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78701	
<b>8</b> Principal occupation / Job title (See Instructions) VP Retirement Plans		<b>9</b> Employer (See Instructions) Texas Hospital Association Retirement Plan
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Preston, Deborah (Ms.)	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Director of Pharmacy		Employer (See Instructions) Hendrick Medical Center
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Preston, Deborah (Ms.)	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Director of Pharmacy		Employer (See Instructions) Hendrick Medical Center
Date 12/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Qualls, Rustin (Mr.)	Amount of Contribution (\$) \$20.50
	Contributor address; City; State; Zip Code  Clifton, TX 76634	
Principal occupation / Job title (See Instructions) Director of Operations		Employer (See Instructions) Goodall-Witcher Healthcare
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ramirez, Erika (Ms.)	Amount of Contribution (\$) \$2.00
	Contributor address; City; State; Zip Code  Austin, TX 78701	
Principal occupation / Job title (See Instructions) Senior Director Health Policy		Employer (See Instructions) Texas Hospital Association

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 42/56 Rpt: 45/63
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 12/22/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ramirez, Erika (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78701	<b>7</b> Amount of Contribution (\$)  \$2.00
<b>8</b> Principal occupation / Job title (See Instructions) Senior Director Health Policy		<b>9</b> Employer (See Instructions) Texas Hospital Association
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ramirez, Lisa (Ms.) <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) Specialist		Employer (See Instructions) Texas Hospital Association
Date 12/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ramirez, Lisa (Ms.) <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) Specialist		Employer (See Instructions) Texas Hospital Association
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ressmann, Mitzi (Ms.) <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$62.00
Principal occupation / Job title (See Instructions) Chief Operating Officer		Employer (See Instructions) Texas Hospital Association
Date 12/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ressmann, Mitzi (Ms.) <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$62.00
Principal occupation / Job title (See Instructions) Chief Operating Officer		Employer (See Instructions) Texas Hospital Association

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 43/56 Rpt: 46/63
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 12/15/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Richburg, Melanie (Dr.)	<b>7</b> Amount of Contribution (\$) \$125.00
	<b>6</b> Contributor address; City; State; Zip Code  Tahoka, TX 79373	
<b>8</b> Principal occupation / Job title (See Instructions) Chief Executive Officer		<b>9</b> Employer (See Instructions) Lynn County Hospital District
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Richert, Ron (Mr.)	Amount of Contribution (\$) \$3.85
	Contributor address; City; State; Zip Code  Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Director of the Health Club		Employer (See Instructions) Hendrick Medical Center
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Richert, Ron (Mr.)	Amount of Contribution (\$) \$3.85
	Contributor address; City; State; Zip Code  Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Director of the Health Club		Employer (See Instructions) Hendrick Medical Center
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rios, Amy (Ms.)	Amount of Contribution (\$) \$2.00
	Contributor address; City; State; Zip Code  Austin, TX 78701	
Principal occupation / Job title (See Instructions) Dir Marketing & Strategic Communications		Employer (See Instructions) Texas Hospital Association
Date 12/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rios, Amy (Ms.)	Amount of Contribution (\$) \$2.00
	Contributor address; City; State; Zip Code  Austin, TX 78701	
Principal occupation / Job title (See Instructions) Dir Marketing & Strategic Communications		Employer (See Instructions) Texas Hospital Association

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 44/56 Rpt: 47/63
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 11/30/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Robinson, Tracee (Ms.)	<b>7</b> Amount of Contribution (\$)  \$3.85
	<b>6</b> Contributor address; City; State; Zip Code  Abilene, TX 79601	
<b>8</b> Principal occupation / Job title (See Instructions) Director of Quality		<b>9</b> Employer (See Instructions) Hendrick Medical Center
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Robinson, Tracee (Ms.)	Amount of Contribution (\$)  \$3.85
	Contributor address; City; State; Zip Code  Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Director of Quality		Employer (See Instructions) Hendrick Medical Center
Date 12/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Saenz, Iris (Ms.)	Amount of Contribution (\$)  \$20.50
	Contributor address; City; State; Zip Code  Houston, TX 77024	
Principal occupation / Job title (See Instructions) Manager Public Policy & Community Benefit		Employer (See Instructions) Memorial Hermann Health System
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Safarik, Paulina (Ms.)	Amount of Contribution (\$)  \$2.00
	Contributor address; City; State; Zip Code  Austin, TX 78701	
Principal occupation / Job title (See Instructions) Senior Director of Human Resources		Employer (See Instructions) Texas Hospital Association
Date 12/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Safarik, Paulina (Ms.)	Amount of Contribution (\$)  \$2.00
	Contributor address; City; State; Zip Code  Austin, TX 78701	
Principal occupation / Job title (See Instructions) Senior Director of Human Resources		Employer (See Instructions) Texas Hospital Association

