FORM MPAC MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** Filer ID 2 Total pages filed: The MPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00015794 3 COMMITTEE NAME **OFFICE USE ONLY** The Political Action Committee of the Texas Hospital Association Date Received **ELECTRONICALLY FILED** 02/05/2024 COMMITTEE ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP **ADDRESS** 1108 Lavaca Ste 700 Change of Address Austin, TX 78701 Date Hand-delivered or Date Postmarked MS / MRS / MR **CAMPAIGN FIRST** MI **TREASURER** Receipt # Amount Carrie NAME Date Processed **NICKNAME SUFFIX** LAST Date Imaged Kroll CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 1108 Lavaca, Suite 700 STREET **ADDRESS** (Residence or Business) Austin, TX 78701 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** 1108 Lavaca, Suite 700 MAILING **ADDRESS** Change of Address Austin, TX 78701 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (512) 465-1043 REPORT TYPE 10th day after campaign X Monthly Dissolution (Attach PAC-DR) treasurer termination 10 MONTHLY January 5 April 5 July 5 October 5 REPORT FILING **DEADLINE** February 5 May 5 August 5 November 5 March 5 September 5 December 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 12/26/2023 01/25/2024

GO TO PAGE 2

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

| 12 COMMITTEE NAME | OMMITTEE NAME 13 F | | | | | | |
|---|---|--|-----------------|------------------------|--|--|--|
| The Political Action C | The Political Action Committee of the Texas Hospital Association 0001 | | | | | | |
| 14 COMMITTEE ACTIVITY | Candidates (Identify by name or, if applicable, classify by party.) | A. Supported Hatch C. Smith Jr. State Repre | esentative | | | | |
| (Attach lists on plain paper to complete this report if necessary.) | | B. Opposed | | | | | |
| | Measures (Describe by date and location of election and nature of issue.) | A. Supported | | | | | |
| | | B. Opposed | | | | | |
| | Officeholders Assisted (Identify by name or, if applicable, classify by party.) | | | | | | |
| 15 CONTRIBUTION TOTALS | PLEDGES, LOANS, CONTRIBUTIONS M | D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold | \$ | 0.00 | | | |
| | 2. TOTAL POLITICA (OTHER THAN PLEI | L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS) | \$ | 25,512.16 | | | |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED | POLITICAL EXPENDITURES | \$ | 0.00 | | | |
| | 4. TOTAL POLITICA | L EXPENDITURES | \$ | 78,282.08 | | | |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL (OF THE REPORTIN | CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD | DAY \$ | 218,432.52 | | | |
| OUTSTANDING LOAN TOTALS | • | AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD | THE \$ | 0.00 | | | |
| 16 AFFIDAVIT | <u>'</u> | | <u> </u> | | | | |
| | | I swear, or affirm, under penalty of pe true and correct and includes all informunder Title 15, Election Code. | | | | | |
| | | Ms Ca | rrie Kroll | | | | |
| | | Signature of Car | | ırer | | | |
| AFFIX NOTAF | RY STAMP / SEAL ABOVE | Ç | . 0 | | | | |
| Sworn to and subscribe | ed before me, by the said | , th | nis the | day | | | |
| | | which, witness my hand and seal of office. | | | | | |
| | | | | | | | |
| Signature of officer | administering oath | Printed name of officer administering oath | Title of office | cer administering oath | | | |

| | | | | Page 3 01 84 |
|---|---|-----------------|--------------------------------|--|
| 12 COMMITTEE NAME | | | | 13 Filer ID (Ethics Commission Filers) |
| The Political Action Comm | ittee of the Texas Ho | ospital Associa | ation | 00015794 |
| 14 COMMITTEE ACTIVITY | 1. Candidates (Identify by name or, if applicable, classify by party.) | | The Honorable Charles L. Gerer | State Representative |
| (Attach lists on plain paper to complete this report if necessary.) | | B. Opposed | | |
| | 2. Measures | A. Supported | | |
| | (Describe by date and location of election and nature of issue.) | | | |
| | | B. Opposed | | |
| | 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) | | | |
| COMMITTEE | Candidates | 1 | The Honorable Hubert Vo State | Depresentative |
| ACTIVITY | (Identify by name or, if applicable, classify by party.) | | The honorable hubert vo State | Representative |
| (Attach lists on plain paper to complete this report if necessary.) | | B. Opposed | | |
| | 2. Measures (Describe by date and location of election and nature of issue.) | A. Supported | | |
| | | B. Opposed | | |
| | 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) | | | |
| COMMITTEE ACTIVITY | Candidates (Identify by name or, if applicable, classify by party.) | | The Honorable Trenton E. Ashby | y State Representative |
| (Attach lists on plain paper to complete this report if necessary.) | | B. Opposed | | |
| | 2. Measures (Describe by date and location of election and nature of issue.) | A. Supported | | |
| | | B. Opposed | | |
| | 3. Officeholders Assisted | | | |
| | (Identify by name or, if applicable, classify by party.) | | | |

| | | | | | Page 4 of 84 |
|---|---|--------------|---------------------------------------|----------------|----------------------------|
| 2 COMMITTEE NAME | | | | 13 Filer ID | (Ethics Commission Filers) |
| he Political Action Comm | _ | | | 00015794 | |
| L4 COMMITTEE ACTIVITY | Candidates (Identify by name or, if applicable, classify by party.) | | The Honorable John L. Kuempel | State Represe | entative |
| (Attach lists on plain paper to complete this report if necessary.) | | B. Opposed | | | |
| | 2. Measures | A. Supported | | | |
| | (Describe by date and location of election and nature of issue.) | | | | |
| | | B. Opposed | | | |
| | Officeholders Assisted (Identify by name or, if | | | | |
| 201117777 | applicable, classify by party.) | 1 | · · · · · · · · · · · · · · · · · · · | | |
| COMMITTEE ACTIVITY | Candidates (Identify by name or, if applicable, classify by party.) | | The Honorable Travis P. Clardy | State Represer | ntative |
| (Attach lists on plain paper to complete this report if necessary.) | | B. Opposed | | | |
| | 2. Measures (Describe by date and location of election and nature of issue.) | A. Supported | | | |
| | | B. Opposed | | | |
| | Officeholders Assisted (Identify by name or, if applicable, classify by party.) | | | | |
| COMMITTEE ACTIVITY | Candidates (Identify by name or, if applicable, classify by party.) | | The Honorable Gary W. VanDea | ver State Repr | esentative |
| (Attach lists on plain paper to complete this report if necessary.) | | B. Opposed | | | |
| | 2. Measures (Describe by date and location of election and nature of issue.) | A. Supported | | | |
| | | B. Opposed | | | |
| | Officeholders Assisted (Identify by name or, if | | | | |
| | applicable, classify by party.) | | | | |
| | | | | | |

| | | | | | Page 5 of 84 |
|---|---|--------------|--------------------------------|-----------------|----------------------------|
| 12 COMMITTEE NAME | | | | 13 Filer ID | (Ethics Commission Filers) |
| The Political Action Comm | _ | | | 00015794 | |
| 14 COMMITTEE ACTIVITY | 1. Candidates (Identify by name or, if applicable, classify by party.) | | The Honorable Lynn D. Stucky | State Represer | ntative |
| (Attach lists on plain paper to complete this report if necessary.) | | B. Opposed | | | 1 |
| | 2. Measures (Describe by date and location of election and nature of issue.) | A. Supported | | | |
| | | B. Opposed | | | |
| | Officeholders Assisted (Identify by name or, if applicable, classify by party.) | | | | |
| COMMITTEE ACTIVITY | Candidates (Identify by name or, if applicable, classify by party.) | | The Honorable Jeff C. Leach St | tate Representa | ative |
| (Attach lists on plain paper to complete this report if necessary.) | | B. Opposed | | | |
| | 2. Measures (Describe by date and location of election and nature of issue.) | A. Supported | | | |
| | | B. Opposed | | | |
| | Officeholders Assisted (Identify by name or, if applicable, classify by party.) | | | | |
| COMMITTEE ACTIVITY | Candidates (Identify by name or, if applicable, classify by party.) | | The Honorable Reginald Smith | State Represer | ntative |
| (Attach lists on plain paper to complete this report if necessary.) | | B. Opposed | | | |
| | 2. Measures (Describe by date and location of election and nature of issue.) | A. Supported | | | |
| | | B. Opposed | | | |
| | Officeholders Assisted (Identify by name or, if applicable, classify by party.) | | | | |
| | 1 | | | | |

| 2 COMMITTEE NAME | | | | 13 Filer ID (Ethics Commission Filers) |
|---|---|-----------------|---------------------------------|--|
| he Political Action Comr | nittee of the Texas Ho | ospital Associa | ation | 00015794 |
| 4 COMMITTEE ACTIVITY | Candidates (Identify by name or, if applicable, classify by party.) | | The Honorable Stephanie D. Klic | k State Representative |
| (Attach lists on plain paper to complete this report if necessary.) | | B. Opposed | | |
| | 2. Measures | A. Supported | | |
| | (Describe by date and location of election and nature of issue.) | | | |
| | | B. Opposed | | |
| | 3. Officeholders Assisted (Identify by name or, if | | | |
| | applicable, classify by party.) | <u> </u> | | |
| COMMITTEE ACTIVITY | Candidates (Identify by name or, if applicable, classify by party.) | | The Honorable Glenn M. Rogers | State Representative |
| (Attach lists on plain paper to complete this report if necessary.) | | B. Opposed | | |
| | Measures (Describe by date and location of election and nature of issue.) | A. Supported | | |
| | | B. Opposed | | |
| | Officeholders Assisted (Identify by name or, if applicable, classify by party.) | | | |
| COMMITTEE ACTIVITY | Candidates (Identify by name or, if applicable, classify by party.) | | The Honorable Erin A. Zwiener | State Representative |
| (Attach lists on plain paper to complete this report if necessary.) | | B. Opposed | | |
| | Measures (Describe by date and location of election and nature of issue.) | A. Supported | | |
| | | B. Opposed | | |
| | 3. Officeholders Assisted | | | |
| | (Identify by name or, if applicable, classify by party.) |) | | |

| | | | | | Page 7 of 84 |
|---|---|--------------|---------------------------------|----------------|----------------------------|
| 12 COMMITTEE NAME | | | | 13 Filer ID | (Ethics Commission Filers) |
| The Political Action Comm | _ | | | 00015794 | |
| 14 COMMITTEE ACTIVITY | 1. Candidates (Identify by name or, if applicable, classify by party.) | | The Honorable David L. Spiller | State Represen | ıtative |
| (Attach lists on plain paper to complete this report if necessary.) | | B. Opposed | | | |
| | 2. Measures (Describe by date and location of election and nature of issue.) | A. Supported | | | |
| | | B. Opposed | | | |
| | Officeholders Assisted (Identify by name or, if applicable, classify by party.) | | | | |
| COMMITTEE ACTIVITY | Candidates (Identify by name or, if applicable, classify by party.) | | The Honorable Stephen P. Alliso | on State Repre | sentative |
| (Attach lists on plain paper to complete this report if necessary.) | | B. Opposed | | | |
| | 2. Measures (Describe by date and location of election and nature of issue.) | A. Supported | | | |
| | | B. Opposed | | | |
| | Officeholders Assisted (Identify by name or, if applicable, classify by party.) | | | | |
| COMMITTEE ACTIVITY | Candidates (Identify by name or, if applicable, classify by party.) | | The Honorable Kronda Thimesc | h State Repres | sentative |
| (Attach lists on plain paper to complete this report if necessary.) | | B. Opposed | | | |
| | 2. Measures (Describe by date and location of election and nature of issue.) | A. Supported | | | |
| | | B. Opposed | | | |
| | Officeholders Assisted (Identify by name or, if applicable, classify by party.) | | | | |
| | - | | | | |

| | | | | | Page 8 of 84 |
|---|---|-----------------|---------------------------------|-----------------|----------------------------|
| 12 COMMITTEE NAME | | | | 13 Filer ID | (Ethics Commission Filers) |
| The Political Action Comm | nittee of the Texas Ho | ospital Associa | ation | 00015794 | |
| 14 COMMITTEE ACTIVITY | Candidates (Identify by name or, if applicable, classify by party.) | | The Honorable Jacey R. Jetton | State Represer | ıtative |
| (Attach lists on plain paper to complete this report if necessary.) | | B. Opposed | | | |
| | 2. Measures (Describe by date and location of election and nature of issue.) | A. Supported | | | |
| | | B. Opposed | | | |
| | Officeholders Assisted (Identify by name or, if applicable, classify by party.) | | | | |
| COMMITTEE ACTIVITY | Candidates (Identify by name or, if applicable, classify by party.) | | Mr. Venton C. Jones Jr. State F | Representative | |
| (Attach lists on plain paper to complete this report if necessary.) | | B. Opposed | | | |
| | 2. Measures (Describe by date and location of election and nature of issue.) | A. Supported | | | |
| | | B. Opposed | | | |
| | Officeholders Assisted (Identify by name or, if applicable, classify by party.) | | | | |
| COMMITTEE ACTIVITY | Candidates (Identify by name or, if applicable, classify by party.) | | The Honorable Lacey M. Hull S | tate Representa | tive |
| (Attach lists on plain paper to complete this report if necessary.) | | B. Opposed | | | |
| | 2. Measures (Describe by date and location of election and nature of issue.) | A. Supported | | | |
| | | B. Opposed | | | |
| | Officeholders Assisted (Identify by name or, if applicable, classify by party.) | | | | |
| | • | | | | |

| 2 COMMITTEE NAME | | | | | | | 13 | Filer ID | (F | thics Com | nmission Filers) |
|---|--|--------------|----------|-----------|------------|-----------|----------|-----------|--------|------------|-------------------|
| be Political Action Commi | ittoe of the Texas Hr | ocnital Asso | ciation | n | | | | 0001579 | • | IIIICS Com | IIIISSIUH FIIGIS) |
| | | | | | | | | | | | |
| 4 COMMITTEE ACTIVITY | 1. Candidates (Identify by name or, if applicable, classify by party.) | A. Supporte | ∺d Th | ie Honora | ble Cole I | Hefner : | State R | epresent | tative | | |
| (Attach lists on plain paper to complete this report if necessary.) | | B. Opposed | t | | | | | | | | |
| | 2. Measures | A. Supporte | ed | | | | | | | | |
| | (Describe by date and location of election and nature of issue.) | | | | | | | | | | |
| | | B. Opposed | k | | | | | | | | |
| | 3. Officeholders Assisted | | | | | | | | | | |
| | (Identify by name or, if applicable, classify by party.) | | | | | | | | | | |
| COMMITTEE ACTIVITY | Candidates (Identify by name or, if applicable, classify by party.) | A. Supporte | ed Th | ne Honora | ble Angel | ia Orr S | State Re | epresenta | ative | | |
| (Attach lists on plain paper to complete this report if necessary.) | | B. Opposed | k | | | | | | | | |
| | 2. Measures (Describe by date and location of election and nature of issue.) | A. Supporte | ed bd | | | | | | | | |
| | | B. Opposed | k | | | | | | | | |
| | 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) | | | | | | | | | | |
| COMMITTEE ACTIVITY | Candidates (Identify by name or, if applicable, classify by party.) | A. Supporte | ed Th | ne Honora | ble Frede | rick E. F | -razier | State Re | epres | entative | |
| (Attach lists on plain paper to complete this report if necessary.) | | B. Opposed | k | | | | | | | | |
| | 2. Measures (Describe by date and location of election and nature of issue.) | A. Supporte | ∌d | | | | | | | | |
| | | B. Opposed | t | | | | | | | | |
| | Officeholders Assisted (Identify by name or, if) | | | | | | | | | | |
| | applicable, classify by party.) | | | | | | | | | | |

| | | | | Page 10 of 84 |
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| | | | 13 Filer ID | (Ethics Commission Filers) |
| nittee of the Texas Ho | spital Associa | tion | 00015794 | 1 |
| Candidates (Identify by name or, if applicable, classify by party.) | | The Honorable Hugh D. | Shine State Represe | entative |
| | B. Opposed | | | |
| Measures (Describe by date and location of election and nature of issue.) | A. Supported | | | |
| | B. Opposed | | | |
| Officeholders Assisted (Identify by name or, if applicable, classify by party.) | | | | |
| Candidates (Identify by name or, if applicable, classify by party.) | | Stephen M. Hubert Stat | te Representative | |
| | B. Opposed | | | |
| 2. Measures (Describe by date and location of election and nature of issue.) | A. Supported | | | |
| | B. Opposed | | | |
| Officeholders Assisted (Identify by name or, if applicable, classify by party.) | | | | |
| | | | | |
| | 1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if | 1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed A. Supported B. Opposed B. Opposed 3. Officeholders Assisted A. Supported | (Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 4. Supported Stephen M. Hubert Stationary St | nittee of the Texas Hospital Association 1. Candidates ((dentify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted ((dentify by name or, if applicable, classify by party.) 4. Supported 5. Opposed 3. Officeholders Assisted ((dentify by name or, if applicable, classify by party.) 4. Supported Stephen M. Hubert State Representative (Describe by date and location of election and nature of issue.) 5. Opposed 6. Opposed 7. Candidates ((dentify by name or, if applicable, classify by party.) 8. Opposed 8. Opposed 9. Opposed 1. Candidates (Describe by date and location of election and nature of issue.) 1. Candidates (Describe by date and location of election and nature of issue.) 8. Opposed 9. Opposed 1. Candidates (Describe by date and location of election and nature of issue.) 1. Candidates (Describe by date and location of election and nature of issue.) |

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

| | | | | | 11 of 84 |
|--------------|-----------|--|-------------|-----------|-------------------|
| 17 CO | MMITTE | EE NAME | 18 Filer ID | (Ethics C | ommission Filers) |
| The | e Politio | cal Action Committee of the Texas Hospital Association | 00015794 | | |
| l | | E SUBTOTALS | | SLIE | BTOTAL AMOUNT |
| NA | ME OF | SCHEDULE | | 301 | TOTAL AIMOUNT |
| 1. | X | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | | \$ | 20,789.66 |
| 2. | | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | \$ | |
| 3. | | SCHEDULE B: PLEDGED CONTRIBUTIONS | | \$ | |
| 4. | | SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOURGANIZATION |)R | \$ | |
| 5. | | SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORAL LABOR ORGANIZATION | ATION OR | \$ | |
| 6. | Х | SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG | ANIZATION | \$ | 522.50 |
| 7. | X | SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION | | \$ | 4,200.00 |
| 8. | | ORGANIZATION | \$ | | |
| 9. | | | \$ | | |
| 10. | X | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION: | S | \$ | 75,721.85 |
| 11. | X | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | | \$ | 2,560.23 |
| 12. | | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION | ONS | \$ | |
| 13. | | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | | \$ | |
| 14. | | SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION | ONS | \$ | |
| 15. | | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER | RETURNED | \$ | |
| | | | | | |

| | MONET | ARY POLITICAL CO | ONTRIBUTIO | INS | | SCHEDULE | A1 |
|---|--------------------------|--|---|---|--------|--|---------|
| | The Instru | ction Guide explains how t | o complete this fo | rm. | 1 | Total pages Schedule A1: Sch: 1/60 Rpt: 12/84 | |
| 2 | FILER NAME The Political | Action Committee of the Texas | Hospital Association | | | Filer ID (Ethics Commission 00015794 | Filers) |
| 4 | Date 01/19/2024 | 01/19/2024 Amador, Dolores (Ms.) | |) | 7 / | Amount of Contribution (\$) | \$1.00 |
| | | Georgetown, TX 78633 | | | | | |
| 8 | Principal occu | pation / Job title (See Instructions) | ! | 9 Employer (See Instructions | • | | |
| | Claims Mana | | | | | xchange | |
| | Date 01/18/2024 | Full name of contributor Ambrose, Ryan (Mr.) Contributor address; City; Stat | out-of-state PAC (ID#: | | | Amount of Contribution (\$) | \$20.50 |
| | | Houston, TX 77024 | | | | | |
| | • | pation / Job title (See Instructions) | | Employer (See Instructions | | | |
| | Director Fed | eral and State Relations | | Memorial Hermann Hea | alth S | System | |
| | Date 01/19/2024 | Full name of contributor Andersen, Daniel (Mr.) Contributor address; City; Stat Georgetown, TX 78633 | out-of-state PAC (ID#: e; Zip Code | | | Amount of Contribution (\$) | \$14.00 |
| | Dringinal aggu | pation / Job title (See Instructions) | | Employer (See Instructions | c) | | |
| | | iting & Business Development | | Texas Hospital Insurand | • | xchange | |
| | Date 12/29/2023 | Full name of contributor Archibald, Norman (Mr.) Contributor address; City; Stat Abilene, TX 79601 | | | | Amount of Contribution (\$) | \$19.23 |
| | • | pation / Job title (See Instructions) islative and Public Policy | | Employer (See Instructions Hendrick Medical Cente | • | | |
| | Date 01/18/2024 | Full name of contributor Archibald, Norman (Mr.) Contributor address; City; Stat Abilene, TX 79601 | out-of-state PAC (ID#: | | | Amount of Contribution (\$) | \$19.23 |
| | Dringing coor | pation / Job title (See Instructions) | | Employer (See Instructions | s) | | |
| | Principal occu | pation / Job title (See Instructions) | | | | | |

| | MONEI | ARY POLITICAL C | ONTRIBUTIO | JNS | | SCHEDUL | E A1 | |
|---|--|--|--|---|------------|--|-------------|--|
| | The Instru | ction Guide explains how | to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 2/60 Rpt: 13/84 | | |
| 2 | FILER NAME The Political | Action Committee of the Texa | as Hospital Association | n | 3 | Filer ID (Ethics Commission 00015794 | n Filers) | |
| 4 | Date 01/25/2024 | 5 Full name of contributor Archibald, Norman (Mr.)6 Contributor address; City; St | |) | 7 | Amount of Contribution (\$) | \$19.23 | |
| | | Abilene, TX 79601 | | | | | | |
| 8 | Principal occu | pation / Job title (See Instructions |) | 9 Employer (See Instructions | <u>-</u> - | | | |
| | Director Leg | egislative and Public Policy Hendrick Medical Cer | | | | | | |
| | Date 01/12/2024 | Full name of contributor Bagchi, Sam (Dr.) Contributor address; City; St | out-of-state PAC (ID#:_ ate; Zip Code | | • | Amount of Contribution (\$) | \$165.00 | |
| | | Irving, TX 75038 | | | | | | |
| | • | pation / Job title (See Instructions |) | Employer (See Instructions | s) | | | |
| | EVP / Chief | Clinical Officer | | CHRISTUS Health | | | | |
| | Date 01/17/2024 | | | | • | Amount of Contribution (\$) | \$41.50 | |
| | | Arlington, TX 76011 | | | | | | |
| | Principal occu | pation / Job title (See Instructions |) | Employer (See Instructions | | | | |
| | VP Governm | nent & Community Affairs | | Texas Health Resource | S | | | |
| | Date Full name of contributor out-of-state PAC (IIII) 01/19/2024 Banda, Jennifer (Ms.) | | | | | Amount of Contribution (\$) | \$41.00 | |
| | | pation / Job title (See Instructions dvocacy & Public Policy |) | Employer (See Instructions Texas Hospital Associa | - | 1 | | |
| | Date 01/02/2024 | Full name of contributor Barber, Keith (Mr.) Contributor address; City; St Houston, TX 77070 | out-of-state PAC (ID#:_ | | • | Amount of Contribution (\$) | \$250.00 | |
| | Principal occu | pation / Job title (See Instructions | s) | Employer (See Instructions | <u>L</u> | | | |
| | Chief Execut | | , | Houston Methodist Willo | | prook Hospital | | |
| | Silici Excou | | | Trousion Mediodist Wille | ν V I | | | |

