

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC
COVER SHEET PG 2

12 COMMITTEE NAME The Political Action Committee of the Texas Hospital Association	13 Filer ID (Ethics Commission Filers) 00015794
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14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported The Honorable Jay Dean State Representative
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 16,258.15
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 11,678.05
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 177,649.42
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

16 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Ms. Carrie Kroll
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

MONTHLY FILING GPAC REPORT: PURPOSE

FORM **MPAC**
ADDENDUM

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12 COMMITTEE NAME The Political Action Committee of the Texas Hospital Association	13 Filer ID (Ethics Commission Filers) 00015794
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14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported The Honorable Stephanie D. Klick State Representative
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Hatch C. Smith Jr. State Representative
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

SUBTOTALS - MPAC

17 COMMITTEE NAME The Political Action Committee of the Texas Hospital Association		18 Filer ID (Ethics Commission Filers) 00015794
19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 10,790.65
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input checked="" type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$ 1,267.50
7.	<input checked="" type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$ 4,200.00
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 10,160.55
11.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 1,517.50
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/35 Rpt: 5/45
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 03/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amador, Dolores (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Georgetown, TX 78633	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Claims Manager		9 Employer (See Instructions) Texas Hospital Insurance Exchange
Date 03/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ambrose, Ryan (Mr.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77024	Amount of Contribution (\$) \$20.50
Principal occupation / Job title (See Instructions) Director Federal and State Relations		Employer (See Instructions) Memorial Hermann Health System
Date 03/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andersen, Daniel (Mr.) <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78633	Amount of Contribution (\$) \$14.00
Principal occupation / Job title (See Instructions) VP Underwriting & Business Development		Employer (See Instructions) Texas Hospital Insurance Exchange
Date 03/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Archibald, Norman (Mr.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$19.23
Principal occupation / Job title (See Instructions) Director Legislative and Public Policy		Employer (See Instructions) Hendrick Medical Center
Date 03/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bagchi, Sam (Dr.) <hr/> Contributor address; City; State; Zip Code Irving, TX 75038	Amount of Contribution (\$) \$165.00
Principal occupation / Job title (See Instructions) EVP / Chief Clinical Officer		Employer (See Instructions) CHRISTUS Health

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/35 Rpt: 6/45
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 03/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ballew, Joel (Mr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Arlington, TX 76011	
8 Principal occupation / Job title (See Instructions) VP Government & Community Affairs		9 Employer (See Instructions) Texas Health Resources
Date 03/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Banda, Jennifer (Ms.)	Amount of Contribution (\$) \$41.00
	Contributor address; City; State; Zip Code Austin, TX 78701	
Principal occupation / Job title (See Instructions) Senior VP Advocacy & Public Policy		Employer (See Instructions) Texas Hospital Association
Date 03/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baty, Krista (Ms.)	Amount of Contribution (\$) \$27.50
	Contributor address; City; State; Zip Code Brownwood, TX 76801	
Principal occupation / Job title (See Instructions) Chief Administrative Officer		Employer (See Instructions) Hendrick Medical Center
Date 03/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beasley, Sharon (Ms.)	Amount of Contribution (\$) \$8.00
	Contributor address; City; State; Zip Code Austin, TX 78701	
Principal occupation / Job title (See Instructions) Sr Dir Governance & Exec Administration		Employer (See Instructions) Texas Hospital Association
Date 03/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bell, Jeff (Mr.)	Amount of Contribution (\$) \$4.00
	Contributor address; City; State; Zip Code Austin, TX 78701	
Principal occupation / Job title (See Instructions) Manager Corporate Relations		Employer (See Instructions) THA Foundation

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/35 Rpt: 7/45
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 03/06/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Benham, Bradley (Mr.)	7 Amount of Contribution (\$) \$9.62
	6 Contributor address; City; State; Zip Code Abilene, TX 79601	
8 Principal occupation / Job title (See Instructions) VP HMC Foundation		9 Employer (See Instructions) Hendrick Medical Center
Date 03/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bessent, Brian (Mr.)	Amount of Contribution (\$) \$32.50
	Contributor address; City; State; Zip Code Abilene, TX 79601	
Principal occupation / Job title (See Instructions) VP / Chief Strategy & Experience Officer		Employer (See Instructions) Hendrick Medical Center
Date 03/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blackwell, Leah (Ms.)	Amount of Contribution (\$) \$62.50
	Contributor address; City; State; Zip Code Katy, TX 77494	
Principal occupation / Job title (See Instructions) Chief Nursing Officer		Employer (See Instructions) Memorial Hermann Katy Hospital
Date 03/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boom, Marc (Dr.)	Amount of Contribution (\$) \$2,500.00
	Contributor address; City; State; Zip Code Houston, TX 77030	
Principal occupation / Job title (See Instructions) President and CEO		Employer (See Instructions) Houston Methodist
Date 03/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bowden, Sherri (Ms.)	Amount of Contribution (\$) \$3.85
	Contributor address; City; State; Zip Code Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Director Pulmonary Services		Employer (See Instructions) Hendrick Medical Center

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/35 Rpt: 8/45
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 02/27/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bradley, Denise (Ms.)	7 Amount of Contribution (\$) \$41.00
	6 Contributor address; City; State; Zip Code Austin, TX 78701	
8 Principal occupation / Job title (See Instructions) VP Marketing & Corporate Affairs		9 Employer (See Instructions) St. David's HealthCare
Date 03/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brennan, Michael (Mr.)	Amount of Contribution (\$) \$2.00
	Contributor address; City; State; Zip Code Austin, TX 78701	
Principal occupation / Job title (See Instructions) Director of Enterprise Data Systems		Employer (See Instructions) THA Foundation
Date 03/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brockway, Toni (Ms.)	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Abilene Market Chief Nursing Officer		Employer (See Instructions) Hendrick Medical Center
Date 03/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Broderick, Treva (Ms.)	Amount of Contribution (\$) \$4.81
	Contributor address; City; State; Zip Code Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Assistant Vice President Clinical Svcs		Employer (See Instructions) Hendrick Medical Center
Date 03/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burgin, Joe Bob (Mr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Sulphur Springs, TX 75483	
Principal occupation / Job title (See Instructions) Board Member		Employer (See Instructions) CHRISTUS Trinity Sulphur Springs