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 45/56 Rpt: 48/63
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 12/10/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sandles, Christopher (Mr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78229	
<b>8</b> Principal occupation / Job title (See Instructions) President Hospital Operations		<b>9</b> Employer (See Instructions) University Health
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Schmidt, Timothy (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Dir Property / Facility Management		Employer (See Instructions) Hendrick Medical Center
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Schmidt, Timothy (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Dir Property / Facility Management		Employer (See Instructions) Hendrick Medical Center
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Shea, Patrick (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Georgetown, TX 78633	
Principal occupation / Job title (See Instructions) Risk Management Coordinator		Employer (See Instructions) Texas Hospital Insurance Exchange
Date 12/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Shea, Patrick (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Georgetown, TX 78633	
Principal occupation / Job title (See Instructions) Risk Management Coordinator		Employer (See Instructions) Texas Hospital Insurance Exchange

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 46/56 Rpt: 49/63
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 11/28/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sipes, Michael (Mr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78701	
<b>8</b> Principal occupation / Job title (See Instructions) Legal Services Specialist		<b>9</b> Employer (See Instructions) Texas Hospital Association
Date 12/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sipes, Michael (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Austin, TX 78701	
Principal occupation / Job title (See Instructions) Legal Services Specialist		Employer (See Instructions) Texas Hospital Association
Date 12/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Smith, Carson (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  San Antonio, TX 78258	
Principal occupation / Job title (See Instructions) Chief Operating Officer		Employer (See Instructions) Methodist Stone Oak Hospital
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Smith, John (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Austin, TX 78701	
Principal occupation / Job title (See Instructions) Director Data & Technology		Employer (See Instructions) THA Foundation
Date 12/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Smith, John (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Austin, TX 78701	
Principal occupation / Job title (See Instructions) Director Data & Technology		Employer (See Instructions) THA Foundation

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 47/56 Rpt: 50/63
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 11/30/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Speckels, Donna (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Abilene, TX 79601	<b>7</b> Amount of Contribution (\$)  \$3.85
<b>8</b> Principal occupation / Job title (See Instructions) Director Hendrick HouseCalls		<b>9</b> Employer (See Instructions) Hendrick Medical Center
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Speckels, Donna (Ms.) <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79601	Amount of Contribution (\$)  \$3.85
Principal occupation / Job title (See Instructions) Director Hendrick HouseCalls		Employer (See Instructions) Hendrick Medical Center
Date 12/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Speer, Gena (Ms.) <hr/> Contributor address; City; State; Zip Code  Breckenridge, TX 76424	Amount of Contribution (\$)  \$14.50
Principal occupation / Job title (See Instructions) Chief Nursing Officer		Employer (See Instructions) Stephens Memorial Hospital
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Srubar, Linda (Mrs.) <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Advisor Executive Administration		Employer (See Instructions) Texas Hospital Association
Date 12/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Srubar, Linda (Mrs.) <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Advisor Executive Administration		Employer (See Instructions) Texas Hospital Association