| | MONEI | ARY POLITICAL CO | NIRIBUTION | S | | SCHEDULE | ■ A1 |
|---|--------------------------|---|--------------------------------------|--|---------------------|--|-------------|
| | The Instru | ction Guide explains how to | complete this form | n. | 1 | Total pages Schedule A1: Sch: 3/60 Rpt: 14/84 | |
| 2 | FILER NAME The Political | Action Committee of the Texas I | Hospital Association | | 3 | Filer ID (Ethics Commission 00015794 | Filers) |
| 4 | Date 01/14/2024 | 5 Full name of contributor Barnt, Wesley (Mr.) 6 Contributor address; City; State | out-of-state PAC (ID#: | | 7 | Amount of Contribution (\$) | \$41.00 |
| | | Midland, TX 79701 | | | | | |
| 8 | | pation / Job title (See Instructions) ent Operations | 9 | Employer (See Instructions Midland Memorial Hospi | | | |
| | Date 12/29/2023 | Full name of contributor Baty, Krista (Ms.) Contributor address; City; State | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$15.00 |
| | Dringing agg | Brownwood, TX 76801 pation / Job title (See Instructions) | | Employer (See Instructions | _ | | |
| | | istrative Officer | | Hendrick Medical Cente | | | |
| | Date 01/18/2024 | Full name of contributor Baty, Krista (Ms.) Contributor address; City; State | out-of-state PAC (ID#:; Zip Code | | | Amount of Contribution (\$) | \$15.00 |
| | Deinsinal assu | Brownwood, TX 76801 | | Employer (See Instructions | $\overline{\Gamma}$ | | |
| | | pation / Job title (See Instructions) istrative Officer | | Hendrick Medical Cente | | | |
| | Date 01/25/2024 | Full name of contributor Baty, Krista (Ms.) Contributor address; City; State Brownwood, TX 76801 | out-of-state PAC (ID#: ; Zip Code |) | | Amount of Contribution (\$) | \$15.00 |
| | • | pation / Job title (See Instructions) istrative Officer | | Employer (See Instructions Hendrick Medical Cente | | | |
| | Date 01/19/2024 | Full name of contributor Beasley, Sharon (Ms.) Contributor address; City; State Austin, TX 78701 | out-of-state PAC (ID#: ; Zip Code | | | Amount of Contribution (\$) | \$8.00 |
| | | pation / Job title (See Instructions) | | Employer (See Instructions | | | |
| | JI JII GOVE | nance & Exec Administration | | Texas Hospital Associat | iUi. | 1 | |

| | MONEI | ARY POLITICAL CONTRIB | SUTION | NS | | SCHEDUL | E A1 |
|---|--------------------------|--|-------------|--|----------------|--|------------|
| | The Instruc | ction Guide explains how to complet | te this for | m. | 1 | Total pages Schedule A1: Sch: 4/60 Rpt: 15/84 | |
| 2 | FILER NAME The Political | Action Committee of the Texas Hospital As | ssociation | | 3 | Filer ID (Ethics Commission 00015794 | on Filers) |
| 4 | Date 01/25/2024 | Full name of contributor out-of-state Beck, Steve (Mr.) Contributor address; City; State; Zip Code | |) | 7 | Amount of Contribution (\$) | \$1,000.00 |
| | | Lubbock, TX 79410 | | | | | |
| 8 | | pation / Job title (See Instructions) istrative Officer | 9 | Employer (See Instructions Covenant Health Syster | | | |
| | Date 01/19/2024 | Full name of contributor out-of-state Bell, Jeff (Mr.) Contributor address; City; State; Zip Code Austin, TX 78701 | PAC (ID#: | | | Amount of Contribution (\$) | \$4.00 |
| | Principal occu | pation / Job title (See Instructions) | T | Employer (See Instructions | <u> </u> ;) | | |
| | Manager Co | rporate Relations | | THA Foundation | | | |
| | Date 12/29/2023 | Full name of contributor out-of-state Benham, Bradley (Mr.) Contributor address; City; State; Zip Code | PAC (ID#: |) | | Amount of Contribution (\$) | \$9.62 |
| | Dringing con | Abilene, TX 79601 | | Employer (See Instructions | _ | | |
| | VP HMC Fou | pation / Job title (See Instructions) undation | | Employer (See Instructions Hendrick Medical Cente | | | |
| | Date 01/18/2024 | Full name of contributor out-of-state Benham, Bradley (Mr.) Contributor address; City; State; Zip Code | |) | | Amount of Contribution (\$) | \$9.62 |
| | | Abilene, TX 79601 | - | | Ĺ | | |
| | VP HMC Fou | pation / Job title (See Instructions) undation | | Employer (See Instructions Hendrick Medical Cente | | | |
| | Date 01/25/2024 | Full name of contributor out-of-state Benham, Bradley (Mr.) Contributor address; City; State; Zip Code Abilene, TX 79601 | |) | | Amount of Contribution (\$) | \$9.62 |
| | | pation / Job title (See Instructions) | | Employer (See Instructions | | | |
| | VP HMC Fou | unuauon | | Hendrick Medical Cente | ſ | | |

| | MONET | ARY POLITICAL C | ONTRIBUTIO | NN 5 | SCHEDULE A1 |
|---|-----------------------------|---|---|--|--|
| | The Instru | ction Guide explains how | to complete this fo | orm. | 1 Total pages Schedule A1: Sch: 5/60 Rpt: 16/84 |
| 2 | FILER NAME The Political | Action Committee of the Texas | s Hospital Association | | 3 Filer ID (Ethics Commission Filers) 00015794 |
| 4 | Date 01/23/2024 | 5 Full name of contributor Besse, Kimberly (Mrs.) 6 Contributor address; City; Sta | |) | 7 Amount of Contribution (\$) \$62.50 |
| | | Dallas, TX 75235 | | | |
| 8 | Principal occu SVP Human | pation / Job title (See Instructions) Resources | | Employer (See Instructions Children's Medical Cent | nter Dallas |
| | Date 12/29/2023 | Full name of contributor [Bessent, Brian (Mr.) Contributor address; City; Sta | out-of-state PAC (ID#: te; Zip Code | | Amount of Contribution (\$) \$28.85 |
| | · | Abilene, TX 79601 pation / Job title (See Instructions) trategy & Experience Officer | | Employer (See Instructions Hendrick Medical Cente | |
| | Date 01/18/2024 | Full name of contributor Bessent, Brian (Mr.) Contributor address; City; Sta Abilene, TX 79601 | out-of-state PAC (ID#:_ te; Zip Code | | Amount of Contribution (\$) |
| | | pation / Job title (See Instructions) trategy & Experience Officer | | Employer (See Instructions Hendrick Medical Cente | |
| | Date 01/25/2024 | Full name of contributor Bessent, Brian (Mr.) Contributor address; City; Sta Abilene, TX 79601 | out-of-state PAC (ID#:_ te; Zip Code |) | Amount of Contribution (\$) \$28.85 |
| | | pation / Job title (See Instructions) trategy & Experience Officer | | Employer (See Instructions Hendrick Medical Cente | , |
| | Date 12/29/2023 | Full name of contributor Bowden, Sherri (Ms.) Contributor address; City; Sta Abilene, TX 79601 | out-of-state PAC (ID#:_ te; Zip Code | | Amount of Contribution (\$) \$3.85 |
| | | pation / Job title (See Instructions) monary Services | | Employer (See Instructions Hendrick Medical Cente | |
| | | | | | |

| | MONEI | ARY POLITICAL (| CONTRIBUTIO | NS | | SCHEDULI | A1 |
|---|--------------------|--|-------------------------|--|----|--|-----------|
| | The Instru | ction Guide explains how | to complete this fo | orm. | 1 | Total pages Schedule A1: Sch: 6/60 Rpt: 17/84 | |
| 2 | FILER NAME | Action Committee of the Toy | as Haspital Association | | 3 | Filer ID (Ethics Commission 00015794 | Filers) |
| | | Action Committee of the Texa | | | L | | |
| 4 | Date 01/18/2024 | Full name of contributor Bowden, Sherri (Ms.) Contributor address; City; Signature | out-of-state PAC (ID#: |) | 7 | Amount of Contribution (\$) | \$3.85 |
| | | Abilene, TX 79601 | | | | | |
| 8 | Principal occu | pation / Job title (See Instructions | ;) | 9 Employer (See Instructions | s) | | |
| | Director Pulr | monary Services | | Hendrick Medical Cente | er | | |
| | Date 01/25/2024 | Full name of contributor Bowden, Sherri (Ms.) Contributor address; City; S | out-of-state PAC (ID#: | | | Amount of Contribution (\$) | \$3.85 |
| | | Abilene, TX 79601 | | | | | |
| | | pation / Job title (See Instructions | 5) | Employer (See Instructions | | | |
| | Director Pulr | monary Services | | Hendrick Medical Cente | er | | |
| | Date 12/27/2023 | Full name of contributor Bradley, Denise (Ms.) Contributor address; City; S | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$41.00 |
| | | Austin, TX 78701 | | | | | |
| | Principal occu | pation / Job title (See Instructions | 3) | Employer (See Instructions | s) | | |
| | VP Commun | ications & Community Affairs | | St. David's HealthCare | | | |
| | Date 01/19/2024 | Full name of contributor Brennan, Michael (Mr.) Contributor address; City; S Austin, TX 78701 | out-of-state PAC (ID#: |) | • | Amount of Contribution (\$) | \$2.00 |
| | • | pation / Job title (See Instructions nterprise Data Systems | 5) | Employer (See Instructions THA Foundation | s) | | |
| | Date 12/29/2023 | Full name of contributor Broderick, Treva (Ms.) Contributor address; City; S Abilene, TX 79601 | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$4.81 |
| | Principal occu | pation / Job title (See Instructions | 3) | Employer (See Instructions | 5) | | |
| | Assistant Vic | ce President Clinical Svs | | Hendrick Medical Cente | er | | |
| | | | | | | | |

| | MONEI | ARY POLITICAL CONTRIBUTIO | N | 15 | | SCHEDULI | E A1 |
|---|--------------------------------|---|----|--|---|--|-------------|
| | The Instru | ction Guide explains how to complete this fo | or | m. | 1 | Total pages Schedule A1: Sch: 7/60 Rpt: 18/84 | |
| 2 | FILER NAME The Political | Action Committee of the Texas Hospital Association | 1 | | 3 | Filer ID (Ethics Commission 00015794 | n Filers) |
| 4 | Date 01/18/2024 | 5 Full name of contributor out-of-state PAC (ID#:_ Broderick, Treva (Ms.) 6 Contributor address; City; State; Zip Code | |) | 7 | Amount of Contribution (\$) | \$4.81 |
| 8 | | Abilene, TX 79601 pation / Job title (See Instructions) ce President Clinical Svs | 9 | Employer (See Instructions Hendrick Medical Cente | | | |
| | Date 01/25/2024 | Full name of contributor out-of-state PAC (ID#:_Broderick, Treva (Ms.) Contributor address; City; State; Zip Code Abilene, TX 79601 | |) | | Amount of Contribution (\$) | \$4.81 |
| | | pation / Job title (See Instructions) ce President Clinical Svs | | Employer (See Instructions Hendrick Medical Cente | | | |
| | Date 01/25/2024 | Full name of contributor out-of-state PAC (ID#:_ Buckley, John (Mr.) Contributor address; City; State; Zip Code College Station, TX 77843 | |) | | Amount of Contribution (\$) | \$1,000.00 |
| | Principal occu Professor of | pation / Job title (See Instructions) | | Employer (See Instructions Texas A&M University H | | llth Science Center | |
| | Date 12/29/2023 | Full name of contributor out-of-state PAC (ID#:_ Calvo, Raul (Mr.) Contributor address; City; State; Zip Code Abilene, TX 79608 | |) | | Amount of Contribution (\$) | \$2.50 |
| | Principal occu Board Vice C | pation / Job title (See Instructions) Chair | | Employer (See Instructions Hendrick Medical Cente | | | |
| | Date 01/18/2024 | Full name of contributor out-of-state PAC (ID#:_Calvo, Raul (Mr.) Contributor address; City; State; Zip Code Abilene, TX 79608 | |) | | Amount of Contribution (\$) | \$2.50 |
| | Principal occu Board Vice C | pation / Job title (See Instructions) Chair | | Employer (See Instructions Hendrick Medical Cente | | | |
| | | I | | | | | |

| | MONET | ARY POLITICAL CONTRIBU | JTION | IS | | SCHEDULE | ■ A1 |
|---|--------------------------|---|----------|--|---------|--|-------------|
| | The Instru | ction Guide explains how to complete | this for | m. | 1 | Total pages Schedule A1: Sch: 8/60 Rpt: 19/84 | |
| 2 | FILER NAME The Political | Action Committee of the Texas Hospital Asso | ociation | | 3 | Filer ID (Ethics Commission 00015794 | Filers) |
| 4 | Date 01/25/2024 | 5 Full name of contributor out-of-state PA Calvo, Raul (Mr.) 6 Contributor address; City; State; Zip Code | AC (ID#: |) | 7 | Amount of Contribution (\$) | \$2.50 |
| _ | Deinsinal assu | Abilene, TX 79608 | | Frankrian (Cook lastrustions | <u></u> | | |
| 8 | Board Vice (| pation / Job title (See Instructions) Chair | 9 | Employer (See Instructions Hendrick Medical Cente | | | |
| | Date 12/29/2023 | Contributor address; City; State; Zip Code | |) | | Amount of Contribution (\$) | \$3.85 |
| | Principal occu | Abilene, TX 79601 pation / Job title (See Instructions) | | Employer (See Instructions | ;) | | |
| | Nurse | pation / oob title (eee mandadions) | | Hendrick Medical Cente | | | |
| | Date 01/18/2024 | Full name of contributor out-of-state PA Camacho, Precilla (Ms.) Contributor address; City; State; Zip Code | AC (ID#: |) | | Amount of Contribution (\$) | \$3.85 |
| | | Abilene, TX 79601 | | | | | |
| | Principal occu Nurse | pation / Job title (See Instructions) | | Employer (See Instructions Hendrick Medical Cente | | | |
| | Date 01/25/2024 | Full name of contributor out-of-state PA Camacho, Precilla (Ms.) Contributor address; City; State; Zip Code Abilene, TX 79601 | |) | | Amount of Contribution (\$) | \$3.85 |
| | Principal occu Nurse | pation / Job title (See Instructions) | | Employer (See Instructions Hendrick Medical Cente | | | |
| | Date 12/29/2023 | Full name of contributor out-of-state PA Canada, Kirk (Mr.) Contributor address; City; State; Zip Code Abilene, TX 79601 | IC (ID#: |) | | Amount of Contribution (\$) | \$19.24 |
| | • | pation / Job title (See Instructions) | | Employer (See Instructions Hendrick Medical Cente | | | |
| | Chief Operal | ting Office / System VP | | THE HUHLER INTERIOR CENTER | :1 | | |

| | WONEI | ARY POLITICAL (| JON I KIBUTIC | | | SCHEDULE | A1 |
|---|--------------------------------|--|-------------------------|---|----------------|--|-----------|
| | The Instru | ction Guide explains hov | to complete this fo | orm. | 1 | Total pages Schedule A1: Sch: 9/60 Rpt: 20/84 | |
| 2 | FILER NAME The Political | Action Committee of the Tex | as Hospital Association | 1 | 3 | Filer ID (Ethics Commission 00015794 | Filers) |
| 4 | Date 01/18/2024 | 5 Full name of contributor Canada, Kirk (Mr.)6 Contributor address; City; S | |) | 7 | Amount of Contribution (\$) | \$19.24 |
| | | Abilene, TX 79601 | | | | | |
| 8 | | pation / Job title (See Instructions ting Office / System VP | s) | Employer (See Instructions Hendrick Medical Cente | | | |
| | Date 01/25/2024 | Full name of contributor Canada, Kirk (Mr.) Contributor address; City; S | out-of-state PAC (ID#:_ | | | Amount of Contribution (\$) | \$19.24 |
| | Principal occu | Abilene, TX 79601 pation / Job title (See Instructions | 3) | Employer (See Instructions | <u> </u> S) | | |
| | Chief Operat | ting Office / System VP | | Hendrick Medical Cente | er | | |
| | Date 12/29/2023 | Full name of contributor Casey, Mary (Ms.) Contributor address; City; S | out-of-state PAC (ID#:_ | | • | Amount of Contribution (\$) | \$3.85 |
| | | Abilene, TX 79601 | | | | | |
| | Principal occu Healthcare F | pation / Job title (See Instructions Professional | s) | Employer (See Instructions Hendrick Medical Cente | | | |
| | Date 01/18/2024 | Full name of contributor Casey, Mary (Ms.) Contributor address; City; S Abilene, TX 79601 | | | • | Amount of Contribution (\$) | \$3.85 |
| | Principal occu Healthcare F | pation / Job title (See Instructions Professional | s) | Employer (See Instructions Hendrick Medical Cente | • | | |
| | Date 01/25/2024 | Full name of contributor Casey, Mary (Ms.) Contributor address; City; S Abilene, TX 79601 | out-of-state PAC (ID#:_ | | | Amount of Contribution (\$) | \$3.85 |
| | Principal occu Healthcare F | pation / Job title (See Instructions Professional | | Employer (See Instructions Hendrick Medical Cente | | | |
| | | | | | | | |

| | MONET | ARY POLITICAL C | ONTRIBUTION | IS | | SCHEDUL | E A1 |
|---|---------------------------------|--|---|--|----|---|-------------|
| | The Instru | ction Guide explains how | to complete this for | m. | 1 | Total pages Schedule A1: Sch: 10/60 Rpt: 21/84 | |
| 2 | FILER NAME The Political | Action Committee of the Texa | s Hospital Association | | 3 | Filer ID (Ethics Commission 00015794 | n Filers) |
| 4 | Date 12/29/2023 | 5 Full name of contributor Cates, Boyd (Mr.)6 Contributor address; City; States | out-of-state PAC (ID#: ate; Zip Code | | 7 | Amount of Contribution (\$) | \$1.00 |
| | | Abilene, TX 79601 | | | | | |
| 8 | Principal occu Diagnostic T | pation / Job title (See Instructions) echnologist | 9 | Employer (See Instructions Hendrick Medical Cente | | | |
| | Date 01/18/2024 | Full name of contributor Cates, Boyd (Mr.) Contributor address; City; Sta | |) | | Amount of Contribution (\$) | \$1.00 |
| | Principal occu | Abilene, TX 79601 pation / Job title (See Instructions) | . 1 | Employer (See Instructions | =) | | |
| | Diagnostic T | , | | Hendrick Medical Cente | | | |
| | Date 01/25/2024 | Full name of contributor Cates, Boyd (Mr.) Contributor address; City; Sta | |) | • | Amount of Contribution (\$) | \$1.00 |
| | | Abilene, TX 79601 | | | | | |
| | Principal occu Diagnostic T | pation / Job title (See Instructions) echnologist | | Employer (See Instructions Hendrick Medical Cente | | | |
| | Date 01/19/2024 | Full name of contributor Cazares, Diana (Ms.) Contributor address; City; Sta Austin, TX 78701 | | | • | Amount of Contribution (\$) | \$14.00 |
| | Principal occu Sr. Payroll A | pation / Job title (See Instructions) dministrator | | Employer (See Instructions Texas Hospital Associat | • | 1 | |
| | Date 01/16/2024 | Full name of contributor Christopher, Brent (Mr.) Contributor address; City; Sta | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$500.00 |
| | | pation / Job title (See Instructions) | | Employer (See Instructions Children's Medical Cent | | Dallas | |
| | | | | | | | |

| | MONET | ARY POLITICAL CO | ONTRIBUTION | S | | SCHEDULE | ■ A1 |
|---|--------------------------------|--|---------------------------------------|--|-----------|---|-------------|
| | The Instruc | ction Guide explains how to | o complete this forr | m. | 1 | Total pages Schedule A1: Sch: 11/60 Rpt: 22/84 | |
| 2 | FILER NAME The Political | Action Committee of the Texas | Hospital Association | | 3 | Filer ID (Ethics Commission 00015794 | Filers) |
| 4 | Date 01/02/2024 | 5 Full name of contributor Coleman, Shane (Mr.)6 Contributor address; City; State | out-of-state PAC (ID#:e; Zip Code | | 7 | Amount of Contribution (\$) | \$41.00 |
| _ | | Mineral Wells, TX 76067 | 1- | | _ | | |
| 8 | | pation / Job title (See Instructions) tions Officer / CIO | 9 | Employer (See Instructions Palo Pinto General Hos | | ıl | |
| | Date 12/29/2023 | Full name of contributor Connell, Jessica (Ms.) Contributor address; City; State | | | | Amount of Contribution (\$) | \$4.81 |
| | Principal occur | Brownwood, TX 76804 pation / Job title (See Instructions) | | Employer (See Instructions | <u>.)</u> | | |
| | Chief Nursing | . , | | Hendrick Medical Cente | | | |
| | Date 01/18/2024 | Full name of contributor Connell, Jessica (Ms.) Contributor address; City; State | out-of-state PAC (ID#: e; Zip Code |) | | Amount of Contribution (\$) | \$4.81 |
| | Dringinal occur | Brownwood, TX 76804 pation / Job title (See Instructions) | | Employer (See Instructions | ·/ | | |
| | Chief Nursing | | | Hendrick Medical Cente | | | |
| | Date 01/25/2024 | Full name of contributor Connell, Jessica (Ms.) Contributor address; City; State Brownwood, TX 76804 | | | | Amount of Contribution (\$) | \$4.81 |
| | Principal occu Chief Nursin | pation / Job title (See Instructions) g Officer | | Employer (See Instructions Hendrick Medical Cente | | | |
| | Date 01/19/2024 | Full name of contributor Conner, Cecil (Mr.) Contributor address; City; State Austin, TX 78731 | | | | Amount of Contribution (\$) | \$4.00 |
| | | pation / Job title (See Instructions) ement Advisor | | Employer (See Instructions Texas Hospital Insurance | | Exchange | |
| | | | | | | 3. | |