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/35 Rpt: 9/45
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 03/06/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Calvo, Raul (Mr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Abilene, TX 79608	
8 Principal occupation / Job title (See Instructions) Board Vice Chair		9 Employer (See Instructions) Hendrick Medical Center
Date 03/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Camacho, Precilla (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Nurse		Employer (See Instructions) Hendrick Medical Center
Date 03/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Canada, Kirk (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Chief Operating Office / System VP		Employer (See Instructions) Hendrick Medical Center
Date 02/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carlson, Johnna (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Houston, TX 77230	
Principal occupation / Job title (See Instructions) Assistant Vice President Gov Relations		Employer (See Instructions) Texas Children's Hospital
Date 03/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Casey, Mary (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Healthcare Professional		Employer (See Instructions) Hendrick Medical Center

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/35 Rpt: 10/45
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 03/06/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cates, Boyd (Mr.)	7 Amount of Contribution (\$) \$1.00
	6 Contributor address; City; State; Zip Code Abilene, TX 79601	
8 Principal occupation / Job title (See Instructions) Diagnostic Technologist		9 Employer (See Instructions) Hendrick Medical Center
Date 03/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cazares, Diana (Ms.)	Amount of Contribution (\$) \$2.00
	Contributor address; City; State; Zip Code Austin, TX 78701	
Principal occupation / Job title (See Instructions) Sr. Payroll Administrator		Employer (See Instructions) Texas Hospital Association
Date 03/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coleman, Shane (Mr.)	Amount of Contribution (\$) \$41.00
	Contributor address; City; State; Zip Code Mineral Wells, TX 76067	
Principal occupation / Job title (See Instructions) Chief Operating Officer		Employer (See Instructions) Palo Pinto General Hospital
Date 03/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Conger, Cody (Mr.)	Amount of Contribution (\$) \$4.00
	Contributor address; City; State; Zip Code Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Health Director, Invasive Cardiology		Employer (See Instructions) Hendrick Medical Center
Date 03/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Connell, Jessica (Ms.)	Amount of Contribution (\$) \$4.81
	Contributor address; City; State; Zip Code Brownwood, TX 76804	
Principal occupation / Job title (See Instructions) Chief Nursing Officer		Employer (See Instructions) Hendrick Medical Center

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/35 Rpt: 11/45
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 03/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Conner, Cecil (Mr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Austin, TX 78731	
8 Principal occupation / Job title (See Instructions) Risk Management Advisor		9 Employer (See Instructions) Texas Hospital Insurance Exchange
Date 03/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contreras, Rosendo (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Dir Patient Safety, Infection Preventionist, Perf Improv		Employer (See Instructions) Hendrick Medical Center
Date 03/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cook, Kenneth (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78701	
Principal occupation / Job title (See Instructions) IT Director		Employer (See Instructions) THA Foundation
Date 03/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cooper, David (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Lab Supervisor		Employer (See Instructions) Hendrick Medical Center
Date 03/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Costilla, Nina (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78701	
Principal occupation / Job title (See Instructions) Clinical Projects Manager		Employer (See Instructions) THA Foundation

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/35 Rpt: 12/45
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 03/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cotton, Corey (Mr.)	7 Amount of Contribution (\$) \$20.00
	6 Contributor address; City; State; Zip Code Austin, TX 78701	
8 Principal occupation / Job title (See Instructions) VP Member Solutions		9 Employer (See Instructions) Texas Hospital Association
Date 02/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cruz Kerker, Juliana (Ms.)	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Austin, TX 78701	
Principal occupation / Job title (See Instructions) Director Government Relations		Employer (See Instructions) St. David's HealthCare
Date 03/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dale, Vicki (Ms.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Austin, TX 78701	
Principal occupation / Job title (See Instructions) Sr. Director of Business Services		Employer (See Instructions) THA Foundation
Date 02/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Darden, Richard (Mr.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Trustee		Employer (See Instructions) Hendrick Medical Center
Date 03/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davenport, Chad (Mr.)	Amount of Contribution (\$) \$2.00
	Contributor address; City; State; Zip Code Georgetown, TX 78633	
Principal occupation / Job title (See Instructions) Accounting Specialist		Employer (See Instructions) Texas Hospital Insurance Exchange

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/35 Rpt: 13/45
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 03/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davila, Leslie (Ms.)	7 Amount of Contribution (\$) \$20.00
	6 Contributor address; City; State; Zip Code Georgetown, TX 78633	
8 Principal occupation / Job title (See Instructions) Receptionist		9 Employer (See Instructions) Texas Hospital Insurance Exchange
Date 03/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, John (Mr.)	Amount of Contribution (\$) \$3.85
	Contributor address; City; State; Zip Code Cuero, TX 77954	
Principal occupation / Job title (See Instructions) Director Cardiopulmonary		Employer (See Instructions) Cuero Regional Hospital
Date 03/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, John (Mr.)	Amount of Contribution (\$) \$3.85
	Contributor address; City; State; Zip Code Cuero, TX 77954	
Principal occupation / Job title (See Instructions) Director Cardiopulmonary		Employer (See Instructions) Cuero Regional Hospital
Date 03/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) De La Garza, Heather (Ms.)	Amount of Contribution (\$) \$2.00
	Contributor address; City; State; Zip Code Austin, TX 78701	
Principal occupation / Job title (See Instructions) Assistant General Counsel		Employer (See Instructions) Texas Hospital Association
Date 02/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeYoung, Peter (Dr.)	Amount of Contribution (\$) \$41.00
	Contributor address; City; State; Zip Code Austin, TX 78758	
Principal occupation / Job title (See Instructions) Chief Medical Officer		Employer (See Instructions) St Davids North Austin Medical Center

