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) 77 00015794 3 COMMITTEE NAME **OFFICE USE ONLY** The Political Action Committee of the Texas Hospital Association Date Received **ELECTRONICALLY FILED** 03/05/2024 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 X March 5 September 5 December 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 01/26/2024 02/25/2024

GO TO PAGE 2

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

L2 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
The Political Action Cor	mmittee of the Texas H	ospital Association		00015794	
L4 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported The Hono	rable Ernest J. Bailes	s IV State Re	epresentative
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		A. O. sandad			
	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.)				
.5 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	POLITICAL CONTRIBUTION OR GUARANTEES OF LOA ADE ELECTRONICALLY) qualifies for the higher itemization	NS, OR	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLEI	L CONTRIBUTIONS DGES, LOANS, OR GUARA	NTEES OF LOANS)	\$	43,499.86
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES				0.00
	4. TOTAL POLITICA	L EXPENDITURES		\$	53,170.66
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTING	CONTRIBUTIONS MAINTAIR G PERIOD	NED AS OF THE LAST	DAY \$	195,104.97
OUTSTANDING LOAN TOTALS	1	AMOUNT OF ALL OUTSTAN	NDING LOANS AS OF	THE \$	0.00
6 AFFIDAVIT	<u> </u>			<u> </u>	
		true and corre	irm, under penalty of pe ct and includes all infor , Election Code.	rjury, that the a	accompanying report is d to be reported by me
			Ms. Ca	rrie Kroll	
			Signature of Ca	mpaign Treasu	irer
AFFIX NOTARY	' STAMP / SEAL ABOVE				
Sworn to and subscribed	I before me, by the said		, tl	nis the	day
		hich, witness my hand and			
Signature of officer ad	Iministering oath	Printed name of officer adm	nistering oath	Title of office	cer administering oath

FORM MPAC **ADDENDUM**

2 COMMITTEE NAME						13 Filer ID	(Ethics Co	ommission Filers)
ne Political Action Comn	nittee of the Texas Ho	ospital Ass	socia	ation		0001579)4	
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Suppo	rted	Jeffrey M. Barr	y State Repres	sentative		
(Attach lists on plain paper to complete this report if necessary.)		B. Oppos	ed					
	2. Measures (Describe by date and location of election and nature of issue.)	A. Suppo	rted					
		B. Oppos	ed					
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)							
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Suppo	rted	Mr. Jeffrey J. B	auknight State	Representativ	'e	
(Attach lists on plain paper to complete this report if necessary.)		B. Oppos	ed					
	Measures (Describe by date and location of election and nature of issue.)	A. Suppo	rted					
		B. Oppos	ed					
	Officeholders Assisted (Identify by name or, if applicable, classify by party.))						
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		rted	The Honorable	Dustin R. Burro	ows State Rep	resentative	;
(Attach lists on plain paper to complete this report if necessary.)		B. Oppos	ed					
	2. Measures (Describe by date and location of election and nature of issue.)	A. Suppo	rted					
		B. Oppos	ed					
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)							

FORM MPAC ADDENDUM

					Page 4 of 77
12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
The Political Action Commi	ittee of the Texas Ho	spital Associa	tion	00015794	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		The Honorable Angie C. Button	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			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		The Honorable Drew Darby Sta	te Representativ	/e
(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.)		Mrs. Jill S. Dutton State Represe	entative	
(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.)				

FORM MPAC **ADDENDUM**

2 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
he Political Action Comr	nittee of the Texas Ho	spital Associa	ation	0001579	
4 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	The Honorable Nathan M. Johns		
(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 Oliver S. Kitzmar	n Jr. State Ro	epresentative
(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 Standard D. Lam	nbert State R	epresentative
(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.)				

FORM MPAC ADDENDUM

					Page 6 of 77
12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
The Political Action Comm				00015794	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		The Honorable Matthew M. Phel	an 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.))			
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		The Honorable Matt F. Shaheen	State Represe	entative
(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 Hatch C. Smith J	r. 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.)				

FORM MPAC

					ADDENDUM
					Page 7 of 77
				13 Filer ID	(Ethics Commission Filers)
ittee of the Texas Ho	spital Associa	ition		00015794	
Candidates (Identify by name or, if applicable, classify by party.)		The Honorab	le James Talarico	State Represer	ntative
	B. Opposed				
2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
	B. Opposed				
3. Officeholders Assisted					
applicable, classify by party.)					
Candidates (Identify by name or, if applicable, classify by party.)		Mr. Arthur D.	Wharton State R	epresentative	
	B. Opposed				
2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
	B. Opposed				
3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
	1. Candidates (Identify by name or, if applicable, classify by party.) 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 B. Opposed	(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 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) B. Opposed 3. Opposed	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 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 A. Supported Mr. Arthur D. Wharton State R Copposed A. Supported A. Supported B. Opposed A. Supported B. Opposed A. Supported B. Opposed A. Supported B. Opposed	ittee of the Texas Hospital Association 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 (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) 3. Officeholders (Identify by name or, if applicable, classify by party.) 4. Supported Mr. Arthur D. Wharton State Representative (Identify by name or, if applicable, classify by party.) 5. Opposed B. Opposed 6. Opposed Mr. Arthur D. Wharton State Representative (Identify by name or, if applicable, classify by party.) 6. Opposed B. Opposed 7. Officeholders A. Supported Mr. Arthur D. Wharton State Representative (Identify by name or, if applicable, classify by party.) 8. Opposed B. Opposed 8. Opposed 8. Opposed

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

					8 of 77
17 CC	MMITTE	EE NAME	18 Filer ID	(Ethi	ics Commission Filers)
Th	e Politic	cal Action Committee of the Texas Hospital Association	00015794		
		E SUBTOTALS SCHEDULE			SUBTOTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	38,462.36
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION)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	\$	837.50
7.	X	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$	4,200.00
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (ORGANIZATION	\$	
9.		SCHEDULE E: LOANS		\$	
10.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$	49,132.05
11.	X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	4,038.61
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 F TO FILER	RETURNED	\$	
1					

	MONEI	ARY POLITICAL CONTRIBUTION	JΝ	15		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete this f	or	m.	1	Total pages Schedule A1: Sch: 1/56 Rpt: 9/77	
2	FILER NAME	Astion Committee of the Tours Heavited Association			3	Filer ID (Ethics Commission	r Filers)
	The Political	Action Committee of the Texas Hospital Association				00015794	
4	Date 02/16/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$1.00
		Georgetown, TX 78633					
8		pation / Job title (See Instructions)	9	1 7 (
	Claims Mana	ager		Texas Hospital Insuranc	e I	Exchange	
	Date 02/18/2024	Full name of contributor out-of-state PAC (ID#:_Ambrose, Ryan (Mr.) Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$20.50
		Houston, TX 77024					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Director Fed	eral and State Relations		Memorial Hermann Hea	lth	System	
	Date 02/16/2024	Full name of contributor out-of-state PAC (ID#:_ Andersen, Daniel (Mr.))		Amount of Contribution (\$)	\$14.00
	5: : 1	Georgetown, TX 78633	_	- L (0 L : ::	Ĺ		
		pation / Job title (See Instructions) iting & Business Development		Employer (See Instructions Texas Hospital Insurance		Exchange	
	Date 02/01/2024	Full name of contributor out-of-state PAC (ID#:_Apodaca, Michelle (Ms.) Contributor address; City; State; Zip Code Austin, TX 78701)		Amount of Contribution (\$)	\$500.00
	Principal occu Counsel	pation / Job title (See Instructions)		Employer (See Instructions Apodaca Advocacy Gro		LLC	
	Date 02/08/2024	Full name of contributor out-of-state PAC (ID#:_ Archibald, Norman (Mr.) Contributor address; City; State; Zip Code Abilene, TX 79601				Amount of Contribution (\$)	\$19.23
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>-</u> -		
		islative and Public Policy		Hendrick Medical Cente			
			<u> </u>				

	WONEI	ARY POLITICAL C				SCHEDUL	E A1
	The Instru	ction Guide explains how t	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 2/56 Rpt: 10/77	
2	FILER NAME The Political	Action Committee of the Texas	Hospital Association		3	Filer ID (Ethics Commission 00015794	n Filers)
4	Date 02/22/2024	Full name of contributor Archibald, Norman (Mr.) Contributor address; City; State			7	Amount of Contribution (\$)	\$19.23
		Abilene, TX 79601					
8		pation / Job title (See Instructions) islative and Public Policy		9 Employer (See Instructions Hendrick Medical Cente			
	Date 02/14/2024	Full name of contributor Arellano, Palmira (Ms.) Contributor address; City; Stat San Antonio, TX 78249	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$250.00
	Principal occupation / Job title (See Instructions) VP Communications & Community Affairs Employer (See Instructions) Methodist H					Antonio	
	Date 02/14/2024	Full name of contributor Armstrong, Kyle (Mr.) Contributor address; City; Stat				Amount of Contribution (\$)	\$500.00
		pation / Job title (See Instructions) entral Region of BSW Health		Employer (See Instructions Baylor Scott & White - N		th Texas	
	Date 02/12/2024	Full name of contributor Bagchi, Sam (Dr.) Contributor address; City; Stat)		Amount of Contribution (\$)	\$165.00
	·	pation / Job title (See Instructions) Clinical Officer		Employer (See Instructions CHRISTUS Health	5)		
	Date 02/22/2024	Full name of contributor Bailey, Brandon (Mr.) Contributor address; City; Stat Abilene, TX 79601	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$100.00
	Principal occu Director	pation / Job title (See Instructions)		Employer (See Instructions Hendrick Medical Cente			
			-				

	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: 3/56 Rpt: 11/77		
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)	
	The Political	Action Committee of the Texas	Hospital Association			00015794		
4	Date 02/17/2024	 5 Full name of contributor [Ballew, Joel (Mr.) 6 Contributor address; City; Sta 	out-of-state PAC (ID#: te; Zip Code)	7	Amount of Contribution (\$)	\$41.50	
		Arlington, TX 76011						
8		pation / Job title (See Instructions)	Ş	Employer (See Instructions				
	VP Governm	nent & Community Affairs		Texas Health Resources	s 			
	Date 02/16/2024	Full name of contributor Banda, Jennifer (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$41.00	
		Austin, TX 78701						
		pation / Job title (See Instructions)		Employer (See Instructions				
	Senior VP A	dvocacy & Public Policy		Texas Hospital Associat	ior	l		
	Date 02/14/2024)		Amount of Contribution (\$)	\$41.00	
		Midland, TX 79701						
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>			
		nt Operations		Midland Memorial Hosp				
	Date 02/08/2024	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$15.00	
	02/03/2324	/2024 Baty, Krista (Ms.) Contributor address; City; State; Zip Code Brownwood, TX 76801					Ψ10.00	
		pation / Job title (See Instructions) istrative Officer		Employer (See Instructions Hendrick Medical Cente	•			
	Date 02/22/2024	Full name of contributor Baty, Krista (Ms.) Contributor address; City; Sta Brownwood, TX 76801	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$27.50	
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)			
	Chief Admini	istrative Officer		Hendrick Medical Cente	r			
			•					

	MONEI	ARY POLITICAL C	CONTRIBUTION	IS		SCHEDUI	_E A1
	The Instru	ction Guide explains how	to complete this for	n.	1	Total pages Schedule A1: Sch: 4/56 Rpt: 12/77	
2	FILER NAME	Action Committee of the Toyl	a Haggital Association		3	Filer ID (Ethics Commission	on Filers)
	The Political	Action Committee of the Texa				00015794	
4	Date 01/27/2024	5 Full name of contributor Beaman, Frank (Mr.)6 Contributor address; City; St	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$1,000.00
		Jacksboro, TX 76458					
8	Principal occu	pation / Job title (See Instructions) 9	Employer (See Instructions	()		
	Chief Execut	tive Officer		Faith Community Hospit	al		
_	Date	Full name of contributor	out-of-state PAC (ID#:			Amount of Contribution (\$)	
	02/07/2024	Beasley, Sharon (Ms.)	out of state 1 Me (ID#			γιποαπι οι Contribution (φ)	\$5.00
	02/01/2024	Contributor address; City; St.	ate; Zip Code				Ψ3.00
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	()		
	Sr Dir Governance & Exec Administration			Texas Hospital Associat	ior	1	
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	02/16/2024	Beasley, Sharon (Ms.)					\$8.00
		Contributor address; City; St. Austin, TX 78701	ate; Zip Code				
_	Principal occu	pation / Job title (See Instructions	1	Employer (See Instructions	:) 		
	•	nance & Exec Administration	,	Texas Hospital Associat	ı		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	Date Full name of contributor out-of-state PAC 02/19/2024 Bell, Billie (Ms.) Contributor address; City; State; Zip Code Hondo, TX 78861		ate; Zip Code				\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Chief Execut	tive Officer		Medina Regional Hospit	al		
	Date 02/16/2024	Full name of contributor Bell, Jeff (Mr.)	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$4.00
		Contributor address; City; State; Zip Code Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	()		
	Manager Co	rporate Relations		THA Foundation			
			,				

	MONEI	ARY POLITICAL C	ONTRIBUTION	NS		SCHEDUI	LE A1	
	The Instruc	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 5/56 Rpt: 13/77		
2	FILER NAME				3	•	on Filers)	
	The Political	Action Committee of the Texas	s Hospital Association			00015794		
4	Date 02/08/2024)	7	Amount of Contribution (\$)	\$9.62	
		Abilene, TX 79601						
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u>			
	VP HMC Fou			Hendrick Medical Cente				
	Date	Full name of contributor	out-of-state PAC (ID#:)	Г	Amount of Contribution (\$)		
	02/22/2024	Benham, Bradley (Mr.)	out of state 1710 (IBII	/		7 41104111 61 6011411544611 (4)	\$9.62	
		Contributor address; City; Sta	te; Zip Code				,,,,	
		Abilene, TX 79601						
		pation / Job title (See Instructions)		Employer (See Instructions				
	VP HMC Foundation			Hendrick Medical Cente	r			
	Date Full name of contributor out-of-state PAC (IE 02/14/2024 Bennett, Elaine (Ms.) Contributor address; City; State; Zip Code		out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$250.00	
		Seguin, TX 78155						
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>			
	CEO of Gua	dalupe Regional Foundation		Guadalupe Regional Me	gional Medical Ctr			
	Date	Full name of contributor	out-of-state PAC (ID#:)	Г	Amount of Contribution (\$)		
	02/19/2024	Bennett, Michaela (Ms.) Contributor address; City; Sta Dallas, TX 75235					\$250.00	
		pation / Job title (See Instructions) nt Government Relations		Employer (See Instructions Children's Health	s)			
	Date	Full name of contributor	out-of-state PAC (ID#:			Amount of Contribution (\$)		
	01/26/2024	Berdan, Barclay (Ms.)					\$2,500.00	
		Contributor address; City; Sta Arlington, TX 76011	te; Zip Code					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)			
	Chief Execut	tive Officer		Texas Health Resources	S			
			•					