| | MONET | ARY POLITICAL CONTRIBUTI | ION | NS | | SCHEDULE | A1 |
|---|-------------------------------|---|-----|--|----|---|-----------|
| | The Instru | ction Guide explains how to complete this | for | m. | 1 | Total pages Schedule A1: Sch: 12/60 Rpt: 23/84 | |
| 2 | FILER NAME The Political | Action Committee of the Texas Hospital Associat | ion | | 3 | Filer ID (Ethics Commission 00015794 | Filers) |
| 4 | Date 12/29/2023 | 5 Full name of contributor out-of-state PAC (ID: Contreras, Rosendo (Ms.) 6 Contributor address; City; State; Zip Code | | | 7 | Amount of Contribution (\$) | \$1.93 |
| | | Abilene, TX 79601 | | | | | |
| 8 | • | pation / Job title (See Instructions) Safety, Infection Preventionist, Perf Improv | | Employer (See Instructions Hendrick Medical Cente | | | |
| | Date 01/18/2024 | Full name of contributor out-of-state PAC (ID: Contreras, Rosendo (Ms.) Contributor address; City; State; Zip Code | #: | | | Amount of Contribution (\$) | \$1.93 |
| | | Abilene, TX 79601 | | | | | |
| | • | pation / Job title (See Instructions) Safety, Infection Preventionist, Perf Improv | | Employer (See Instructions Hendrick Medical Cente | | | |
| | Date 01/25/2024 | Full name of contributor out-of-state PAC (ID: Contreras, Rosendo (Ms.) Contributor address; City; State; Zip Code | #: | | | Amount of Contribution (\$) | \$1.93 |
| | | Abilene, TX 79601 | | | | | |
| | | pation / Job title (See Instructions) Safety, Infection Preventionist, Perf Improv | | Employer (See Instructions Hendrick Medical Cente | | | |
| | Date 01/19/2024 | Full name of contributor out-of-state PAC (ID: Cook, Kenneth (Mr.) Contributor address; City; State; Zip Code Austin, TX 78701 | |) | | Amount of Contribution (\$) | \$2.00 |
| | Principal occu IT Director | pation / Job title (See Instructions) | | Employer (See Instructions THA Foundation | 5) | | |
| | Date 12/29/2023 | Full name of contributor out-of-state PAC (ID: Cooper, David (Mr.) Contributor address; City; State; Zip Code Abilene, TX 79601 | #: | | • | Amount of Contribution (\$) | \$3.85 |
| | • | pation / Job title (See Instructions) | | Employer (See Instructions | | | |
| | Lab Supervi | oui | | Hendrick Medical Cente | :I | | |

| | MONET | ARY POLITICAL CONTR | IBUTION | S | | SCHEDULE | ■ A1 |
|---|------------------------------|---|----------------|---|-----------|---|-------------|
| | The Instruc | ction Guide explains how to compl | lete this form | n. | 1 | Total pages Schedule A1: Sch: 13/60 Rpt: 24/84 | |
| 2 | FILER NAME The Political | Action Committee of the Texas Hospital | Association | | 3 | Filer ID (Ethics Commission 00015794 | Filers) |
| 4 | Date 01/18/2024 | Cooper, David (Mr.) | ate PAC (ID#: |) | 7 | Amount of Contribution (\$) | \$3.85 |
| _ | Deinsinal assu | Abilene, TX 79601 | lo la | Franks or (Cooks to the street in the | _ | | |
| 8 | Lab Supervis | pation / Job title (See Instructions) SOF | 9 | Employer (See Instructions Hendrick Medical Cente | | | |
| | Date 01/25/2024 | Cooper, David (Mr.) | |) | • | Amount of Contribution (\$) | \$3.85 |
| | Principal occu | Abilene, TX 79601 pation / Job title (See Instructions) | | Employer (See Instructions | <u>;)</u> | | |
| | Lab Supervis | | | Hendrick Medical Cente | | | |
| | Date 01/19/2024 | Full name of contributor out-of-state Costilla, Nina (Ms.) Contributor address; City; State; Zip Code | ete PAC (ID#: |) | | Amount of Contribution (\$) | \$2.00 |
| | | Austin, TX 78701 | | | | | |
| | • | pation / Job title (See Instructions) ects Manager | | Employer (See Instructions THA Foundation | 5) | | |
| | Date 01/19/2024 | Cotton, Corey (Mr.) | |) | • | Amount of Contribution (\$) | \$20.00 |
| | Principal occu Member Aml | pation / Job title (See Instructions) bassador | | Employer (See Instructions Texas Hospital Associate | • | ı | |
| | Date 12/29/2023 | Full name of contributor out-of-sta Cruz Kerker, Juliana (Ms.) Contributor address; City; State; Zip Code Austin, TX 78701 | ate PAC (ID#: |) | | Amount of Contribution (\$) | \$41.00 |
| | • | pation / Job title (See Instructions) | | Employer (See Instructions St. David's HealthCare | 5) | | |
| | 5.100.07 000 | on more reactions | | S. David S Houtifulle | | | |

| | MONEI | ARY POLITICAL CONTRIBUT | IOI | NS | | SCHEDULI | ■ A1 |
|---|--------------------------------|--|----------|---|----------------|---|-------------|
| | The Instru | ction Guide explains how to complete thi | s for | rm. | 1 | Total pages Schedule A1: Sch: 14/60 Rpt: 25/84 | |
| 2 | FILER NAME The Political | Action Committee of the Texas Hospital Associa | ıtion | | 3 | Filer ID (Ethics Commission 00015794 | Filers) |
| 4 | Date 01/19/2024 | 5 Full name of contributor out-of-state PAC (If Dale, Vicki (Ms.) 6 Contributor address; City; State; Zip Code | D#: | | 7 | Amount of Contribution (\$) | \$20.00 |
| 8 | Principal occu | pation / Job title (See Instructions) | 9 | Employer (See Instructions | <u> </u> s) | | |
| | | usiness Relations | | THA Foundation | , | | |
| | Date 01/07/2024 | Full name of contributor out-of-state PAC (II Daskevich, Cris (Ms.) Contributor address; City; State; Zip Code | D#: | | • | Amount of Contribution (\$) | \$83.00 |
| | | San Antonio, TX 78207 | | | | | |
| | • | pation / Job title (See Instructions) ens Hosp SA & SVP Maternal Srvcs CHRISTUS | | Employer (See Instructions CHRISTUS Children's | s) | | |
| | Date | Full name of contributor out-of-state PAC (II | |) | Π | Amount of Contribution (\$) | |
| | 01/19/2024 | Davenport, Chad (Mr.) Contributor address; City; State; Zip Code | | | | | \$2.00 |
| | | Georgetown, TX 78633 | | | | | |
| | Principal occu Accounting S | pation / Job title (See Instructions) Specialist | | Employer (See Instructions Texas Hospital Insurance | | Exchange | |
| | Date 01/19/2024 | Full name of contributor out-of-state PAC (If Davila, Leslie (Ms.) Contributor address; City; State; Zip Code Georgetown, TX 78633 | D#: | | | Amount of Contribution (\$) | \$20.00 |
| | Principal occu Receptionist | pation / Job title (See Instructions) | | Employer (See Instructions Texas Hospital Insurance | | Exchange | |
| | Date 12/29/2023 | Full name of contributor out-of-state PAC (If Davis, John (Mr.) Contributor address; City; State; Zip Code Cuero, TX 77954 | D#: | | | Amount of Contribution (\$) | \$3.85 |
| | | pation / Job title (See Instructions) diopulmonary | | Employer (See Instructions Cuero Regional Hospita | | | |
| | | _ · _ · _ · | | | | | |

| | MONET | ARY POLITICAL C | CONTRIBUTION | NS | | SCHEDULE | A1 |
|---|-------------------------------|--|---|---|----|---|---------|
| | The Instru | ction Guide explains how | to complete this for | m. | 1 | Total pages Schedule A1: Sch: 15/60 Rpt: 26/84 | |
| 2 | FILER NAME The Political | Action Committee of the Texa | as Hospital Association | | 3 | Filer ID (Ethics Commission 00015794 | Filers) |
| 4 | Date 01/10/2024 | 5 Full name of contributorDavis, John (Mr.)6 Contributor address; City; St | out-of-state PAC (ID#: ate; Zip Code | | 7 | Amount of Contribution (\$) | \$3.85 |
| | | Cuero, TX 77954 | | | | | |
| 8 | • | pation / Job title (See Instructions diopulmonary | 9 | Employer (See Instruction Cuero Regional Hospita | • | | |
| | Date 01/25/2024 | Full name of contributor Davis, John (Mr.) Contributor address; City; St | out-of-state PAC (ID#: ate; Zip Code | | | Amount of Contribution (\$) | \$3.85 |
| | Principal occu | Cuero, TX 77954 pation / Job title (See Instructions |) | Employer (See Instruction | s) | | |
| | Director Cardiopulmonary | | | Cuero Regional Hospita | | | |
| | Date 12/29/2023 | Full name of contributor Davis, Martha (Ms.) Contributor address; City; St | out-of-state PAC (ID#: ate; Zip Code | | | Amount of Contribution (\$) | \$3.85 |
| | | Abilene, TX 79601 | | | | | |
| | Principal occu HIM Supervi | pation / Job title (See Instructions sor |) | Employer (See Instruction Hendrick Medical Cente | | | |
| | Date 01/18/2024 | Full name of contributor Davis, Martha (Ms.) Contributor address; City; St Abilene, TX 79601 | | | | Amount of Contribution (\$) | \$3.85 |
| | Principal occu HIM Supervi | pation / Job title (See Instructions sor |) | Employer (See Instruction Hendrick Medical Cente | | | |
| | Date 01/25/2024 | Full name of contributor Davis, Martha (Ms.) Contributor address; City; St Abilene, TX 79601 | out-of-state PAC (ID#: | | | Amount of Contribution (\$) | \$3.85 |
| | Principal occu HIM Supervi | pation / Job title (See Instructions sor |) | Employer (See Instruction Hendrick Medical Cente | | | |
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| | MONEI | ARY POLITICAL C | ONTRIBUTION | IS | | SCHEDULE | A1 |
|---|--------------------------------|---|--------------------------------------|--|------|---|---------|
| | The Instru | ction Guide explains how | to complete this for | m. | 1 | Total pages Schedule A1: Sch: 16/60 Rpt: 27/84 | |
| 2 | FILER NAME The Political | Action Committee of the Texas | s Hospital Association | | 3 | Filer ID (Ethics Commission 00015794 | Filers) |
| 4 | Date 01/19/2024 | Full name of contributor De La Garza, Heather (Ms Contributor address; City; Sta | out-of-state PAC (ID#: |) | 7 | Amount of Contribution (\$) | \$2.00 |
| | | Austin, TX 78701 | | | | | |
| 8 | | pation / Job title (See Instructions) eneral Counsel | 9 | 1 7 (| | | |
| | | | | Texas Hospital Associat | .101 | | |
| | Date 12/29/2023 | Full name of contributor DeHoyos, Cynthia (Ms.) Contributor address; City; Sta | out-of-state PAC (ID#: tte; Zip Code |) | | Amount of Contribution (\$) | \$3.85 |
| | | Abilene, TX 79601 | | | | | |
| | | pation / Job title (See Instructions) | | Employer (See Instructions | | | |
| | Managing Di | rector | | Hendrick Medical Cente | r | | |
| | Date 01/18/2024 | Full name of contributor DeHoyos, Cynthia (Ms.) Contributor address; City; Sta | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$3.85 |
| | | Abilene, TX 79601 | | | | | |
| | Principal occu Managing Di | pation / Job title (See Instructions) irector | | Employer (See Instructions Hendrick Medical Cente | | | |
| | Date 01/25/2024 | Full name of contributor DeHoyos, Cynthia (Ms.) Contributor address; City; Sta Abilene, TX 79601 | out-of-state PAC (ID#: | | | Amount of Contribution (\$) | \$3.85 |
| | Principal occu Managing Di | pation / Job title (See Instructions) irector | | Employer (See Instructions Hendrick Medical Cente | | | |
| | Date 12/30/2023 | Full name of contributor DeYoung, Peter (Dr.) Contributor address; City; State Austin, TX 78758 | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$41.00 |
| | Principal occu Chief Medica | pation / Job title (See Instructions) al Officer | | Employer (See Instructions St Davids North Austin N | | dical Center | |
| | | | <u>'</u> | | | | |

| | MONET | ARY POLITICAL C | ONTRIBUTION | S | | SCHEDULE | A1 |
|---|--------------------------|---|---|--|---------|---|---------|
| | The Instru | ction Guide explains how | to complete this for | m. | 1 | Total pages Schedule A1: Sch: 17/60 Rpt: 28/84 | |
| 2 | FILER NAME The Political | Action Committee of the Texa | s Hospital Association | | 3 | Filer ID (Ethics Commission 00015794 | Filers) |
| 4 | Date 12/29/2023 | 5 Full name of contributorDennis, Gregory (Mr.)6 Contributor address; City; Sta | out-of-state PAC (ID#: tte; Zip Code |) | 7 | Amount of Contribution (\$) | \$3.85 |
| | | Abilene, TX 79601 | | | | | |
| 8 | • | pation / Job title (See Instructions) ility Management | 9 | Employer (See Instructions Hendrick Medical Cente | | | |
| | Date 01/18/2024 | Full name of contributor Dennis, Gregory (Mr.) Contributor address; City; Sta | out-of-state PAC (ID#: ite; Zip Code | | | Amount of Contribution (\$) | \$3.85 |
| | Dringing Loggy | Abilene, TX 79601 | | Employer (See Instructions | <u></u> | | |
| | | pation / Job title (See Instructions) ility Management | | Employer (See Instructions Hendrick Medical Cente | | | |
| | Date 01/25/2024 | Full name of contributor Dennis, Gregory (Mr.) Contributor address; City; Sta | out-of-state PAC (ID#: ite; Zip Code |) | | Amount of Contribution (\$) | \$3.85 |
| | | Abilene, TX 79601 | | | | | |
| | • | pation / Job title (See Instructions) ility Management | | Employer (See Instructions Hendrick Medical Cente | | | |
| | Date 12/29/2023 | Full name of contributor Devun, Sharn (Ms.) Contributor address; City; Sta Abilene, TX 79601 | out-of-state PAC (ID#: | | • | Amount of Contribution (\$) | \$3.85 |
| | • | pation / Job title (See Instructions) Management | | Employer (See Instructions Hendrick Medical Cente | | | |
| | Date 01/18/2024 | Full name of contributor Devun, Sharn (Ms.) Contributor address; City; Sta Abilene, TX 79601 | out-of-state PAC (ID#: ite; Zip Code |) | | Amount of Contribution (\$) | \$3.85 |
| | • | pation / Job title (See Instructions) Management | | Employer (See Instructions Hendrick Medical Cente | | | |
| | | | | | | | |

| | MONET | ARY POLITICAL CONT | RIBUTION | S | | SCHEDULE | A1 |
|---|---|--|------------------|--|----------|---|---------|
| | The Instru | ction Guide explains how to com | nplete this form | m. | 1 | Total pages Schedule A1: Sch: 18/60 Rpt: 29/84 | |
| 2 | FILER NAME The Political | Action Committee of the Texas Hospit | al Association | | 3 | Filer ID (Ethics Commission 00015794 | Filers) |
| 4 | Date 01/25/2024 | Devun, Sharn (Ms.) | -state PAC (ID#: | | 7 | Amount of Contribution (\$) | \$3.85 |
| | | Abilene, TX 79601 | | | | | |
| 8 | • | pation / Job title (See Instructions) Management | 9 | Employer (See Instructions Hendrick Medical Cente | | | |
| | Date 12/29/2023 | Donaway, Duane (Mr.) Contributor address; City; State; Zip C | | | | Amount of Contribution (\$) | \$1.93 |
| | Principal occu | Abilene, TX 79601 pation / Job title (See Instructions) | | Employer (See Instructions | <u>)</u> | | |
| | • | rmation Systems | | Hendrick Medical Cente | | | |
| | Date 01/18/2024 | Full name of contributor out-of- Donaway, Duane (Mr.) Contributor address; City; State; Zip C | -state PAC (ID#: |) | | Amount of Contribution (\$) | \$1.93 |
| | | Abilene, TX 79601 | | | | | |
| | | pation / Job title (See Instructions) rmation Systems | | Employer (See Instructions Hendrick Medical Cente | | | |
| | Date Full name of contributor out-of-sta 01/25/2024 Donaway, Duane (Mr.) | | | | | Amount of Contribution (\$) | \$1.93 |
| | • | pation / Job title (See Instructions) rmation Systems | | Employer (See Instructions Hendrick Medical Cente | | | |
| | Date 12/29/2023 | Full name of contributor out-of- Driskell, Jesiree (Ms.) Contributor address; City; State; Zip C Abilene, TX 79601 | -state PAC (ID#: | | | Amount of Contribution (\$) | \$4.25 |
| | • | pation / Job title (See Instructions) ic Comms & Digital Expert | | Employer (See Instructions Hendrick Medical Cente | | | |
| | 7.VI Strateg | io Cominio & Digital Expert | | Tienunek Medical Cente | • | | |

| | MONET | ARY POLITICAL CONTRIBUTION | ON | IS | | SCHEDUL | E A1 |
|---|---|--|-----|--|-----------------------------|---|-------------|
| | The Instruc | ction Guide explains how to complete this | for | m. | 1 | Total pages Schedule A1: Sch: 19/60 Rpt: 30/84 | |
| 2 | FILER NAME The Political | Action Committee of the Texas Hospital Association | on | | 3 | Filer ID (Ethics Commission 00015794 | n Filers) |
| 4 | Date 01/18/2024 | Full name of contributor | |) | 7 | Amount of Contribution (\$) | \$4.25 |
| | | Abilene, TX 79601 | | | | | |
| 8 | • | pation / Job title (See Instructions) ic Comms & Digital Expert | 9 | Employer (See Instructions Hendrick Medical Cente | | | |
| | Date 01/25/2024 | Full name of contributor | | | | Amount of Contribution (\$) | \$4.25 |
| | Dringing! goog | Abilene, TX 79601 pation / Job title (See Instructions) | _ | Employer (See Instructions | <u>''</u> | | |
| | AVP Strategic Comms & Digital Expert | | | Hendrick Medical Cente | | | |
| | Date O1/19/2024 Full name of contributor out-of-state PAC (ID#: | |) | | Amount of Contribution (\$) | \$4.00 | |
| | | Austin, TX 78701 | | | | | |
| | | pation / Job title (See Instructions) s Payable Specialist | | Employer (See Instructions Texas Hospital Associa | • | 1 | |
| | Date 01/11/2024 | Full name of contributor out-of-state PAC (ID# Durovich, Chris (Mr.) Contributor address; City; State; Zip Code Dallas, TX 75235 | |) | | Amount of Contribution (\$) | \$1,000.00 |
| | Principal occu President an | pation / Job title (See Instructions) ad CEO | | Employer (See Instructions Children's Health | 5) | | |
| | Date 12/29/2023 | Full name of contributor out-of-state PAC (ID# Escobar, Jaye (Ms.) Contributor address; City; State; Zip Code Abilene, TX 79601 | : | | | Amount of Contribution (\$) | \$3.85 |
| | • | pation / Job title (See Instructions) Correctional Health | | Employer (See Instructions Hendrick Medical Cente | | | |
| | 220.07 01 0 | | 1_ | | - | | |

| | MONEI | ARY POLITICAL CONTRIBUTIO | N | 15 | | SCHEDULE | A1 |
|---|---|---|-----|--|---|---|-----------|
| | The Instru | ction Guide explains how to complete this fo | orı | m. | 1 | Total pages Schedule A1: Sch: 20/60 Rpt: 31/84 | |
| 2 | FILER NAME The Political | Action Committee of the Texas Hospital Association | 1 | | 3 | Filer ID (Ethics Commission 00015794 | Filers) |
| 4 | Date 01/18/2024 | Full name of contributor | |) | 7 | Amount of Contribution (\$) | \$3.85 |
| 8 | | Abilene, TX 79601 pation / Job title (See Instructions) correctional Health | 9 | Employer (See Instructions Hendrick Medical Cente | | | |
| | Date 01/25/2024 | Full name of contributor out-of-state PAC (ID#:_ Escobar, Jaye (Ms.) Contributor address; City; State; Zip Code Abilene, TX 79601 | |) | | Amount of Contribution (\$) | \$3.85 |
| | Principal occupation / Job title (See Instructions) Employer (See Director of Correctional Health Hendrick Me | | | | | | |
| | Date 01/19/2024 | Full name of contributor out-of-state PAC (ID#:_Eskew, Amy (Ms.) Contributor address; City; State; Zip Code Austin, TX 78701 | |) | | Amount of Contribution (\$) | \$14.00 |
| | Principal occu President / C | pation / Job title (See Instructions) | | Employer (See Instructions Texas Healthcare Trusto | | 5 | |
| | Date 12/29/2023 | Full name of contributor out-of-state PAC (ID#:_ Eurek, Andrew (Mr.) Contributor address; City; State; Zip Code Abilene, TX 79601 | |) | | Amount of Contribution (\$) | \$3.85 |
| | • | pation / Job title (See Instructions) ancial Analysis | | Employer (See Instructions Hendrick Medical Cente | | | |
| | Date 01/18/2024 | Full name of contributor out-of-state PAC (ID#:_ Eurek, Andrew (Mr.) Contributor address; City; State; Zip Code Abilene, TX 79601 | |) | | Amount of Contribution (\$) | \$3.85 |
| | • | pation / Job title (See Instructions) ancial Analysis | | Employer (See Instructions Hendrick Medical Cente | | | |
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| MON | ETARY POLITICAL CONTRIBUTION | UNS | SCHEDULE A1 |
|------------------|---|--|---|
| The Ins | truction Guide explains how to complete this | form. | 1 Total pages Schedule A1: Sch: 21/60 Rpt: 32/84 |
| 2 FILER NA | AME tical Action Committee of the Texas Hospital Association | on | 3 Filer ID (Ethics Commission Filers) 00015794 |
| 4 Date 01/25/20 | 5 Full name of contributor out-of-state PAC (ID# Eurek, Andrew (Mr.) 6 Contributor address; City; State; Zip Code | :) | 7 Amount of Contribution (\$) \$3.85 |
| | Abilene, TX 79601 occupation / Job title (See Instructions) Financial Analysis | Employer (See Instructions Hendrick Medical Center | |
| Date 01/19/20 | Full name of contributor out-of-state PAC (ID# D24 Felton, Chris (Mr.) Contributor address; City; State; Zip Code Austin, TX 78701 occupation / Job title (See Instructions) | Employer (See Instructions | Amount of Contribution (\$) \$4.00 |
| | I Ambassador West Texas | Texas Hospital Associat | |
| Date 12/29/20 | Full name of contributor out-of-state PAC (ID# Ford, Christopher (Mr.) Contributor address; City; State; Zip Code Abilene, TX 79601 | :) | Amount of Contribution (\$) \$10.00 |
| • | occupation / Job title (See Instructions) pport Services | Employer (See Instructions Hendrick Medical Cente | |
| Date 01/18/20 | Contributor address; City; State; Zip Code | :) | Amount of Contribution (\$) \$10.00 |
| • | Abilene, TX 79601 occupation / Job title (See Instructions) oport Services | Employer (See Instructions Hendrick Medical Cente | |
| Date 01/25/20 | Full name of contributor out-of-state PAC (ID# D24 Ford, Christopher (Mr.) Contributor address; City; State; Zip Code Abilene, TX 79601 | : | Amount of Contribution (\$) \$10.00 |
| | occupation / Job title (See Instructions) | Employer (See Instructions | |
| AVP Su | oport Services | Hendrick Medical Cente | |