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/35 Rpt: 14/45
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 03/06/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dennis, Gregory (Mr.)	7 Amount of Contribution (\$) \$3.85
6 Contributor address; City; State; Zip Code Abilene, TX 79601		
8 Principal occupation / Job title (See Instructions) Director Facility Management		9 Employer (See Instructions) Hendrick Medical Center
Date 03/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Devun, Sharn (Ms.)	Amount of Contribution (\$) \$3.85
Contributor address; City; State; Zip Code Abilene, TX 79601		
Principal occupation / Job title (See Instructions) Director Risk Management		Employer (See Instructions) Hendrick Medical Center
Date 03/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donaway, Duane (Mr.)	Amount of Contribution (\$) \$1.93
Contributor address; City; State; Zip Code Abilene, TX 79601		
Principal occupation / Job title (See Instructions) Director Information Systems		Employer (See Instructions) Hendrick Medical Center
Date 03/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Driskell, Jesiree (Ms.)	Amount of Contribution (\$) \$7.50
Contributor address; City; State; Zip Code Abilene, TX 79601		
Principal occupation / Job title (See Instructions) AVP Strategic Comms & Digital Expert		Employer (See Instructions) Hendrick Medical Center
Date 03/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duncan, Cameron (Mr.)	Amount of Contribution (\$) \$20.50
Contributor address; City; State; Zip Code Austin, TX 78701		
Principal occupation / Job title (See Instructions) VP Advocacy / Public Policy		Employer (See Instructions) Texas Hospital Association

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/35 Rpt: 15/45
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 03/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dupree, Anthony (Mr.)	7 Amount of Contribution (\$) \$4.00
6 Contributor address; City; State; Zip Code Austin, TX 78701		
8 Principal occupation / Job title (See Instructions) Sr. Accounts Payable Specialist		9 Employer (See Instructions) Texas Hospital Association
Date 03/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Escobar, Jaye (Ms.)	Amount of Contribution (\$) \$3.85
Contributor address; City; State; Zip Code Abilene, TX 79601		
Principal occupation / Job title (See Instructions) Director of Correctional Health		Employer (See Instructions) Hendrick Medical Center
Date 03/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eskew, Amy (Ms.)	Amount of Contribution (\$) \$14.00
Contributor address; City; State; Zip Code Austin, TX 78701		
Principal occupation / Job title (See Instructions) President / CEO		Employer (See Instructions) Texas Healthcare Trustees
Date 03/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eurek, Andrew (Mr.)	Amount of Contribution (\$) \$4.00
Contributor address; City; State; Zip Code Abilene, TX 79601		
Principal occupation / Job title (See Instructions) Director Financial Analysis		Employer (See Instructions) Hendrick Medical Center
Date 03/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Falcone, Lynn (Ms.)	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Cuero, TX 77954		
Principal occupation / Job title (See Instructions) Chief Executive Officer		Employer (See Instructions) Cuero Regional Hospital

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/35 Rpt: 16/45
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 03/08/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Farris, George (Mr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Houston, TX 77024	
8 Principal occupation / Job title (See Instructions) Board Member		9 Employer (See Instructions) Memorial Hermann Health System
Date 03/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Felton, Chris (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78701	
Principal occupation / Job title (See Instructions) Regional Ambassador West Texas		Employer (See Instructions) Texas Hospital Association
Date 03/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ford, Christopher (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Abilene, TX 79601	
Principal occupation / Job title (See Instructions) AVP Support Services		Employer (See Instructions) Hendrick Medical Center
Date 03/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fox, Jay (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78701	
Principal occupation / Job title (See Instructions) President BSWH Austin Area		Employer (See Instructions) Baylor Scott & White Medical Center - Pflugerville
Date 03/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Francis, Christy (Mrs.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Canadian, TX 79014	
Principal occupation / Job title (See Instructions) Chief Executive Officer		Employer (See Instructions) Hemphill County Hospital District

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/35 Rpt: 17/45
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 03/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frazier, Tess (Ms.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Georgetown, TX 78633	
8 Principal occupation / Job title (See Instructions) President / CEO		9 Employer (See Instructions) Texas Hospital Insurance Exchange
Date 03/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gaines, Cameron (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Georgetown, TX 78633	
Principal occupation / Job title (See Instructions) IT Support Specialist		Employer (See Instructions) Texas Hospital Insurance Exchange
Date 03/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gette, Angela (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Georgetown, TX 78633	
Principal occupation / Job title (See Instructions) Vice President Claims		Employer (See Instructions) Texas Hospital Insurance Exchange
Date 03/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gleitz, Stephen (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Nurse Manager of Critical Care Unit		Employer (See Instructions) Hendrick Medical Center
Date 03/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez, Sara (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78701	
Principal occupation / Job title (See Instructions) VP Advocacy / Public Policy		Employer (See Instructions) Texas Hospital Association