	MONET	ARY POLITICAL CONTRIBUT	ION	NS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete this	s for	m.	1	Total pages Schedule A1: Sch: 6/56 Rpt: 14/77	
2	FILER NAME The Political	Action Committee of the Texas Hospital Associat	tion		3	Filer ID (Ethics Commission 00015794	ı Filers)
4	Date 02/08/2024	 5 Full name of contributor out-of-state PAC (ID Bessent, Brian (Mr.) 6 Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$28.85
		Abilene, TX 79601					
8		pation / Job title (See Instructions) trategy & Experience Officer	9	Employer (See Instructions Hendrick Medical Cente			
	Date 02/22/2024	Full name of contributor out-of-state PAC (ID Bessent, Brian (Mr.) Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$32.50
	Deinsinal assu	Abilene, TX 79601		Franksiyar (Coo kashiyatis ra	<u></u>		
	•	pation / Job title (See Instructions) trategy & Experience Officer		Employer (See Instructions Hendrick Medical Center			
	Date 02/13/2024	Full name of contributor out-of-state PAC (ID Bollinger, Paul (Mr.) Contributor address; City; State; Zip Code)#:		•	Amount of Contribution (\$)	\$50.00
		Irving, TX 75038					
		pation / Job title (See Instructions) y & Public Policy		Employer (See Instructions CHRISTUS Health	5)		
	Date 02/08/2024	Full name of contributor out-of-state PAC (ID Bowden, Sherri (Ms.) Contributor address; City; State; Zip Code Abilene, TX 79601)		Amount of Contribution (\$)	\$3.85
	•	pation / Job title (See Instructions) monary Services		Employer (See Instructions Hendrick Medical Cente			
	Date 02/22/2024	Full name of contributor out-of-state PAC (IDB Bowden, Sherri (Ms.) Contributor address; City; State; Zip Code Abilene, TX 79601	D#:)	•	Amount of Contribution (\$)	\$3.85
	•	pation / Job title (See Instructions) nonary Services		Employer (See Instructions Hendrick Medical Cente			
	235(0) T UII				••		

	MONEI	ARY POLITICAL C	CONTRIBUTION	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 7/56 Rpt: 15/77	
2	FILER NAME The Political	Action Committee of the Texa	as Hospital Association		3	Filer ID (Ethics Commission 00015794	n Filers)
4	Date 01/27/2024	5 Full name of contributor Bradley, Denise (Ms.)6 Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code		7	Amount of Contribution (\$)	\$41.00
_		Austin, TX 78701	. 1-		Ĺ		
8		pation / Job title (See Instructions) 9	Employer (See Instructions St. David's HealthCare	s)		
	vP Marketin	g & Corporate Affairs		St. David's HealthCare	_		
	Date 02/16/2024	Full name of contributor Brennan, Michael (Mr.) Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)		Amount of Contribution (\$)	\$2.00
		Austin, TX 78701					
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Director of E	nterprise Data Systems		THA Foundation			
	Date 02/19/2024	Full name of contributor Briscoe, Betsy (Ms.) Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)		Amount of Contribution (\$)	\$350.00
		Fort Stockton, TX 79735					
		pation / Job title (See Instructions)	Employer (See Instructions			
	Chief Execut	tive Officer		Pecos County Memorial	l Ho	ospital ————————————————————————————————————	
	Date 02/22/2024	Full name of contributor Brockway, Toni (Ms.) Contributor address; City; St Abilene, TX 79601	out-of-state PAC (ID#: ate; Zip Code		•	Amount of Contribution (\$)	\$5.00
	•	pation / Job title (See Instructions ket Chief Nursing Officer)	Employer (See Instructions Hendrick Medical Cente			
	Date 02/08/2024	Full name of contributor Broderick, Treva (Ms.) Contributor address; City; St Abilene, TX 79601	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$4.81
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Assistant Vio	ce President Clinical Svs		Hendrick Medical Cente	r		

	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: 8/56 Rpt: 16/77	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
		Action Committee of the Texa				00015794	
4	Date 02/22/2024	5 Full name of contributor Broderick, Treva (Ms.)6 Contributor address; City; Sta	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$4.81
		Abilene, TX 79601					
8	Principal occu	pation / Job title (See Instructions)	!	Employer (See Instructions	5)		
	Assistant Vic	e President Clinical Svs		Hendrick Medical Cente	r		
	Date 02/08/2024	Full name of contributor Calvo, Raul (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$2.50
	Delinational	Abilene, TX 79608		Farada and (October de la charactica de	$\overline{\Gamma}$		
	Board Vice C	pation / Job title (See Instructions)		Employer (See Instructions Hendrick Medical Cente			
	Board vice C	Jidii		Henunck Medical Cente	_		
	Date 02/22/2024	Full name of contributor Calvo, Raul (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$2.50
		Abilene, TX 79608					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Board Vice C	Chair		Hendrick Medical Cente	r		
	Date 02/22/2024	Full name of contributor Camacho, Precilla (Ms.) Contributor address; City; Sta Abilene, TX 79601	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$3.85
	Principal occu Nurse	pation / Job title (See Instructions)		Employer (See Instructions Hendrick Medical Cente			
	Date 02/08/2024	Full name of contributor Canada, Kirk (Mr.) Contributor address; City; Sta Abilene, TX 79601	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$19.24
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Chief Operat	ting Office / System VP		Hendrick Medical Cente	r		

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDULI	■ A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 9/56 Rpt: 17/77	
2	FILER NAME	Action Committee of the Toyle	a Llagrital Appariation		3	Filer ID (Ethics Commission	Filers)
		Action Committee of the Texas	_		L	00015794	
4	Date 02/22/2024	5 Full name of contributor [Canada, Kirk (Mr.)6 Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)	7	Amount of Contribution (\$)	\$30.00
		Abilene, TX 79601					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Chief Operat	ting Office / System VP		Hendrick Medical Cente	r		
	Date 02/08/2024	Full name of contributor Casey, Mary (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$3.85
		Abilene, TX 79601					
		pation / Job title (See Instructions)		Employer (See Instructions			
	Healthcare F	Professional		Hendrick Medical Cente	r		
	Date 02/22/2024	Full name of contributor Casey, Mary (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)		
	Healthcare F	Professional		Hendrick Medical Cente	r		
	Date 02/08/2024	Full name of contributor Cates, Boyd (Mr.) Contributor address; City; Sta Abilene, TX 79601	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$1.00
	Principal occu Diagnostic T	pation / Job title (See Instructions) echnologist		Employer (See Instructions Hendrick Medical Cente	•		
	Date 02/22/2024	Full name of contributor Cates, Boyd (Mr.) Contributor address; City; Sta Abilene, TX 79601	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$1.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Diagnostic T	echnologist		Hendrick Medical Cente	r		
			·				

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 10/56 Rpt: 18/77	
2	FILER NAME	Action Committee of the Toyon	Lacaital Accordation		3	Filer ID (Ethics Commission 00015794	n Filers)
_		Action Committee of the Texas			L		
4	Date 02/16/2024	Full name of contributor [Cazares, Diana (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)	7	Amount of Contribution (\$)	\$2.00
_	Diania da acces	Austin, TX 78701	l.	- Freeless (On the trusting			
8		pation / Job title (See Instructions)	9	Employer (See Instructions			
	Sr. Payroll A	dministrator		Texas Hospital Associat	tior		
	Date 02/15/2024	Full name of contributor [Cintron, R Jacob (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$1,750.00
		El Paso, TX 79998					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)		
	President &	Chief Executive Officer		University Medical Cent	er o	of El Paso	
	Date 02/13/2024	Full name of contributor [Cochran, Webb (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code		•	Amount of Contribution (\$)	\$500.00
		Dallas, TX 75254					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Sr Director G	Sovernment Relations		Tenet Health			
	Date 02/02/2024	Full name of contributor Coleman, Shane (Ms.) Contributor address; City; Sta Mineral Wells, TX 76067	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$41.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Chief Operat	ting Officer		Palo Pinto General Hos	pita	l	
	Date 02/22/2024	Full name of contributor [Conger, Cody (Mr.) Contributor address; City; Sta Abilene, TX 79601	out-of-state PAC (ID#: te; Zip Code)	•	Amount of Contribution (\$)	\$4.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Health Direc	tor, Invasive Cardiology		Hendrick Medical Cente			
			-				

	MONET	ARY POLITICAL CONTRIBUT	TION	IS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete thi	is for	m.	1	Total pages Schedule A1: Sch: 11/56 Rpt: 19/77	
2	FILER NAME The Political	Action Committee of the Texas Hospital Associa	ation		3	Filer ID (Ethics Commission 00015794	Filers)
4	Date 02/08/2024	5 Full name of contributor out-of-state PAC (I Connell, Jessica (Ms.) 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$4.81
_	Deirectional	Brownwood, TX 76804		Frankrije (Ozakasti za			
8	Chief Nursin	pation / Job title (See Instructions) g Officer	9	Employer (See Instructions Hendrick Medical Cente			
	Date 02/22/2024	Full name of contributor out-of-state PAC (I Connell, Jessica (Ms.) Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$4.81
	Principal occu	Brownwood, TX 76804 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Chief Nursin	. ,		Hendrick Medical Cente			
	Date 02/16/2024	Full name of contributor out-of-state PAC (I Conner, Cecil (Mr.) Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$4.00
		Austin, TX 78731					
		pation / Job title (See Instructions) ement Advisor		Employer (See Instructions Texas Hospital Insurance		Exchange	
	Date 02/22/2024	Full name of contributor out-of-state PAC (I Contreras, Rosendo (Mr.) Contributor address; City; State; Zip Code Abilene, TX 79601)		Amount of Contribution (\$)	\$1.93
	•	pation / Job title (See Instructions) safety, Infection Preventionist, Perf Improv		Employer (See Instructions Hendrick Medical Center			
	Date 02/08/2024	Full name of contributor out-of-state PAC (I Contreras, Rosendo (Ms.) Contributor address; City; State; Zip Code Abilene, TX 79601	D#:		•	Amount of Contribution (\$)	\$1.93
	·	pation / Job title (See Instructions) cafety, Infection Preventionist, Perf Improv		Employer (See Instructions Hendrick Medical Cente			
		,,					

	MONET	ARY POLITICAL CONT	TRIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to co	mplete this forr	m.	1	Total pages Schedule A1: Sch: 12/56 Rpt: 20/77	
2	FILER NAME The Political	Action Committee of the Texas Hosp	oital Association		3	Filer ID (Ethics Commission 00015794	Filers)
4	Date 02/16/2024	Cook, Kenneth (Mr.)	of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$2.00
8	Principal occu	Austin, TX 78701	la l	Employer (See Instructions	·, 		
<u> </u>	IT Director	pation / Job title (See Instructions)		THA Foundation	·)		
	Date 02/08/2024	Full name of contributor out-out-out-out-out-out-out-out-out-out-				Amount of Contribution (\$)	\$3.85
	Deinsinal assu	Abilene, TX 79601		Frankston (Cookstants)			
	Lab Supervis	pation / Job title (See Instructions) sor		Employer (See Instructions Hendrick Medical Center			
	Date 02/22/2024	Full name of contributor out-out-out-out-out-out-out-out-out-out-	of-state PAC (ID#:)		Amount of Contribution (\$)	\$3.85
		Abilene, TX 79601					
	Principal occu Lab Supervis	pation / Job title (See Instructions) sor		Employer (See Instructions Hendrick Medical Cente			
	Date 02/16/2024	Costilla, Nina (Ms.)				Amount of Contribution (\$)	\$2.00
	•	pation / Job title (See Instructions) ects Manager		Employer (See Instructions THA Foundation	5)		
	Date 02/16/2024	Full name of contributor out-out-out-out-out-out-out-out-out-out-	of-state PAC (ID#:)		Amount of Contribution (\$)	\$20.00
	Principal occu VP Member	pation / Job title (See Instructions) Solutions		Employer (See Instructions Texas Hospital Associat		1	
			l				

	MONET	ARY POLITICAL CONT	RIBUTION	S		SCHEDUI	E A1
	The Instru	ction Guide explains how to com	plete this form	n.	1	Total pages Schedule A1: Sch: 13/56 Rpt: 21/77	
2	FILER NAME The Political	Action Committee of the Texas Hospit	al Association		3	Filer ID (Ethics Commission 00015794	on Filers)
4	Date 01/29/2024	Cruz Kerker, Juliana (Ms.)	state PAC (ID#:		7	Amount of Contribution (\$)	\$41.00
_		Austin, TX 78701	1-		<u>L</u>		
8		pation / Job title (See Instructions) rernment Relations	9	Employer (See Instructions St. David's HealthCare	5)		
	Date 02/16/2024	Full name of contributor out-of-Dale, Vicki (Ms.) Contributor address; City; State; Zip Co)		Amount of Contribution (\$)	\$20.00
	Dringinal accu	Austin, TX 78701 pation / Job title (See Instructions)		Employer (See Instructions	·/		
		of Business Services		THA Foundation	·)		
	Date 02/14/2024	Full name of contributor out-of-Dalton, Lori (Ms.) Contributor address; City; State; Zip Co	state PAC (ID#:)		Amount of Contribution (\$)	\$350.00
		Dallas, TX 75219					
	Principal occu Sr VP / Gene	pation / Job title (See Instructions) eral Counsel		Employer (See Instructions Scottish Rite For Childre			
	Date 02/19/2024	Full name of contributor out-of- Daskevich, Cris (Ms.) Contributor address; City; State; Zip Co)		Amount of Contribution (\$)	\$1,000.00
	•	pation / Job title (See Instructions) ens Hosp SA & SVP Maternal Srvcs CH	IRISTUS	Employer (See Instructions CHRISTUS Children's	5)		
	Date 02/16/2024	Full name of contributor out-of-Davenport, Chad (Mr.) Contributor address; City; State; Zip Co	state PAC (ID#:)		Amount of Contribution (\$)	\$2.00
	Principal occu Accounting S	pation / Job title (See Instructions) Specialist		Employer (See Instructions Texas Hospital Insurance		Exchange	
			1			0-	