| | MONET | ARY POLITICAL CONTRIBUTION | NS | | SCHEDU | LE A1 |
|---|---------------------------------|---|---|-----|---|--------------|
| | The Instru | ction Guide explains how to complete this fo | rm. | 1 | Total pages Schedule A1: Sch: 22/60 Rpt: 33/84 | |
| 2 | FILER NAME The Political | Action Committee of the Texas Hospital Association | | 3 | Filer ID (Ethics Commission 00015794 | on Filers) |
| 4 | Date 01/14/2024 | Full name of contributor out-of-state PAC (ID#: |) | 7 | Amount of Contribution (\$) | \$20.50 |
| | | Austin, TX 78701 | | | | |
| 8 | • | SWH Austin Area | Employer (See Instructions Baylor Scott & White Mo | • | | |
| | Date 01/18/2024 | Full name of contributor out-of-state PAC (ID#: Francis, Christy (Mrs.) Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$84.00 |
| | | Canadian, TX 79014 | | Ĺ | | |
| | Chief Execu | pation / Job title (See Instructions) tive Officer | Employer (See Instructions Hemphill County Hospit | • | District | |
| | Date 01/19/2024 | Full name of contributor out-of-state PAC (ID#: Frazier, Tess (Ms.) Contributor address; City; State; Zip Code |) | | Amount of Contribution (\$) | \$20.00 |
| | | Georgetown, TX 78633 | | | | |
| | Principal occu President / C | pation / Job title (See Instructions) CEO | Employer (See Instructions Texas Hospital Insurance | | Exchange | |
| | Date 12/27/2023 | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$50.00 |
| | • | opation / Job title (See Instructions) Officer & General Counsel | Employer (See Instructions CHRISTUS Health | s) | | |
| | Date 01/25/2024 | Full name of contributor out-of-state PAC (ID#: Gage, Weldon (Mr.) Contributor address; City; State; Zip Code Houston, TX 77230 | | | Amount of Contribution (\$) | \$3,500.00 |
| | • | pation / Job title (See Instructions) | Employer (See Instructions | | | |
| | EVP/CIIIei F | inancial Officer | Texas Children's Hospit | ıdl | | |

| | MONET | ARY POLITICAL CON | ITRIBUTION | S | | SCHEDULE | A1 |
|---|---|--|----------------------------------|--|---|---|---------|
| | The Instruc | ction Guide explains how to c | omplete this forr | n. | 1 | Total pages Schedule A1: Sch: 23/60 Rpt: 34/84 | |
| 2 | FILER NAME The Political | Action Committee of the Texas Ho | spital Association | | 3 | Filer ID (Ethics Commission 00015794 | Filers) |
| 4 | Date 01/19/2024 | Gaines, Cameron (Mr.) | ut-of-state PAC (ID#: ip Code | | 7 | Amount of Contribution (\$) | \$2.00 |
| _ | | Georgetown, TX 78633 | | - 100 | | | |
| 8 | IT Support S | pation / Job title (See Instructions) pecialist | 9 | Employer (See Instructions Texas Hospital Insuranc | | Exchange | |
| | Date 01/19/2024 | Full name of contributor on Gette, Angela (Ms.) Contributor address; City; State; Zi | | | | Amount of Contribution (\$) | \$2.00 |
| | Delicalization | Georgetown, TX 78633 | | Familia (Carabatan) | _ | | |
| | Principal occupation / Job title (See Instructions) Vice President Claims | | | Employer (See Instructions Texas Hospital Insurance | | Exchange | |
| | Date 12/29/2023 | Full name of contributor ou Gleitz, Stephen (Mr.) Contributor address; City; State; Zi | ut-of-state PAC (ID#:ip Code |) | | Amount of Contribution (\$) | \$4.81 |
| | | Abilene, TX 79601 | | | | | |
| | • | pation / Job title (See Instructions) ger of Critical Care Unit | | Employer (See Instructions Hendrick Medical Cente | | | |
| | Date 01/18/2024 | Full name of contributor out of Gleitz, Stephen (Mr.) Contributor address; City; State; Zity; S | ut-of-state PAC (ID#: | | | Amount of Contribution (\$) | \$4.81 |
| | • | pation / Job title (See Instructions) ger of Critical Care Unit | | Employer (See Instructions Hendrick Medical Cente | | | |
| | Date 01/25/2024 | Full name of contributor out Gleitz, Stephen (Mr.) Contributor address; City; State; Zin Abilene, TX 79601 | it-of-state PAC (ID#: | | | Amount of Contribution (\$) | \$4.81 |
| | • | pation / Job title (See Instructions) ger of Critical Care Unit | | Employer (See Instructions Hendrick Medical Cente | | | |
| | IVUISE IVIAITA | ger of Chilical Care Offic | L_ | TIGHTHEN MEDICAL CELLE | 1 | | |

| | MONEI | ARY POLITICAL C | ONTRIBUTIO | NS | | SCHEDUL | E A1 |
|---|--|---|--|--|----------------------|------------------------------------|-------------|
| | The Instru | ction Guide explains how | to complete this fo | rm. | | ges Schedule A1: /60 Rpt: 35/84 | |
| 2 | FILER NAME | Action Committee of the Toyle | a Llagrital Appariation | | | (Ethics Commissio | n Filers) |
| | | Action Committee of the Texas | | | 000157 | | |
| 4 | Date 01/19/2024 | 5 Full name of contributor [Goforth, Al (Mr.)6 Contributor address; City; Sta | out-of-state PAC (ID#: te; Zip Code |) | 7 Amount | of Contribution (\$) | \$20.00 |
| | | Austin, TX 78701 | | | | | |
| 8 | | pation / Job title (See Instructions) | g | Employer (See Instructions | | | |
| | Member Aml | bassador | | Texas Hospital Associat | tion | | |
| | Date 12/28/2023 | Full name of contributor [Goldsmith, Rachel (Ms.) Contributor address; City; Sta | out-of-state PAC (ID#: te; Zip Code |) | Amount | of Contribution (\$) | \$500.00 |
| | | San Antonio, TX 78229 | | | | | |
| | | pation / Job title (See Instructions) | | Employer (See Instructions | s) | | |
| | Chief Operat | ting Officer | | Methodist Hospital | | | |
| | Date 01/19/2024 | Full name of contributor [Gonzalez, Sara (Ms.) Contributor address; City; Sta | out-of-state PAC (ID#: te; Zip Code |) | Amount | of Contribution (\$) | \$20.00 |
| | | Austin, TX 78701 | | | | | |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | <u> </u> | | |
| | | | | Texas Hospital Associat | • | | |
| | VP Advocacy / Public Policy Date Full name of contributor Goolsby, Emily (Ms.) Contributor address; City; State; Zip Code Abilene, TX 79601 | |) | Amount | of Contribution (\$) | \$3.75 | |
| | • | pation / Job title (See Instructions) pt of Education and Profession | ial Develonment | Employer (See Instructions Hendrick Medical Cente | | | |
| | Date 01/18/2024 | Full name of contributor Goolsby, Emily (Ms.) Contributor address; City; Sta | out-of-state PAC (ID#: | | | of Contribution (\$) | \$3.75 |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | ;) | | |
| | Dir of the De | pt of Education and Profession | al Development | Hendrick Medical Cente | er | | |
| | | | | | | | |

| MONEI | ARY POLITICAL CONTRIBUT | | NS | | SCHEDULE | A1 |
|---|---|--------|--|---------------|---|-----------|
| The Instru | ction Guide explains how to complete this | s for | rm. | 1 | Total pages Schedule A1: Sch: 25/60 Rpt: 36/84 | |
| FILER NAME The Political | Action Committee of the Texas Hospital Associat | ion | | 3 | Filer ID (Ethics Commission 00015794 | Filers) |
| Date 01/25/2024 | Full name of contributor | #: |) | 7 | Amount of Contribution (\$) | \$3.75 |
| | Abilene, TX 79601 pation / Job title (See Instructions) | 9 | Employer (See Instructions | | | |
| Date 01/19/2024 | Full name of contributor out-of-state PAC (ID Gordon, Brittanny (Ms.) Contributor address; City; State; Zip Code Austin, TX 78701 | #: | Hendrick Medical Cente | er - | Amount of Contribution (\$) | \$2.00 |
| Principal occupation / Job title (See Instructions) Sr Specialist, AR & Association Management System Employer (See Instructions) Texas Hospital | | | | | 1 | |
| Date 01/01/2024 | Full name of contributor out-of-state PAC (ID Gray, Rick (Mr.) Contributor address; City; State; Zip Code | #: |) | | Amount of Contribution (\$) | \$50.00 |
| Principal occu Associate Ad | El Paso, TX 79905 pation / Job title (See Instructions) dministrator | | Employer (See Instructions El Paso Children's Hosp | | <u> </u> | |
| Date 12/29/2023 | Full name of contributor out-of-state PAC (ID Greenwood, Susan (Ms.) Contributor address; City; State; Zip Code Abilene, TX 79601 | #: | | | Amount of Contribution (\$) | \$9.62 |
| • | pation / Job title (See Instructions) ent / Chief Nursing Officer | | Employer (See Instructions Hendrick Medical Cente | | | |
| Date 01/18/2024 | Full name of contributor out-of-state PAC (ID Greenwood, Susan (Ms.) Contributor address; City; State; Zip Code Abilene, TX 79601 | #: |) | • | Amount of Contribution (\$) | \$9.62 |
| | pation / Job title (See Instructions) ent / Chief Nursing Officer | \top | Employer (See Instructions Hendrick Medical Cente | | | |
| | | | | | | |

| | MONEI | ARY POLITICAL CONTRIBUTION | יוכ | NS | | SCHEDULE | A1 |
|---|----------------------------------|---|----------|--|---|---|---------|
| | The Instruc | ction Guide explains how to complete this f | or | m. | 1 | Total pages Schedule A1: Sch: 26/60 Rpt: 37/84 | |
| 2 | FILER NAME The Political | Action Committee of the Texas Hospital Association | n | | 3 | Filer ID (Ethics Commission 00015794 | Filers) |
| 4 | Date 01/25/2024 | 5 Full name of contributor | |) | 7 | Amount of Contribution (\$) | \$9.62 |
| 8 | | Abilene, TX 79601 pation / Job title (See Instructions) ent / Chief Nursing Officer | 9 | Employer (See Instructions Hendrick Medical Cente | | | |
| | Date 01/19/2024 | Full name of contributor out-of-state PAC (ID#:_ Haas, Mark (Mr.) Contributor address; City; State; Zip Code Georgetown, TX 78633 | |) | | Amount of Contribution (\$) | \$4.00 |
| | Principal occur Staff Accoun | pation / Job title (See Instructions) ntant | | Employer (See Instructions Texas Hospital Insurance | | Exchange | |
| | Date 12/29/2023 | Full name of contributor out-of-state PAC (ID#:_ Hair, Donna (Ms.) Contributor address; City; State; Zip Code | |) | | Amount of Contribution (\$) | \$3.85 |
| | Principal occu | Brownwood, TX 76804 pation / Job title (See Instructions) larketing | | Employer (See Instructions Hendrick Medical Cente | | | |
| | Date 01/18/2024 | Full name of contributor out-of-state PAC (ID#:_ Hair, Donna (Ms.) Contributor address; City; State; Zip Code Brownwood, TX 76804 | |) | | Amount of Contribution (\$) | \$3.85 |
| | Principal occur Director of M | Pation / Job title (See Instructions) | | Employer (See Instructions Hendrick Medical Cente | | | |
| | Date 01/25/2024 | Full name of contributor out-of-state PAC (ID#:_ Hair, Donna (Ms.) Contributor address; City; State; Zip Code Brownwood, TX 76804 | |) | | Amount of Contribution (\$) | \$3.85 |
| | Principal occu Director of M | pation / Job title (See Instructions) larketing | | Employer (See Instructions Hendrick Medical Cente | | | |
| | | | <u> </u> | | | | |

| | MONET | ARY POLITICAL CONT | TRIBUTION | S | | SCHEDULE | ■ A1 |
|---|---------------------------------|---|--------------------|---|----------------|---|-------------|
| | The Instru | ction Guide explains how to co | mplete this forr | n. | 1 | Total pages Schedule A1: Sch: 27/60 Rpt: 38/84 | |
| 2 | FILER NAME The Political | Action Committee of the Texas Hosp | oital Association | | 3 | Filer ID (Ethics Commission 00015794 | Filers) |
| 4 | Date 12/29/2023 | 5 Full name of contributor out- | of-state PAC (ID#: |) | 7 | Amount of Contribution (\$) | \$3.85 |
| _ | | Abilene, TX 79601 | | | _ | | |
| 8 | Admissions I | pation / Job title (See Instructions) Director | 9 | Employer (See Instructions Hendrick Medical Cente | | | |
| | Date 01/18/2024 | Harris, Erica (Ms.) Contributor address; City; State; Zip | |) | | Amount of Contribution (\$) | \$3.85 |
| | Principal occu | Abilene, TX 79601 pation / Job title (See Instructions) | | Employer (See Instructions | <u> </u> ;) | | |
| | Admissions I | . , | | Hendrick Medical Cente | | | |
| | Date 01/25/2024 | Full name of contributor out- | of-state PAC (ID#: | | | Amount of Contribution (\$) | \$3.85 |
| | | Abilene, TX 79601 | | | | | |
| | Principal occu Admissions I | pation / Job title (See Instructions) Director | | Employer (See Instructions Hendrick Medical Center | | | |
| | Date 12/26/2023 | Full name of contributor out- Hart, Brandy (Mrs.) Contributor address; City; State; Zip Nashville, TN 37203 | |) | | Amount of Contribution (\$) | \$83.00 |
| | ' | pation / Job title (See Instructions) ee President / Behavioral Health | | Employer (See Instructions HCA Healthcare | s) | | |
| | Date 01/19/2024 | Full name of contributor out-out-out-out-out-out-out-out-out-out- | of-state PAC (ID#: | | | Amount of Contribution (\$) | \$90.00 |
| | Principal occu President / C | pation / Job title (See Instructions) | | Employer (See Instructions Texas Hospital Associate | | 1 | |
| | | | ' | | | | |

| | MONEI | ARY POLITICAL C | ONTRIBUTION | NS | | SCHEDUL | E A1 |
|---|---------------------------------|---|--|---|----|---|-----------|
| | The Instru | ction Guide explains how | to complete this for | m. | 1 | Total pages Schedule A1: Sch: 28/60 Rpt: 39/84 | |
| 2 | FILER NAME | | | | 3 | Filer ID (Ethics Commission | n Filers) |
| | The Political | Action Committee of the Texas | Hospital Association | | | 00015794 | |
| 4 | Date 01/25/2024 | Full name of contributor [Hay, Fraser (Mr.)Contributor address; City; Sta | out-of-state PAC (ID#: te; Zip Code | | 7 | Amount of Contribution (\$) | \$250.00 |
| _ | | Plano, TX 75093 | la. | | | | |
| 8 | | pation / Job title (See Instructions) | 9 | Employer (See Instructions | | Handal Dlane | |
| | President | | | Texas Health Presbyteri | an | Hospitai Piano | |
| | Date 12/29/2023 | Full name of contributor [Head, Courtney (Ms.) Contributor address; City; Sta | out-of-state PAC (ID#: | | | Amount of Contribution (\$) | \$9.62 |
| | | Abilene, TX 79601 | | | | | |
| | | pation / Job title (See Instructions) | | Employer (See Instructions | | | |
| | Vice Preside | ent of Human Resources | | Hendrick Medical Cente | r | | |
| | Date 01/18/2024 | Full name of contributor [Head, Courtney (Ms.) Contributor address; City; Sta | out-of-state PAC (ID#: te; Zip Code | | | Amount of Contribution (\$) | \$9.62 |
| | | Abilene, TX 79601 | | | | | |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions |) | | |
| | Vice Preside | ent of Human Resources | | Hendrick Medical Cente | r | | |
| | Date 01/25/2024 | Full name of contributor Head, Courtney (Ms.) Contributor address; City; Sta Abilene, TX 79601 | out-of-state PAC (ID#: te; Zip Code |) | | Amount of Contribution (\$) | \$9.62 |
| | | pation / Job title (See Instructions) ent of Human Resources | | Employer (See Instructions Hendrick Medical Cente | | | |
| | Date 01/07/2024 | Full name of contributor Henderson, John (Mr.) Contributor address; City; Sta Round Rock, TX 78664 | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$83.00 |
| | Principal occu President / C | pation / Job title (See Instructions) | | Employer (See Instructions TORCH |) | | |
| | | | | | | | |

| | MONEI | ARY POLITICAL CONTRIBUTION |) (| 15 | | SCHEDULE | A1 |
|---|--------------------------------|--|------------|--|---|---|-----------|
| | The Instru | ction Guide explains how to complete this f | or | m. | 1 | Total pages Schedule A1: Sch: 29/60 Rpt: 40/84 | |
| 2 | FILER NAME The Political | Action Committee of the Texas Hospital Association | า | | 3 | Filer ID (Ethics Commission 00015794 | Filers) |
| 4 | Date 12/29/2023 | 5 Full name of contributor out-of-state PAC (ID#:_ Henry, Elizabeth (Ms.) 6 Contributor address; City; State; Zip Code | |) | 7 | Amount of Contribution (\$) | \$4.81 |
| 8 | | Abilene, TX 79601 pation / Job title (See Instructions) se Management | 9 | Employer (See Instructions Hendrick Medical Cente | | | |
| | Date 01/18/2024 | Full name of contributor out-of-state PAC (ID#:_ Henry, Elizabeth (Ms.) Contributor address; City; State; Zip Code Abilene, TX 79601 | |) | | Amount of Contribution (\$) | \$4.81 |
| | | pation / Job title (See Instructions) se Management | | Employer (See Instructions Hendrick Medical Cente | | | |
| | Date 01/25/2024 | Full name of contributor out-of-state PAC (ID#:_ Henry, Elizabeth (Ms.) Contributor address; City; State; Zip Code | |) | | Amount of Contribution (\$) | \$4.81 |
| | | Abilene, TX 79601 pation / Job title (See Instructions) e Management | | Employer (See Instructions Hendrick Medical Cente | | | |
| | Date 01/19/2024 | Full name of contributor out-of-state PAC (ID#:_ Hernandez, Janet (Ms.) Contributor address; City; State; Zip Code Georgetown, TX 78633 | |) | | Amount of Contribution (\$) | \$8.34 |
| | Principal occu Accounting N | pation / Job title (See Instructions) | | Employer (See Instructions Texas Hospital Insurance | | Exchange | |
| | Date 01/12/2024 | Full name of contributor out-of-state PAC (ID#:_Holland, Brad (Mr.) Contributor address; City; State; Zip Code Abilene, TX 79601 | | | | Amount of Contribution (\$) | \$82.50 |
| | • | pation / Job title (See Instructions) Chief Executive Officer | | Employer (See Instructions Hendrick Medical Cente | | | |
| | | | | | | | |

| | MONET | ARY POLITICAL CONTRIE | BUTION | S | | SCHEDUI | LE A1 |
|---|--------------------------------|--|-------------|--|-----------|---|--------------|
| | The Instru | ction Guide explains how to comple | te this for | n. | 1 | Total pages Schedule A1: Sch: 30/60 Rpt: 41/84 | |
| 2 | FILER NAME The Political | Action Committee of the Texas Hospital A | ssociation | | 3 | Filer ID (Ethics Commission 00015794 | on Filers) |
| 4 | Date 01/25/2024 | Full name of contributor | PAC (ID#: | | 7 | Amount of Contribution (\$) | \$1,500.00 |
| _ | | Abilene, TX 79601 | | 5 1 (0 1 : : | | | |
| 8 | · | pation / Job title (See Instructions) Chief Executive Officer | 9 | Employer (See Instructions Hendrick Health | S) | | |
| | Date 01/25/2024 | Full name of contributor out-of-state Honea, Michael (Mr.) Contributor address; City; State; Zip Code | | | • | Amount of Contribution (\$) | \$41.00 |
| | Principal occu | Glen Rose, TX 76043 pation / Job title (See Instructions) | | Employer (See Instructions | <u>;)</u> | | |
| | Chief Execut | , | | Glen Rose Medical Cen | | | |
| | Date 12/29/2023 | Full name of contributor out-of-state Howard, Erica (Ms.) Contributor address; City; State; Zip Code | PAC (ID#: |) | • | Amount of Contribution (\$) | \$3.85 |
| | | Abilene, TX 79601 | | | | | |
| | Principal occu System Direc | pation / Job title (See Instructions) ctor Benefits | | Employer (See Instructions Hendrick Medical Cente | | | |
| | Date 01/18/2024 | Howard, Erica (Ms.) | PAC (ID#: | | | Amount of Contribution (\$) | \$3.85 |
| | Principal occu System Direc | pation / Job title (See Instructions) ctor Benefits | | Employer (See Instructions Hendrick Medical Cente | | | |
| | Date 01/25/2024 | Full name of contributor out-of-state Howard, Erica (Ms.) Contributor address; City; State; Zip Code Abilene, TX 79601 | PAC (ID#: | | | Amount of Contribution (\$) | \$3.85 |
| | Principal occu System Direc | pation / Job title (See Instructions) | | Employer (See Instructions Hendrick Medical Cente | | | |
| | System Direct | oc. Denonco | | Tonanok Medical Gente | | | |