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/35 Rpt: 18/45
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 03/06/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goolsby, Emily (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Abilene, TX 79601	7 Amount of Contribution (\$) \$3.85
8 Principal occupation / Job title (See Instructions) Dir of the Dept of Education and Professional Development		9 Employer (See Instructions) Hendrick Medical Center
Date 03/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gordon, Brittany (Ms.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Sr Specialist, AR & Association Management System		Employer (See Instructions) Texas Hospital Association
Date 03/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greenwood, Susan (Ms.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$29.00
Principal occupation / Job title (See Instructions) Vice President / Chief Nursing Officer		Employer (See Instructions) Hendrick Medical Center
Date 03/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haas, Mark (Mr.) <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78633	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Staff Accountant		Employer (See Instructions) Texas Hospital Insurance Exchange
Date 03/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hair, Donna (Ms.) <hr/> Contributor address; City; State; Zip Code Brownwood, TX 76804	Amount of Contribution (\$) \$3.85
Principal occupation / Job title (See Instructions) Director of Marketing		Employer (See Instructions) Hendrick Medical Center

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/35 Rpt: 19/45
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 03/14/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haralson, Gregory (Mr.)	7 Amount of Contribution (\$) \$1,000.00
6 Contributor address; City; State; Zip Code Temple, TX 76508		
8 Principal occupation / Job title (See Instructions) Central Texas Regional President		9 Employer (See Instructions) Baylor Scott & White Central Texas
Date 03/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Erica (Ms.)	Amount of Contribution (\$) \$3.85
Contributor address; City; State; Zip Code Abilene, TX 79601		
Principal occupation / Job title (See Instructions) Admissions Director		Employer (See Instructions) Hendrick Medical Center
Date 02/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hart, Brandy (Mrs.)	Amount of Contribution (\$) \$83.00
Contributor address; City; State; Zip Code Nashville, TN 37203		
Principal occupation / Job title (See Instructions) Regional Vice President / Behavioral Health		Employer (See Instructions) HCA Healthcare
Date 03/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hawkins, John (Mr.)	Amount of Contribution (\$) \$90.00
Contributor address; City; State; Zip Code Austin, TX 78701		
Principal occupation / Job title (See Instructions) President / CEO		Employer (See Instructions) Texas Hospital Association
Date 03/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haynes, Ashley (Ms.)	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Austin, TX 78701		
Principal occupation / Job title (See Instructions) Regional Ambassador for Houston/East Texas		Employer (See Instructions) Texas Hospital Association

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/35 Rpt: 20/45
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 03/06/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Head, Courtney (Ms.) 6 Contributor address; City; State; Zip Code Abilene, TX 79601	7 Amount of Contribution (\$) \$9.62
8 Principal occupation / Job title (See Instructions) Vice President of Human Resources		9 Employer (See Instructions) Hendrick Medical Center
Date 03/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henderson, John (Mr.) Contributor address; City; State; Zip Code Round Rock, TX 78664	Amount of Contribution (\$) \$83.00
Principal occupation / Job title (See Instructions) President / CEO		Employer (See Instructions) TORCH
Date 03/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henry, Elizabeth (Ms.) Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$4.81
Principal occupation / Job title (See Instructions) Director Case Management		Employer (See Instructions) Hendrick Medical Center
Date 03/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez, Janet (Ms.) Contributor address; City; State; Zip Code Georgetown, TX 78633	Amount of Contribution (\$) \$8.34
Principal occupation / Job title (See Instructions) Accounting Manager		Employer (See Instructions) Texas Hospital Insurance Exchange
Date 03/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hess, Heather (Ms.) Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$3.85
Principal occupation / Job title (See Instructions) Market Director		Employer (See Instructions) Hendrick Medical Center

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/35 Rpt: 21/45
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 03/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holcomb, Holly (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Childress, TX 79201	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Chief Executive Officer		9 Employer (See Instructions) Childress Regional Medical Center
Date 03/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holland, Brad (Mr.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$82.50
Principal occupation / Job title (See Instructions) President / Chief Executive Officer		Employer (See Instructions) Hendrick Health
Date 03/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Honea, Michael (Mr.) <hr/> Contributor address; City; State; Zip Code Glen Rose, TX 76043	Amount of Contribution (\$) \$41.00
Principal occupation / Job title (See Instructions) Chief Executive Officer		Employer (See Instructions) Glen Rose Medical Center
Date 03/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howard, Erica (Ms.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$3.85
Principal occupation / Job title (See Instructions) System Director Benefits		Employer (See Instructions) Hendrick Medical Center
Date 03/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hrncirik, Bobbye (Ms.) <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79415	Amount of Contribution (\$) \$83.00
Principal occupation / Job title (See Instructions) VP Supplemental Funding		Employer (See Instructions) University Medical Center

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/35 Rpt: 22/45
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 03/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Huff, Alexander (Mr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Austin, TX 78701	
8 Principal occupation / Job title (See Instructions) Vice President of Health IT Programs		9 Employer (See Instructions) THA Foundation
Date 03/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Huffington, Mark (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Abilene, TX 79601	
Principal occupation / Job title (See Instructions) System Assistant Vice President Analytics		Employer (See Instructions) Hendrick Medical Center
Date 03/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hunnicut, Craig (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Director Regional Services		Employer (See Instructions) Hendrick Medical Center
Date 03/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hurst, William (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Plano, TX 75075	
Principal occupation / Job title (See Instructions) President / CEO		Employer (See Instructions) Patient Physician Network
Date 03/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Olga (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Cuero, TX 77954	
Principal occupation / Job title (See Instructions) Support Services		Employer (See Instructions) Cuero Regional Hospital