	MONET	ARY POLITICAL CONTRIBU	TION	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete th	his for	m.	1	Total pages Schedule A1: Sch: 14/56 Rpt: 22/77	
2	FILER NAME The Political	Action Committee of the Texas Hospital Assoc	ciation		3	Filer ID (Ethics Commission 00015794	Filers)
4	Date 02/16/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$20.00
_		Georgetown, TX 78633	1-		Ĺ		
8	Principal occu Receptionist	pation / Job title (See Instructions)	9	Employer (See Instructions Texas Hospital Insurance		Exchange	
	Date 02/08/2024	Full name of contributor out-of-state PAC Davis, John (Mr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$3.85
	Dringing! aggr	Cuero, TX 77954		Employer (Coo Instructions	<u></u>		
		pation / Job title (See Instructions) diopulmonary		Employer (See Instructions Cuero Regional Hospita			
	Date 02/15/2024	Full name of contributor out-of-state PAC Davis, John (Mr.) Contributor address; City; State; Zip Code	(ID#:)		Amount of Contribution (\$)	\$3.85
		Cuero, TX 77954					
		pation / Job title (See Instructions) diopulmonary		Employer (See Instructions Cuero Regional Hospita	•		
	Date 02/08/2024	Full name of contributor out-of-state PAC Davis, Martha (Ms.) Contributor address; City; State; Zip Code Abilene, TX 79601)	•	Amount of Contribution (\$)	\$3.85
	Principal occu HIM Supervi	pation / Job title (See Instructions) sor		Employer (See Instructions Hendrick Medical Cente			
	Date 02/16/2024	Full name of contributor out-of-state PAC De La Garza, Heather (Ms.) Contributor address; City; State; Zip Code Austin, TX 78701	(ID#:)		Amount of Contribution (\$)	\$2.00
		pation / Job title (See Instructions)		Employer (See Instructions Texas Hospital Associat		1	
				,			

	MONET	ARY POLITICAL CONT	RIBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to con	nplete this forr	n.	1	Total pages Schedule A1: Sch: 15/56 Rpt: 23/77	
2	FILER NAME The Political	Action Committee of the Texas Hospi	tal Association		3	Filer ID (Ethics Commission 00015794	n Filers)
4	Date 02/08/2024	DeHoyos, Cynthia (Ms.)	f-state PAC (ID#: Code)	7	Amount of Contribution (\$)	\$3.85
8	Dringinal accu	Abilene, TX 79601 pation / Job title (See Instructions)	ام	Employer (See Instructions	·/-		
0	Managing Di	,	9	Hendrick Medical Cente			
	Date 02/22/2024	DeHoyos, Cynthia (Ms.) Contributor address; City; State; Zip C	f-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
	Principal occu	Abilene, TX 79601 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Managing Di	,		Hendrick Medical Cente			
	Date 01/30/2024	Full name of contributor out-of DeYoung, Peter (Dr.) Contributor address; City; State; Zip C	f-state PAC (ID#:			Amount of Contribution (\$)	\$41.00
		Austin, TX 78758	į				
	Principal occu Chief Medica	pation / Job title (See Instructions) al Officer		Employer (See Instructions St Davids North Austin I	•	dical Center	
	Date 02/08/2024	Full name of contributor out-of Dennis, Gregory (Mr.) Contributor address; City; State; Zip C Abilene, TX 79601)		Amount of Contribution (\$)	\$3.85
	•	pation / Job title (See Instructions) ility Management		Employer (See Instructions Hendrick Medical Cente			
	Date 02/22/2024	Full name of contributor out-of Dennis, Gregory (Mr.) Contributor address; City; State; Zip C Abilene, TX 79601	f-state PAC (ID#:			Amount of Contribution (\$)	\$3.85
	·	pation / Job title (See Instructions) ility Management		Employer (See Instructions Hendrick Medical Cente			
	Director Faci	my management		Tieriuriek Medical Celite	•		

	MONET	ARY POLITICAL CONTRI	BUTION	S		SCHEDULE	A1
	The Instru	ction Guide explains how to comple	ete this forr	m.	1	Total pages Schedule A1: Sch: 16/56 Rpt: 24/77	
2	FILER NAME The Political	Action Committee of the Texas Hospital A	Association		3	Filer ID (Ethics Commission 00015794	Filers)
4	Date 02/08/2024	Devun, Sharn (Ms.)	e PAC (ID#:)	7	Amount of Contribution (\$)	\$3.85
_	5	Abilene, TX 79601			<u></u>		
8	•	pation / Job title (See Instructions) c Management	9	Employer (See Instructions Hendrick Medical Cente			
	Date 02/22/2024	Devun, Sharn (Ms.)				Amount of Contribution (\$)	\$3.85
	Deinsinal assu	Abilene, TX 79601		Frankston (Cookstants)	<u></u>		
	•	pation / Job title (See Instructions) Management		Employer (See Instructions Hendrick Medical Cente			
	Date 02/08/2024	Full name of contributor out-of-state Donaway, Duane (Mr.) Contributor address; City; State; Zip Code	PAC (ID#:)		Amount of Contribution (\$)	\$1.93
		Abilene, TX 79601					
		pation / Job title (See Instructions) rmation Systems		Employer (See Instructions Hendrick Medical Center			
	Date 02/22/2024	Donaway, Duane (Mr.))		Amount of Contribution (\$)	\$1.93
	•	pation / Job title (See Instructions) rmation Systems		Employer (See Instructions Hendrick Medical Cente			
	Date 02/08/2024	Full name of contributor out-of-state Driskell, Jesiree (Ms.) Contributor address; City; State; Zip Code Abilene, TX 79601	e PAC (ID#:)		Amount of Contribution (\$)	\$4.25
	•	pation / Job title (See Instructions) ic Comms & Digital Expert		Employer (See Instructions Hendrick Medical Cente			
	24409				-		

	MONEI	ARY POLITICAL C	ONTRIBUTION	15		SCHEDU	LE A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 17/56 Rpt: 25/77	
2	FILER NAME	Action Committee of the Texa	es Hospital Association		3	Filer ID (Ethics Commission 00015794	on Filers)
4	Date	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	02/22/2024	Driskell, Jesiree (Ms.)				(+)	\$7.50
		6 Contributor address; City; St	ate; Zip Code				
		Abilene, TX 79601					
8	Principal occu	pation / Job title (See Instructions	9	Employer (See Instructions	5)		
	AVP Strateg	ic Comms & Digital Expert		Hendrick Medical Cente	r		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	02/14/2024	Duncan, Cameron (Mr.)					\$20.50
		Contributor address; City; St	ate; Zip Code				
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>L</u>		
	VP Advocac	y / Public Policy		Texas Hospital Associat	ior	1	
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	02/16/2024	Dupree, Anthony (Mr.)	_				\$4.00
		Contributor address; City; St	ate; Zip Code				
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Sr. Accounts	Payable Specialist		Texas Hospital Associat	ior	1	
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	02/15/2024	Eckhardt, Christie (Ms.) Contributor address; City; St	ate; Zip Code				\$175.00
		Abilene, TX 79601					
	Principal occu VP General	pation / Job title (See Instructions Council		Employer (See Instructions Hendrick Medical Cente			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	02/15/2024	Edmondson, Cory (Mr.)					\$1,000.00
		Contributor address; City; St	ate; Zip Code				
		Kerrville, TX 78028					
	•	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	President &	Chief Executive Officer		Peterson Health			

	MONET	ARY POLITICAL CONTRIE	BUTION	IS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complet	te this for	m.	1	Total pages Schedule A1: Sch: 18/56 Rpt: 26/77	
2	FILER NAME The Political	Action Committee of the Texas Hospital As	ssociation		3	Filer ID (Ethics Commission 00015794	n Filers)
4	Date 02/15/2024	 5 Full name of contributor out-of-state cicke, Erin (Ms.) 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$125.00
_		Abilene, TX 79601	la la		<u></u>		
8	•	pation / Job title (See Instructions) of Surgical Services	9	Employer (See Instructions Hendrick Medical Cente			
	Date 02/08/2024	Full name of contributor out-of-state Escobar, Jaye (Ms.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$3.85
	Principal occu	Abilene, TX 79601 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Director of Correctional Health			Hendrick Medical Cente			
	Date 02/22/2024	Full name of contributor out-of-state Escobar, Jaye (Ms.) Contributor address; City; State; Zip Code	PAC (ID#:)		Amount of Contribution (\$)	\$3.85
		Abilene, TX 79601					
		pation / Job title (See Instructions) orrectional Health		Employer (See Instructions Hendrick Medical Cente			
	Date 02/16/2024	Full name of contributor out-of-state 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) CEO		Employer (See Instructions Texas Healthcare Trust		S	
	Date 02/08/2024	Full name of contributor out-of-state Eurek, Andrew (Mr.) Contributor address; City; State; Zip Code Abilene, TX 79601)		Amount of Contribution (\$)	\$3.85
	·	pation / Job title (See Instructions) uncial Analysis		Employer (See Instructions Hendrick Medical Cente			
	250.0.11110				•		

	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: 19/56 Rpt: 27/77	
2	FILER NAME The Political	Action Committee of the Texa	s Hospital Association		3	Filer ID (Ethics Commission 00015794	Filers)
4	Date 02/22/2024	Full name of contributor Eurek, Andrew (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$4.00
8	Principal occu	Abilene, TX 79601 upation / Job title (See Instructions)		Employer (See Instructions	s) 		
0		ancial Analysis		Hendrick Medical Cente			
	Date 02/16/2024	Full name of contributor Felton, Chris (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$4.00
		Austin, TX 78701					
		pation / Job title (See Instructions)		Employer (See Instructions Texas Hospital Associa			
Regional Ambassador West Texas Date Full name of contributor Out-of-state PAC (ID		out-of-state PAC (ID#:	Texas Hospital Associa	T	Amount of Contribution (\$)		
	02/08/2024	Ford, Christopher (Mr.) Contributor address; City; Sta				y anount of Containation (c)	\$10.00
		Abilene, TX 79601					
	Principal occu AVP Suppor	pation / Job title (See Instructions) t Services		Employer (See Instructions Hendrick Medical Cente	•		
	Date 02/22/2024	Full name of contributor Ford, Christopher (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#: ate; Zip Code)	•	Amount of Contribution (\$)	\$9.62
	Principal occu AVP Suppor	rpation / Job title (See Instructions) t Services		Employer (See Instructions Hendrick Medical Cente			
	Date 02/14/2024	Full name of contributor Fox, Jay (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$20.50
	•	pation / Job title (See Instructions) SWH Austin Area		Employer (See Instructions Baylor Scott & White Me		cal Center - Pflugerville	
	i residerit Da	ovi i Ausuii Alea		Baylor Scott & Writte IVI	cuit	Sai Senter - Filugerville	

	MONEI	ARY POLITICAL (CONTRIBUTION	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 20/56 Rpt: 28/77	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	The Political	Action Committee of the Texa				00015794	
4	Date 02/08/2024	 Full name of contributor Francis, Christy (Mrs.) Contributor address; City; St 	out-of-state PAC (ID#: ate; Zip Code)	7	Amount of Contribution (\$)	\$84.00
8	Dringing Loggy	Canadian, TX 79014 pation / Job title (See Instructions) 0	Employer (See Instructions			
°	Chief Execut		9	Hemphill County Hospita		District	
	Cillei Execu			Hemphili County Hospita	ai L		
	Date 02/16/2024	Full name of contributor Frazier, Tess (Ms.) Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)		Amount of Contribution (\$)	\$20.00
		Georgetown, TX 78633					
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions			
	President / C	CEO		Texas Hospital Insuranc	e E	Exchange	
	Date 02/01/2024	Full name of contributor Funderburk, Mark (Mr.) Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)		Amount of Contribution (\$)	\$350.00
		Lubbock, TX 79408			L		
	•	pation / Job title (See Instructions	(i)	Employer (See Instructions			
	President &	CEO		University Medical Cent	er		
	Date 02/16/2024	Full name of contributor Gaines, Cameron (Mr.) Contributor address; City; St Georgetown, TX 78633	out-of-state PAC (ID#: ate; Zip Code			Amount of Contribution (\$)	\$2.00
	Principal occu	pation / Job title (See Instructions	(1)	Employer (See Instructions	5)		
	IT Support S	pecialist		Texas Hospital Insuranc	e E	Exchange	
	Date 02/19/2024	Full name of contributor Gann, Kody (Mr.) Contributor address; City; St Seguin, TX 78155	out-of-state PAC (ID#: ate; Zip Code)		Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions	·)	Employer (See Instructions	L S)		
	Chief Financ		′	Guadalupe Regional Me		cal Ctr	
				r			

	MONET	ARY POLITICAL CONTRI	BUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to comple	ete this for	n.	1	Total pages Schedule A1: Sch: 21/56 Rpt: 29/77	
2	FILER NAME The Political	Action Committee of the Texas Hospital A	Association		3	Filer ID (Ethics Commission 00015794	Filers)
4	Date 02/16/2024	Gette, Angela (Ms.)	e PAC (ID#:)	7	Amount of Contribution (\$)	\$2.00
_		Georgetown, TX 78633			L		
8	Principal occu Vice Preside	pation / Job title (See Instructions) ent Claims	9	Employer (See Instructions Texas Hospital Insurance		Exchange	
	Date 02/08/2024	Full name of contributor out-of-state Gleitz, Stephen (Mr.) Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$4.81
	Principal occu	Abilene, TX 79601 pation / Job title (See Instructions)		Employer (See Instructions	·)		
	Nurse Manager of Critical Care Unit			Hendrick Medical Cente			
	Date 02/22/2024	Full name of contributor out-of-state Gleitz, Stephen (Mr.) Contributor address; City; State; Zip Code	e PAC (ID#:)	•	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 02/16/2024	Goforth, Al (Mr.))		Amount of Contribution (\$)	\$20.00
	Principal occu Member Aml	pation / Job title (See Instructions) bassador		Employer (See Instructions Texas Hospital Associate	•	1	
	Date 02/16/2024	Full name of contributor out-of-state Gonzalez, Sara (Ms.) Contributor address; City; State; Zip Code Austin, TX 78701	e PAC (ID#:			Amount of Contribution (\$)	\$20.00
	•	pation / Job title (See Instructions) y / Public Policy		Employer (See Instructions Texas Hospital Associat			
	VI AUVOCAC	y , , abile i olicy		TONGS TIUSPILLI MOSUULA	LIUI	•	

	MONEI	ARY POLITICAL CONTRIBUTION	Λ	IS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	or	m.	1	Total pages Schedule A1: Sch: 22/56 Rpt: 30/77	
2	FILER NAME The Political	Action Committee of the Texas Hospital Association	n		3	Filer ID (Ethics Commission 00015794	Filers)
4	Date 02/08/2024	 Full name of contributor out-of-state PAC (ID#:_Goolsby, Emily (Ms.) Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$3.75
8	Principal occu	Abilene, TX 79601 upation / Job title (See Instructions)	9	Employer (See Instructions	:) [
Ü		ept of Education and Professional Development	ľ	Hendrick Medical Cente			
	Date 02/22/2024	Full name of contributor out-of-state PAC (ID#:_ Goolsby, Emily (Ms.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$3.85
		Abilene, TX 79601	_				
				Employer (See Instructions Hendrick Medical Cente			
	Date 02/16/2024	Full name of contributor out-of-state PAC (ID#:_ Gordon, Brittanny (Ms.) Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$2.00
		Austin, TX 78701					
		Ipation / Job title (See Instructions) t, AR & Association Management System		Employer (See Instructions Texas Hospital Associate		1	
	Date 02/08/2024	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
		upation / Job title (See Instructions) ent / Chief Nursing Officer		Employer (See Instructions Hendrick Medical Cente			
	Date 02/22/2024	Full name of contributor out-of-state PAC (ID#:_ Greenwood, Susan (Ms.) Contributor address; City; State; Zip Code Abilene, TX 79601				Amount of Contribution (\$)	\$29.00
		upation / Job title (See Instructions) ent / Chief Nursing Officer		Employer (See Instructions Hendrick Medical Cente			
	VICE FIESIUE	STILT CHIEF INGISHING CHILCEI	<u> </u>	TIGHTHAN WICHICAL CELLE	1		