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 48/56 Rpt: 51/63
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 11/30/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stafford, Steven (Mr.)	<b>7</b> Amount of Contribution (\$) \$3.85
	<b>6</b> Contributor address; City; State; Zip Code  Abilene, TX 79601	
<b>8</b> Principal occupation / Job title (See Instructions) Director Hendrick Clinic		<b>9</b> Employer (See Instructions) Hendrick Medical Center
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stafford, Steven (Mr.)	Amount of Contribution (\$) \$3.85
	Contributor address; City; State; Zip Code  Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Director Hendrick Clinic		Employer (See Instructions) Hendrick Medical Center
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephenson, David (Mr.)	Amount of Contribution (\$) \$9.62
	Contributor address; City; State; Zip Code  Abilene, TX 79601	
Principal occupation / Job title (See Instructions) System VP, Hendrick Clinic & Anesthesia Network		Employer (See Instructions) Hendrick Medical Center
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephenson, David (Mr.)	Amount of Contribution (\$) \$9.62
	Contributor address; City; State; Zip Code  Abilene, TX 79601	
Principal occupation / Job title (See Instructions) System VP, Hendrick Clinic & Anesthesia Network		Employer (See Instructions) Hendrick Medical Center
Date 11/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Clay (Mr.)	Amount of Contribution (\$) \$20.50
	Contributor address; City; State; Zip Code  Lubbock, TX 79410	
Principal occupation / Job title (See Instructions) Chief Operating Officer		Employer (See Instructions) Covenant Childrens Hospital

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 49/56 Rpt: 52/63
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 11/28/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Thomas, Wendy (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78701	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Mgr Advocacy / Pub Policy / HOSPAC		<b>9</b> Employer (See Instructions) Texas Hospital Association
Date 12/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Thomas, Wendy (Ms.) <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Mgr Advocacy / Pub Policy / HOSPAC		Employer (See Instructions) Texas Hospital Association
Date 12/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tiffin, Laura (Ms.) <hr/> Contributor address; City; State; Zip Code  Cuero, TX 77954	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Business Office Manager		Employer (See Instructions) Cuero Regional Hospital
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Trout, Judith (Ms.) <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$2.00
Principal occupation / Job title (See Instructions) Healthcare Data Analyst		Employer (See Instructions) THA Foundation
Date 12/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Trout, Judith (Ms.) <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$2.00
Principal occupation / Job title (See Instructions) Healthcare Data Analyst		Employer (See Instructions) THA Foundation

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 50/56 Rpt: 53/63
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 11/30/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tucek, Karen (Ms.)	<b>7</b> Amount of Contribution (\$) <span style="float:right">\$3.85</span>
	<b>6</b> Contributor address; City; State; Zip Code  Abilene, TX 79601	
<b>8</b> Principal occupation / Job title (See Instructions) Director, Hospice		<b>9</b> Employer (See Instructions) Hendrick Medical Center
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tucek, Karen (Ms.)	Amount of Contribution (\$) <span style="float:right">\$3.85</span>
	Contributor address; City; State; Zip Code  Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Director, Hospice		Employer (See Instructions) Hendrick Medical Center
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Turner, Matt (Mr.)	Amount of Contribution (\$) <span style="float:right">\$2.00</span>
	Contributor address; City; State; Zip Code  Austin, TX 78701	
Principal occupation / Job title (See Instructions) Senior Director Quality & Payment		Employer (See Instructions) Texas Hospital Association
Date 12/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Turner, Matt (Mr.)	Amount of Contribution (\$) <span style="float:right">\$2.00</span>
	Contributor address; City; State; Zip Code  Austin, TX 78701	
Principal occupation / Job title (See Instructions) Senior Director Quality & Payment		Employer (See Instructions) Texas Hospital Association
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Vidrine, Amanda (Ms.)	Amount of Contribution (\$) <span style="float:right">\$3.85</span>
	Contributor address; City; State; Zip Code  Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Quality & Regulatory Manager		Employer (See Instructions) Hendrick Medical Center