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/35 Rpt: 23/45
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 03/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Olga (Ms.)	7 Amount of Contribution (\$) \$0.97
	6 Contributor address; City; State; Zip Code Cuero, TX 77954	
8 Principal occupation / Job title (See Instructions) Support Services		9 Employer (See Instructions) Cuero Regional Hospital
Date 03/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Robin (Ms.)	Amount of Contribution (\$) \$4.00
	Contributor address; City; State; Zip Code Austin, TX 78701	
Principal occupation / Job title (See Instructions) Vice President Service Center		Employer (See Instructions) Texas Hospital Association
Date 03/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jasper, Jerry (Mr.)	Amount of Contribution (\$) \$41.00
	Contributor address; City; State; Zip Code Harlingen, TX 78550	
Principal occupation / Job title (See Instructions) Former Chief Executive Officer		Employer (See Instructions) Solara Hospital Harlingen
Date 03/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Susan (Ms.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Austin, TX 78701	
Principal occupation / Job title (See Instructions) Member Ambassador		Employer (See Instructions) Texas Hospital Association
Date 03/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly, Tave (Ms.)	Amount of Contribution (\$) \$4.81
	Contributor address; City; State; Zip Code Abilene, TX 79601	
Principal occupation / Job title (See Instructions) AVP Revenue Cycle		Employer (See Instructions) Hendrick Medical Center

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/35 Rpt: 24/45
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 03/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kendrick, Karen (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78701	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) VP of Quality & Patient Safety		9 Employer (See Instructions) THA Foundation
Date 03/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kimmel, Stephen (Mr.) <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76104	Amount of Contribution (\$) \$83.00
Principal occupation / Job title (See Instructions) Chief Financial Officer		Employer (See Instructions) Cook Children's Medical Center
Date 03/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kirkman, Leni (Ms.) <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78229	Amount of Contribution (\$) \$41.00
Principal occupation / Job title (See Instructions) Exec VP Corp Communications & Mktg		Employer (See Instructions) University Health
Date 03/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kroll, Carrie (Ms.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$62.00
Principal occupation / Job title (See Instructions) VP Advocacy / Pub Policy / Political Strategy		Employer (See Instructions) Texas Hospital Association
Date 03/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krupala, Judith (Ms.) <hr/> Contributor address; City; State; Zip Code Cuero, TX 77954	Amount of Contribution (\$) \$1.93
Principal occupation / Job title (See Instructions) Chief Nursing Officer		Employer (See Instructions) Cuero Regional Hospital

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/35 Rpt: 25/45
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 03/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krupala, Judith (Ms.)	7 Amount of Contribution (\$) \$1.93
	6 Contributor address; City; State; Zip Code Cuero, TX 77954	
8 Principal occupation / Job title (See Instructions) Chief Nursing Officer		9 Employer (See Instructions) Cuero Regional Hospital
Date 03/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lafrance, Judith (Ms.)	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code Abilene, TX 79606	
Principal occupation / Job title (See Instructions) HMCS Chief Administrative Officer		Employer (See Instructions) Hendrick Medical Center
Date 02/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawson, T Douglas (Mr.)	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Houston, TX 77225	
Principal occupation / Job title (See Instructions) Chief Executive Officer		Employer (See Instructions) CHI St Luke's Health
Date 03/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee, Rachel (Ms.)	Amount of Contribution (\$) \$3.85
	Contributor address; City; State; Zip Code Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Dir Med Staff Srvcs & Physician Recruitment		Employer (See Instructions) Hendrick Medical Center
Date 03/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lengal, Samantha (Ms.)	Amount of Contribution (\$) \$4.00
	Contributor address; City; State; Zip Code Georgetown, TX 78633	
Principal occupation / Job title (See Instructions) Underwriting Coordinator		Employer (See Instructions) Texas Hospital Insurance Exchange

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/35 Rpt: 26/45
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 03/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Liscano, Rosie (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Georgetown, TX 78633	7 Amount of Contribution (\$) \$2.00
8 Principal occupation / Job title (See Instructions) Senior Claims Adj/Risk Mgmt Specialist		9 Employer (See Instructions) Texas Hospital Insurance Exchange
Date 03/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez, Cesar (Mr.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Associate General Counsel		Employer (See Instructions) Texas Hospital Association
Date 03/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lowery, James (Mr.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$3.85
Principal occupation / Job title (See Instructions) Director Managed Care		Employer (See Instructions) Hendrick Medical Center
Date 03/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCollough, Kimberly (Ms.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79606	Amount of Contribution (\$) \$3.85
Principal occupation / Job title (See Instructions) Director of Women and Children Services		Employer (See Instructions) Hendrick Medical Center
Date 03/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McElrath, Pamela (Ms.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions) Hendrick Medical Center

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 23/35 Rpt: 27/45
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 03/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Merrell, Angie (Ms.)	7 Amount of Contribution (\$) \$2.00
6 Contributor address; City; State; Zip Code Georgetown, TX 78633		
8 Principal occupation / Job title (See Instructions) THE Vice President of Risk Management		9 Employer (See Instructions) Texas Hospital Insurance Exchange
Date 03/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mitchell, Kenneth (Dr.)	Amount of Contribution (\$) \$41.00
Contributor address; City; State; Zip Code Austin, TX 78701		
Principal occupation / Job title (See Instructions) SVP / Chief Medical Officer		Employer (See Instructions) St. David's HealthCare
Date 03/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morales, Daniel (Mr.)	Amount of Contribution (\$) \$20.50
Contributor address; City; State; Zip Code Houston, TX 77030		
Principal occupation / Job title (See Instructions) Vice President Government Affairs		Employer (See Instructions) Houston Methodist
Date 03/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mundfrom, Jessie (Ms.)	Amount of Contribution (\$) \$2.00
Contributor address; City; State; Zip Code Austin, TX 78701		
Principal occupation / Job title (See Instructions) Manager of Virtual Education		Employer (See Instructions) THA Foundation
Date 03/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murphy, Patrick (Mr.)	Amount of Contribution (\$) \$3.85
Contributor address; City; State; Zip Code Abilene, TX 79601		
Principal occupation / Job title (See Instructions) Healthcare Professional		Employer (See Instructions) Hendrick Medical Center