| | MONET | ARY POLITICAL CONTRIB | BUTION | S | | SCHEDULI | E A1 |
|---|--------------------------|---|------------|--|---------|---|-------------|
| | The Instruc | ction Guide explains how to complet | e this for | n. | 1 | Total pages Schedule A1: Sch: 31/60 Rpt: 42/84 | |
| 2 | FILER NAME The Political | Action Committee of the Texas Hospital As | sociation | | 3 | Filer ID (Ethics Commission 00015794 | ı Filers) |
| 4 | Date 01/21/2024 | Full name of contributor out-of-state F Hrncirik, Bobbye (Ms.) Contributor address; City; State; Zip Code | - | | 7 | Amount of Contribution (\$) | \$83.00 |
| _ | | Lubbock, TX 79415 | | | <u></u> | | |
| 8 | • | pation / Job title (See Instructions) ental Funding | 9 | Employer (See Instructions University Medical Cent | • | | |
| | Date 01/19/2024 | Full name of contributor out-of-state F Huff, Alexander (Mr.) Contributor address; City; State; Zip Code | - | | | Amount of Contribution (\$) | \$2.00 |
| | Principal occu | Austin, TX 78701 pation / Job title (See Instructions) | | Employer (See Instructions | ;) | | |
| | | ent of Health IT Programs | | THA Foundation | " | | |
| | Date 12/29/2023 | Full name of contributor out-of-state F Huffington, Mark (Mr.) Contributor address; City; State; Zip Code | PAC (ID#: |) | | Amount of Contribution (\$) | \$4.81 |
| | | Abilene, TX 79601 | | | | | |
| | • | pation / Job title (See Instructions) stant Vice President Analytics | | Employer (See Instructions Hendrick Medical Cente | • | | |
| | Date 01/18/2024 | Full name of contributor out-of-state F Huffington, Mark (Mr.) Contributor address; City; State; Zip Code Abilene, TX 79601 | - | | • | Amount of Contribution (\$) | \$4.81 |
| | • | pation / Job title (See Instructions) stant Vice President Analytics | | Employer (See Instructions Hendrick Medical Cente | • | | |
| | Date 01/25/2024 | Full name of contributor out-of-state F Huffington, Mark (Mr.) Contributor address; City; State; Zip Code Abilene, TX 79601 | PAC (ID#: |) | | Amount of Contribution (\$) | \$4.81 |
| | • | pation / Job title (See Instructions) stant Vice President Analytics | | Employer (See Instructions Hendrick Medical Cente | | | |
| | System Assi | oan vioo i rosident/inalydes | | | | | |

| | MONEI | ARY POLITICAL C | ONTRIBUTIO | NS | | SCHEDUL | E A1 |
|---|---------------------------------|---|---------------------------------------|--|----|---|-------------|
| | The Instru | ction Guide explains how t | to complete this for | rm. | 1 | Total pages Schedule A1: Sch: 32/60 Rpt: 43/84 | |
| 2 | FILER NAME The Political | Action Committee of the Texas | Hospital Association | | 3 | Filer ID (Ethics Commission 00015794 | n Filers) |
| 4 | Date 12/29/2023 | Full name of contributor | out-of-state PAC (ID#: e; Zip Code |) | 7 | Amount of Contribution (\$) | \$3.85 |
| 8 | | Abilene, TX 79601 pation / Job title (See Instructions) | 9 | Employer (See Instructions | | | |
| | Date 01/18/2024 | Full name of contributor Hunnicutt, Craig (Mr.) Contributor address; City; Stat | out-of-state PAC (ID#: | Hendrick Medical Cente | er | Amount of Contribution (\$) | \$3.85 |
| | | Abilene, TX 79601 pation / Job title (See Instructions) ijonal Services | | Employer (See Instructions Hendrick Medical Cente | | | |
| | Date 01/25/2024 | Full name of contributor Hunnicutt, Craig (Mr.) Contributor address; City; Stat Abilene, TX 79601 | out-of-state PAC (ID#: e; Zip Code | | • | Amount of Contribution (\$) | \$3.85 |
| | | pation / Job title (See Instructions) | | Employer (See Instructions Hendrick Medical Cente | | | |
| | Date 01/14/2024 | Full name of contributor Hurst, William (Mr.) Contributor address; City; Stat | out-of-state PAC (ID#: | | • | Amount of Contribution (\$) | \$125.00 |
| | Principal occu President / 0 | pation / Job title (See Instructions) CEO | | Employer (See Instructions Patient Physician Netwo | | | |
| | Date 12/29/2023 | Full name of contributor Jackson, Olga (Ms.) Contributor address; City; Stat Cuero, TX 77954 | out-of-state PAC (ID#: | | | Amount of Contribution (\$) | \$0.97 |
| | Principal occu Support Serv | pation / Job title (See Instructions) vices | | Employer (See Instructions Cuero Regional Hospita | | | |
| | | | | | | | |

| | MONET | ARY POLITICAL C | ONTRIBUTIO | N5 | | SCHEDULE | A1 |
|---|--------------------------------|---|---|--|----------------|---|-----------|
| | The Instru | ction Guide explains how | to complete this fo | orm. | 1 | Total pages Schedule A1: Sch: 33/60 Rpt: 44/84 | |
| 2 | FILER NAME The Political | Action Committee of the Texa | s Hospital Association | | 3 | Filer ID (Ethics Commission 00015794 | Filers) |
| 4 | Date 01/10/2024 | 5 Full name of contributor Jackson, Olga (Ms.)6 Contributor address; City; Sta | out-of-state PAC (ID#: tte; Zip Code |) | 7 | Amount of Contribution (\$) | \$0.97 |
| | | Cuero, TX 77954 | | | | | |
| 8 | Principal occu Support Serv | | | Employer (See Instructions Cuero Regional Hospita | | | |
| | Date 01/25/2024 | Full name of contributor Jackson, Olga (Ms.) Contributor address; City; Sta | out-of-state PAC (ID#: tte; Zip Code |) | | Amount of Contribution (\$) | \$0.97 |
| | Principal occu | Cuero, TX 77954 pation / Job title (See Instructions) | | Employer (See Instructions | <u> </u> s) | | |
| | Support Serv | vices | | Cuero Regional Hospita | al | | |
| | Date 01/19/2024 | Full name of contributor Jackson, Robin (Ms.) Contributor address; City; Sta | out-of-state PAC (ID#: ute; Zip Code |) | • | Amount of Contribution (\$) | \$4.00 |
| _ | Dringing coou | Austin, TX 78701 pation / Job title (See Instructions) | | Employer (See Instructions | <u>'</u> | | |
| | · | nt Service Center | | Texas Hospital Associat | | 1 | |
| | Date 01/20/2024 | Full name of contributor Jasper, Jerry (Mr.) Contributor address; City; Sta Harlingen, TX 78550 | |) | • | Amount of Contribution (\$) | \$41.00 |
| | Principal occu Chief Execut | pation / Job title (See Instructions) tive Officer | | Employer (See Instructions Solara Hospital Harlinge | | | |
| | Date 01/19/2024 | Full name of contributor Jones, Susan (Ms.) Contributor address; City; Sta | out-of-state PAC (ID#: |) | - | Amount of Contribution (\$) | \$20.00 |
| | Principal occu Member Am | pation / Job title (See Instructions) bassador | | Employer (See Instructions Texas Hospital Associat | | 1 | |
| | | | | | | | |

| | MONEI | ARY POLITICAL CONT | RIBUTION | IS | | SCHEDULE | A1 |
|---|---------------------------------|--|------------------|--|---|---|-----------|
| | The Instru | ction Guide explains how to com | nplete this for | n. | 1 | Total pages Schedule A1: Sch: 34/60 Rpt: 45/84 | |
| 2 | FILER NAME The Political | Action Committee of the Texas Hospit | al Association | | 3 | Filer ID (Ethics Commission 00015794 | Filers) |
| 4 | Date 12/29/2023 | Kelly, Tave (Ms.) 6 Contributor address; City; State; Zip C | -state PAC (ID#: | | 7 | Amount of Contribution (\$) | \$4.81 |
| _ | Dringing con | Abilene, TX 79601 | lo. | Employer (Coa Instructions | _ | | |
| 8 | | pation / Job title (See Instructions) stant Vice President Revenue Cycle | 9 | Employer (See Instructions Hendrick Medical Cente | | | |
| | Date 01/18/2024 | Full name of contributor out-of- Kelly, Tave (Ms.) Contributor address; City; State; Zip C | -state PAC (ID#: | | | Amount of Contribution (\$) | \$4.81 |
| | Principal occu | Abilene, TX 79601 pation / Job title (See Instructions) | | Employer (See Instructions | | | |
| | • | stant Vice President Revenue Cycle | | Hendrick Medical Cente | | | |
| | Date 01/25/2024 | Full name of contributor out-of-Kelly, Tave (Ms.) Contributor address; City; State; Zip C | -state PAC (ID#: |) | | Amount of Contribution (\$) | \$4.81 |
| | | Abilene, TX 79601 | | | | | |
| | | pation / Job title (See Instructions) stant Vice President Revenue Cycle | | Employer (See Instructions Hendrick Medical Cente | | | |
| | Date 01/19/2024 | Full name of contributor out-of- Kendrick, Karen (Ms.) Contributor address; City; State; Zip C Austin, TX 78701 | -state PAC (ID#: | | | Amount of Contribution (\$) | \$20.00 |
| | Principal occu VP of Clinica | pation / Job title (See Instructions) al Initiatives | | Employer (See Instructions THA Foundation |) | | |
| | Date 01/12/2024 | Full name of contributor out-of-Kimmel, Stephen (Mr.) Contributor address; City; State; Zip C | -state PAC (ID#: | | | Amount of Contribution (\$) | \$83.00 |
| | Principal occu Chief Financ | pation / Job title (See Instructions) ial Officer | | Employer (See Instructions Cook Children's Medica | | enter | |
| | | | , | | | | |

| | MONET | ARY POLITICAL CONTRIBUT | ION | IS | | SCHEDUL | E A1 |
|---|------------------------------------|--|-----|---|---------------|---|-------------|
| | The Instruc | ction Guide explains how to complete this | for | m. | 1 | Total pages Schedule A1: Sch: 35/60 Rpt: 46/84 | |
| 2 | FILER NAME The Political | Action Committee of the Texas Hospital Associat | ion | | 3 | Filer ID (Ethics Commission 00015794 | n Filers) |
| 4 | Date 12/28/2023 | Full name of contributor | |) | 7 | Amount of Contribution (\$) | \$500.00 |
| 8 | Principal occu | El Campo, TX 77437 pation / Job title (See Instructions) | 9 | Employer (See Instructions | s) | | |
| | | f Executive Officer | | MidCoast Health Syster | | | |
| | Date 01/10/2024 | Full name of contributor out-of-state PAC (ID Kirkman, Leni (Ms.) Contributor address; City; State; Zip Code | #: |) | | Amount of Contribution (\$) | \$41.00 |
| | | San Antonio, TX 78229 | | | | | |
| | | pation / Job title (See Instructions) | | Employer (See Instructions | s) | | |
| | Exec VP Corp Communications & Mktg | | | University Health | | | |
| | Date 01/19/2024 | Full name of contributor out-of-state PAC (ID Kroll, Carrie (Ms.) Contributor address; City; State; Zip Code | #: |) | | Amount of Contribution (\$) | \$62.00 |
| | | Austin, TX 78701 | | | | | |
| | • | pation / Job title (See Instructions) y / Pub Policy / Political Strategy | | Employer (See Instructions Texas Hospital Associa | | ı | |
| | Date 12/29/2023 | Contributor address; City; State; Zip Code | |) | | Amount of Contribution (\$) | \$1.93 |
| | Dringing conu | pation / Job title (See Instructions) | | Employer (See Instructions | <u>''</u> | | |
| | Chief Nursin | , | | Cuero Regional Hospita | | | |
| | Date 01/10/2024 | Full name of contributor out-of-state PAC (ID Krupala, Judith (Ms.) Contributor address; City; State; Zip Code Cuero, TX 77954 | #: |) | | Amount of Contribution (\$) | \$1.93 |
| | • | pation / Job title (See Instructions) | | Employer (See Instructions | | | |
| | Chief Nursin | g Officer | | Cuero Regional Hospita | ıl — | | |
| | | | | | | | |

| | MONET | ARY POLITICAL CO | ONTRIBUTION | S | | SCHEDULE | A1 |
|---|---------------------------------|---|-----------------------------------|--|--------|---|---------|
| | The Instru | ction Guide explains how t | o complete this form | n. | 1 | Total pages Schedule A1: Sch: 36/60 Rpt: 47/84 | |
| 2 | FILER NAME The Political | Action Committee of the Texas | Hospital Association | | 3 | Filer ID (Ethics Commission 00015794 | Filers) |
| 4 | Date 01/25/2024 | 5 Full name of contributor Krupala, Judith (Ms.) 6 Contributor address; City; State | out-of-state PAC (ID#:e; Zip Code |) | 7 | Amount of Contribution (\$) | \$1.93 |
| | | Cuero, TX 77954 | | | | | |
| 8 | Principal occu Chief Nursin | pation / Job title (See Instructions) g Officer | 9 | Employer (See Instructions Cuero Regional Hospita | • | | |
| | Date 12/29/2023 | Full name of contributor Lafrance, Judith (Ms.) Contributor address; City; State | out-of-state PAC (ID#:e; Zip Code | | | Amount of Contribution (\$) | \$4.81 |
| | Principal occu | Abilene, TX 79606 pation / Job title (See Instructions) | | Employer (See Instructions | ;) | | |
| | | Administrative Officer | | Hendrick Medical Cente | | | |
| | Date 01/18/2024 | Full name of contributor Lafrance, Judith (Ms.) Contributor address; City; State | out-of-state PAC (ID#: | | | Amount of Contribution (\$) | \$4.81 |
| | | Abilene, TX 79606 | | | | | |
| | | pation / Job title (See Instructions) Administrative Officer | | Employer (See Instructions Hendrick Medical Cente | | | |
| | Date 01/25/2024 | Full name of contributor Lafrance, Judith (Ms.) Contributor address; City; State Abilene, TX 79606 | out-of-state PAC (ID#:e; Zip Code | | | Amount of Contribution (\$) | \$4.81 |
| | • | pation / Job title (See Instructions) Administrative Officer | | Employer (See Instructions Hendrick Medical Cente | | | |
| | Date 12/29/2023 | Full name of contributor Lampert, Bruce (Mr.) Contributor address; City; State Abilene, TX 79601 | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$3.85 |
| | Principal occu Director, Hos | pation / Job title (See Instructions) | | Employer (See Instructions Hendrick Medical Cente | | | |
| | σ, . Ισ. | | | | | | |

| | MONET | ARY POLITICAL CONTRIBUT | ION | NS | | SCHEDULE | A1 |
|---|--------------------------|--|-----|---|----|---|---------|
| | The Instruc | ction Guide explains how to complete this | for | m. | 1 | Total pages Schedule A1: Sch: 37/60 Rpt: 48/84 | |
| 2 | FILER NAME The Political | Action Committee of the Texas Hospital Associat | ion | | 3 | Filer ID (Ethics Commission 00015794 | Filers) |
| 4 | Date 01/18/2024 | 5 Full name of contributor out-of-state PAC (ID Lampert, Bruce (Mr.) 6 Contributor address; City; State; Zip Code | | | 7 | Amount of Contribution (\$) | \$3.85 |
| _ | Deire sin al access | Abilene, TX 79601 | | Frankrije (Ozakativski | | | |
| 8 | Director, Hos | pation / Job title (See Instructions) spice Care | 9 | Employer (See Instructions Hendrick Medical Cente | | | |
| | Date 01/25/2024 | Full name of contributor out-of-state PAC (ID Lampert, Bruce (Mr.) Contributor address; City; State; Zip Code | |) | • | Amount of Contribution (\$) | \$3.85 |
| | Drincinal occu | Abilene, TX 79601 pation / Job title (See Instructions) | | Employer (See Instructions | ·) | | |
| | Director, Hos | , | | Hendrick Medical Cente | | | |
| | Date 12/29/2023 | Full name of contributor out-of-state PAC (ID Lee, Rachel (Ms.) Contributor address; City; State; Zip Code | #: |) | • | Amount of Contribution (\$) | \$3.85 |
| | | Abilene, TX 79601 | | | | | |
| | | pation / Job title (See Instructions) f Srvcs & Physician Recruitment | | Employer (See Instructions Hendrick Medical Center | | | |
| | Date 01/18/2024 | Full name of contributor out-of-state PAC (ID Lee, Rachel (Ms.) Contributor address; City; State; Zip Code Abilene, TX 79601 | |) | • | Amount of Contribution (\$) | \$3.85 |
| | | pation / Job title (See Instructions) if Srvcs & Physician Recruitment | | Employer (See Instructions Hendrick Medical Cente | • | | |
| | Date 01/25/2024 | Full name of contributor out-of-state PAC (ID Lee, Rachel (Ms.) Contributor address; City; State; Zip Code Abilene, TX 79601 | | | | Amount of Contribution (\$) | \$3.85 |
| | • | pation / Job title (See Instructions) f Srvcs & Physician Recruitment | | Employer (See Instructions Hendrick Medical Cente | | | |
| | Dii Med Sidi | 1 31V63 & 1 HYSIGIAH NEGRAIRHEHL | | rendrick ividuical Celife | .1 | | |

| | MONEI | ARY POLITICAL CONTRIBUTION | Λ | 15 | | SCHEDULE | A1 |
|---|--------------------------------|---|--|--|----|---|-----------|
| | The Instruc | ction Guide explains how to complete this f | or | m. | 1 | Total pages Schedule A1: Sch: 38/60 Rpt: 49/84 | |
| 2 | FILER NAME The Political | Action Committee of the Texas Hospital Association | n | | 3 | Filer ID (Ethics Commission 00015794 | Filers) |
| 4 | Date 01/19/2024 | 5 Full name of contributor out-of-state PAC (ID#:_Lengal, Samantha (Ms.) 6 Contributor address; City; State; Zip Code | |) | 7 | Amount of Contribution (\$) | \$4.00 |
| 8 | | Georgetown, TX 78633 pation / Job title (See Instructions) Coordinator | 9 | Employer (See Instructions Texas Hospital Insurance | | Exchange | |
| | Date 01/19/2024 Principal occu | Full name of contributor out-of-state PAC (ID#:_Liscano, Rosie (Ms.) Contributor address; City; State; Zip Code Georgetown, TX 78633 pation / Job title (See Instructions) | <u> </u> | Employer (See Instructions |)) | Amount of Contribution (\$) | \$2.00 |
| | | ns Adj/Risk Mgmt Specialist | | Texas Hospital Insuranc | | Exchange | |
| | Date 01/19/2024 | Full name of contributor out-of-state PAC (ID#:_Lopez, Cesar (Mr.) Contributor address; City; State; Zip Code Austin, TX 78701 | | | | Amount of Contribution (\$) | \$20.00 |
| | • | pation / Job title (See Instructions) eneral Counsel | | Employer (See Instructions Texas Hospital Associat | | 1 | |
| | Date 12/29/2023 | Full name of contributor out-of-state PAC (ID#:_ Lowery, James (Mr.) Contributor address; City; State; Zip Code | | | | Amount of Contribution (\$) | \$3.85 |
| | Principal occu Director Man | pation / Job title (See Instructions) naged Care | | Employer (See Instructions Hendrick Medical Cente | | | |
| | Date 01/18/2024 | Full name of contributor out-of-state PAC (ID#:_Lowery, James (Mr.) Contributor address; City; State; Zip Code Abilene, TX 79601 | <u> </u> |) | | Amount of Contribution (\$) | \$3.85 |
| | Principal occu Director Man | pation / Job title (See Instructions) | | Employer (See Instructions Hendrick Medical Cente | | | |
| | Director Mai | iagou ouro | <u> </u> | TOTALION WICHIGAI CETTLE | | | |