	MONET	ARY POLITICAL CONTR	RIBUTION	S		SCHEDUI	LE A1
	The Instruc	ction Guide explains how to comp	olete this forr	n.	1	Total pages Schedule A1: Sch: 23/56 Rpt: 31/77	
2	FILER NAME The Political	Action Committee of the Texas Hospita	l Association		3	Filer ID (Ethics Commission 00015794	on Filers)
4	Date 02/16/2024	Haas, Mark (Mr.)	tate PAC (ID#:		7	Amount of Contribution (\$)	\$4.00
_		Georgetown, TX 78633	1-		_		
8	Principal occu Staff Accoun	pation / Job title (See Instructions) tant	9	Employer (See Instructions Texas Hospital Insurance	-	Exchange	
	Date 02/08/2024	Full name of contributor out-of-s Hair, Donna (Ms.) Contributor address; City; State; Zip Co				Amount of Contribution (\$)	\$3.85
	Principal occur	Brownwood, TX 76804 pation / Job title (See Instructions)		Employer (See Instructions	·/_		
	Director of Marketing			Hendrick Medical Cente			
	Date 02/22/2024	Full name of contributor out-of-s Hair, Donna (Ms.) Contributor address; City; State; Zip Co	tate PAC (ID#:			Amount of Contribution (\$)	\$3.85
		Brownwood, TX 76804			_		
	Principal occu Director of M	pation / Job title (See Instructions) larketing		Employer (See Instructions Hendrick Medical Cente			
	Date 02/14/2024	Hamon, Eric (Mr.)				Amount of Contribution (\$)	\$1,000.00
		pation / Job title (See Instructions) Chief Executive Officer		Employer (See Instructions Driscoll Children's Hosp	-		
	Date 02/08/2024	Harris, Erica (Ms.))		Amount of Contribution (\$)	\$3.85
	Principal occu Admissions I	pation / Job title (See Instructions)		Employer (See Instructions Hendrick Medical Cente			
	AUTHISSIUTIS I	⊃II GC(U)		TIETIUTICK MEUICAI CEITLE	1		

	MONEI	ARY POLITICAL C	ONTRIBUTION	NS		SCHEDUI	E A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 24/56 Rpt: 32/77	
2	FILER NAME				3	Filer ID (Ethics Commission	on Filers)
	The Political	Action Committee of the Texas	Hospital Association			00015794	
4	Date 02/22/2024	5 Full name of contributor [Harris, Erica (Ms.)	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$3.85
		6 Contributor address; City; Sta Abilene, TX 79601	te; Zip Code				
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u>		
	Admissions I			Hendrick Medical Cente			
	Date	Full name of contributor	out-of-state PAC (ID#:	,	Г	Amount of Contribution (\$)	
	02/14/2024	Harrison, Allen (Mr.)	out-of-state PAC (ID#	J		Amount of Continuation (4)	\$1,500.00
	02/14/2024		to: Zin Codo				Ψ1,500.00
		Contributor address; City; Sta	ie, zip Code				
		Dallas, TX 75240					
	Principal occupation / Job title (See Instructions) Employee			Employer (See Instructions	<u>. </u>		
	North Texas Division President			Medical City Healthcare			
Date Full name of contributor out-of-state PA		out-of-state PAC (ID#:)		Amount of Contribution (\$)		
	01/26/2024	Hart, Brandy (Mrs.)					\$83.00
		Contributor address; City; Sta	te; Zip Code		l		
		, ,,					
		Nashville, TN 37203					
	•	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Regional Vic	e President / Behavioral Healt	h	HCA Healthcare			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	02/16/2024	Hawkins, John (Mr.)					\$90.00
		Contributor address; City; Sta	te; Zip Code		İ		
		Austin, TX 78701			<u></u>		
		pation / Job title (See Instructions)		Employer (See Instructions			
	President / C			Texas Hospital Associat	ior		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	02/15/2024	Hawthorne, Douglas (Mr.)					\$1,500.00
		Contributor address; City; Sta	te; Zip Code				
		Dallag TV 75221					
	Dringing!	Dallas, TX 75231	<u> </u>	Employer (Cas Instruct)	<u>, </u>		
		pation / Job title (See Instructions)		Employer (See Instructions			
	Relifed THR	Retired THR Texas Health Resource			<u> </u>		

	MONET	ARY POLITICAL CONTRIBU	TION	IS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete th	nis for	m.	1	Total pages Schedule A1: Sch: 25/56 Rpt: 33/77	
2	FILER NAME The Political	Action Committee of the Texas Hospital Associ	iation		3	Filer ID (Ethics Commission 00015794	Filers)
4	Date 02/08/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$9.62
_		Abilene, TX 79601			_		
8		pation / Job title (See Instructions) ent of Human Resources	9	Employer (See Instructions Hendrick Medical Cente			
	Date 02/22/2024	Full name of contributor				Amount of Contribution (\$)	\$9.62
	Dringing! goog	Abilene, TX 79601 pation / Job title (See Instructions)		Employer (See Instructions	<u>''</u>		
	·	ent of Human Resources		Hendrick Medical Cente			
	Date 02/07/2024	Full name of contributor out-of-state PAC (Henderson, John (Mr.) Contributor address; City; State; Zip Code	(ID#:)	•	Amount of Contribution (\$)	\$83.00
		Round Rock, TX 78664					
	Principal occu President / C	pation / Job title (See Instructions) CEO		Employer (See Instructions TORCH	5)		
	Date 02/08/2024	Full name of contributor out-of-state PAC (Henry, Elizabeth (Ms.) Contributor address; City; State; Zip Code Abilene, TX 79601				Amount of Contribution (\$)	\$4.81
	•	pation / Job title (See Instructions) e Management		Employer (See Instructions Hendrick Medical Cente			
	Date 02/22/2024	Full name of contributor out-of-state PAC (Henry, Elizabeth (Ms.) Contributor address; City; State; Zip Code Abilene, TX 79601)		Amount of Contribution (\$)	\$4.81
	•	pation / Job title (See Instructions) e Management		Employer (See Instructions Hendrick Medical Cente			
	230.07 043				•		

	MONET	ARY POLITICAL CONTR	IBUTION	IS		SCHEDUL	E A1
	The Instru	ction Guide explains how to comp	lete this for	m.	1	Total pages Schedule A1: Sch: 26/56 Rpt: 34/77	
2	FILER NAME	Action Committee of the Toyac Hasnital	Association		3	Filer ID (Ethics Commission 00015794	n Filers)
_		Action Committee of the Texas Hospital			_		
4	Date 01/29/2024	5 Full name of contributor out-of-stale Hernandez, Elisa (Ms.)	ate PAC (ID#:)	7	Amount of Contribution (\$)	\$100.00
		6 Contributor address; City; State; Zip Cod	e				
		El Paso, TX 79905					
8	Principal occu	pation / Job title (See Instructions)	9	1 , (•		
	Senior Advis	or of Government Relations		University Medical Cent	er (of El Paso	
_	Date	Full name of contributor out-of-sta	ate PAC (ID#:)		Amount of Contribution (\$)	
	02/16/2024	Hernandez, Janet (Ms.)					\$8.34
		Contributor address; City; State; Zip Cod	e				
	Principal occu	Georgetown, TX 78633 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)		
	Accounting Manager			Texas Hospital Insuranc	e E	Exchange	
	Date	Full name of contributor ut-of-sta	ate PAC (ID#:)	Г	Amount of Contribution (\$)	
	02/22/2024	Hess, Heather (Ms.)	ate 1710 (15/1:			7 another of Continuous (4)	\$3.85
		Contributor address; City; State; Zip Cod	e				
		Abilene, TX 79601					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Market Direc	tor		Hendrick Medical Cente	r		
	Date	Full name of contributor out-of-sta	ate PAC (ID#:)		Amount of Contribution (\$)	
	02/06/2024	Hill, Jeffrey (Mr.)					\$500.00
		Contributor address; City; State; Zip Cod					
		Lubbock, TX 79415					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	SVP Suppor	t Services / Gov't Relations		University Medical Cent	er		
	Date	–	ate PAC (ID#:)		Amount of Contribution (\$)	
	02/13/2024	Holcomb, Holly (Ms.)					\$500.00
		Contributor address; City; State; Zip Cod	e				
		Childress, TX 79201					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	:) 		
	Chief Execut	'		Childress Regional Med		l Center	
			I				

MONET	TARY POLITICAL CONTRIBUTIO	NS		SCHEDULE	E A1
The Instru	action Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 27/56 Rpt: 35/77	
2 FILER NAME			3	Filer ID (Ethics Commission	r Filers)
	Action Committee of the Texas Hospital Association		$oxed{oxed}$	00015794	
4 Date 02/19/2024	Full name of contributor)	7	Amount of Contribution (\$)	\$50.00
	Childress, TX 79201				
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	s)		
Chief Execu	itive Officer	Childress Regional Med	dica	l Center	
Date 02/12/2024	Full name of contributor out-of-state PAC (ID#: Holland, Brad (Mr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$82.50
	Abilene, TX 79601				
	upation / Job title (See Instructions)	Employer (See Instructions	s)		
President / 0	Chief Executive Officer	Hendrick Health			
Date 02/25/2024	Full name of contributor out-of-state PAC (ID#: Honea, Michael (Mr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$41.00
	Glen Rose, TX 76043				
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)		
Chief Execu	itive Officer	Glen Rose Medical Cen	iter		
Date 02/08/2024	Full name of contributor out-of-state PAC (ID#:_ Howard, Erica (Ms.) Contributor address; City; State; Zip Code Abilene, TX 79601)		Amount of Contribution (\$)	\$3.85
•	upation / Job title (See Instructions) ector Benefits	Employer (See Instructions Hendrick Medical Cente			
Date 02/22/2024	Full name of contributor out-of-state PAC (ID#: Howard, Erica (Ms.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$3.85
	Abilene, TX 79601		L		
	upation / Job title (See Instructions) ector Benefits	Employer (See Instructions Hendrick Medical Cente			

	MONET	ARY POLITICAL CONTRIBU	ITION	S		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete t	his for	n.	1	Total pages Schedule A1: Sch: 28/56 Rpt: 36/77	
2	FILER NAME The Political	Action Committee of the Texas Hospital Assoc	ciation		3	Filer ID (Ethics Commission 00015794	Filers)
4	Date 02/21/2024	 5 Full name of contributor out-of-state PAC Hrncirik, Bobbye (Ms.) 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$83.00
_		Lubbock, TX 79415	- 1-	5 1 (0 1 1 1	<u></u>		
8	•	pation / Job title (See Instructions) ental Funding	9	Employer (See Instructions University Medical Cent	•		
	Date 02/16/2024	Full name of contributor out-of-state PAC 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 02/08/2024	Full name of contributor out-of-state PAC Huffington, Mark (Mr.) Contributor address; City; State; Zip Code	C (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 02/22/2024	Full name of contributor out-of-state PAC 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 02/08/2024	Full name of contributor out-of-state PAC Hunnicutt, Craig (Mr.) Contributor address; City; State; Zip Code Abilene, TX 79601	(ID#:			Amount of Contribution (\$)	\$3.85
	·	pation / Job title (See Instructions) ional Services		Employer (See Instructions Hendrick Medical Cente			
	Director reg	The second secon					

	MONET	ARY POLITICAL COI	NTRIBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 29/56 Rpt: 37/77	
2	FILER NAME The Political	Action Committee of the Texas Ho	ospital Association		3	Filer ID (Ethics Commission 00015794	n Filers)
4	Date 02/22/2024	Hunnicutt, Craig (Mr.)	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$3.85
	Dringing aggr	Abilene, TX 79601	l _o .	Employer (See Instructions	_		
8		pation / Job title (See Instructions) ional Services	9	Employer (See Instructions Hendrick Medical Cente			
	Date 02/14/2024	Full name of contributor)		Amount of Contribution (\$)	\$125.00
	Principal occur	Plano, TX 75075 pation / Job title (See Instructions)		Employer (See Instructions	.)		
	President / 0			Patient Physician Netwo			
	Date 02/08/2024	Full name of contributor	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$0.97
		Cuero, TX 77954					
	Principal occu Support Serv	pation / Job title (See Instructions) vices		Employer (See Instructions Cuero Regional Hospita	•		
	Date 02/15/2024	Full name of contributor	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			
	Date 02/16/2024	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$4.00
		pation / Job title (See Instructions) nt Service Center		Employer (See Instructions Texas Hospital Associat			
	VICE FIESIUE	THE SCIVICE SCIENCE		TONGS TIUSPILAI ASSUUIAI	.101	•	

	MONEI	ARY POLITICAL C	ONTRIBUTION	NS		SCHEDUI	LE A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 30/56 Rpt: 38/77	
2	FILER NAME The Political	Action Committee of the Texas	s Hospital Association		3	Filer ID (Ethics Commission 00015794	on Filers)
4	Date 02/20/2024	5 Full name of contributor [Jasper, Jerry (Mr.) 6 Contributor address; City; Sta	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$41.00
_	Deignaignal annu	Harlingen, TX 78550	I ₀	Franksian (Cook lastinisticas	<u></u>		
8	Chief Execut	pation / Job title (See Instructions) tive Officer	9	Employer (See Instructions Solara Hospital Harlinge			
	Date 02/16/2024	Full name of contributor Jones, Susan (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$20.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)		Employer (See Instructions	;) 		
	Member Aml			Texas Hospital Associat			
	Date 02/08/2024	Full name of contributor [Kelly, Tave (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$4.81
		Abilene, TX 79601					
	Principal occu AVP Revenu	pation / Job title (See Instructions) le Cycle		Employer (See Instructions Hendrick Medical Cente			
	Date 02/22/2024	Full name of contributor Kelly, Tave (Ms.) Contributor address; City; Sta Abilene, TX 79601	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$4.81
	Principal occu AVP Revenu	pation / Job title (See Instructions) ue Cycle		Employer (See Instructions Hendrick Medical Cente			
	Date 02/14/2024	Full name of contributor [Kendrick, Jim (Mr.) Contributor address; City; Sta Plano, TX 75024	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$1,750.00
	Principal occu President & (pation / Job title (See Instructions) CEO		Employer (See Instructions Community Hospital Co		ration	