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 24/35 Rpt: 28/45
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 03/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neiger, David (Mr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Austin, TX 78701	
8 Principal occupation / Job title (See Instructions) Chief Financial Officer		9 Employer (See Instructions) Texas Hospital Association
Date 03/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Neil, Jennifer (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78701	
Principal occupation / Job title (See Instructions) Executive Administrative Manager		Employer (See Instructions) Texas Hospital Association
Date 03/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pargac, Ann (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78701	
Principal occupation / Job title (See Instructions) Director of Education		Employer (See Instructions) THA Foundation
Date 03/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parisi, James (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code The Woodlands, TX 77384	
Principal occupation / Job title (See Instructions) Chief Executive Officer		Employer (See Instructions) CHI St Lukes Health - The Woodlands Hospital
Date 02/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peterson, Mary (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Corpus Christi, TX 78411	
Principal occupation / Job title (See Instructions) EVP & Chief Operating Officer		Employer (See Instructions) Driscoll Children's Hospital

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 25/35 Rpt: 29/45
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 02/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pickett, Jerry (Mr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Clifton, TX 76634	
8 Principal occupation / Job title (See Instructions) Chief Financial Officer		9 Employer (See Instructions) Goodall-Witcher Healthcare
Date 03/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Porter, Lea Anne (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78701	
Principal occupation / Job title (See Instructions) VP Retirement Plans		Employer (See Instructions) Texas Hospital Association Retirement Plan
Date 03/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Preston, Deborah (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Director of Pharmacy		Employer (See Instructions) Hendrick Medical Center
Date 03/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Qualls, Rustin (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Clifton, TX 76634	
Principal occupation / Job title (See Instructions) Director of Operations		Employer (See Instructions) Goodall-Witcher Healthcare
Date 03/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramirez, Erika (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78701	
Principal occupation / Job title (See Instructions) Senior Director Health Policy		Employer (See Instructions) Texas Hospital Association

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 26/35 Rpt: 30/45
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 03/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramirez, Lisa (Ms.)	7 Amount of Contribution (\$) \$4.00
	6 Contributor address; City; State; Zip Code Austin, TX 78701	
8 Principal occupation / Job title (See Instructions) Specialist		9 Employer (See Instructions) Texas Hospital Association
Date 03/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ressmann, Mitzi (Ms.)	Amount of Contribution (\$) \$62.00
	Contributor address; City; State; Zip Code Austin, TX 78701	
Principal occupation / Job title (See Instructions) Chief Operating Officer		Employer (See Instructions) Texas Hospital Association
Date 03/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richburg, Melanie (Dr.)	Amount of Contribution (\$) \$125.00
	Contributor address; City; State; Zip Code Tahoka, TX 79373	
Principal occupation / Job title (See Instructions) Chief Executive Officer		Employer (See Instructions) Lynn County Hospital District
Date 03/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richert, Ron (Mr.)	Amount of Contribution (\$) \$3.85
	Contributor address; City; State; Zip Code Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Director of the Health Club		Employer (See Instructions) Hendrick Medical Center
Date 03/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rios, Amy (Ms.)	Amount of Contribution (\$) \$2.00
	Contributor address; City; State; Zip Code Austin, TX 78701	
Principal occupation / Job title (See Instructions) Dir Marketing & Strategic Communications		Employer (See Instructions) Texas Hospital Association

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 27/35 Rpt: 31/45
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 03/06/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Tracee (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Abilene, TX 79601	7 Amount of Contribution (\$) \$3.85
8 Principal occupation / Job title (See Instructions) Director of Quality		9 Employer (See Instructions) Hendrick Medical Center
Date 02/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Leticia (Ms.) <hr/> Contributor address; City; State; Zip Code Monahans, TX 79756	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Chief Executive Officer		Employer (See Instructions) Ward Memorial Hospital
Date 03/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saenz, Iris (Ms.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77024	Amount of Contribution (\$) \$20.50
Principal occupation / Job title (See Instructions) Manager Public Policy & Community Benefit		Employer (See Instructions) Memorial Hermann Health System
Date 03/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Safarik, Paulina (Ms.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Senior Director of Human Resources		Employer (See Instructions) Texas Hospital Association
Date 03/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sandles, Christopher (Mr.) <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78229	Amount of Contribution (\$) \$41.00
Principal occupation / Job title (See Instructions) Former President Hospital Operations		Employer (See Instructions) University Health

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 28/35 Rpt: 32/45
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 03/06/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schmidt, Timothy (Mr.)	7 Amount of Contribution (\$) \$3.85
	6 Contributor address; City; State; Zip Code Abilene, TX 79601	
8 Principal occupation / Job title (See Instructions) Dir Property / Facility Management		9 Employer (See Instructions) Hendrick Medical Center
Date 03/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shaw, Hal (Mr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Brownwood, TX 76804	
Principal occupation / Job title (See Instructions) Dir Facility Mgmnt		Employer (See Instructions) Hendrick Medical Center - Brownwood
Date 03/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shaw, Kay (Ms.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Brownwood, TX 76804	
Principal occupation / Job title (See Instructions) Laboratory Admin Dir		Employer (See Instructions) Hendrick Medical Center - Brownwood
Date 03/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shea, Patrick (Mr.)	Amount of Contribution (\$) \$2.00
	Contributor address; City; State; Zip Code Georgetown, TX 78633	
Principal occupation / Job title (See Instructions) Risk Management Coordinator		Employer (See Instructions) Texas Hospital Insurance Exchange
Date 03/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sipes, Michael (Mr.)	Amount of Contribution (\$) \$2.00
	Contributor address; City; State; Zip Code Austin, TX 78701	
Principal occupation / Job title (See Instructions) Legal Services Specialist		Employer (See Instructions) Texas Hospital Association