| 2 FILER NAME The Political Action Co 4 Date 01/25/2024 S Full name of Contrib Abilen 8 Principal occupation / Jobson Director Managed Care Date 12/27/2023 Marruf Contrib San A Principal occupation / Jobson Chief Financial Officer Date 12/29/2023 McCol Contrib Abilen Principal occupation / Jobson Contrib Abilen | me of contributor out-of-state PAC (ID#: fo, Gabriel (Mr.) utor address; City; State; Zip Code intonio, TX 78258 vitile (See Instructions) me of contributor out-of-state PAC (ID#: lough, Kimberly (Ms.) |) | 3 7 7 ss) eer | Total pages Schedule A1: Sch: 39/60 Rpt: 50/84 Filer ID (Ethics Commission 00015794 Amount of Contribution (\$) Amount of Contribution (\$) | \$3.85 |
|---|---|--|----------------|--|--------------------|
| The Political Action Co 4 Date | me of contributor | Employer (See Instructions Hendrick Medical Cente) Employer (See Instructions | 7 ss) eer | Amount of Contribution (\$) Amount of Contribution (\$) | \$3.85 |
| 4 Date 01/25/2024 Contrib Abilen 8 Principal occupation / Job Director Managed Care Date 12/27/2023 Principal occupation / Job Chief Financial Officer Date 12/29/2023 Abilen Principal occupation / Job Chief Financial Officer Date 12/29/2023 Abilen Principal occupation / Job Contrib Abilen Principal occupation / Job Contrib Abilen Principal occupation / Job Director of Women and Date O1/18/2024 McCol | me of contributor | Employer (See Instructions Hendrick Medical Cente) Employer (See Instructions | ss) eer | Amount of Contribution (\$) Amount of Contribution (\$) | |
| O1/25/2024 Lower 6 Contrib Abilen 8 Principal occupation / Job Director Managed Care Date Full nat 12/27/2023 Marruf Contrib San A Principal occupation / Job Chief Financial Officer Date Full nat 12/29/2023 McCol Contrib Abilen Principal occupation / Job Director of Women and Date Full nat O1/18/2024 McCol | y, James (Mr.) utor address; City; State; Zip Code e, TX 79601 title (See Instructions) me of contributor | Employer (See Instructions Hendrick Medical Cente) Employer (See Instructions | ss) eer | Amount of Contribution (\$) | \$3.85 \$750.00 |
| Abilen 8 Principal occupation / Job Director Managed Care Date Full nat 12/27/2023 Marruf Contrib San Al Principal occupation / Job Chief Financial Officer Date Full nat 12/29/2023 McCol Contrib Abilen Principal occupation / Job Director of Women and Date Full nat 01/18/2024 McCol | e, TX 79601 title (See Instructions) me of contributor | Employer (See Instructions Hendrick Medical Cente) Employer (See Instructions | er | oital | |
| 8 Principal occupation / Job Director Managed Care Date Full nate 12/27/2023 Marruf Contrib San Al Principal occupation / Job Chief Financial Officer Date Full nate 12/29/2023 McCol Contrib Abilen Principal occupation / Job Director of Women and O1/18/2024 McCol | title (See Instructions) me of contributor | Hendrick Medical Center) Employer (See Instructions | er | oital | \$750.00 |
| Date Full nate 12/29/2023 McCol Date Full nate 12/27/2023 McCol Contrib San Al Principal occupation / Job Chief Financial Officer Date Full nate 12/29/2023 McCol Contrib Abilen Principal occupation / Job Director of Women and 12/2024 McCol Date Full nate 12/2024 McCol | me of contributor out-of-state PAC (ID#: fo, Gabriel (Mr.) utor address; City; State; Zip Code intonio, TX 78258 vitile (See Instructions) me of contributor out-of-state PAC (ID#: lough, Kimberly (Ms.) | Hendrick Medical Center) Employer (See Instructions | er | oital | \$750.00 |
| Date Full nate 12/27/2023 Marruf Contrib San Al Principal occupation / Job Chief Financial Officer Date Full nate 12/29/2023 McCol Contrib Abilen Principal occupation / Job Director of Women and Date Full nate 01/18/2024 McCol | me of contributor out-of-state PAC (ID#: io, Gabriel (Mr.) utor address; City; State; Zip Code ntonio, TX 78258 ititle (See Instructions) me of contributor out-of-state PAC (ID#: lough, Kimberly (Ms.) | Employer (See Instructions | s) | oital | \$750.00 |
| 12/27/2023 Marruf Contrib San Al Principal occupation / Job Chief Financial Officer Date Full nat 12/29/2023 McCol Contrib Abilen Principal occupation / Job Director of Women and Date Full nat 01/18/2024 McCol | io, Gabriel (Mr.) utor address; City; State; Zip Code ntonio, TX 78258 ritile (See Instructions) me of contributor | | | oital | \$750.00 |
| Contrib San A Principal occupation / Job Chief Financial Officer Date Full nat 12/29/2023 McCol Contrib Abilen Principal occupation / Job Director of Women and Date Full nat 01/18/2024 McCol | utor address; City; State; Zip Code ntonio, TX 78258 title (See Instructions) me of contributor | | | | \$750.00 |
| Principal occupation / Job Chief Financial Officer Date Full nat 12/29/2023 McCol Contrib Abilen Principal occupation / Job Director of Women and Date Full nat 01/18/2024 McCol | ntonio, TX 78258 I title (See Instructions) me of contributor | | | | |
| Principal occupation / Job Chief Financial Officer Date Full nat 12/29/2023 McCol Contrib Abilen Principal occupation / Job Director of Women and Date Full nat 01/18/2024 McCol | me of contributor out-of-state PAC (ID#:lough, Kimberly (Ms.) | | | | |
| Chief Financial Officer Date Full nat 12/29/2023 McCol Contrib Abilen Principal occupation / Job Director of Women and Date Full nat 01/18/2024 McCol | me of contributor out-of-state PAC (ID#: lough, Kimberly (Ms.) | | | | |
| Date Full nate 12/29/2023 McColl Contrib Abilen Principal occupation / Job Director of Women and 01/18/2024 McColl | lough, Kimberly (Ms.) | Methodist Stone Oak H | losp | | |
| 12/29/2023 McCol Contrib Abilen Principal occupation / Job Director of Women and Date Full nat 01/18/2024 McCol | lough, Kimberly (Ms.) |) | | Amount of Contribution (\$) | |
| Abilen Principal occupation / Job Director of Women and Date Full nat 01/18/2024 McCol | | | | | |
| Abilen Principal occupation / Job Director of Women and Date Full nat 01/18/2024 McCol | | |] | | \$3.85 |
| Principal occupation / Job Director of Women and Date Full nat 01/18/2024 McCol | utor address; City; State; Zip Code | | | | |
| Date Full nate 01/18/2024 McCol | e, TX 79606 | | | | |
| Date Full nai 01/18/2024 McCol | title (See Instructions) | Employer (See Instructions | s) | | |
| 01/18/2024 McCol | Children Services | Hendrick Medical Cente | er | | |
| | me of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| Contrib | lough, Kimberly (Ms.) | | | | \$3.85 |
| | utor address; City; State; Zip Code | | " | | |
| Abilen | e, TX 79606 | | | | |
| Principal occupation / Job | | Employer (See Instructions | <u> </u> s) | | |
| Director of Women and | ` ' | Hendrick Medical Cente | | | |
| Date Full na | me of contributor out-of-state PAC (ID#: |) | Τ | Amount of Contribution (\$) | |
| | lough, Kimberly (Ms.) | | | `, | \$3.85 |
| Contrib | utor address; City; State; Zip Code | | 1 | | |
| | | | | | |
| Abilen | e, TX 79606 | | | | |
| Principal occupation / Job | | Employer (See Instructions | | | |
| Director of Women and | title (See Instructions) | Hendrick Medical Cente | ⊃r | | |

| | MONEI | ARY POLITICAL CO | NIRIBUTION | S | | SCHEDULI | E A1 |
|---|--------------------|--|--------------------------------------|----------------------------|----------|---|-----------|
| | The Instru | ction Guide explains how to | complete this form | m. | 1 | Total pages Schedule A1: Sch: 40/60 Rpt: 51/84 | |
| 2 | FILER NAME | | | | 3 | Filer ID (Ethics Commission | n Filers) |
| | The Political | Action Committee of the Texas | Hospital Association | | L | 00015794 | |
| 4 | Date 12/29/2023 | 5 Full name of contributor | out-of-state PAC (ID#: ; Zip Code |) | 7 | Amount of Contribution (\$) | \$4.00 |
| | | Abilene, TX 79601 | | | | | |
| 8 | Principal occu | pation / Job title (See Instructions) | 9 | Employer (See Instructions | <u></u> | | |
| | Registered N | lurse | | Hendrick Medical Cente | r | | |
| _ | Date | Full name of contributor | out-of-state PAC (ID#: | \ | Г | Amount of Contribution (\$) | |
| | 01/18/2024 | McElrath, Pamela (Ms.) Contributor address; City; State | | | | Amount of Contribution (\$) | \$4.00 |
| | | Abilene, TX 79601 | | | | | |
| | | pation / Job title (See Instructions) | | Employer (See Instructions | | | |
| | Registered N | lurse | | Hendrick Medical Cente | r | | |
| | Date 01/25/2024 | Full name of contributor McElrath, Pamela (Ms.) Contributor address; City; State | out-of-state PAC (ID#:; Zip Code | | | Amount of Contribution (\$) | \$4.00 |
| | | Abilene, TX 79601 | | | | | |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | 5) | | |
| | Registered N | lurse | | Hendrick Medical Cente | r | | |
| | Date 01/19/2024 | Full name of contributor Merrell, Angie (Ms.) Contributor address; City; State Georgetown, TX 78633 | out-of-state PAC (ID#:; Zip Code | | | Amount of Contribution (\$) | \$2.00 |
| | • | pation / Job title (See Instructions) | | Employer (See Instructions | | | |
| | THIE Vice P | resident of Risk Management | | Texas Hospital Insuranc | e E | Exchange | |
| | Date 01/03/2024 | Full name of contributor Miller, Daniel (Mr.) Contributor address; City; State San Antonio, TX 78249 | out-of-state PAC (ID#:; Zip Code | | | Amount of Contribution (\$) | \$600.00 |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | <u>L</u> | | |
| | Chief Execut | | | Methodist Healthcare Sa | | Antonio | |
| | | | L_ | | | | |

| | MONEI | ARY POLITICAL CONTRIBUTION | Οľ | NS | | SCHEDUL | E A1 |
|---|--------------------------|---|----------|---|------------|---|-------------|
| | The Instru | ction Guide explains how to complete this | for | m. | 1 | Total pages Schedule A1: Sch: 41/60 Rpt: 52/84 | |
| 2 | FILER NAME The Political | Action Committee of the Texas Hospital Association | on | | 3 | Filer ID (Ethics Commission 00015794 | n Filers) |
| 4 | Date 12/27/2023 | Full name of contributor out-of-state PAC (ID# Miller, Felicia (Ms.) Contributor address; City; State; Zip Code | | | 7 | Amount of Contribution (\$) | \$50.00 |
| | | Dallas, TX 75235 | | | | | |
| 8 | • | pation / Job title (See Instructions) ce President & Chief Talent Officer | 9 | Employer (See Instructions Parkland Health | i) | | |
| | Date 01/01/2024 | Full name of contributor out-of-state PAC (ID# Mitchell, Kenneth (Dr.) Contributor address; City; State; Zip Code Austin, TX 78701 | : | | | Amount of Contribution (\$) | \$41.00 |
| | • | pation / Job title (See Instructions) Medical Officer | | Employer (See Instructions St. David's HealthCare | 5) | | |
| | Date 01/12/2024 | Full name of contributor out-of-state PAC (ID# Moore, Matt (Mr.) Contributor address; City; State; Zip Code | : |) | | Amount of Contribution (\$) | \$750.00 |
| | Principal occu | Dallas, TX 75235 pation / Job title (See Instructions) | | Employer (See Instructions | <u>;</u>) | | |
| | Date 01/10/2024 | Full name of contributor out-of-state PAC (ID# Morales, Daniel (Mr.) Contributor address; City; State; Zip Code Houston, TX 77030 | | Children's Health | | Amount of Contribution (\$) | \$20.50 |
| | • | pation / Job title (See Instructions) ent Government Affairs | | Employer (See Instructions Houston Methodist | <u> </u> | | |
| | Date 01/19/2024 | Full name of contributor out-of-state PAC (ID# Mundfrom, Jessie (Ms.) Contributor address; City; State; Zip Code Austin, TX 78701 | | | | Amount of Contribution (\$) | \$2.00 |
| | | pation / Job title (See Instructions) Virtual Education | | Employer (See Instructions THA Foundation | 5) | | |
| | | | <u> </u> | | | | |

| | MONET | ARY POLITICAL CO | ONTRIBUTION | S | | SCHEDUL | E A1 |
|---|--------------------------------|---|--|--|---------|---|-------------|
| | The Instruc | ction Guide explains how to | complete this forr | m. | 1 | Total pages Schedule A1: Sch: 42/60 Rpt: 53/84 | |
| 2 | FILER NAME The Political | Action Committee of the Texas | Hospital Association | | 3 | Filer ID (Ethics Commission 00015794 | n Filers) |
| 4 | Date 12/29/2023 | 5 Full name of contributor Murphy, Patrick (Mr.)6 Contributor address; City; State | out-of-state PAC (ID#:; z; Zip Code |) | 7 | Amount of Contribution (\$) | \$3.85 |
| _ | Dringing! aggs | Abilene, TX 79601 | lo. | Employer (Con Instructions | <u></u> | | |
| 8 | Healthcare P | pation / Job title (See Instructions) Professional | 9 | Employer (See Instructions Hendrick Medical Cente | | | |
| | Date 01/18/2024 | Full name of contributor Murphy, Patrick (Mr.) Contributor address; City; State | | | | Amount of Contribution (\$) | \$3.85 |
| | Dringing! goog | Abilene, TX 79601 pation / Job title (See Instructions) | | Employer (See Instructions | ·/ | | |
| | Healthcare F | · · · · · · · · · · · · · · · · · · · | | Hendrick Medical Cente | | | |
| | Date 01/25/2024 | Full name of contributor Murphy, Patrick (Mr.) Contributor address; City; State | out-of-state PAC (ID#:; Zip Code | | | Amount of Contribution (\$) | \$3.85 |
| | | Abilene, TX 79601 | | | | | |
| | Principal occu Healthcare P | pation / Job title (See Instructions) Professional | | Employer (See Instructions Hendrick Medical Cente | | | |
| | Date 01/19/2024 | Full name of contributor O'Neil, Jennifer (Ms.) Contributor address; City; State Austin, TX 78701 | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$10.00 |
| | · | pation / Job title (See Instructions) mnt Relations & HOSPAC | | Employer (See Instructions Texas Hospital Associat | | ı | |
| | Date 12/29/2023 | Full name of contributor Olson, Michael (Mr.) Contributor address; City; State Victoria, TX 77901 | out-of-state PAC (ID#: | | | Amount of Contribution (\$) | \$500.00 |
| | Principal occu Chief Execut | pation / Job title (See Instructions) | | Employer (See Instructions Citizens Medical Center | | | |
| | Silici Excoul | | | S.M.ZOTIS MICCIOCAL CONTROL | | | |

| | MONEI | ARY POLITICAL CON | ITRIBUTION | ıs | SCHEDULE A1 | |
|---|--------------------------------|---|----------------------------------|---|---|-------------------|
| | The Instru | ction Guide explains how to c | omplete this for | m. | 1 Total pages Schedule A1: Sch: 43/60 Rpt: 54/84 | |
| 2 | FILER NAME The Political | Action Committee of the Texas Ho | spital Association | | 3 Filer ID (Ethics Commission Filers) 00015794 | |
| 4 | Date 01/19/2024 | Full name of contributor on Pargac, Ann (Ms.) Contributor address; City; State; Z | ut-of-state PAC (ID#: |) | 7 Amount of Contribution (\$) \$2. | 00 |
| 8 | Principal occu | Austin, TX 78701 pation / Job title (See Instructions) ducation | 9 | Employer (See Instructions |) | |
| | Date 01/20/2024 | | ut-of-state PAC (ID#: |) | Amount of Contribution (\$) \$41. | 50 |
| | Principal occu Chief Execut | pation / Job title (See Instructions) tive Officer | | Employer (See Instructions CHI St Lukes Health - T | | |
| | Date 01/16/2024 | Full name of contributor on the peterson, Dane (Mr.) Contributor address; City; State; Z Dallas, TX 75235 | ut-of-state PAC (ID#: |) | Amount of Contribution (\$) \$750. | 00 |
| | Principal occu Chief Operat | pation / Job title (See Instructions) | | Employer (See Instructions Children's Health | <u> </u> | |
| | Date 12/26/2023 | Full name of contributor on Pickett, Jerry (Mr.) Contributor address; City; State; Z Clifton, TX 76634 | ut-of-state PAC (ID#: | | Amount of Contribution (\$) \$20. | 50 |
| | Principal occu Chief Financ | pation / Job title (See Instructions) ial Officer | | Employer (See Instructions Goodall-Witcher Health | | |
| | Date 01/19/2024 | Full name of contributor on the contributor on the contributor address; City; State; Zontributor, TX 78701 | ut-of-state PAC (ID#: ip Code | | Amount of Contribution (\$) | 00 |
| | Principal occu VP Retireme | pation / Job title (See Instructions) ent Plans | | Employer (See Instructions Texas Hospital Associate | | |
| | | | | | | |

| | MONET | ARY POLITICAL C | CONTRIBUTION | N | S | | SCHEDULE | E A1 |
|---|---------------------------------|---|-------------------------------------|----|--|-----------|---|---------|
| | The Instru | ction Guide explains how | to complete this for | rn | n. | 1 | Total pages Schedule A1: Sch: 44/60 Rpt: 55/84 | |
| 2 | FILER NAME The Political | Action Committee of the Texa | s Hospital Association | | | 3 | Filer ID (Ethics Commission 00015794 | Filers) |
| 4 | Date 12/29/2023 | 5 Full name of contributor Preston, Deborah (Ms.)6 Contributor address; City; St | out-of-state PAC (ID#: | |) | 7 | Amount of Contribution (\$) | \$5.00 |
| | | Abilene, TX 79601 | | | | | | |
| 8 | Principal occu Director of P | pation / Job title (See Instructions harmacy |) 9 | | Employer (See Instructions Hendrick Medical Cente | | | |
| | Date 01/18/2024 | Full name of contributor Preston, Deborah (Ms.) Contributor address; City; St | out-of-state PAC (ID#: | | | | Amount of Contribution (\$) | \$5.00 |
| | Principal occu | Abilene, TX 79601 pation / Job title (See Instructions | | | Employer (See Instructions | <u>''</u> | | |
| | Director of P | , |) | | Hendrick Medical Cente | | | |
| | Date 01/25/2024 | Full name of contributor Preston, Deborah (Ms.) Contributor address; City; St | out-of-state PAC (ID#:ate; Zip Code | |) | | Amount of Contribution (\$) | \$5.00 |
| | | Abilene, TX 79601 | | | | | | |
| | Principal occu Director of P | pation / Job title (See Instructions harmacy | | | Employer (See Instructions Hendrick Medical Cente | | | |
| | Date 01/14/2024 | Full name of contributor Qualls, Rustin (Mr.) Contributor address; City; St Clifton, TX 76634 | out-of-state PAC (ID#: | | | | Amount of Contribution (\$) | \$20.50 |
| | Principal occu Director of O | pation / Job title (See Instructions perations |) | | Employer (See Instructions Goodall-Witcher Health | • | e | |
| | Date 01/19/2024 | Full name of contributor Ramirez, Erika (Ms.) Contributor address; City; St Austin, TX 78701 | out-of-state PAC (ID#: | |) | | Amount of Contribution (\$) | \$2.00 |
| | · | pation / Job title (See Instructions tor Health Policy | | | Employer (See Instructions Texas Hospital Associat | | 1 | |
| | 2.3.2.3.3 | | | | | | | |

| | MONET | ARY POLITICAL CON | TRIBUTION | S | | SCHEDUL | E A1 |
|---|--------------------------------|---|---------------------|--|---------|---|-------------|
| | The Instruc | ction Guide explains how to co | omplete this forr | n. | 1 | Total pages Schedule A1: Sch: 45/60 Rpt: 56/84 | |
| 2 | FILER NAME The Political | Action Committee of the Texas Hos | pital Association | | 3 | Filer ID (Ethics Commission 00015794 | n Filers) |
| 4 | Date 01/19/2024 | Ramirez, Lisa (Ms.) | -of-state PAC (ID#: | | 7 | Amount of Contribution (\$) | \$4.00 |
| | | Austin, TX 78701 | | | | | |
| 8 | Principal occu Specialist | pation / Job title (See Instructions) | 9 | Employer (See Instructions Texas Hospital Associat | | 1 | |
| | Date 01/19/2024 | Ressmann, Mitzi (Ms.) Contributor address; City; State; Zip | | | | Amount of Contribution (\$) | \$62.00 |
| | Principal occu | Austin, TX 78701 pation / Job title (See Instructions) | | Employer (See Instructions | :) [| | |
| | Chief Operat | | | Texas Hospital Associat | | 1 | |
| | Date 01/15/2024 | Full name of contributor out Richburg, Melanie (Dr.) Contributor address; City; State; Zip | -of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$125.00 |
| | | Tahoka, TX 79373 | | | | | |
| | Principal occu Chief Execut | pation / Job title (See Instructions) tive Officer | | Employer (See Instructions Lynn County Hospital Di | • | ict | |
| | Date 12/29/2023 | Richert, Ron (Mr.) | |) | | Amount of Contribution (\$) | \$3.85 |
| | | pation / Job title (See Instructions) ne Health Club | | Employer (See Instructions Hendrick Medical Cente | | | |
| | Date 01/18/2024 | Richert, Ron (Mr.) | |) | | Amount of Contribution (\$) | \$3.85 |
| | • | pation / Job title (See Instructions) ne Health Club | | Employer (See Instructions Hendrick Medical Cente | | | |
| | Director of th | is ricular Glab | I_ | TICHUHCK MEGICAL CELLE | 1 | | |

| | MONEI | ARY POLITICAL CONTRI | BUTION | IS | | SCHEDULE | A1 |
|---|----------------------|--|--------------|---|---|---|---------------|
| | The Instru | ction Guide explains how to compl | ete this for | m. | 1 | Total pages Schedule A1: Sch: 46/60 Rpt: 57/84 | |
| 2 | FILER NAME | Action Committee of the Texas Hospital / | Association | | 3 | Filer ID (Ethics Commission 00015794 | Filers) |
| 4 | Date | · | e PAC (ID#: | , | 7 | Amount of Contribution (\$) | |
| • | 01/25/2024 | Richert, Ron (Mr.) 6 Contributor address; City; State; Zip Code | | | | Tanount of Continuation (C) | \$3.85 |
| | | Abilene, TX 79601 | | | | | |
| 8 | Principal occu | pation / Job title (See Instructions) | 9 | Employer (See Instructions | 5) | | |
| | Director of th | ne Health Club | | Hendrick Medical Cente | r | | |
| | Date 01/19/2024 | Full name of contributor out-of-state Rios, Amy (Ms.) Contributor address; City; State; Zip Code | e PAC (ID#: |) | | Amount of Contribution (\$) | \$2.00 |
| | | Austin, TX 78701 | | | | | |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | 5) | | |
| | Dir Marketin | g & Strategic Communications | | Texas Hospital Associat | ior | | |
| | Date 12/29/2023 | Full name of contributor out-of-state Robinson, Tracee (Ms.) Contributor address; City; State; Zip Code | e PAC (ID#: | | | Amount of Contribution (\$) | \$3.85 |
| | Drive in all account | Abilene, TX 79601 | | Faralance (Coo Instruction | | | |
| | Director of Q | pation / Job title (See Instructions) | | Employer (See Instructions Hendrick Medical Cente | | | |
| | Date | | | , | _ | Amount of Contribution (4) | |
| | 01/18/2024 | Robinson, Tracee (Ms.) Contributor address; City; State; Zip Code | e PAC (ID#: |) | | Amount of Contribution (\$) | \$3.85 |
| | Drincinal occu | Abilene, TX 79601 pation / Job title (See Instructions) | | Employer (See Instructions | <u>, </u> | | |
| | Director of Q | uality | | Hendrick Medical Cente | | | |
| | Date | – | e PAC (ID#: |) | | Amount of Contribution (\$) | #0.0 F |
| | 01/25/2024 | Robinson, Tracee (Ms.) Contributor address; City; State; Zip Code Abilene, TX 79601 | | | | | \$3.85 |
| _ | | pation / Job title (See Instructions) | | Employer (See Instructions | | | |
| | Director of Q | puality | | Hendrick Medical Cente | r | | |
| | | | | | | | |