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 51/56 Rpt: 54/63
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 12/15/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Vidrine, Amanda (Ms.)	<b>7</b> Amount of Contribution (\$)  \$3.85
	<b>6</b> Contributor address; City; State; Zip Code  Abilene, TX 79601	
<b>8</b> Principal occupation / Job title (See Instructions) Quality & Regulatory Manager		<b>9</b> Employer (See Instructions) Hendrick Medical Center
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wade, Susan (Ms.)	Amount of Contribution (\$)  \$15.00
	Contributor address; City; State; Zip Code  Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Abilene Market COO		Employer (See Instructions) Hendrick Medical Center
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wade, Susan (Ms.)	Amount of Contribution (\$)  \$15.00
	Contributor address; City; State; Zip Code  Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Abilene Market COO		Employer (See Instructions) Hendrick Medical Center
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wagner, Angela (Ms.)	Amount of Contribution (\$)  \$3.85
	Contributor address; City; State; Zip Code  Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Healthcare Professional		Employer (See Instructions) Hendrick Medical Center
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wagner, Angela (Ms.)	Amount of Contribution (\$)  \$3.85
	Contributor address; City; State; Zip Code  Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Healthcare Professional		Employer (See Instructions) Hendrick Medical Center

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 52/56 Rpt: 55/63
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 11/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wague, Safrat (Ms.)	7 Amount of Contribution (\$)  \$2.00
	6 Contributor address; City; State; Zip Code  Austin, TX 78701	
8 Principal occupation / Job title (See Instructions) Manager Trustee Prog & Engagement		9 Employer (See Instructions) Texas Healthcare Trustees
Date 12/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wague, Safrat (Ms.)	Amount of Contribution (\$)  \$2.00
	Contributor address; City; State; Zip Code  Austin, TX 78701	
Principal occupation / Job title (See Instructions) Manager Trustee Prog & Engagement		Employer (See Instructions) Texas Healthcare Trustees
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wallschlaeger, Erich (Mr.)	Amount of Contribution (\$)  \$9.62
	Contributor address; City; State; Zip Code  Brownwood, TX 76804	
Principal occupation / Job title (See Instructions) Chief Financial Officer		Employer (See Instructions) Hendrick Medical Center
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wallschlaeger, Erich (Mr.)	Amount of Contribution (\$)  \$9.62
	Contributor address; City; State; Zip Code  Brownwood, TX 76804	
Principal occupation / Job title (See Instructions) Chief Financial Officer		Employer (See Instructions) Hendrick Medical Center
Date 12/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warner Jr., Freddy (Mr.)	Amount of Contribution (\$)  \$145.50
	Contributor address; City; State; Zip Code  Houston, TX 77024	
Principal occupation / Job title (See Instructions) Chief Government Relations Officer		Employer (See Instructions) Memorial Hermann Health System

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 53/56 Rpt: 56/63
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 11/30/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Waters, Amber (Ms.)	<b>7</b> Amount of Contribution (\$)  \$3.85
	<b>6</b> Contributor address; City; State; Zip Code  Abilene, TX 79601	
<b>8</b> Principal occupation / Job title (See Instructions) Director of Admissions		<b>9</b> Employer (See Instructions) Hendrick Medical Center
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Waters, Amber (Ms.)	Amount of Contribution (\$)  \$3.85
	Contributor address; City; State; Zip Code  Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Director of Admissions		Employer (See Instructions) Hendrick Medical Center
Date 12/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Weller, Meghan (Ms.)	Amount of Contribution (\$)  \$50.00
	Contributor address; City; State; Zip Code  Austin, TX 78701	
Principal occupation / Job title (See Instructions) Director of Government Relations		Employer (See Instructions) HCA Healthcare-Central & West Texas Division
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wharton, Elisha (Ms.)	Amount of Contribution (\$)  \$3.85
	Contributor address; City; State; Zip Code  Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Sr Practice Manager		Employer (See Instructions) Hendrick Medical Center
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wharton, Elisha (Ms.)	Amount of Contribution (\$)  \$3.85
	Contributor address; City; State; Zip Code  Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Sr Practice Manager		Employer (See Instructions) Hendrick Medical Center

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 54/56 Rpt: 57/63
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 11/28/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Williams, Carrie (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78701	<b>7</b> Amount of Contribution (\$)  \$20.00
<b>8</b> Principal occupation / Job title (See Instructions) Chief Communications Officer		<b>9</b> Employer (See Instructions) Texas Hospital Association
Date 12/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Williams, Carrie (Ms.) <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Chief Communications Officer		Employer (See Instructions) Texas Hospital Association
Date 12/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Williams, Shelton (Mr.) <hr/> Contributor address; City; State; Zip Code  Laredo, TX 78044	Amount of Contribution (\$)  \$41.00
Principal occupation / Job title (See Instructions) Chief Operating Officer		Employer (See Instructions) Laredo Medical Center
Date 11/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Willmann, Adam (Mr.) <hr/> Contributor address; City; State; Zip Code  Clifton, TX 76634	Amount of Contribution (\$)  \$62.50
Principal occupation / Job title (See Instructions) President / CEO		Employer (See Instructions) Goodall-Witcher Healthcare
Date 12/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wilson, Jeffrey (Mr.) <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78258	Amount of Contribution (\$)  \$600.00
Principal occupation / Job title (See Instructions) Chief Executive Officer		Employer (See Instructions) Methodist Stone Oak Hospital

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 55/56 Rpt: 58/63
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 11/28/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wohleb, Stephen (Mr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78701	
<b>8</b> Principal occupation / Job title (See Instructions) General Counsel		<b>9</b> Employer (See Instructions) Texas Hospital Association
Date 12/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wohleb, Stephen (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Austin, TX 78701	
Principal occupation / Job title (See Instructions) General Counsel		Employer (See Instructions) Texas Hospital Association
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wood, Adam (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Abilene, TX 79601	
Principal occupation / Job title (See Instructions) System Assistant Vice President Supply Chain		Employer (See Instructions) Hendrick Medical Center
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wood, Adam (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Abilene, TX 79601	
Principal occupation / Job title (See Instructions) System Assistant Vice President Supply Chain		Employer (See Instructions) Hendrick Medical Center
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Zamarron, Ignacio (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Austin, TX 78701	
Principal occupation / Job title (See Instructions) Senior Vice President / CFO		Employer (See Instructions) Texas Hospital Association

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 56/56 Rpt: 59/63
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 12/22/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Zamarron, Ignacio (Mr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78701	<b>7</b> Amount of Contribution (\$)  \$83.34
<b>8</b> Principal occupation / Job title (See Instructions) Senior Vice President / CFO		<b>9</b> Employer (See Instructions) Texas Hospital Association

# MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C3

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule C3: Sch: 1/1 Rpt: 60/63
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 12/08/2023	<b>5</b> Corporation / Labor Organization name Texas Hospital Association	<b>6</b> Amount (\$) 537.50

# NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE **C4**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule C4: Sch: 1/1 Rpt: 61/63
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 12/25/2023	<b>5</b> Corporation / Labor Organization name Texas Hospital Association	<b>6</b> Amount (\$) 4,200.00

# 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: 1/1 Rpt: 62/63	<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital	<b>3</b> Filer ID (Ethics Commission Filers) 00015794
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<b>4</b> Date 12/05/2023	<b>5</b> Payee name Frost Bank
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<b>6</b> Amount (\$) \$10.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 111 W. Houston St. Suite 100  San Antonio, TX 78205
--	--

<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<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 PAC credit card processing fees
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/04/2023	Payee name Frost Bank
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Amount (\$) \$428.11  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 111 W. Houston St. Suite 100  San Antonio, TX 78205
--	---

<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<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 PAC credit card processing fees
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/22/2023	Payee name Smith, Hatch
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Amount (\$) \$10,000.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1108 Lavaca St, Ste 700  Austin, TX 78701
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<b>PURPOSE OF EXPENDITURE</b>	<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 Campaign contribution
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# UNPAID INCURRED OBLIGATIONS

# SCHEDULE F2

### EXPENDITURE CATEGORIES FOR BOX 10(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
	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F2: Sch: 1/1 Rpt: 63/63	<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital	<b>3</b> Filer ID (Ethics Commission Filers) 00015794
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<b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
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<b>5</b> Date 12/21/2023	<b>6</b> Payee name Atchley & Associates LLP
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<b>7</b> Amount (\$) \$522.50	<b>8</b> Payee address; City; State; Zip Code 1005 La Posada Dr Austin, TX 78752
----------------------------------	--

Expenditure from corporate funds

<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<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 PAC accounting and reporting services
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<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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