	MONET	ARY POLITICAL C	ONTRIBUTION	S		SCHEDUI	LE A1
	The Instru	ction Guide explains how	to complete this forr	n.	1	Total pages Schedule A1: Sch: 31/56 Rpt: 39/77	
2	FILER NAME The Political	Action Committee of the Texas	s Hospital Association		3	Filer ID (Ethics Commission 00015794	on Filers)
4	Date 02/16/2024	5 Full name of contributor Kendrick, Karen (Ms.) 6 Contributor address; City; Sta	out-of-state PAC (ID#:te; Zip Code)	7	Amount of Contribution (\$)	\$20.00
		Austin, TX 78701	<u> </u>				
8	·	pation / Job title (See Instructions) y & Patient Safety	9	Employer (See Instructions THA Foundation	5)		
	Date 02/12/2024	Full name of contributor Kimmel, Stephen (Mr.) Contributor address; City; Sta)		Amount of Contribution (\$)	\$83.00
	Principal occu	Fort Worth, TX 76104 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)		
	Chief Financ			Cook Children's Medica		enter	
	Date 02/15/2024	Full name of contributor Kirkham, Brett (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$1,000.00
		El Campo, TX 77437					
	Principal occu Chief Execut	pation / Job title (See Instructions) tive Officer		Employer (See Instructions MidCoast Health System			
	Date 02/10/2024	Full name of contributor Kirkman, Leni (Ms.) Contributor address; City; Sta San Antonio, TX 78229	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$41.00
		pation / Job title (See Instructions) rp Communications & Mktg		Employer (See Instructions University Health	5)		
	Date 02/22/2024	Full name of contributor Klitsch, John (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$50.00
	Principal occu President	pation / Job title (See Instructions)		Employer (See Instructions Texas Health Presbyter		Hospital Flower Mound	
			1				

	MONET	ARY POLITICAL CONTRIB	UTION	S		SCHEDUI	E A1
	The Instru	ction Guide explains how to complete	e this for	n.	1	Total pages Schedule A1: Sch: 32/56 Rpt: 40/77	
2	FILER NAME The Political	Action Committee of the Texas Hospital Ass	sociation		3	Filer ID (Ethics Commission 00015794	on Filers)
4	Date 02/15/2024	 5 Full name of contributor out-of-state P Knaupe, Gregg (Mr.) 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$1,000.00
_	Daine in all access	Austin, TX 78701	la la	Foundation (October to the street)			
8	Principal occu President	pation / Job title (See Instructions)	9	Employer (See Instructions Knaupe G R	5)		
	Date 02/16/2024	Full name of contributor out-of-state P Kroll, Carrie (Ms.) Contributor address; City; State; Zip Code	PAC (ID#:)		Amount of Contribution (\$)	\$62.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)		
	•	y / Pub Policy / Political Strategy		Texas Hospital Associat		ı	
	Date 02/08/2024	Full name of contributor out-of-state P Krupala, Judith (Ms.) Contributor address; City; State; Zip Code	PAC (ID#:)		Amount of Contribution (\$)	\$1.93
		Cuero, TX 77954					
	Principal occu Chief Nursin	pation / Job title (See Instructions) g Officer		Employer (See Instructions Cuero Regional Hospita	•		
	Date 02/15/2024	Full name of contributor out-of-state P Krupala, Judith (Ms.) Contributor address; City; State; Zip Code Cuero, TX 77954)		Amount of Contribution (\$)	\$1.93
	Principal occu Chief Nursin	pation / Job title (See Instructions) g Officer		Employer (See Instructions Cuero Regional Hospita			
	Date 01/26/2024	Full name of contributor out-of-state P Kwon, Esther (Ms.) Contributor address; City; State; Zip Code San Antonio, TX 78201	PAC (ID#:)		Amount of Contribution (\$)	\$600.00
	Principal occu Chief Execut	pation / Job title (See Instructions)		Employer (See Instructions Methodist Texan Hospit			
	Silici Excoul			outodist revair respit	м і		

	MONET	ARY POLITICAL CONTRIBI	UTION	IS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete	this for	n.	1	Total pages Schedule A1: Sch: 33/56 Rpt: 41/77	
2	FILER NAME The Political	Action Committee of the Texas Hospital Asse	ociation		3	Filer ID (Ethics Commissio 00015794	n Filers)
4	Date 02/08/2024	5 Full name of contributor out-of-state PAL Lafrance, Judith (Ms.) 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$4.81
_		Abilene, TX 79606			_		
8		pation / Job title (See Instructions) f Administrative Officer	9	Employer (See Instructions Hendrick Medical Cente			
	Date 02/22/2024	Full name of contributor out-of-state PA Lafrance, Judith (Ms.) Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$12.50
	Principal occu	Abilene, TX 79606 pation / Job title (See Instructions)		Employer (See Instructions) 		
	•	f Administrative Officer		Hendrick Medical Cente			
	Date 02/15/2024	Full name of contributor out-of-state PA Lavigne, Todd (Mr.) Contributor address; City; State; Zip Code	AC (ID#:			Amount of Contribution (\$)	\$100.00
		Abilene, TX 79601	<u> </u>				
	•	pation / Job title (See Instructions) d Nutrition Services		Employer (See Instructions Hendrick Medical Cente			
	Date 02/08/2024	Full name of contributor out-of-state PA Lee, Rachel (Ms.) Contributor address; City; State; Zip Code Abilene, TX 79601				Amount of Contribution (\$)	\$3.85
	•	rpation / Job title (See Instructions) ff Srvcs & Physician Recruitment		Employer (See Instructions Hendrick Medical Cente			
	Date 02/22/2024	Full name of contributor out-of-state PA Lee, Rachel (Ms.) Contributor address; City; State; Zip Code Abilene, TX 79601)		Amount of Contribution (\$)	\$3.85
	•	rpation / Job title (See Instructions) If Srvcs & Physician Recruitment		Employer (See Instructions Hendrick Medical Cente			
	J. Med Stat	. S. 135 & Frystolan Rectalithen		TOTALISK WICCIDAL SCIILE	•		

	MONEI	ARY POLITICAL C	ONTRIBUTION	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this for	rm.	1	Total pages Schedule A1: Sch: 34/56 Rpt: 42/77	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	The Political	Action Committee of the Texa	s Hospital Association		L	00015794	
4	Date 02/16/2024	5 Full name of contributor Lengal, Samantha (Ms.)6 Contributor address; City; St	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$4.00
		Georgetown, TX 78633					
8	Principal occu	pation / Job title (See Instructions) 9	Employer (See Instructions	<u></u>		
	Underwriting	Coordinator		Texas Hospital Insuranc	e I	Exchange	
_	Date	Full name of contributor	out-of-state PAC (ID#:)	Π	Amount of Contribution (\$)	
	02/16/2024	Liscano, Rosie (Ms.) Contributor address; City; St				(,	\$2.00
		Georgetown, TX 78633					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u></u>		
	Senior Claim	ns Adj/Risk Mgmt Specialist		Texas Hospital Insuranc	e I	Exchange	
	Date	Full name of contributor	out-of-state PAC (ID#:)	Π	Amount of Contribution (\$)	
	02/16/2024	Lopez, Cesar (Mr.)					\$20.00
		Contributor address; City; St	ate; Zip Code				
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Associate G	eneral Counsel		Texas Hospital Associat	ior	1	
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	01/26/2024	Love, William (Mr.) Contributor address; City; St Irving, TX 75062	ate; Zip Code				\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>L</u>		
	President / C			Dallas-Fort Worth Hospi		Council	
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	02/08/2024	Lowery, James (Mr.)					\$3.85
		Contributor address; City; St					
_	Dringing	Abilene, TX 79601	<u>, </u>	Employer (Cas Instruct)	<u></u>		
	Principal occu Director Mar	pation / Job title (See Instructions naged Care		Employer (See Instructions Hendrick Medical Cente			

	MONET	ARY POLITICAL CONTRIBUTION)N	IS		SCHEDULE A1
	The Instruc	ction Guide explains how to complete this f	or	m.	1	Total pages Schedule A1: Sch: 35/56 Rpt: 43/77
2	FILER NAME The Political	Action Committee of the Texas Hospital Association	n		3	Filer ID (Ethics Commission Filers) 00015794
4	Date 02/22/2024	 Full name of contributor out-of-state PAC (ID#:_Lowery, James (Mr.) Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$) \$3.85
_	Delicalization	Abilene, TX 79601	٦.	Familia de Constituit de la constituit d	<u></u>	
8	Director Man	pation / Job title (See Instructions) naged Care	9	Employer (See Instructions Hendrick Medical Cente		
	Date 02/14/2024	Contributor address; City; State; Zip Code)		Amount of Contribution (\$) \$1,750.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	 s)	
	Chief Execut	tive Officer		Baylor Scott & White He	ealt	h
	Date 02/08/2024	Full name of contributor out-of-state PAC (ID#:_ McCollough, Kimberly (Ms.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$) \$3.85
	Principal occur	Abilene, TX 79606 pation / Job title (See Instructions)		Employer (See Instructions	;) 	
		/omen and Children Services		Hendrick Medical Cente		
	Date 02/22/2024	Full name of contributor out-of-state PAC (ID#:_ McCollough, Kimberly (Ms.) Contributor address; City; State; Zip Code Abilene, TX 79606)	•	Amount of Contribution (\$) \$3.85
		pation / Job title (See Instructions) /omen and Children Services		Employer (See Instructions Hendrick Medical Cente		
	Date 01/28/2024	Full name of contributor out-of-state PAC (ID#:_McCurley, Jane (Ms.) Contributor address; City; State; Zip Code San Antonio, TX 78229)		Amount of Contribution (\$) \$500.00
	Principal occu Chief Nurse	pation / Job title (See Instructions) Executive		Employer (See Instructions Methodist Hospital	s)	
	25. 110100		1	sa.sa.st.roopitai		

	MONET	ARY POLITICAL C	CONTRIBUTION	<u>.</u>		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this form	m.	1	Total pages Schedule A1: Sch: 36/56 Rpt: 44/77	
2	FILER NAME The Political	Action Committee of the Texa	s Hospital Association		3	Filer ID (Ethics Commission 00015794	n Filers)
4	Date 02/08/2024	Full name of contributor McElrath, Pamela (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$4.00
		Abilene, TX 79601					
8	Principal occu Registered N	pation / Job title (See Instructions) Nurse	9	Employer (See Instructions Hendrick Medical Cente			
	Date 02/22/2024	Full name of contributor McElrath, Pamela (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#:atte; Zip Code			Amount of Contribution (\$)	\$4.00
	Principal occu	Abilene, TX 79601 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	Registered N	Nurse		Hendrick Medical Cente	r		
	Date 02/19/2024	Full name of contributor McKinney, Brenda (Mrs.) Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$150.00
		Pecos, TX 79772					
	Principal occu Chief Execut	pation / Job title (See Instructions) tive Officer	11	Employer (See Instructions Reeves Regional Health	′		
	Date 02/16/2024	Full name of contributor Merrell, Angie (Ms.) Contributor address; City; Sta Georgetown, TX 78633	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$2.00
	•	pation / Job title (See Instructions) resident of Risk Management		Employer (See Instructions Texas Hospital Insurance	•	Exchange	
	Date 02/01/2024	Full name of contributor Mitchell, Kenneth (Dr.) Contributor address; City; Sta	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$41.00
	·	pation / Job title (See Instructions) Medical Officer	L.	Employer (See Instructions St. David's HealthCare	5)		

	MONEI	ARY POLITICAL C	CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 37/56 Rpt: 45/77	
2	FILER NAME				3	•	n Filers)
		Action Committee of the Texa			L	00015794	
4	Date 02/15/2024	5 Full name of contributor Mitias, Marcus (Mr.)6 Contributor address; City; St	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$275.00
		Arlington, TX 76011					
8		pation / Job title (See Instructions)	9 Employer (See Instructions			
	Prog Dir Gov	mnt Affairs & Advocacy		Texas Health Resource	S		
	Date 02/10/2024	Full name of contributor Morales, Daniel (Mr.) Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$20.50
		Houston, TX 77030	·				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Vice Preside	nt Government Affairs		Houston Methodist			
	Date 02/16/2024	Full name of contributor Mundfrom, Jessie (Ms.) Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$2.00
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Manager of \	√irtual Education		THA Foundation			
	Date 02/08/2024	Full name of contributor Murphy, Patrick (Mr.) Contributor address; City; St 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			
	Date 02/22/2024	Full name of contributor Murphy, Patrick (Mr.) Contributor address; City; St Abilene, TX 79601	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$3.85
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Healthcare F	Professional		Hendrick Medical Cente	r		

	MONEI	ARY POLITICAL CO	NIRIBUTION	15		SCHEDULI	E A1
	The Instruc	ction Guide explains how to	complete this for	m.	1	Total pages Schedule A1: Sch: 38/56 Rpt: 46/77	
2	FILER NAME	Action Committee of the Texas H	osnital Association		3	Filer ID (Ethics Commission 00015794	n Filers)
_			-		L		
4	Date 02/16/2024	5 Full name of contributor O'Neil, Jennifer (Mr.)6 Contributor address; City; State;	out-of-state PAC (ID#: Zip Code)	7	Amount of Contribution (\$)	\$10.00
		Austin, TX 78701					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Advisor Gov	mnt Relations & HOSPAC		Texas Hospital Associat	tion		
	Date 02/07/2024	Full name of contributor O'Neil, Jennifer (Ms.) Contributor address; City; State;	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
		Austin, TX 78701					
		pation / Job title (See Instructions)		Employer (See Instructions			
	Advisor Govi	mnt Relations & HOSPAC		Texas Hospital Associat	tion		
	Date 02/16/2024	Full name of contributor Olson, Mary Belle (Ms.) Contributor address; City; State;	out-of-state PAC (ID#: Zip Code			Amount of Contribution (\$)	\$75.00
		Haskell, TX 79521					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Chief Operat	ting Officer		Haskell Memorial Hospit	tal		
	Date 02/16/2024	Full name of contributor Pai, Ajith (Mr.) Contributor address; City; State; Fort Worth, TX 76132	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$750.00
	Principal occu President	pation / Job title (See Instructions)		Employer (See Instructions TX Health Harris Method		Hospital SW Fort Worth	
	Date 02/16/2024	Full name of contributor Pargac, Ann (Ms.) Contributor address; City; State; Austin, TX 78701	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$2.00
	Principal occu Director of E	pation / Job title (See Instructions) ducation		Employer (See Instructions THA Foundation	5)		
			1				

	MONEI	ARY POLITICAL (CONTRIBUTION	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 39/56 Rpt: 47/77	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	The Political	Action Committee of the Texa	as Hospital Association			00015794	
4	Date 02/20/2024	5 Full name of contributor Parisi, James (Mr.)6 Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code		7	Amount of Contribution (\$)	\$41.50
		The Woodlands, TX 7738					
8		pation / Job title (See Instructions	9	Employer (See Instructions			
	Chief Execut	tive Officer		CHI St Lukes Health - T	he	Woodlands Hospital	
	Date 02/14/2024	Full name of contributor Phillips, John (Mr.) Contributor address; City; Si	out-of-state PAC (ID#: ate; Zip Code			Amount of Contribution (\$)	\$250.00
		Dallas, TX 75265					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	President			Methodist Dallas Medica	al C	Center	
	Date 01/26/2024	Full name of contributor Pickett, Jerry (Mr.) Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code			Amount of Contribution (\$)	\$20.50
		Clifton, TX 76634					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Chief Financ	ial Officer		Goodall-Witcher Health	car	e	
	Date 02/15/2024	Full name of contributor Pond, Justin (Mr.) Contributor address; City; Si Waxahachie, TX 75165	out-of-state PAC (ID#:ate; Zip Code			Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Chief Operat	ting Officer		Baylor Scott & White Me	edi	cal Center - Waxahachie	
	Date 02/16/2024	Full name of contributor Porter, Lea Anne (Ms.) Contributor address; City; Si Austin, TX 78701	out-of-state PAC (ID#:ate; Zip Code		-	Amount of Contribution (\$)	\$2.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	VP Retireme			Texas Hospital Associat		Retirement Plan	
			-				

	MONET	ARY POLITICAL C	ONTRIBUTION	IS 		SCHEDULE	■ A1
	The Instru	ction Guide explains how	to complete this for	n.	1	Total pages Schedule A1: Sch: 40/56 Rpt: 48/77	
2	FILER NAME The Political	Action Committee of the Texa	s Hospital Association		3	Filer ID (Ethics Commission 00015794	Filers)
4	Date 02/08/2024	5 Full name of contributor Preston, Deborah (Ms.)6 Contributor address; City; Sta	out-of-state PAC (ID#: atte; Zip Code		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 02/22/2024	Full name of contributor Preston, Deborah (Ms.) Contributor address; City; Sta	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 02/14/2024	Full name of contributor Qualls, Rustin (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#: atte; Zip Code)		Amount of Contribution (\$)	\$20.50
		Clifton, TX 76634					
	Principal occu Director of O	pation / Job title (See Instructions) perations		Employer (See Instructions Goodall-Witcher Health		е	
	Date 02/16/2024	Full name of contributor Ramirez, Erika (Ms.) Contributor address; City; Sta Austin, TX 78701	out-of-state PAC (ID#:atte; Zip Code		•	Amount of Contribution (\$)	\$2.00
	•	pation / Job title (See Instructions) tor Health Policy		Employer (See Instructions Texas Hospital Associat	′	1	
	Date 02/16/2024	Full name of contributor Ramirez, Lisa (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$4.00
	Principal occu Specialist	pation / Job title (See Instructions)		Employer (See Instructions Texas Hospital Associat		1	

	MONEI	ARY POLITICAL C	CONTRIBUTION	15		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 41/56 Rpt: 49/77	
2	FILER NAME The Political	Action Committee of the Texa	as Hospital Association		3	Filer ID (Ethics Commission 00015794	n Filers)
4	Date 02/22/2024	5 Full name of contributor Ray, Heather (Ms.)6 Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)	7	Amount of Contribution (\$)	\$250.00
		Abilene, TX 79601					
8	Chief Nursin			Employer (See Instructions Hendrick Medical Cente		Account of October (2)	
	Date 02/16/2024	Full name of contributor Ressmann, Mitzi (Ms.) Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)		Amount of Contribution (\$)	\$62.00
		Austin, TX 78701			<u></u>		
	Chief Opera	pation / Job title (See Instructions ting Officer)	Employer (See Instructions Texas Hospital Associat		1	
	Date 02/15/2024	Full name of contributor Richburg, Melanie (Dr.) Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code			Amount of Contribution (\$)	\$125.00
		Tahoka, TX 79373					
	Principal occu Chief Execu	pation / Job title (See Instructions tive Officer)	Employer (See Instructions Lynn County Hospital Di		ict	
	Date 02/08/2024	Full name of contributor Richert, Ron (Mr.) Contributor address; City; St Abilene, TX 79601	out-of-state PAC (ID#: ate; Zip Code)		Amount of Contribution (\$)	\$3.85
	•	pation / Job title (See Instructions ne Health Club)	Employer (See Instructions Hendrick Medical Cente			
	Date 02/22/2024	Full name of contributor Richert, Ron (Mr.) Contributor address; City; St Abilene, TX 79601	out-of-state PAC (ID#:ate; Zip Code			Amount of Contribution (\$)	\$3.85
	•	pation / Job title (See Instructions ne Health Club)	Employer (See Instructions Hendrick Medical Cente			
			1	3.	•		

	MONEI	ARY POLITICAL CONTR	IBUTION	IS		SCHEDUL	E A1
	The Instru	ction Guide explains how to compl	ete this forr	n.	1	Total pages Schedule A1: Sch: 42/56 Rpt: 50/77	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	The Political	Action Committee of the Texas Hospital	Association			00015794	
4	Date 02/19/2024	 Full name of contributor out-of-star Niker, Yvette (Ms.) Contributor address; City; State; Zip Code 	te PAC (ID#:		7	Amount of Contribution (\$)	\$150.00
		Pecos, TX 79772					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions)		
•	Chief Operat			Reeves Regional Health			
			to DAC (ID#)	\		Amount of Contribution (\$)	
	Date 02/16/2024	Rios, Amy (Ms.) Contributor address; City; State; Zip Code	te PAC (ID#:)		Amount of Contribution (\$)	\$2.00
		Austin, TX 78701					
		pation / Job title (See Instructions)		Employer (See Instructions			
	Dir Marketin	g & Strategic Communications		Texas Hospital Associat	ion		
	Date 02/08/2024	Full name of contributor	te PAC (ID#:)		Amount of Contribution (\$)	\$3.85
		Abilene, TX 79601					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Director of Q	uality		Hendrick Medical Cente	r		
	Date 02/22/2024	Full name of contributor out-of-star Robinson, Tracee (Ms.) Contributor address; City; State; Zip Code Abilene, TX 79601	te PAC (ID#:			Amount of Contribution (\$)	\$3.85
	Principal occu Director of Q	pation / Job title (See Instructions) quality		Employer (See Instructions Hendrick Medical Cente			
	Date 02/14/2024	Full name of contributor out-of-star Ruano, Edna (Ms.) Contributor address; City; State; Zip Code	te PAC (ID#:)		Amount of Contribution (\$)	\$100.00
		pation / Job title (See Instructions)		Employer (See Instructions)		
	Public Policy	Advisor		Parkland Health			

	MONEI	ARY POLITICAL CONTRIB	UHON	IS		SCHEDULI	■ A1
	The Instru	ction Guide explains how to complete	e this for	m.	1	Total pages Schedule A1: Sch: 43/56 Rpt: 51/77	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	The Political	Action Committee of the Texas Hospital Ass	sociation			00015794	
4	Date 02/08/2024	 5 Full name of contributor	AC (ID#:)	7	Amount of Contribution (\$)	\$20.50
•	Principal occu	Houston, TX 77024 pation / Job title (See Instructions)	ام	Employer (See Instructions			
0		blic Policy & Community Benefit	ا	Memorial Hermann Hea		System	
		 		- Wellional Flemmann Flea			
	Date 02/16/2024	Full name of contributor	AC (ID#:)		Amount of Contribution (\$)	\$2.00
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Senior Direc	tor of Human Resources		Texas Hospital Associat	ior		
	Date 02/10/2024	Full name of contributor out-of-state P Sandles, Christopher (Mr.) Contributor address; City; State; Zip Code	PAC (ID#:)		Amount of Contribution (\$)	\$41.00
		San Antonio, TX 78229					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	President Ho	ospital Operations		University Health			
	Date 02/08/2024	Full name of contributor out-of-state P Schmidt, Timothy (Mr.) Contributor address; City; State; Zip Code Abilene, TX 79601	PAC (ID#:)		Amount of Contribution (\$)	\$3.85
		pation / Job title (See Instructions)		Employer (See Instructions			
	Dir Property	/ Facility Management		Hendrick Medical Cente	r		
	Date 02/22/2024	Full name of contributor out-of-state P Schmidt, Timothy (Mr.) Contributor address; City; State; Zip Code Abilene, TX 79601	AC (ID#:)		Amount of Contribution (\$)	\$3.85
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Dir Property	/ Facility Management		Hendrick Medical Cente	r		
			•				

	MONEI	ARY POLITICAL (CONTRIBUTION	IS		SCHEDUI	LE A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 44/56 Rpt: 52/77	
2	FILER NAME				3	Filer ID (Ethics Commission	on Filers)
	The Political	Action Committee of the Texa	as Hospital Association			00015794	
4	Date 02/22/2024	5 Full name of contributor Scoggin, James (Mr.)6 Contributor address; City; St	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$1,750.00
		Dallas, TX 75265					
8	Principal occu	pation / Job title (See Instructions	s) 9	Employer (See Instructions	<u>. </u>		
	Chief Execut			Methodist Health Syster			
_	Date	Full name of contributor	out-of-state PAC (ID#:	1		Amount of Contribution (\$)	
	02/12/2024	Scoggin, Terry (Mr.)	U out-oi-state FAC (ID#	J		Amount of Contribution (4)	\$500.00
	02/12/2024		. 7 0 1				Ψ500.00
		Contributor address; City; Si	ate; Zip Code				
		Mount Pleasant, TX 7545	E				
	Delicate at a con-			Formula van (O. a. baskovski asa	Ĺ		
		pation / Job title (See Instructions	5)	Employer (See Instructions		ator	
	Chief Execut	Live Officer		Titus Regional Medical (_e	iler	
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	02/16/2024	Shea, Patrick (Mr.)					\$2.00
		Contributor address; City; Si	ate; Zip Code				
		Georgetown, TX 78633					
	Principal occu	pation / Job title (See Instructions	3)	Employer (See Instructions	5)		
	Risk Manage	ement Coordinator		Texas Hospital Insuranc	e E	Exchange	
_	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	02/16/2024	Sipes, Michael (Mr.)				(.,	\$2.00
	0_,_0,_0	Contributor address; City; Si	ato: Zin Codo				72.00
		Continuator address, City, Si	ate, Zip Code				
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions		Employer (See Instructions	.) 		
		es Specialist	"	Texas Hospital Associat			
_				Texas Hospital Associat			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	02/16/2024	Smith, John (Mr.)					\$1.00
		Contributor address; City; Si					
		Austin, TX 78701					
		pation / Job title (See Instructions	3)	Employer (See Instructions	()		
	Director Data	a & Technology		THA Foundation			
			•				

	MONET	ARY POLITICAL CONTRIB	BUTION	IS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete	e this for	n.	1	Total pages Schedule A1: Sch: 45/56 Rpt: 53/77	
2	FILER NAME The Political	Action Committee of the Texas Hospital Ass	sociation		3	Filer ID (Ethics Commission 00015794	Filers)
4	Date 02/16/2024	 5 Full name of contributor out-of-state P Sowell, Shona (Ms.) 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$50.00
		Frisco, TX 75033					
8		pation / Job title (See Instructions) community Relations	9	Employer (See Instructions Texas Health Hospital F	•		
	Date 02/08/2024	Full name of contributor out-of-state P Speckels, Donna (Ms.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$3.85
	Dringing aggr	Abilene, TX 79601 pation / Job title (See Instructions)		Employer (See Instructions	<u>''</u>		
	·	drick HouseCalls		Hendrick Medical Cente			
	Date 02/22/2024	Full name of contributor out-of-state P Speckels, Donna (Ms.) Contributor address; City; State; Zip Code	PAC (ID#:)	•	Amount of Contribution (\$)	\$3.85
		Abilene, TX 79601					
		pation / Job title (See Instructions) drick HouseCalls		Employer (See Instructions Hendrick Medical Cente			
	Date 02/07/2024	Full name of contributor out-of-state P Speer, Gena (Ms.) Contributor address; City; State; Zip Code Breckenridge, TX 76424				Amount of Contribution (\$)	\$14.50
	Principal occu Chief Nursin	pation / Job title (See Instructions) g Officer		Employer (See Instructions Stephens Memorial Hos		al	
	Date 02/16/2024	Full name of contributor out-of-state P Srubar, Linda (Mrs.) Contributor address; City; State; Zip Code Georgetown, TX 78633	PAC (ID#:)		Amount of Contribution (\$)	\$3.00
	Principal occu Executive As	pation / Job title (See Instructions)		Employer (See Instructions Texas Hospital Associat			
	Executive As	ววเวเน		Tonas Huspital Assucial	LIUI	1	

	MONET	ARY POLITICAL CONTRIBUTION	Ν	IS		SCHEDULI	E A1
	The Instruc	ction Guide explains how to complete this f	or	m.	1	Total pages Schedule A1: Sch: 46/56 Rpt: 54/77	
2	FILER NAME The Political	Action Committee of the Texas Hospital Associatio	n		3	Filer ID (Ethics Commission 00015794	ı Filers)
4	Date 02/08/2024	 5 Full name of contributor out-of-state PAC (ID#: Stafford, Steven (Mr.) 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$3.85
_	Deinainal assu	Abilene, TX 79601	۱,	Franks on (Cas Instructions			
8	Director Hen	pation / Job title (See Instructions) drick Clinic	9	Employer (See Instructions Hendrick Medical Cente			
	Date 02/22/2024	Full name of contributor out-of-state PAC (ID#:_Stafford, Steven (Mr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$3.85
	Delicational	Abilene, TX 79601	_	Faralaga (O. a. kastawati an	<u></u>		
	Director Hen	pation / Job title (See Instructions) drick Clinic		Employer (See Instructions Hendrick Medical Cente			
	Date 02/08/2024	Full name of contributor out-of-state PAC (ID#:_ Stephenson, David (Mr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$9.62
		Abilene, TX 79601					
		pation / Job title (See Instructions) Hendrick Clinic & Anesthesia Network		Employer (See Instructions Hendrick Medical Cente			
	Date 02/22/2024	Full name of contributor out-of-state PAC (ID#:_ Stephenson, David (Mr.) Contributor address; City; State; Zip Code Abilene, TX 79601)		Amount of Contribution (\$)	\$9.62
		pation / Job title (See Instructions) Hendrick Clinic & Anesthesia Network		Employer (See Instructions Hendrick Medical Cente			
	Date 02/15/2024	Full name of contributor out-of-state PAC (ID#:_Stern, Andrew (Mr.) Contributor address; City; State; Zip Code Dallas, TX 75248				Amount of Contribution (\$)	\$250.00
	Principal occu Trustee	pation / Job title (See Instructions)		Employer (See Instructions Medical City Dallas	5)		

	MONET	ARY POLITICAL CON	TRIBUTION	S		SCHEDUL	E A1
	The Instru	ction Guide explains how to co	mplete this forr	n.	1	Total pages Schedule A1: Sch: 47/56 Rpt: 55/77	
2	FILER NAME The Political	Action Committee of the Texas Hos	pital Association		3	Filer ID (Ethics Commission 00015794	on Filers)
4	Date 02/15/2024	Stevens, Michelle (Ms.)	of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$100.00
_	Deinsinal assu	Haskell, TX 79521	lo.	Franksian (Cooksations			
8	Chief Execut	pation / Job title (See Instructions) tive Officer	9	Employer (See Instructions Haskell Memorial Hospit			
	Date 01/27/2024	Full name of contributor out Sukin, Debra (Ms.) Contributor address; City; State; Zip Houston, TX 77230				Amount of Contribution (\$)	\$1,500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	President			Texas Children's Hospit	al		
	Date 01/26/2024	Full name of contributor out Taylor, Clay (Mr.) Contributor address; City; State; Zip	of-state PAC (ID#:)		Amount of Contribution (\$)	\$20.50
	Dringing con	Lubbock, TX 79410		Employer (Coo Instructions			
	Chief Operat	pation / Job title (See Instructions) ting Officer		Employer (See Instructions Covenant Childrens Hos	-	al	
	Date 01/26/2024	Full name of contributor out Tesmer, David (Mr.) Contributor address; City; State; Zip Arlington, TX 76011	of-state PAC (ID#:			Amount of Contribution (\$)	\$500.00
	•	pation / Job title (See Instructions) unity & Public Policy Officer		Employer (See Instructions Texas Health Resources			
	Date 02/06/2024	Full name of contributor out Thomas, Wendy (Ms.) Contributor address; City; State; Zip Austin, TX 78701	of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
	•	pation / Job title (See Instructions) cy / Pub Policy / HOSPAC		Employer (See Instructions			
	wy Auvocac	LY / FUID FUILLY / MUSPAC	<u> </u>	Texas Hospital Associat	iUI		

	MONEI	ARY POLITICAL C	ONTRIBUTIO	INS	SCHEDULE A1	
	The Instru	ction Guide explains how	to complete this fo	orm.	1 Total pages Schedule A1: Sch: 48/56 Rpt: 56/77	
2	FILER NAME				3 Filer ID (Ethics Commission Filers)	
	The Political	Action Committee of the Texa	s Hospital Association		00015794	
4	Date 02/08/2024	5 Full name of contributor Thomas, Wendy (Ms.)6 Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code)	7 Amount of Contribution (\$) \$5.0	10
		Austin, TX 78701				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	S)	_
	Mgr Advocad	cy / Pub Policy / HOSPAC		Texas Hospital Associa		
	Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of Contribution (\$)	_
	02/12/2024	Thomas, Wendy (Ms.)	out of state 1710 (IBM	<i></i>	\$5.0	00
	V=, ==, = V=	Contributor address; City; St	ate; Zip Code			
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)	_
	Mgr Advocad	cy / Pub Policy / HOSPAC		Texas Hospital Associa	tion	
	Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of Contribution (\$)	_
	02/12/2024	Thomas, Wendy (Ms.)			\$2.5	0
		Contributor address; City; St. Austin, TX 78701	ate, zip oode			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)	
	Mgr Advocad	cy / Pub Policy / HOSPAC		Texas Hospital Associa	tion	
	Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of Contribution (\$)	_
	02/13/2024	Thomas, Wendy (Ms.) Contributor address; City; St. Austin, TX 78701	ate; Zip Code		\$2.5	0
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)	
	Mgr Advocad	cy / Pub Policy / HOSPAC		Texas Hospital Associa	tion	
	Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of Contribution (\$)	
	02/14/2024	Thomas, Wendy (Ms.)			\$5.0	10
		Contributor address; City; St. Austin, TX 78701	ate; Zip Code			
	•	pation / Job title (See Instructions)	Employer (See Instructions	s)	
	Mgr Advocad	cy / Pub Policy / HOSPAC		Texas Hospital Associa	tion	
_						

	MONET	ARY POLITICAL CONTRI	BUTION	IS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to compl	ete this for	n.	1	Total pages Schedule A1: Sch: 49/56 Rpt: 57/77	
2	FILER NAME The Political	Action Committee of the Texas Hospital A	Association		3	Filer ID (Ethics Commission 00015794	Filers)
4	Date 02/15/2024	Thomas, Wendy (Ms.)	e PAC (ID#:)	7	Amount of Contribution (\$)	\$5.00
		Austin, TX 78701					
8	•	pation / Job title (See Instructions) cy / Pub Policy / HOSPAC	9	Employer (See Instructions Texas Hospital Associa		1	
	Date 02/16/2024	Full name of contributor out-of-stat Thomas, Wendy (Ms.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$10.00
	Deireciant	Austin, TX 78701		Faralassa (Osa lastrustisas	<u> </u>		
	•	pation / Job title (See Instructions) cy / Pub Policy / HOSPAC		Employer (See Instructions Texas Hospital Associa:		1	
	Date 02/08/2024	Full name of contributor out-of-stat Tiffin, Laura (Ms.) Contributor address; City; State; Zip Code	e PAC (ID#:			Amount of Contribution (\$)	\$1.00
		Cuero, TX 77954					
	•	pation / Job title (See Instructions) fice Manager		Employer (See Instructions Cuero Regional Hospita	-		
	Date 02/15/2024	Tiffin, Laura (Ms.))	•	Amount of Contribution (\$)	\$1.00
	•	pation / Job title (See Instructions) fice Manager		Employer (See Instructions Cuero Regional Hospita			
	Date 02/16/2024	Full name of contributor out-of-stat Trout, Judith (Ms.) Contributor address; City; State; Zip Code Austin, TX 78701	e PAC (ID#:			Amount of Contribution (\$)	\$2.00
	•	pation / Job title (See Instructions)		Employer (See Instructions THA Foundation	5)		
	Healthcare D	zata Aliaiyst		THA FOURIUALION			

	MONET	ARY POLITICAL CONTRIBU	TION	IS		SCHEDULI	E A1
	The Instruc	ction Guide explains how to complete th	nis for	m.	1	Total pages Schedule A1: Sch: 50/56 Rpt: 58/77	
2	FILER NAME The Political	Action Committee of the Texas Hospital Associ	iation		3	Filer ID (Ethics Commission 00015794	n Filers)
4	Date 02/08/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$3.85
8	Dringinal accu	Abilene, TX 79601 pation / Job title (See Instructions)	ام	Employer (See Instructions	<u>''</u>		
•	Director, Hos	,		Hendrick Medical Cente			
	Date 02/22/2024	Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$3.85
	Principal occu	Abilene, TX 79601 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Director, Hos	spice		Hendrick Medical Cente	r		
	Date 02/16/2024	Full name of contributor out-of-state PAC (Turner, Matt (Mr.) Contributor address; City; State; Zip Code	(ID#:)	•	Amount of Contribution (\$)	\$2.00
		Austin, TX 78701					
		pation / Job title (See Instructions) tor Quality & Payment		Employer (See Instructions Texas Hospital Associa	′	1	
	Date 02/19/2024	Full name of contributor out-of-state PAC (Turner, Will (Mr.) Contributor address; City; State; Zip Code Waxahachie, TX 75165)	•	Amount of Contribution (\$)	\$750.00
	Principal occu Chief Execut	pation / Job title (See Instructions) tive Officer		Employer (See Instructions Baylor Scott & White Me	•	cal Center - Waxahachie	
	Date 02/08/2024	Full name of contributor out-of-state PAC (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			
	Quality & Re	gaiatory manager		renunca medical celle	.1		

	MONET	ARY POLITICAL CONTRIBUT	ION	IS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this	s for	m.	1	Total pages Schedule A1: Sch: 51/56 Rpt: 59/77	
2	FILER NAME The Political	Action Committee of the Texas Hospital Associa	tion		3	Filer ID (Ethics Commission 00015794	n Filers)
4	Date 02/22/2024	 Full name of contributor out-of-state PAC (IE Vidrine, Amanda (Ms.) Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$3.85
_		Abilene, TX 79601			<u></u>		
8	•	pation / Job title (See Instructions) gulatory Manager	9	Employer (See Instructions Hendrick Medical Cente			
	Date 01/29/2024	Full name of contributor out-of-state PAC (IE Vogt, Ruben (Mr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00
	Dringing agg	El Paso, TX 79905 pation / Job title (See Instructions)	_	Employer (See Instructions	<u></u>		
	•	Gov Relations & External Affairs		University Medical Cent		of El Paso	
	Date 02/08/2024	Full name of contributor out-of-state PAC (IE Wade, Susan (Ms.) Contributor address; City; State; Zip Code	D#:)		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 02/22/2024	Full name of contributor out-of-state PAC (IE Wade, Susan (Ms.) Contributor address; City; State; Zip Code Abilene, TX 79601)		Amount of Contribution (\$)	\$15.00
	Principal occu Abilene Mark	pation / Job title (See Instructions) ket COO		Employer (See Instructions Hendrick Medical Cente			
	Date 02/08/2024	Full name of contributor out-of-state PAC (IE 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)		Employer (See Instructions Hendrick Medical Cente			
	пеашкаге F	Tiviessiviidi		nenunck weulcal Cente			

	MONET	ARY POLITICAL CONTRIBU	TION	IS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete t	his for	m.	1	Total pages Schedule A1: Sch: 52/56 Rpt: 60/77	
2	FILER NAME The Political	Action Committee of the Texas Hospital Assoc	ciation		3	Filer ID (Ethics Commission 00015794	n Filers)
4	Date 02/22/2024	 Full name of contributor out-of-state PAC Wagner, Angela (Ms.) Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$3.85
_	Dringing! aggs	Abilene, TX 79601	ام	Employer (Coo Instructions	<u></u>		
8	Healthcare F	pation / Job title (See Instructions) Professional	9	Employer (See Instructions Hendrick Medical Cente			
	Date 02/08/2024	Full name of contributor out-of-state PAC Wallschlaeger, Erich (Mr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$9.62
	Deinsinal sass	Brownwood, TX 76804		Family on (Co.) Instructions	<u></u>		
	Chief Financ	pation / Job title (See Instructions) ial Officer		Employer (See Instructions Hendrick Medical Cente			
	Date 02/22/2024	Full name of contributor out-of-state PAC Wallschlaeger, Erich (Mr.) Contributor address; City; State; Zip Code	(ID#:			Amount of Contribution (\$)	\$9.62
		Brownwood, TX 76804			L		
	Chief Financ	pation / Job title (See Instructions) ial Officer		Employer (See Instructions Hendrick Medical Cente			
	Date 02/22/2024	Full name of contributor out-of-state PAC Walzer, Cheryl (Ms.) Contributor address; City; State; Zip Code Abilene, TX 79601)	•	Amount of Contribution (\$)	\$3.85
	Principal occu Director of M	Pation / Job title (See Instructions)		Employer (See Instructions Hendrick Medical Cente	•		
	Date 02/20/2024	Full name of contributor out-of-state PAC Warner, Freddy (Mr.) Contributor address; City; State; Zip Code Houston, TX 77024	(ID#:)	•	Amount of Contribution (\$)	\$145.50
	·	pation / Job title (See Instructions) nment Relations Officer		Employer (See Instructions Memorial Hermann Hea		System	
						-	

	MONET	ARY POLITICAL CONTRIB		SCHEDULE A1			
	The Instruction Guide explains how to complete this form.					Total pages Schedule A1: Sch: 53/56 Rpt: 61/77	
2	FILER NAME The Political	Action Committee of the Texas Hospital Ass	sociation		3	Filer ID (Ethics Commission 00015794	Filers)
4	Date 02/22/2024			7	Amount of Contribution (\$)	\$3.85	
_	Dringing! aggs	Abilene, TX 79601	ام	Employer (Coo Instructions	<u></u>		
8	Director of A	pation / Job title (See Instructions) dmissions	g	Employer (See Instructions Hendrick Medical Cente			
	Date Full name of contributor out-of-state PAC (ID#:) 02/08/2024 Waters, Amber (Ms.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.85		
	Dringing! aggs	Abilene, TX 79601		Employer (Cool patruations	<u></u>		
	Director of A	pation / Job title (See Instructions) dmissions		Employer (See Instructions Hendrick Medical Cente			
	Date Full name of contributor out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$50.00	
		Austin, TX 78701					
		pation / Job title (See Instructions) sovernment Relations		Employer (See Instructions HCA Healthcare-Centra	•	West Texas Division	
	Date Full name of contributor out-of-state PAC (ID#:		-)	•	Amount of Contribution (\$)	\$3.85
	Principal occupation / Job title (See Instructions) Sr Practice Manager			Employer (See Instructions Hendrick Medical Cente			
	Date O2/22/2024 Full name of contributor out-of-state PAC (ID#:) Wharton, Elisha (Ms.) Contributor address; City; State; Zip Code Abilene, TX 79601			Amount of Contribution (\$)	\$3.85		
	Principal occu Sr Practice N	pation / Job title (See Instructions)		Employer (See Instructions Hendrick Medical Cente			
	JI FIACUCE IV	viai iayei		TIETHITICK WEULCAI CETILE	-1		

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDUI	E A1
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 54/56 Rpt: 62/77		
2	FILER NAME				3	Filer ID (Ethics Commission	on Filers)
		Action Committee of the Texa				00015794	
4	Date 02/16/2024			7	Amount of Contribution (\$)	\$20.00	
		Austin, TX 78701					
8		pation / Job title (See Instructions	9	Employer (See Instructions			
	Chief Comm	unications Officer		Texas Hospital Associat	tion		
	Date Full name of contributor out-of-state PAC (ID#:) 02/20/2024 Williams, Shelton (Mr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$41.00		
		Laredo, TX 78044					
		pation / Job title (See Instructions	3)	Employer (See Instructions	s)		
	Chief Operat	ting Officer		Laredo Medical Center			
	Date 01/31/2024					Amount of Contribution (\$)	\$1,000.00
		Woodville, TX 75979					
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	Chief Execut	tive Officer		Tyler County Hospital			
	Date Full name of contributor out-of-state PAC (ID#:_01/26/2024 Willmann, Adam (Ms.) Contributor address; City; State; Zip Code Clifton, TX 76634				•	Amount of Contribution (\$)	\$62.50
	Principal occu President / C	pation / Job title (See Instructions CEO	5)	Employer (See Instructions Goodall-Witcher Health		9	
	Date Full name of contributor out-of-state PAC (ID#:) 02/22/2024 Willson, Adam (Mr.) Contributor address; City; State; Zip Code Abilene, TX 79601			Amount of Contribution (\$)	\$4.81		
	Principal occu	pation / Job title (See Instructions	3)	Employer (See Instructions	5)		
	Healthcare F	Professional		Hendrick Medical Cente	er		
			·				

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDUL	E A1
	The Instruction Guide explains how to complete this form.				1	Total pages Schedule A1: Sch: 55/56 Rpt: 63/77	
2	FILER NAME The Political	Action Committee of the Texas	Hospital Association		3	Filer ID (Ethics Commission 00015794	on Filers)
4	Date 02/15/2024			7	Amount of Contribution (\$)	\$100.00	
_	Detectional	Eden, TX 76837	la la	English (On Instruction	$\overline{\Gamma}$		
8	Chief Execut	pation / Job title (See Instructions) tive Officer		Employer (See Instructions Concho County Hospita			
	Date Full name of contributor out-of-state PAC (ID#:) 02/14/2024 Wilson, Stacy (Ms.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,000.00		
	Austin, TX 78701 Principal occupation / Job title (See Instructions) Employer (See Instruction						
	President Children's Hospital A		Children's Hospital Asso	ocia	ation of Texas		
	Date 02/16/2024	Full name of contributor Wohleb, Stephen (Mr.) Contributor address; City; State	out-of-state PAC (ID#: ; Zip Code)		Amount of Contribution (\$)	\$20.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	1	Employer (See Instructions	:) 		
	General Cou	·		Texas Hospital Associat		l	
	Date Full name of contributor out-of-state PAC (ID#: 02/08/2024 Wood, Adam (Mr.) Contributor address; City; State; Zip Code Abilene, TX 79601)		Amount of Contribution (\$)	\$4.81	
	•	pation / Job title (See Instructions) stant Vice President Supply Cha		Employer (See Instructions Hendrick Medical Cente			
	Date O2/22/2024 Wood, Adam (Mr.) Contributor address; City; State; Zip Code Abilene, TX 79601			Amount of Contribution (\$)	\$4.81		
				Employer (See Instructions Hendrick Medical Cente			
	System ASSI	stant Vice President Supply Cha	""	TIGHTHER MEDICAL CENTE	1		

	MONET	TARY POLITICAL CONTRIBUTION	ONS	SO	CHEDULE A1
	The Instru	ction Guide explains how to complete this	1 Total pages Scher Sch: 56/56 Rpt:		
2	FILER NAME The Political Action Committee of the Texas Hospital Association			3 Filer ID (Ethics 0 00015794	Commission Filers)
4	Date 02/16/2024 5 Full name of contributor out-of-state PAC (ID#:) Zamarron, Ignacio (Mr.) 6 Contributor address; City; State; Zip Code			7 Amount of Contrib	ution (\$) \$83.34
0	Principal occu	Austin, TX 78701 upation / Job title (See Instructions)	9 Employer (See Instructions		
ō		President / CFO	Texas Hospital Associa		

MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C3

	The Instruction Guide explains how to complete this form.			1	Total pages S	Schedule C3: ot: 65/77
2	FILER NAME				Filer ID	(Ethics Commission Filers)
	The Political Action Committee of the Texas Hospital Association			00015794		
4	Date	5	Corporation / Labor Organization name	6	Amount (\$)	
	02/02/2024		Texas Hospital Association			837.50

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: 66/77 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 (\$) 4,200.00 02/25/2024 **Texas Hospital Association**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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)
4 7	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	
Sch: 1/9 Rpt: 67/77	The Political Action Committee of the Texas Hospital 00015794
4 Date	5 Payee name
02/02/2024	Angie Chen Button Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,000.00	6914 Clear Springs Cir
, ,	
Expenditure from	Carland TV 75044
corporate funds	Garland, TX 75044
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 Austin TX officeholder living evennes.
	Candidate/Officeholder/Political Committee
	Campaign contribution
O Complete CNII V if alian-	Condidate/Officeholder name Office sought
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/09/2024	Banda, Jennifer
Amount (\$)	Payee address; City; State; Zip Code
\$195.00	2501 Galewood Place
Expenditure from corporate funds	Austin, TX 78703
	1
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Reimburse PAC expense
	Troillisance 17 to expense
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
·	
Date	Payee name
02/08/2024	Capital Printing
Amount (\$)	Payee address; City; State; Zip Code
\$1,686.05	PO Box 17548
Expenditure from corporate funds	Austin, TX 78760
•	1
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Drinting Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	In Kind: Signs for Hatch Smith Campaign
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
_ '' ''	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Tatal marian Cabadula F1.	
1 Total pages Schedule F1: Sch: 2/9 Rpt: 68/77	2 FILER NAME3 Filer ID(Ethics Commission Filers)The Political Action Committee of the Texas Hospital00015794
4 Date	5 Payee name
02/23/2024	Dade Phelan Campaign
6 Amount (\$) \$5,000.00	7 Payee address; City; State; Zip Code PO Box 5990
Expenditure from corporate funds	Austin, TX 78763
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
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/02/2024	Drew Darby Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$2,000.00	PO Box 3284
	Unit 3
Expenditure from corporate funds	San Angelo, TX 76902
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
Date	Payee name
01/26/2024	Dustin Burrows Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$5,000.00	PO Box 2569
40,000.00	
Expenditure from corporate funds	Lubbock, TX 79408
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
2/4 2/15/10/1C	Candidate/Officeholder/Political Committee
	Campaign contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiulture to benefit C/OI	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete	, , , , , , , , , , , , , , , , , , , ,
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 3/9 Rpt: 69/77	The Political Action Committee of the Texas Hospital	00015794
4 Date	5 Payee name	•
02/02/2024	Ernest Bailes Campaign	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$2,000.00	PO Box 1232	
Expenditure from		
corporate funds	Shepherd, TX 77371	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) De	escription
OF 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
		ampaign contribution
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought H	Office held
Date	Payee name	
02/02/2024	Frost Bank	
Amount (\$)	Payee address; City; State; Zip Code	
\$58.85	PO Box 1727	
Expenditure from		
corporate funds	Austin, TX 78767	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) De	escription
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense redit Card Processing Fees
		redit odia i roccoonig i eco
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/OI	Н	
Date	Payee name	
02/05/2024	Frost Bank	
Amount (\$)	Payee address; City; State; Zip Code	
\$19.95	PO Box 1727	
¥20.00		
Expenditure from corporate funds	Austin, TX 78767	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) De	escription
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense redit Card Processing Fees
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/OI		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Candidate/Officeholder/Politica Credit Card Payment		Legal Services The Instruction G		Wages	/Contract Labor		OTHER (enter a	a category not listed	above)
	I		unde explains non to e	opic		1-		/=u · · · · ·	. =
1 Total pages Schedule F1:	1					3	Filer ID	(Ethics Commis	ssion Filers)
Sch: 4/9 Rpt: 70/77	The Politica	al Action Commi	ttee of the Texas F	łospi	tal		00015794		
4 Date	5 Payee name	!							
02/05/2024	Frost Bank								
6 Amount (\$)	7 Payee addre	ess; City;	State; Zip C	ode					
\$1,051.97	PO Box 17		Otato, E.p o	0.00					
Ψ1,031.31	10 000 17	<u> </u>							
Expenditure from									
corporate funds	Austin, TX	78767		_					
8 PURPOSE	(a) Category (S	ee Categories listed at t	he top of this schedule)	(b)	Description				
OF EXPENDITURE	Fees				=			nplete Schedule T.	
EXI ENDITORE					—		, officeholder livin		
					Credit Card F	Pro	cessing Fee	!S	
9 Complete ONLY if direct		iceholder name	Office so	ught			Office h	eld	
expenditure to benefit C/OI	Н								
Date	Payee name	1							
02/21/2024	HEB								
		City	Ctata: Zia C						
Amount (\$)	Payee addre	-	State; Zip C	oue					
\$64.94	300 Main S	οŪ							
Expenditure from									
corporate funds	Kerrville, T	X 78028							
PURPOSE	(a) Category (s	see Categories listed at t	he top of this schedule)	(b)	Description				
OF EXPENDITURE	Event Expe		,		_	outsi	ide of Texas. Con	nplete Schedule T.	
EXPENDITURE					Check if Austin	n, TX	, officeholder livin	g expense	
					In Kind: Ever	nt e	xpense for (candidate med	et & greet
Complete ONLY if direct		iceholder name	Office so	ught			Office h	eld	
expenditure to benefit C/OI	Н								
 Date	Payee name	1							
02/23/2024	1 1	h Campaign							
			04-4 75- 0						
Amount (\$)	Payee addre		State; Zip C	oae					
\$5,000.00	603 E. Ellis	St							
Expenditure from									
corporate funds	Llano, TX	'8643							
PURPOSE	(a) Category (s	iee Categories listed at t	he top of this schedule)	(b)	Description				
OF		ns/Donations Ma				outsi	ide of Texas. Con	nplete Schedule T.	
EXPENDITURE			itical Committee		Check if Austir	n, TX	, officeholder livin	g expense	
					Campaign co	ontr	ibution		
Complete ONLY if direct		iceholder name	Office so	ught			Office h	eld	
expenditure to benefit C/OI	expenditure to benefit C/OH								

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commi Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1: Sch: 5/9 Rpt: 71/77	2 FILER NAME The Political Action Committee of the Texas Hospital 3 Filer ID (Ethics Commission Filers) 00015794
4 Date	5 Payee name
02/02/2024	James Talarico Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$3,000.00	PO Box 15207
— Forestitus from	
Expenditure from corporate funds	Austin, TX 78761
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
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H
Data	
Date	Payee name
02/23/2024	Jeff Barry Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$2,000.00	4418 Broadway St
Evnanditura from	
Expenditure from corporate funds	Pearland, TX 77581
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 <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
·	
Date	Payee name
02/23/2024	Jeff Bauknight Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$2,000.00	PO Box 4122
Expenditure from corporate funds	Victoria, TX 77903
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
LAFLNDITUKE	Candidate/Officeholder/Political Committee
	Campaign contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
SAPORALEIO TO BOHOIL O/OI	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

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
OTHER (enter a category not listed above)

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
4. Tatal name Calculula E4.	G File ID (File Commission Files)
1 Total pages Schedule F1: Sch: 6/9 Rpt: 72/77	2 FILER NAME The Political Action Committee of the Texas Hospital 3 Filer ID (Ethics Commission Filers) 00015794
4 Date	5 Payee name
02/23/2024	Jill DuttonCampaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,000.00	411 VZCR 4503
Expenditure from corporate funds	Ben Wheeler, TX 75754
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.
	Candidate/Officeholder/Political Committee
	Campaign contribution
9 Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/09/2024	Matt Shaheen Campaign
Amount (t)	1 6
Amount (\$)	
\$2,000.00	3917 Malton Dr.
- Consortituos forces	
Expenditure from corporate funds	Plano, TX 75205
PURPOSE	(a) Cotagon (h) Deceription
OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Contributions/Donations Made By
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder (Political Committee) Check if Austin, TX, officeholder living expense
	Campaign contribution
	Sampaigh continuation
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Data	Davies same
Date	Payee name
01/26/2024	Nathan Johnson Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$5,000.00	PO Box 670994
Expenditure from	Dellag TV 75267 0004
corporate funds	Dallas, TX 75367-0994
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.
EXPENDITORE	Candidate/Officeholder/Political Committee
	Campaign contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

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

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: 7/9 Rpt: 73/77	The Political Action Committee of the Texas Hospital 00015794
4 Date	5 Payee name
02/21/2024	Off Main Brewing
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,020.12	703 Water St
Evpanditura from	
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
	in Mild. Event expense for candidate meet & greet
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
02/23/2024	Stan Kitzman Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$2,000.00	PO Box 553
Expenditure from corporate funds	Pattison, TX 77466
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
	Candidate/Officeholder/Political Committee
	Campaign continuation
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
02/02/2024	Stan Lambert Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$3,000.00	PO Box 3752
Ψ5,000.00	1 O BOX 3732
Expenditure from corporate funds	Abilene, TX 79604
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	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment									
	· · · · · · · · · · · · · · · · · · ·								
1 Total pages Schedule F1: Sch: 8/9 Rpt: 74/77	2 FILER NAME The Political Action Committee of the Texas Hospital 3 Filer ID (Ethics Commission Filers) 00015794								
·	·								
4 Date	5 Payee name								
02/21/2024	Stripe								
6 Amount (\$)	7 Payee address; City; State; Zip Code								
\$1,002.42	002.42 354 Oyster Point Blvd								
·									
Expenditure from corporate funds	South San Francisco, CA 94080								
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description								
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.								
EXPENDITORE	Check if Austin, TX, officeholder living expense								
	Processing fees for processing multiple credit card								
	contributions 2/21-2/25)								
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held								
Date	Payee name								
02/20/2024	Stripe								
	·								
Amount (\$)	Payee address; City; State; Zip Code								
\$7.50	354 Oyster Point Blvd								
Expenditure from corporate funds	South San Francisco, CA 94080								
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description								
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.								
EXPENDITORE	Check if Austin, TX, officeholder living expense								
	Credit Card Processing Fees								
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held								
Date	Payee name								
02/22/2024	Stripe								
Amount (\$)	Payee address; City; State; Zip Code								
\$25.25	354 Oyster Point Blvd								
Expenditure from corporate funds	South San Francisco, CA 94080								
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description								
OF EVDENDITUDE	Fees Check if travel outside of Texas. Complete Schedule T.								
EXPENDITURE	Check if Austin, TX, officeholder living expense								
	Credit Card Processing Fees								
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held								
expenditure to benefit C/OI									

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 Contribution Candida Credit Card	ns/ Donations Made By ate/Officeholder/Political	- I Committee	Gift/Awards/Memo Legal Services The Instruction	opense orials Expense n Guide explains l		se s/Contract Labor	Tra	vel in District vel Out of Dis HER (enter a	trict category not listed above)
1 Total page	es Schedule F1:	2 FILER N	AME		-		3 File	er ID	(Ethics Commission Filers)
	9 Rpt: 75/77	The Political Action Committee of the Texas Hospital 00015794							,
4 Date		5 Payee na	ame						
02/23/20	24	Trey Wh	narton Campaigr	1					
6 Amount (S	\$)	7 Payee a	ddress; City;	State;	Zip Code				
	\$2,000.00	PO Box	1242						
Expendite corporate		Huntsvil	lle, TX 77342						
8 PURP		(a) Category	/ (See Categories lister	d at the top of this sch	edule) (b)	Description			
OI EXPEND			utions/Donations						olete Schedule T.
270 2102		Candida	ate/Officeholder/I	Political Comm	ittee	Check if Austin			expense
						Campaign co	ontribui	lion	
	ONLY if direct re to benefit C/OF		:/Officeholder name	e C	Office sought			Office he	eld

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: 1/2 Rpt: 76/77 The Political Action Committee of the Texas Hospital 00015794 \$ TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS 5 Date Payee name 02/22/2024 Atchley & Associates LLP Amount (\$) Payee address; State; Zip Code City; \$1,267.50 1105 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 Payee name Date 02/25/2024 Kroll, Carrie Amount (\$) Payee address; City; State; Zip Code \$64.94 1108 Lavaca Ste 700 Expenditure from Austin, TX 78701 corporate funds **TYPE OF** Non-Political Х Political **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 Reimburse PAC expenses for candidate meet & greet Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

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 Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor 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: 2/2 Rpt: 77/77 The Political Action Committee of the Texas Hospital 00015794 \$ TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS 5 Date Payee name 02/25/2024 Thomas, Wendy Amount (\$) Payee address; City; State; Zip Code \$2,706.17 1108 Lavaca Ste 700 Expenditure from Austin, TX 78701 corporate funds TYPE OF Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense Reimburse PAC expenses for printing and candidate meet & greet Office sought 11 Complete ONLY if direct Candidate/Officeholder name Office held expenditure to benefit C/OH