| | MONET | ARY POLITICAL CONTRIBUTI | Oi | N2 | | SCHEDULE | A1 |
|-----------------|--------------------------|--|-----|---|---------|---|---------|
| | The Instru | ction Guide explains how to complete this | fo | rm. | 1 | Total pages Schedule A1: Sch: 47/60 Rpt: 58/84 | |
| 2 | FILER NAME The Political | Action Committee of the Texas Hospital Associati | ion | | 3 | Filer ID (Ethics Commission 00015794 | Filers) |
| 4 | Date 01/08/2024 | 5 Full name of contributor out-of-state PAC (IDan Saenz, Iris (Ms.) 6 Contributor address; City; State; Zip Code | |) | 7 | Amount of Contribution (\$) | \$20.50 |
| | | Houston, TX 77024 | | | | | |
| 8 | • | pation / Job title (See Instructions) blic Policy & Community Benefit | 9 | Employer (See Instructions Memorial Hermann Hea | | | |
| | Date 01/19/2024 | Full name of contributor | #: |) | | Amount of Contribution (\$) | \$2.00 |
| | Principal occu | Austin, TX 78701 pation / Job title (See Instructions) | _ | Employer (See Instructions | :) | | |
| | • | tor of Human Resources | | Texas Hospital Associat | | 1 | |
| | Date 01/10/2024 | Full name of contributor out-of-state PAC (ID: Sandles, Christopher (Mr.) Contributor address; City; State; Zip Code | #: |) | | Amount of Contribution (\$) | \$41.00 |
| | Principal occu | pation / Job title (See Instructions) | _ | Employer (See Instructions | :) | | |
| | | ospital Operations | | University Health | ,, | | |
| Date 12/29/2023 | | Full name of contributor out-of-state PAC (ID: Schmidt, Timothy (Mr.) Contributor address; City; State; Zip Code | | | | Amount of Contribution (\$) | \$3.85 |
| | Datasias Issue | Abilene, TX 79601 | _ | Faralasas (Ossalasatasatisas | <u></u> | | |
| | • | pation / Job title (See Instructions) / Facility Management | | Employer (See Instructions Hendrick Medical Cente | | | |
| | Date 01/18/2024 | Full name of contributor | |) | | Amount of Contribution (\$) | \$3.85 |
| | • | pation / Job title (See Instructions) | | Employer (See Instructions | | | |
| | Dir Property | / Facility Management | | Hendrick Medical Cente | r | | |
| | | | | | | | |

| | MONEI | ARY POLITICAL CONTR | (IBUTION | NS | SCHEDULE A1 |
|---|--------------------------|---|----------------|--|---|
| | The Instru | ction Guide explains how to comp | olete this for | m. | 1 Total pages Schedule A1: Sch: 48/60 Rpt: 59/84 |
| 2 | FILER NAME The Political | Action Committee of the Texas Hospital | l Association | | 3 Filer ID (Ethics Commission Filers) 00015794 |
| 4 | Date 01/25/2024 | Schmidt, Timothy (Mr.) | |) | 7 Amount of Contribution (\$) \$3.85 |
| | | Abilene, TX 79601 | | | |
| 8 | Principal occu | pation / Job title (See Instructions) | 9 | Employer (See Instructions | s) |
| | Dir Property | / Facility Management | | Hendrick Medical Cente | er |
| | Date 12/27/2023 | Full name of contributor out-of-st Serrano, Lorenzo (Mr.) Contributor address; City; State; Zip Cod Kermit, TX 79745 | ate PAC (ID#: | | Amount of Contribution (\$) \$200.00 |
| _ | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | s) |
| | Chief Execut | | | Winkler County Memoria | |
| | Date 01/19/2024 | Full name of contributor out-of-st Shea, Patrick (Mr.) Contributor address; City; State; Zip Cod Georgetown, TX 78633 | ate PAC (ID#: |) | Amount of Contribution (\$) \$2.00 |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | s) |
| | | ement Coordinator | | Texas Hospital Insurance | |
| | Date 01/19/2024 | Sipes, Michael (Mr.) | | | Amount of Contribution (\$) \$2.00 |
| | • | pation / Job title (See Instructions) es Specialist | | Employer (See Instructions Texas Hospital Associat | |
| | Date 01/19/2024 | Full name of contributor out-of-st Smith, John (Mr.) Contributor address; City; State; Zip Cod Austin, TX 78701 | |) | Amount of Contribution (\$) \$1.00 |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | s) |
| | Director Data | a & Technology | | THA Foundation | |
| | | | | | |

| | MONET | ARY POLITICAL CONTRIBUTION | NS | | SCHEDULE | ■ A1 |
|---|--------------------|---|-------------------------------------|----------------|---|-------------|
| | The Instru | ction Guide explains how to complete this fo | rm. | 1 | Total pages Schedule A1: Sch: 49/60 Rpt: 60/84 | |
| 2 | FILER NAME | Astissa Ossassinas of the Tours Hamital Association | | 3 | Filer ID (Ethics Commission | Filers) |
| | The Political | Action Committee of the Texas Hospital Association | | | 00015794 | |
| 4 | Date 12/29/2023 | 5 Full name of contributor out-of-state PAC (ID#: Speckels, Donna (Ms.) |) | 7 | Amount of Contribution (\$) | \$3.85 |
| | 12/20/2020 | 6 Contributor address; City; State; Zip Code | | | | 40.00 |
| | | Abilene, TX 79601 | | | | |
| 8 | Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instructions | 5) | | |
| | Director Hen | drick HouseCalls | Hendrick Medical Cente | r | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 01/18/2024 | Speckels, Donna (Ms.) | | | | \$3.85 |
| | | Contributor address; City; State; Zip Code | | l | | |
| | | Continuation dualities, Chy, Clare, Elp Code | | | | |
| | | Abilene, TX 79601 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | s) | | |
| | Director Hen | drick HouseCalls | Hendrick Medical Cente | r | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 01/25/2024 | Speckels, Donna (Ms.) | | | | \$3.85 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | Abilene, TX 79601 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Director Hen | drick HouseCalls | Hendrick Medical Cente | r | | |
| | Date | Full name of contributor |) | | Amount of Contribution (\$) | |
| | 01/07/2024 | Speer, Gena (Ms.) | | | | \$14.50 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | Breckenridge, TX 76424 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | <u> </u> | | |
| | Chief Nursin | g Officer | Stephens Memorial Hos | | al | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 01/19/2024 | Srubar, Linda (Mrs.) | | | | \$3.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | Austin, TX 78701 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | <u>L</u> ;) | | |
| | | cutive Administration | Texas Hospital Associat | | 1 | |
| | | | | | | |

| | MONET | ARY POLITICAL CONTRIBU | JTION | IS | | SCHEDULE | A1 |
|---|--------------------------------|---|----------|--|-----|---|-----------|
| | The Instru | ction Guide explains how to complete | this for | m. | 1 | Total pages Schedule A1: Sch: 50/60 Rpt: 61/84 | |
| 2 | FILER NAME The Political | Action Committee of the Texas Hospital Asso | ociation | | 3 | Filer ID (Ethics Commission 00015794 | Filers) |
| 4 | Date 12/29/2023 | Full name of contributor | |) | 7 | Amount of Contribution (\$) | \$3.85 |
| _ | Dein sin al acces | Abilene, TX 79601 | la la | Fanda and (Cara Instructions | | | |
| 8 | Director Hen | pation / Job title (See Instructions) drick Clinic | 9 | Employer (See Instructions Hendrick Medical Cente | | | |
| | Date 01/18/2024 | Full name of contributor | | | • | Amount of Contribution (\$) | \$3.85 |
| | Principal occu | Abilene, TX 79601 pation / Job title (See Instructions) | | Employer (See Instructions | ·/- | | |
| | Director Hen | , | | Hendrick Medical Cente | | | |
| | Date 01/25/2024 | Full name of contributor out-of-state PA Stafford, Steven (Mr.) Contributor address; City; State; Zip Code | .C (ID#: |) | | Amount of Contribution (\$) | \$3.85 |
| | | Abilene, TX 79601 | | | | | |
| | Principal occu Director Hen | pation / Job title (See Instructions) drick Clinic | | Employer (See Instructions Hendrick Medical Cente | • | | |
| | Date 12/29/2023 | Full name of contributor | | | • | Amount of Contribution (\$) | \$9.62 |
| | • | pation / Job title (See Instructions) Hendrick Clinic & Anesthesia Network | | Employer (See Instructions Hendrick Medical Cente | | | |
| | Date 01/18/2024 | Full name of contributor out-of-state PA Stephenson, David (Mr.) Contributor address; City; State; Zip Code Abilene, TX 79601 | C (ID#: |) | | Amount of Contribution (\$) | \$9.62 |
| | • | pation / Job title (See Instructions) Hendrick Clinic & Anesthesia Network | | Employer (See Instructions Hendrick Medical Cente | | | |
| | | | | | - | | |

| | MONET | ARY POLITICAL CONTRI | BUTION | S | | SCHEDUL | E A1 |
|---|--|--|--------------|--|-----------------------------|---|-------------|
| | The Instruc | ction Guide explains how to compl | ete this for | n. | 1 | Total pages Schedule A1: Sch: 51/60 Rpt: 62/84 | |
| 2 | FILER NAME The Political | Action Committee of the Texas Hospital A | Association | | 3 | Filer ID (Ethics Commission 00015794 | n Filers) |
| 4 | Date 01/25/2024 | Stephenson, David (Mr.) | e PAC (ID#: |) | 7 | Amount of Contribution (\$) | \$9.62 |
| _ | | Abilene, TX 79601 | 1- | | | | |
| 8 | • | pation / Job title (See Instructions) Hendrick Clinic & Anesthesia Network | 9 | Employer (See Instructions Hendrick Medical Cente | | | |
| | Date 01/17/2024 | Sunderman, Kurt (Mr.) Contributor address; City; State; Zip Code | |) | • | Amount of Contribution (\$) | \$100.00 |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | s) | | |
| | Chief Execut | tive Officer | | Rice Medical Center | | | |
| | Date Full name of contributor out-of-state PAC (ID#:) 12/26/2023 Taylor, Clay (Mr.) Contributor address; City; State; Zip Code | | | • | Amount of Contribution (\$) | \$20.50 | |
| | | Lubbock, TX 79410 | | | | | |
| | Principal occu Chief Operat | pation / Job title (See Instructions) ting Officer | | Employer (See Instructions Covenant Childrens Hos | ′ | al | |
| | Date 01/19/2024 | Thomas, Wendy (Ms.) | |) | • | Amount of Contribution (\$) | \$10.00 |
| | | pation / Job title (See Instructions) cy / Pub Policy / HOSPAC | | Employer (See Instructions Texas Hospital Associate | - | 1 | |
| | Date 12/29/2023 | Tiffin, Laura (Ms.) | |) | | Amount of Contribution (\$) | \$1.00 |
| | • | pation / Job title (See Instructions) fice Manager | | Employer (See Instructions Cuero Regional Hospita | | | |
| | 22011000 011 | | | | | | |

| | MONET | ARY POLITICAL CON | TRIBUTION | S | | SCHEDULE | A1 |
|---|---------------------------------|--|----------------------|--|----|---|---------|
| | The Instru | ction Guide explains how to co | omplete this form | n. | 1 | Total pages Schedule A1: Sch: 52/60 Rpt: 63/84 | |
| 2 | FILER NAME The Political | Action Committee of the Texas Hos | spital Association | | 3 | Filer ID (Ethics Commission 00015794 | Filers) |
| 4 | Date 01/10/2024 | Tiffin, Laura (Ms.) | t-of-state PAC (ID#: | | 7 | Amount of Contribution (\$) | \$1.00 |
| _ | | Cuero, TX 77954 | | | | | |
| 8 | Principal occu Business Off | pation / Job title (See Instructions) ice Manager | 9 | Employer (See Instructions Cuero Regional Hospita | | | |
| | Date 01/25/2024 | Full name of contributor ou ou Tiffin, Laura (Ms.) Contributor address; City; State; Zip | |) | | Amount of Contribution (\$) | \$1.00 |
| | Dringinal occu | Cuero, TX 77954 pation / Job title (See Instructions) | | Employer (See Instructions | ·/ | | |
| | Business Off | , | | Cuero Regional Hospita | | | |
| | Date 01/19/2024 | Full name of contributor ou Trout, Judith (Ms.) Contributor address; City; State; Zi | t-of-state PAC (ID#: | | | Amount of Contribution (\$) | \$2.00 |
| | | Austin, TX 78701 | | | | | |
| | Principal occu Healthcare D | pation / Job title (See Instructions) Data Analyst | | Employer (See Instructions THA Foundation | 5) | | |
| | Date 12/29/2023 | Full name of contributor ou Tucek, Karen (Ms.) Contributor address; City; State; Zip Abilene, TX 79601 | | | | Amount of Contribution (\$) | \$3.85 |
| | Principal occu Director, Hos | pation / Job title (See Instructions) | | Employer (See Instructions Hendrick Medical Cente | | | |
| | Date 01/18/2024 | Full name of contributor ou Tucek, Karen (Ms.) Contributor address; City; State; Zij Abilene, TX 79601 | | | | Amount of Contribution (\$) | \$3.85 |
| | Principal occu Director, Hos | pation / Job title (See Instructions) | | Employer (See Instructions Hendrick Medical Cente | | | |
| | 235(3), 1103 | ·P | | | | | |

| | MONET | ARY POLITICAL CONTRIBU | UTION | IS | | SCHEDUL | E A1 |
|---|--------------------------|---|----------|--|---------|---|-------------|
| | The Instruc | ction Guide explains how to complete | this for | n. | 1 | Total pages Schedule A1: Sch: 53/60 Rpt: 64/84 | |
| 2 | FILER NAME The Political | Action Committee of the Texas Hospital Asso | ociation | | 3 | Filer ID (Ethics Commission 00015794 | n Filers) |
| 4 | Date 01/25/2024 | Full name of contributor | |) | 7 | Amount of Contribution (\$) | \$3.85 |
| _ | Dringing age | Abilene, TX 79601 | اما | Employer (Co.) Instructions | <u></u> | | |
| 8 | Director, Hos | pation / Job title (See Instructions) spice | 9 | Employer (See Instructions Hendrick Medical Cente | | | |
| | Date 01/19/2024 | Contributor address; City; State; Zip Code | |) | • | Amount of Contribution (\$) | \$2.00 |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | s) | | |
| | • | tor Quality & Payment | | Texas Hospital Associat | | 1 | |
| | Date 12/27/2023 | Full name of contributor out-of-state PA Vasquez, Joe (Mr.) Contributor address; City; State; Zip Code | AC (ID#: |) | | Amount of Contribution (\$) | \$500.00 |
| | Dringing! aggs | Jourdanton, TX 78026 | | Employer (See Instructions | <u></u> | | |
| | CFO | pation / Job title (See Instructions) | | Methodist Hospital Sout | ′ | | |
| | Date 12/29/2023 | Full name of contributor out-of-state PA Vidrine, Amanda (Ms.) Contributor address; City; State; Zip Code Abilene, TX 79601 | |) | • | Amount of Contribution (\$) | \$3.85 |
| | • | pation / Job title (See Instructions) gulatory Manager | | Employer (See Instructions Hendrick Medical Cente | | | |
| | Date 01/18/2024 | Full name of contributor out-of-state PA Vidrine, Amanda (Ms.) Contributor address; City; State; Zip Code Abilene, TX 79601 | AC (ID#: |) | | Amount of Contribution (\$) | \$3.85 |
| | • | pation / Job title (See Instructions) gulatory Manager | | Employer (See Instructions Hendrick Medical Cente | | | |
| | Quality & Re | galatory ividitages | | Tierianek Medicai Cente | •1 | | |

| | MONET | ARY POLITICAL CONTI | RIBUTION | S | | SCHEDULE | E A1 |
|---|--------------------------------|--|------------------------|--|---|---|-------------|
| | The Instru | ction Guide explains how to com | plete this form | n. | 1 | Total pages Schedule A1: Sch: 54/60 Rpt: 65/84 | |
| 2 | FILER NAME The Political | Action Committee of the Texas Hospita | al Association | | 3 | Filer ID (Ethics Commission 00015794 | n Filers) |
| 4 | Date 01/25/2024 | 5 Full name of contributor out-of-strong out-of-s | state PAC (ID#: ode | | 7 | Amount of Contribution (\$) | \$3.85 |
| _ | Deire die alle acces | Abilene, TX 79601 | <u> </u> | Frankrick (Control to the other officers | Ĺ | | |
| 8 | • | pation / Job title (See Instructions) gulatory Manager | 9 | Employer (See Instructions Hendrick Medical Cente | | | |
| | Date 12/29/2023 | Full name of contributor out-of-s Wade, Susan (Ms.) Contributor address; City; State; Zip Co | | | | Amount of Contribution (\$) | \$15.00 |
| | Dringing agg | Abilene, TX 79601 | | Employer (Coo Instructions | _ | | |
| | Abilene Mark | pation / Job title (See Instructions) Ket COO | | Employer (See Instructions Hendrick Medical Cente | | | |
| | Date 01/18/2024 | Full name of contributor out-of-set Wade, Susan (Ms.) Contributor address; City; State; Zip Co | state PAC (ID#: |) | | Amount of Contribution (\$) | \$15.00 |
| | | Abilene, TX 79601 | | | | | |
| | Principal occu Abilene Mark | pation / Job title (See Instructions) ket COO | | Employer (See Instructions Hendrick Medical Cente | | | |
| | Date 01/25/2024 | Wade, Susan (Ms.) | | | | Amount of Contribution (\$) | \$15.00 |
| | Principal occu Abilene Mark | pation / Job title (See Instructions) ket COO | | Employer (See Instructions Hendrick Medical Cente | | | |
| | Date 12/29/2023 | Wagner, Angela (Ms.) | | | | Amount of Contribution (\$) | \$3.85 |
| | • | pation / Job title (See Instructions) | | Employer (See Instructions | | | |
| | Healthcare F | TIVIESSIVIIAI | | Hendrick Medical Cente | | | |

| | MONEI | ARY POLITICAL CONTRIBUTION |)N | 15 | | SCHEDULE | A1 |
|---|---|--|----|--|----|---|------------|
| | The Instru | ction Guide explains how to complete this f | or | m. | 1 | Total pages Schedule A1: Sch: 55/60 Rpt: 66/84 | |
| 2 | FILER NAME The Political | Action Committee of the Texas Hospital Association | า | | 3 | Filer ID (Ethics Commission 00015794 | Filers) |
| 4 | Date 01/18/2024 | Full name of contributor | |) | 7 | Amount of Contribution (\$) | \$3.85 |
| 8 | Principal occu Healthcare F | Abilene, TX 79601 pation / Job title (See Instructions) Professional | 9 | Employer (See Instructions Hendrick Medical Cente | | | |
| | Date 01/25/2024 | Full name of contributor out-of-state PAC (ID#:_ Wagner, Angela (Ms.) Contributor address; City; State; Zip Code Abilene, TX 79601 | |) | | Amount of Contribution (\$) | \$3.85 |
| | Principal occu Healthcare F | pation / Job title (See Instructions) Professional | | Employer (See Instructions Hendrick Medical Cente | | | |
| | Date 01/19/2024 | Full name of contributor out-of-state PAC (ID#:_ Wague, Safrat (Ms.) Contributor address; City; State; Zip Code Austin, TX 78701 | |) | | Amount of Contribution (\$) | \$2.00 |
| | | pation / Job title (See Instructions) ustee Prog & Engagement | | Employer (See Instructions Texas Healthcare Truste | | S | |
| | Date 01/25/2024 | Full name of contributor out-of-state PAC (ID#:_ Walker, Jeremy (Mr.) Contributor address; City; State; Zip Code Abilene, TX 79601 | |) | | Amount of Contribution (\$) | \$1,000.00 |
| | • | pation / Job title (See Instructions) Chief Financial Officer | | Employer (See Instructions Hendrick Health | 5) | | |
| | Date Full name of contributor out-of-state PAC (ID#:) 12/29/2023 Wallschlaeger, Erich (Mr.) Contributor address; City; State; Zip Code Brownwood, TX 76804 | | |) | | Amount of Contribution (\$) | \$9.62 |
| | Principal occu Chief Financ | pation / Job title (See Instructions) cial Officer | | Employer (See Instructions Hendrick Medical Cente | | | |
| | | | | | | | |

| | MONET | ARY POLITICAL CONTRIB | BUTION | IS | | SCHEDUL | E A1 |
|---|---------------------------------|---|------------|--|----------------|---|-------------|
| | The Instruc | ction Guide explains how to complete | e this for | n. | 1 | Total pages Schedule A1: Sch: 56/60 Rpt: 67/84 | |
| 2 | FILER NAME The Political | Action Committee of the Texas Hospital Ass | sociation | | 3 | Filer ID (Ethics Commissio 00015794 | n Filers) |
| 4 | Date 01/18/2024 | 5 Full name of contributor out-of-state P Wallschlaeger, Erich (Mr.) 6 Contributor address; City; State; Zip Code | |) | 7 | Amount of Contribution (\$) | \$9.62 |
| _ | Deinainal assu | Brownwood, TX 76804 | اما | Franks var (Caa kastrustiana | <u></u> | | |
| 8 | Chief Financ | pation / Job title (See Instructions) cial Officer | 9 | Employer (See Instructions Hendrick Medical Cente | | | |
| | Date 01/25/2024 | Contributor address; City; State; Zip Code | |) | | Amount of Contribution (\$) | \$9.62 |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | <u> </u> ;) | | |
| | Chief Financ | ial Officer | | Hendrick Medical Cente | | | |
| | Date 01/20/2024 | Full name of contributor out-of-state P Warner, Freddy (Mr.) Contributor address; City; State; Zip Code | PAC (ID#: |) | | Amount of Contribution (\$) | \$145.50 |
| | Drincinal occur | Houston, TX 77024 pation / Job title (See Instructions) | | Employer (See Instructions | ·, | | |
| | | nment Relations Officer | | Memorial Hermann Hea | ′ | System | |
| | Date 12/29/2023 | Full name of contributor out-of-state P Waters, Amber (Ms.) Contributor address; City; State; Zip Code Abilene, TX 79601 | |) | | Amount of Contribution (\$) | \$3.85 |
| | Principal occu Director of A | pation / Job title (See Instructions) dmissions | | Employer (See Instructions Hendrick Medical Cente | | | |
| | Date 01/18/2024 | Full name of contributor out-of-state P Waters, Amber (Ms.) Contributor address; City; State; Zip Code Abilene, TX 79601 | |) | | Amount of Contribution (\$) | \$3.85 |
| | Principal occu Director of A | pation / Job title (See Instructions) | | Employer (See Instructions Hendrick Medical Cente | | | |
| | Director of A | инноэн н | | Tierianek wieuleai Cente | •1 | | |