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 29/35 Rpt: 33/45
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 03/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, John (Mr.)	7 Amount of Contribution (\$) \$1.00
6 Contributor address; City; State; Zip Code Austin, TX 78701		
8 Principal occupation / Job title (See Instructions) Director Data & Technology		9 Employer (See Instructions) THA Foundation
Date 03/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Speckels, Donna (Ms.)	Amount of Contribution (\$) \$3.85
Contributor address; City; State; Zip Code Abilene, TX 79601		
Principal occupation / Job title (See Instructions) Director Hendrick HouseCalls		Employer (See Instructions) Hendrick Medical Center
Date 03/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Speer, Gena (Ms.)	Amount of Contribution (\$) \$14.50
Contributor address; City; State; Zip Code Breckenridge, TX 76424		
Principal occupation / Job title (See Instructions) Chief Nursing Officer		Employer (See Instructions) Stephens Memorial Hospital
Date 03/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Srubar, Linda (Mrs.)	Amount of Contribution (\$) \$3.00
Contributor address; City; State; Zip Code Georgetown, TX 78633		
Principal occupation / Job title (See Instructions) Executive Assistant		Employer (See Instructions) Texas Hospital Association
Date 03/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stafford, Steven (Mr.)	Amount of Contribution (\$) \$3.85
Contributor address; City; State; Zip Code Abilene, TX 79601		
Principal occupation / Job title (See Instructions) Director Hendrick Clinic		Employer (See Instructions) Hendrick Medical Center

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 30/35 Rpt: 34/45
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 03/06/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephenson, David (Mr.)	7 Amount of Contribution (\$) \$9.62
	6 Contributor address; City; State; Zip Code Abilene, TX 79601	
8 Principal occupation / Job title (See Instructions) System VP Hendrick Clinic & Anesthesia Network		9 Employer (See Instructions) Hendrick Medical Center
Date 02/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Clay (Mr.)	Amount of Contribution (\$) \$20.50
	Contributor address; City; State; Zip Code Lubbock, TX 79410	
Principal occupation / Job title (See Instructions) Chief Operating Officer		Employer (See Instructions) Covenant Childrens Hospital
Date 03/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Wendy (Ms.)	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Austin, TX 78701	
Principal occupation / Job title (See Instructions) Mgr Advocacy / Pub Policy / HOSPAC		Employer (See Instructions) Texas Hospital Association
Date 03/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Wendy (Ms.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Austin, TX 78701	
Principal occupation / Job title (See Instructions) Mgr Advocacy / Pub Policy / HOSPAC		Employer (See Instructions) Texas Hospital Association
Date 03/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tiffin, Laura (Ms.)	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code Cuero, TX 77954	
Principal occupation / Job title (See Instructions) Business Office Manager		Employer (See Instructions) Cuero Regional Hospital

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 31/35 Rpt: 35/45
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 03/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tiffin, Laura (Ms.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Cuero, TX 77954	
8 Principal occupation / Job title (See Instructions) Business Office Manager		9 Employer (See Instructions) Cuero Regional Hospital
Date 03/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trout, Judith (Ms.)	Amount of Contribution (\$) \$2.00
	Contributor address; City; State; Zip Code Austin, TX 78701	
Principal occupation / Job title (See Instructions) Healthcare Data Analyst		Employer (See Instructions) THA Foundation
Date 03/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tucek, Karen (Ms.)	Amount of Contribution (\$) \$3.85
	Contributor address; City; State; Zip Code Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Director, Hospice		Employer (See Instructions) Hendrick Medical Center
Date 03/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turner, Matt (Mr.)	Amount of Contribution (\$) \$2.00
	Contributor address; City; State; Zip Code Austin, TX 78701	
Principal occupation / Job title (See Instructions) Senior Director Quality & Payment		Employer (See Instructions) Texas Hospital Association
Date 03/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vidrine, Amanda (Ms.)	Amount of Contribution (\$) \$3.85
	Contributor address; City; State; Zip Code Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Quality & Regulatory Manager		Employer (See Instructions) Hendrick Medical Center

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 32/35 Rpt: 36/45
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 03/06/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wade, Susan (Ms.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Abilene, TX 79601	
8 Principal occupation / Job title (See Instructions) Abilene Market COO		9 Employer (See Instructions) Hendrick Medical Center
Date 03/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wagner, Angela (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Healthcare Professional		Employer (See Instructions) Hendrick Medical Center
Date 03/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wallschlaeger, Erich (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Brownwood, TX 76804	
Principal occupation / Job title (See Instructions) Chief Financial Officer		Employer (See Instructions) Hendrick Medical Center
Date 03/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walzer, Cheryl (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Director of Medsurg / Tele		Employer (See Instructions) Hendrick Medical Center
Date 03/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warner, Freddy (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Houston, TX 77024	
Principal occupation / Job title (See Instructions) Chief Government Relations Officer		Employer (See Instructions) Memorial Hermann Health System

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 33/35 Rpt: 37/45
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 03/06/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Waters, Amber (Ms.)	7 Amount of Contribution (\$) \$3.85
	6 Contributor address; City; State; Zip Code Abilene, TX 79601	
8 Principal occupation / Job title (See Instructions) Director of Admissions		9 Employer (See Instructions) Hendrick Medical Center
Date 03/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weller, Meghan (Ms.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Austin, TX 78701	
Principal occupation / Job title (See Instructions) Director of Government Relations		Employer (See Instructions) HCA Healthcare-Central & West Texas Division
Date 03/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Westerman, Mandy (Ms.)	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Kingwood, TX 77339	
Principal occupation / Job title (See Instructions) Divisional Vice President		Employer (See Instructions) Universal Health Services Inc
Date 03/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wharton, Elisha (Ms.)	Amount of Contribution (\$) \$3.85
	Contributor address; City; State; Zip Code Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Sr Practice Manager		Employer (See Instructions) Hendrick Medical Center
Date 03/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Carrie (Ms.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Austin, TX 78701	
Principal occupation / Job title (See Instructions) Chief Communications Officer		Employer (See Instructions) Texas Hospital Association

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 34/35 Rpt: 38/45
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 03/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Patty (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78701	7 Amount of Contribution (\$) \$2.00
8 Principal occupation / Job title (See Instructions) Relationship Manager - Business Services		9 Employer (See Instructions) THA Foundation
Date 03/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Shelton (Mr.) <hr/> Contributor address; City; State; Zip Code Laredo, TX 78044	Amount of Contribution (\$) \$41.00
Principal occupation / Job title (See Instructions) Chief Operating Officer		Employer (See Instructions) Laredo Medical Center
Date 02/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Willmann, Adam (Mr.) <hr/> Contributor address; City; State; Zip Code Clifton, TX 76634	Amount of Contribution (\$) \$62.50
Principal occupation / Job title (See Instructions) President / CEO		Employer (See Instructions) Goodall-Witcher Healthcare
Date 03/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Willson, Megan (Mr.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$4.81
Principal occupation / Job title (See Instructions) Healthcare Professional		Employer (See Instructions) Hendrick Medical Center
Date 03/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wohleb, Stephen (Mr.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$41.00
Principal occupation / Job title (See Instructions) General Counsel		Employer (See Instructions) Texas Hospital Association

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 35/35 Rpt: 39/45
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 03/06/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wood, Adam (Mr.)	7 Amount of Contribution (\$) \$4.81
	6 Contributor address; City; State; Zip Code Abilene, TX 79601	
8 Principal occupation / Job title (See Instructions) System Assistant Vice President Supply Chain		9 Employer (See Instructions) Hendrick Medical Center
Date 03/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Karen (Ms.)	Amount of Contribution (\$) \$125.00
	Contributor address; City; State; Zip Code Dallas, TX 75235	
Principal occupation / Job title (See Instructions) Sr Dir Prof Practice Nursing Research & Clinical Educ		Employer (See Instructions) Parkland Health
Date 03/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zamarron, Ignacio (Mr.)	Amount of Contribution (\$) \$83.34
	Contributor address; City; State; Zip Code Austin, TX 78701	
Principal occupation / Job title (See Instructions) Senior Vice President / CFO		Employer (See Instructions) Texas Hospital Association
Date 02/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zamora, Raul (Mr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Uvalde, TX 78801	
Principal occupation / Job title (See Instructions) Board Member		Employer (See Instructions) Uvalde Memorial Hospital

MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C3

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C3: Sch: 1/1 Rpt: 40/45
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 03/01/2024	5 Corporation / Labor Organization name Texas Hospital Association	6 Amount (\$) 1,267.50

NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE **C4**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C4: Sch: 1/1 Rpt: 41/45
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 03/25/2024	5 Corporation / Labor Organization name Texas Hospital Association	6 Amount (\$) 4,200.00

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/3 Rpt: 42/45	2 FILER NAME The Political Action Committee of the Texas Hospital	3 Filer ID (Ethics Commission Filers) 00015794
4 Date 03/04/2024	5 Payee name Frost Bank	
6 Amount (\$) \$19.95 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 1727 Austin, TX 78767	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/04/2024	Candidate/Officeholder name Frost Bank	
Amount (\$) \$54.85 <input type="checkbox"/> Expenditure from corporate funds	Office sought PO Box 1727 Austin, TX 78767	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/04/2024	Candidate/Officeholder name Frost Bank	
Amount (\$) \$157.92 <input type="checkbox"/> Expenditure from corporate funds	Office sought PO Box 1727 Austin, TX 78767	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/3 Rpt: 43/45	2 FILER NAME The Political Action Committee of the Texas Hospital	3 Filer ID (Ethics Commission Filers) 00015794
4 Date 03/01/2024	5 Payee name Jay Dean Campaign	
6 Amount (\$) \$2,500.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 3822 Holly Ridge Longview, TX 75605	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/15/2024	Payee name Kroll, Carrie	
Amount (\$) \$64.94 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1108 Lavaca Ste 700 Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reimburse PAC expense for candidate meet & greet
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/01/2024	Payee name Stephanie Klick Campaign	
Amount (\$) \$5,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 7592 Fort Worth, TX 76111	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/3 Rpt: 44/45	2 FILER NAME The Political Action Committee of the Texas Hospital	3 Filer ID (Ethics Commission Filers) 00015794
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4 Date 02/26/2024	5 Payee name Stripe
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6 Amount (\$) \$422.65 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 354 Oyster Point Blvd South San Francisco, CA 94080
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing fees for processing multiple credit card contributions 2/26-3/25
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 03/01/2024	Payee name Thomas, Wendy
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Amount (\$) \$1,940.24 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1108 Lavaca Ste 700 Austin, TX 78701
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reimburse PAC expense for candidate meet & greet
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2: Sch: 1/1 Rpt: 45/45	2 FILER NAME The Political Action Committee of the Texas Hospital	3 Filer ID (Ethics Commission Filers) 00015794
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
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5 Date 03/25/2024	6 Payee name Atchley & Associates LLP
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7 Amount (\$) \$1,067.50	8 Payee address; City; State; Zip Code 1105 La Posada Dr Austin, TX 78752
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Expenditure from corporate funds

9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PAC accounting and reporting services
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11 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 03/25/2024	Payee name Public Blueprint
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Amount (\$) \$450.00	Payee address; City; State; Zip Code 600 Logans Ln Austin, TX 78746
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Expenditure from corporate funds

TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense In Kind: Graphic Design
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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