| | MONEI | ARY POLITICAL C | ONTRIBUTIO | NS | | SCHEDULE | A1 |
|---|---------------------------------|---|--|--|--|---|-----------|
| | The Instru | ction Guide explains how | to complete this fo | rm. | 1 | Total pages Schedule A1: Sch: 57/60 Rpt: 68/84 | |
| 2 | FILER NAME | | | | 3 | Filer ID (Ethics Commission | Filers) |
| | | Action Committee of the Texas | | | L | 00015794 | |
| 4 | Date 01/25/2024 | 5 Full name of contributor [Waters, Amber (Ms.)6 Contributor address; City; Sta | out-of-state PAC (ID#: te; Zip Code |) | 7 | Amount of Contribution (\$) | \$3.85 |
| | | Abilene, TX 79601 | | | | | |
| 8 | Principal occu | pation / Job title (See Instructions) | 9 | Employer (See Instructions | <u>. </u> | | |
| | Director of A | dmissions | | Hendrick Medical Cente | er | | |
| | Date 01/07/2024 | Full name of contributor [Weller, Meghan (Ms.) Contributor address; City; Sta | out-of-state PAC (ID#: te; Zip Code |) | • | Amount of Contribution (\$) | \$50.00 |
| | | Austin, TX 78701 | | | | | |
| | | pation / Job title (See Instructions) | | Employer (See Instructions | | | |
| | Director of G | overnment Relations | | HCA Healthcare-Centra | ıl & | West Texas Division | |
| | Date 12/29/2023 | Full name of contributor [Wharton, Elisha (Ms.) Contributor address; City; Sta | out-of-state PAC (ID#: te; Zip Code |) | | Amount of Contribution (\$) | \$3.85 |
| | | Abilene, TX 79601 | | | | | |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | 5) | | |
| | Sr Practice N | Manager | | Hendrick Medical Cente | er | | |
| | Date 01/18/2024 | Full name of contributor Wharton, Elisha (Ms.) Contributor address; City; Sta Abilene, TX 79601 | out-of-state PAC (ID#: te; Zip Code |) | | Amount of Contribution (\$) | \$3.85 |
| | Principal occu Sr Practice N | pation / Job title (See Instructions) Manager | | Employer (See Instructions Hendrick Medical Cente | | | |
| | Date 01/25/2024 | Full name of contributor [Wharton, Elisha (Ms.) Contributor address; City; Sta Abilene, TX 79601 | out-of-state PAC (ID#: | | • | Amount of Contribution (\$) | \$3.85 |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | 5) | | |
| | Sr Practice N | Manager | | Hendrick Medical Cente | er | | |
| | | | | | | | |

| | MONEI | ARY POLITICAL CONTRIBUTIO | 'N | 15 | | SCHEDULE | A1 |
|---|---------------------------------|--|-----|--|----------------|---|-----------|
| | The Instru | ction Guide explains how to complete this fo | ori | m. | 1 | Total pages Schedule A1: Sch: 58/60 Rpt: 69/84 | |
| 2 | FILER NAME The Political | Action Committee of the Texas Hospital Association | | | 3 | Filer ID (Ethics Commission Fi 00015794 | lers) |
| 4 | Date 01/04/2024 | 5 Full name of contributor out-of-state PAC (ID#: Wiley, Robert (Dr.) 6 Contributor address; City; State; Zip Code | |) | 7 | Amount of Contribution (\$) | \$500.00 |
| 8 | Principal occu VP / CMO/ C | | 9 | Employer (See Instructions Hendrick Medical Cente | | | |
| | Date 01/19/2024 | Full name of contributor out-of-state PAC (ID#:_ Williams, Carrie (Ms.) Contributor address; City; State; Zip Code Austin, TX 78701 pation / Job title (See Instructions) | | Employer (See Instructions | | Amount of Contribution (\$) | \$20.00 |
| | | unications Officer | | Texas Hospital Associat | | 1 | |
| | Date 01/20/2024 | Full name of contributor out-of-state PAC (ID#:_Williams, Shelton (Mr.) Contributor address; City; State; Zip Code | |) | | Amount of Contribution (\$) | \$41.00 |
| | Principal occu Chief Operat | Laredo, TX 78044 pation / Job title (See Instructions) ting Officer | | Employer (See Instructions Laredo Medical Center | <u> </u> ;) | | |
| | Date 12/27/2023 | Full name of contributor out-of-state PAC (ID#:_ Williams, Sheri (Ms.) Contributor address; City; State; Zip Code Seguin, TX 78155 | |) | | Amount of Contribution (\$) | \$500.00 |
| | Principal occu Chief Operat | pation / Job title (See Instructions) | | Employer (See Instructions Guadalupe Regional Me | | cal Ctr | |
| | Date 12/26/2023 | Full name of contributor out-of-state PAC (ID#:_ Willmann, Adam (Mr.) Contributor address; City; State; Zip Code Clifton, TX 76634 | | | | Amount of Contribution (\$) | \$62.50 |
| | Principal occu President / C | pation / Job title (See Instructions) | | Employer (See Instructions Goodall-Witcher Healthd | | e | |
| | | | | | | | |

| | MONET | ARY POLITICAL CONTRIB | BUTION | IS | | SCHEDUL | E A1 |
|---|--------------------------|---|------------|--|---------|---|-------------|
| | The Instru | ction Guide explains how to complete | e this for | n. | 1 | Total pages Schedule A1: Sch: 59/60 Rpt: 70/84 | |
| 2 | FILER NAME The Political | Action Committee of the Texas Hospital Ass | sociation | | 3 | Filer ID (Ethics Commission 00015794 | n Filers) |
| 4 | Date 01/19/2024 | Full name of contributor out-of-state P Wohleb, Stephen (Ms.) Contributor address; City; State; Zip Code | | | 7 | Amount of Contribution (\$) | \$20.00 |
| _ | | Austin, TX 78701 | | 5 1 (0 1 : : | <u></u> | | |
| 8 | General Cou | pation / Job title (See Instructions) Insel | 9 | Employer (See Instructions Texas Hospital Associat | | 1 | |
| | Date 12/29/2023 | Full name of contributor out-of-state P Wood, Adam (Mr.) Contributor address; City; State; Zip Code | | | | Amount of Contribution (\$) | \$4.81 |
| | Dringing! aggs | Abilene, TX 79601 | | Employer (Coo Instructions | <u></u> | | |
| | • | pation / Job title (See Instructions) stant VP Supply Chain | | Employer (See Instructions Hendrick Medical Cente | | | |
| | Date 01/18/2024 | Full name of contributor out-of-state P Wood, Adam (Mr.) Contributor address; City; State; Zip Code | PAC (ID#: |) | | Amount of Contribution (\$) | \$4.81 |
| | | Abilene, TX 79601 | | | | | |
| | • | pation / Job title (See Instructions) stant VP Supply Chain | | Employer (See Instructions Hendrick Medical Cente | | | |
| | Date 01/25/2024 | Full name of contributor out-of-state P Wood, Adam (Mr.) Contributor address; City; State; Zip Code Abilene, TX 79601 | - | | | Amount of Contribution (\$) | \$4.81 |
| | | pation / Job title (See Instructions) stant VP Supply Chain | | Employer (See Instructions Hendrick Medical Cente | | | |
| | Date 01/15/2024 | Full name of contributor out-of-state P Yeager, Amy (Ms.) Contributor address; City; State; Zip Code Dallas, TX 75235 | PAC (ID#: |) | | Amount of Contribution (\$) | \$750.00 |
| | · | pation / Job title (See Instructions) Chief Legal Officer | | Employer (See Instructions Children's Health | 5) | | |
| | 225. 11 @ | | | | | | |

| | MONETARY POLITICAL CONTRIBUTIONS | | SCHEDULE A1 |
|---|--|---|---|
| | The Instruction Guide explains how to complete this form. | 1 | Total pages Schedule A1: Sch: 60/60 Rpt: 71/84 |
| 2 | FILER NAME The Political Action Committee of the Texas Hospital Association | 3 | Filer ID (Ethics Commission Filers) 00015794 |
| 4 | Date 01/19/2024 5 Full name of contributor out-of-state PAC (ID#:) Zamarron, Ignacio (Mr.) 6 Contributor address; City; State; Zip Code | 7 | Amount of Contribution (\$) \$83.34 |
| 8 | Austin, TX 78701 Principal occupation / Job title (See Instructions) Senior Vice President / CFO 9 Employer (See Instruction Texas Hospital Association T | | 1 |
| | | | |
| | | | |

MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C3

| | The Instru | ctic | on Guide explains how to complete this form. | 1 | Total pages Sch: 1/1 Rp | Schedule C3: ot: 72/84 | |
|---|--------------------------|------|--|---|-------------------------|----------------------------|------|
| 2 | FILER NAME The Political | | tion Committee of the Texas Hospital Association | 3 | Filer ID 00015794 | (Ethics Commission Filers) | |
| 4 | Date | 5 | Corporation / Labor Organization name | 6 | Amount (\$) | | |
| | 01/05/2024 | | Texas Hospital Association | | | 52 | 2.50 |

NON-MONETARY SUPPORT FROM CORPORATION SCHEDULE C4 **OR LABOR ORGANIZATION** 1 Total pages Schedule C4: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 73/84 2 FILER NAME 3 Filer ID (Ethics Commission Filers) The Political Action Committee of the Texas Hospital Association 00015794 Date 5 Corporation / Labor Organization name 6 Amount (\$) 01/25/2024 4,200.00 **Texas Hospital Association**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense
Printing Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District Travel in District
Travel Out of District

| Candidate/Officeholder/Politica Credit Card Payment | |
|---|--|
| 1 Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| Sch: 1/10 Rpt: 74/84 | The Political Action Committee of the Texas Hospital 00015794 |
| 4 Date | 5 Payee name |
| 01/19/2024 | Angelia Orr Campaign |
| 6 Amount (\$) \$2,500.00 | 7 Payee address; City; State; Zip Code PO Box 337 |
| Expenditure from corporate funds | Itasca, TX 76055 |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Contributions/Donations Made By Candidate/Officeholder/Political Committee Campaign contribution Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign contribution |
| Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| Date | Payee name |
| 01/19/2024 | Charlie Geren Campaign |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$2,500.00 | PO Box 1440 |
| Expenditure from corporate funds | Fort Worth, TX 76101 |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T. |
| | Candidate/Officeholder/Political Committee |
| Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| Date | Payee name |
| 01/19/2024 | Cole Hefner Campaign |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$2,000.00 | PO Box 167 |
| Expenditure from corporate funds | Mt Pleasant, TX 75456 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Contributions/Donations Made By Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. |
| | Candidate/Officeholder/Political Committee |
| | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | |
| | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

| Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | |
|--|---|
| 1 Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| Sch: 2/10 Rpt: 75/84 | The Political Action Committee of the Texas Hospital 00015794 |
| 4 Date | 5 Payee name |
| 01/19/2024 | David Spiller Campaign |
| 6 Amount (\$) \$5,000.00 | 7 Payee address; City; State; Zip Code PO Box 447 |
| 40,000.00 | |
| Expenditure from corporate funds | Jacksboro, TX 76458 |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Contributions/Donations Made By |
| LAFENDITORE | Candidate/Officeholder/Political Committee |
| | Campaign contribution |
| | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| Date | Payee name |
| 01/19/2024 | Erin Zwiener Campaign |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$2,000.00 | PO Box 184 |
| Φ2,000.00 | PO BUX 104 |
| Expenditure from corporate funds | Driftwood, TX 78619 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Contributions/Donations Made By |
| EXPENDITORE | Candidate/Officeholder/Political Committee |
| | Campaign contribution |
| | |
| Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| Date | Payee name |
| 01/19/2024 | Frederick Frazier Campaign |
| | |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$3,000.00 | 321 Bachman Creek Dr |
| - Evnanditure free- | |
| Expenditure from corporate funds | Mckinney, TX 75072 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF | Contributions/Donations Made By Contributions/Donations Made By Contributions/Donations Made By |
| EXPENDITURE | Candidate/Officeholder/Political Committee |
| | Campaign contribution |
| | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | |
| and an area of a portone of other | |
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| | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

| Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) |
|--|--|
| • | The Instruction Guide explains how to complete this form. |
| 1 Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| Sch: 3/10 Rpt: 76/84 | The Political Action Committee of the Texas Hospital 00015794 |
| 4 Date | 5 Payee name |
| 01/03/2024 | Frost Bank |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| \$441.57 | 111 W. Houston St. Suite 100 |
| | |
| Expenditure from corporate funds | San Antonio, TX 78205 |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF | Accounting/Banking Check if travel outside of Texas. Complete Schedule T. |
| EXPENDITURE | Check if Austin, TX, officeholder living expense |
| | PAC credit card processing fees |
| | |
| 9 Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/OI | 1 |
| Date | Payee name |
| 01/02/2024 | Frost Bank |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$57.55 | 111 W. Houston St. Suite 100 |
| | |
| Expenditure from corporate funds | San Antonio, TX 78205 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Accounting/Banking Check if travel outside of Texas. Complete Schedule T. |
| EXI ENDITORE | Check if Austin, TX, officeholder living expense |
| | PAC credit card processing fees |
| | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | |
| Date | Payee name |
| 01/19/2024 | Gary VanDeaver Campaign |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$2,500.00 | PO Box 866 |
| - Formanditure Cons | |
| Expenditure from corporate funds | New Boston, TX 75570 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Contributions/Donations Made By |
| LAI LINDITORE | Candidate/Officeholder/Political Committee |
| | Campaign contribution |
| Operation Objects " | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| p = 1 = 2 = 2 = 2 = 2 = 2 = 2 = 2 = 2 = 2 | |
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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)

| | Credit Card Payment | The Instruction Guide explains how to complete this form. |
|---|---|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 4/10 Rpt: 77/84 | The Political Action Committee of the Texas Hospital 00015794 |
| 4 | Date | 5 Payee name |
| | 01/19/2024 | Glenn Rogers Campaign |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$2,000.00 | 1832 Grassy Ridge Rd |
| | | |
| | Expenditure from corporate funds | Graford, TX 76449 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF | Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Candidate/Officeholder/Political Committee |
| | | Campaign contribution |
| | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought Office held |
| | experience to some or ex- | · |
| | Date | Payee name |
| | 01/19/2024 | Hatch Smith Campaign |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$5,000.00 | 603 E Ellis St |
| _ | T Expenditure from | |
| L | corporate funds | Llano, TX 78643 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. |
| | | Candidate/Officeholder/Political Committee Campaign contribution |
| | | Campaign continuation |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | - · · · · · · · · · · · · · · · · · · · |
| | Date | Payee name |
| | 01/19/2024 | Hubert Vo Campaign |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$1,500.00 | 11360 Bellaire Blvd Ste 880 |
| | Ψ1,000.00 | 11000 Beliaire Biva die 660 |
| Г | Expenditure from corporate funds | Houston, TX 77072 |
| | | |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense |
| | | Campaign contribution |
| | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | 1 |
| | | |
| | | |

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

| Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | |
|--|--|
| 1 Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| Sch: 5/10 Rpt: 78/84 | The Political Action Committee of the Texas Hospital 00015794 |
| 4 Date | 5 Payee name |
| 01/19/2024 | Hugh Shine Campaign |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| \$2,500.00 | P.O. Box 793 |
| | |
| Expenditure from corporate funds | Temple, TX 76503 |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Contributions/Donations Made By |
| EXI ENDITORE | Candidate/Officeholder/Political Committee |
| | Campaign contribution |
| | |
| Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| Date | Payee name |
| 01/25/2024 | Hyatt Dallas |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$607.61 | 300 Reunion Blvd |
| | |
| Expenditure from corporate funds | Dallas, TX 75207 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Travel Out of District Check if travel outside of Texas. Complete Schedule T. |
| | Check if Austin, TX, officeholder living expense In Kind: Lodging for candidate Meet & Greet event |
| | in Kind. Loughly for candidate week & Greek event |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| Date | Payee name |
| 01/19/2024 | Jacey Jetton Campaign |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$5,000.00 | 1723 Hearthside Ct |
| 40,000.00 | 1725 1764(116145 6) |
| Expenditure from corporate funds | Richmond, TX 77406 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Contributions/Donations Made By |
| | Candidate/Officeholder/Political Committee |
| | Campaign contribution |
| Operation Children | Open Highest (Office health are now as a constant of the const |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| , | |
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| | |
| Forms provided by Tayas F | thics Commission WAAW athics state ty us Version V2.5.1.0000c/75 |

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District Travel in District

| Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | |
|--|---|
| 4 Total marca Cabadula F1. | 2 Files ID (Files Commission Files) |
| 1 Total pages Schedule F1: Sch: 6/10 Rpt: 79/84 | 2 FILER NAME The Political Action Committee of the Texas Hospital 3 Filer ID (Ethics Commission Filers) 00015794 |
| 4 Date | 5 Payee name |
| 01/19/2024 | Jeff Leach Campaign |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| \$5,000.00 | 800 Glen Rose Dr |
| | |
| Expenditure from corporate funds | Allen, TX 75013 |
| | |
| 8 PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| EXPENDITURE | Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. |
| | Candidate/Officeholder/Political Committee |
| | Campaign contribution |
| | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| Date | Payee name |
| 01/19/2024 | John Kuempel Campaign |
| Amount (\$) | Payee address; City; State; Zip Code |
| ` ' | |
| \$2,500.00 | 902 E College St |
| Expenditure from | |
| corporate funds | Seguin, TX 78155 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF | Contributions/Donations Made By Contributions/Donations Made By Contributions/Donations Made By |
| EXPENDITURE | Candidate/Officeholder/Political Committee |
| | Campaign contribution |
| | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/O | |
| | |
| Date | Payee name |
| 01/19/2024 | Kronda Thimesch Campaign |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$3,000.00 | 2516 Sir Tristram Ln |
| Ψ3,000.00 | 2010 Oil Mistain Ell |
| Expenditure from | |
| corporate funds | Lewisville, TX 75056 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF | Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. |
| EXPENDITURE | Candidate/Officeholder/Political Committee |
| | Campaign contribution |
| | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/O | |
| • | |
| | |
| | |
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

| Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | |
|--|--|
| 1 Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| Sch: 7/10 Rpt: 80/84 | The Political Action Committee of the Texas Hospital 00015794 |
| 4 Date | 5 Payee name |
| 01/19/2024 | Lacey Hull Campaign |
| 6 Amount (\$) \$2,500.00 | 7 Payee address; City; State; Zip Code PO Box 19231 |
| Expenditure from corporate funds | Houston, TX 77724 |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF | Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. |
| EXPENDITURE | Candidate/Officeholder/Political Committee |
| | Campaign contribution |
| | |
| Complete ONLY if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sought Office held |
| Date | Payee name |
| 01/17/2024 | Legislative Solutions |
| Amount (¢) | |
| Amount (\$) | |
| \$195.00 | PO Box 5643 |
| | |
| Expenditure from corporate funds | Austin, TX 78763 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Advertising Expense |
| 2A 2H3H3H2 | Check if Austin, TX, officeholder living expense |
| | In Kind: Email Distribution for candidate Meet & |
| | Greet event |
| Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| Date | Payee name |
| 01/19/2024 | Lynn Stucky Campaign |
| | |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$2,000.00 | PO Box 464 |
| | |
| Expenditure from corporate funds | Denton, TX 76202 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. |
| EXPENDITURE | Candidate/Officeholder/Political Committee |
| | Campaign contribution |
| | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/O | |
| 3p 223 to 20 0/0/ | |
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| | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

| Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | |
|---|--|
| 1 Total pages Schedule F1: | · · · · · · · · · · · · · · · · · · · |
| Sch: 8/10 Rpt: 81/84 | The Political Action Committee of the Texas Hospital 00015794 |
| 4 Date | 5 Payee name |
| 01/25/2024 | Off Main Brewing |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| \$920.12 | 703 Water St |
| Expenditure from corporate funds | Kerrville, TX 78028 |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Event Expense Check if travel outside of Texas. Complete Schedule T. |
| | Check if Austin, TX, officeholder living expense In Kind: event expense for candidate Meet &Greet |
| | |
| Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| Date | Payee name |
| 01/19/2024 | Reggie Smith Campaign |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$5,000.00 | PO Box 1947 |
| | |
| Expenditure from corporate funds | Sherman, TX 75091 |
| PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| EXPENDITURE | Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | Campaign contribution |
| | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| Date | Payee name |
| 01/19/2024 | Skeeter Hubert Campaign |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$2,000.00 | 2523 Pine Acres Dr |
| Expenditure from corporate funds | Conroe, TX 77384 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. |
| | Candidate/Officeholder/Political Committee |
| | Campaign continuation |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/O | · |
| | |
| | |
| | |

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District Travel in District

| Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | l Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) |
|--|---|
| | The Instruction Guide explains how to complete this form. |
| 1 Total pages Schedule F1: | |
| Sch: 9/10 Rpt: 82/84 | The Political Action Committee of the Texas Hospital 00015794 |
| 4 Date | 5 Payee name |
| 01/19/2024 | Stephanie Klick Campaign |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| \$5,000.00 | P.O. Box 7592 |
| | |
| Expenditure from | Fort Worth, TX 76111 |
| corporate funds | |
| 8 PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| EXPENDITURE | Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder (Political Committee) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | Campaign contribution |
| | |
| 9 Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/OI | |
| | |
| Date | Payee name |
| 01/19/2024 | Steve Allison Campaign |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$3,000.00 | 200 Morningside Dr |
| | |
| Expenditure from corporate funds | San Antonio, TX 78209 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF | Contributions/Donations Made By Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. |
| EXPENDITURE | Candidate/Officeholder/Political Committee |
| | Campaign contribution |
| | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/OI | 1 |
| Date | Payee name |
| 01/19/2024 | Travis Clardy Campaign |
| | |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$2,500.00 | 209 E. Main Street |
| Expenditure from | |
| corporate funds | Nacogdoches, TX 75961 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Contributions/Donations Made By |
| | Candidate/Officeholder/Political Committee |
| | Campaign contribution |
| | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| onponential to belief 0/01 | |
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarice Magnet/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (outpers extrapply not listed above)

| Candidate/Officeholder/Politica Credit Card Payment | Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. |
|---|---|
| 1 Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| Sch: 10/10 Rpt: 83/84 | The Political Action Committee of the Texas Hospital 00015794 |
| 4 Date | 5 Payee name |
| 01/19/2024 | Trent Ashby Campaign |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| \$2,500.00 | PO Box 412 |
| Expenditure from corporate funds | Lufkin, TX 75902 |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. |
| | Candidate/Officeholder/Political Committee |
| | Campaign contribution |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| Date | Payee name |
| 01/19/2024 | Venton Jones Campaign |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$3,000.00 | 1075 Griffin St West, Ste 212 |
| Expenditure from corporate funds | Dallas, TX 75215 |
| PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| EXPENDITURE | Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. |
| | Candidate/Officeholder/Political Committee |
| | Campaign contribution |
| Operation ONE Wife discout | Our stide to 10 ff as had done as one of the second to |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
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UNPAID INCURRED OBLIGATIONS SCHEDULE F2 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F2: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 1/1 Rpt: 84/84 The Political Action Committee of the Texas Hospital 00015794 \$ TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS Date 5 Payee name 01/24/2024 Atchley & Associates LLP Amount (\$) Payee address; State; Zip Code City; \$837.50 1005 La Posada Dr Expenditure from Austin, TX 78752 corporate funds **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Accounting/Banking Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Check if Austin, TX, officeholder living expense PAC accounting and reporting services 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/25/2024 Thomas, Wendy Amount (\$) Payee address; City; State; Zip Code \$1,722.73 1108 Lavaca St Ste 700 Expenditure from Austin, TX 78701 corporate funds **TYPE OF** Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense In Kind: event expenses for candidate Meet & Greet Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH