### MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

### FORM MPAC COVER SHEET PG 1

The MPAC Instru	The MPAC Instruction Guide explains how to complete this form.          1       Filer ID       2       Total pages filed:         (Ethics Commission Filers)       00015794       45							
3 COMMITTEE N	COMMITTEE NAME OFFICE USE ONLY							
The Political A	The Political Action Committee of the Texas Hospital Association							
				ELECTRONICALLY FILED				
				04/05/2024				
4 COMMITTEE	ADDRESS / PO BOX; APT / SUITE #	CITY; STATE; ZIF	<b>D</b>	04/00/2024				
ADDRESS	1108 Lavaca Ste 700							
Change of A	<sup>ddress</sup> Austin, TX 78701			Date Hand-delivered or Date Postmarked				
5 CAMPAIGN	MS / MRS / MR FIRS	-	MI					
TREASURER	Ms. Carri			Receipt # Amount				
NAME		-						
				Date Processed				
	NICKNAME LAST		SUFFIX					
	Kroll			Date Imaged				
6 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEA	SE); APT / SUITE #;	CITY; STA	ATE; ZIP CODE				
TREASURER	1108 Lavaca, Suite 700	<i>be), n n n b b n</i> ,						
STREET ADDRESS								
(Residence or Busin	Austin, TX 78701							
7 CAMPAIGN TREASURER	STREET ADDRESS OR PO BOX; 1108 Lavaca, Suite 700	APT / SUITE #;	CITY; STA	ATE; ZIP CODE				
MAILING ADDRESS	1100 Lavaca, Suite 700							
	<sup>ddress</sup> Austin, TX 78701							
8 CAMPAIGN	AREA CODE PHONE NUMBE	R EXTENS						
TREASURER								
PHONE	(512) 465-1043							
9 REPORT TYPE		10th day after cam	paign -					
	X Monthly	treasurer termination		Dissolution (Attach PAC-DR)				
10 MONTHLY	IG January 5 X	April 5	uly 5	October 5				
REPORT FILIN DEADLINE			uly 5					
	February 5	May 5 A	ugust 5	November 5				
	March 5	June 5 S	eptember 5	December 5				
11 PERIOD	Month Day Year		Month	Day Year				
COVERED	02/26/2024	THROUGH	03/25/2	•				
	C	O TO PAGE 2						
Forms provided b	rms provided by Texas Ethics Commission www.ethics.state.tx.us Version V3.5.1.5b35d027							

### MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

# FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
The Political Action Con	nmittee of the Texas H	ospital Association	00015794	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported The Honorable Jay Dean State	e Representa	tive
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLEI	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	16,258.15
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	11,678.05
CONTRIBUTION BALANCE	5. TOTAL POLITICAL C OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	177,649.42
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT				
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.		
		Ms. Ca	rrie Kroll	
		Signature of Ca		irer
AFFIX NOTARY	STAMP / SEAL ABOVE			
Sworn to and subscribed	before me, by the said	, ti	his the	day
		which, witness my hand and seal of office.		
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title of offic	cer administering oath
Forms provided by Texas E	thics Commission	www.ethics.state.tx.us		Version V3.5.1.5b35d027

MONTHLY FIL	ING GPAC R	EPORT:	PURPO	SE			FORM MPAC
					I		Page 3 of 45
<b>12</b> COMMITTEE NAME The Political Action Comn	nittee of the Texas Hc	ospital Associa	ation		<b>13</b> Filer 000	<sup>-</sup> ID 15794	(Ethics Commission Filers)
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		The Honorat	le Stephanie	D. Klick 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					
	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.)		Hatch C. Sm	ith Jr. State	Representative	3	
(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.)						

## FORM MPAC

COVER SHEET PG 3 4 of 45

17 COMMITTI	EE NAME	18 Filer ID	(Ethics Commission Filers)
The Politi			
19 SCHEDUL NAME OF	SUBTOTAL AMOUNT		
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		<b>\$</b> 10,790.65
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABC ORGANIZATION	R	\$
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA LABOR ORGANIZATION	TION OR	\$
6. X	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	<b>\$</b> 1,267.50
7. X	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		<b>\$</b> 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 CONTRIBUTION:	5	<b>\$</b> 10,160.55
11. X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		<b>\$</b> 1,517.50
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$

**SUBTOTALS - MPAC** 

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 1/35 Rpt: 5/45	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	The Political	Action Committee of the Texas Hospital Association	ı		00015794	
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	03/15/2024	Amador, Dolores (Ms.)				\$1.00
		6 Contributor address; City; State; Zip Code		ł		
		Georgetown, TX 78633				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	L S)		
	Claims Mana		Texas Hospital Insurance		Exchange	
⊨			,			
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	фоо <b>г</b> о
	03/18/2024	Ambrose, Ryan (Mr.)				\$20.50
		Contributor address; City; State; Zip Code				
		Houston, TX 77024				
		pation / Job title (See Instructions)	Employer (See Instructions			
	Director Fed	eral and State Relations	Memorial Hermann Hea	alth	System	
	Date	Full name of contributor Dut-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	03/15/2024	Andersen, Daniel (Mr.)				\$14.00
		Contributor address; City; State; Zip Code		1		
		Georgetown, TX 78633				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	VP Underwri	iting & Business Development	Texas Hospital Insuranc	ce E	Exchange	
F	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	03/06/2024	Archibald, Norman (Mr.)			-	\$19.23
		Contributor address; City; State; Zip Code		ł		
		Abilene, TX 79601				
	Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
		islative and Public Policy	Hendrick Medical Cente			
╞	_			T	Amount of Contribution (\$)	
	Date 03/12/2024	Full name of contributor out-of-state PAC (ID#: Bagchi, Sam (Dr.)	)			\$165.00
	03/12/2024					ΦT02.00
		Contributor address; City; State; Zip Code				
		1. inter TV 75000				
		Irving, TX 75038				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	EVP / Chief	Clinical Officer	CHRISTUS Health			

	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 2/35 Rpt: 6/45	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
	The Political	Action Committee of the Texas Hospital Association			00015794	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_		7	Amount of Contribution (\$)	
	03/17/2024	Ballew, Joel (Mr.)	/	ľ		\$41.50
	00/1//201			•		Ψ12.00
		6 Contributor address; City; State; Zip Code				
		Arlington, TX 76011				
Ļ	Dringing occu		9 Employer (See Instructions	-)		
°		ipation / Job title (See Instructions)				
		nent & Community Affairs	Texas Health Resources	S		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	03/15/2024	Banda, Jennifer (Ms.)				\$41.00
		Contributor address; City; State; Zip Code		1		
		Austin, TX 78701				
$\vdash$	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Senior VP A	dvocacy & Public Policy	Texas Hospital Associat	tior	ı	
╞	Date	Full name of contributor Out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	03/06/2024	Baty, Krista (Ms.)	/			\$27.50
	001001202-1			-		Ψ21.00
		Contributor address; City; State; Zip Code				
		Brownwood, TX 76801				
$\vdash$	Princinal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	•	istrative Officer	Hendrick Medical Cente			
				1		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	÷2 00
	03/15/2024	Beasley, Sharon (Ms.)		]		\$8.00
		Contributor address; City; State; Zip Code		]		
		Austin, TX 78701				
		ipation / Job title (See Instructions)	Employer (See Instructions			
	Sr Dir Gover	mance & Exec Administration	Texas Hospital Associat	tior	۱ 	
	Date	Full name of contributor out-of-state PAC (ID#:	)	Ī	Amount of Contribution (\$)	
	03/15/2024	Bell, Jeff (Mr.)				\$4.00
		Contributor address; City; State; Zip Code		1		
		Austin, TX 78701				
$\vdash$	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
		prporate Relations	THA Foundation	,		
⊢						

	The Instru	ction Guide explains how to complete this f	iorm.	1	Total pages Schedule A1: Sch: 3/35 Rpt: 7/45	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	The Political	Action Committee of the Texas Hospital Association	n		00015794	
4	Date	5 Full name of contributor Out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
	03/06/2024	Benham, Bradley (Mr.)				\$9.62
		6 Contributor address; City; State; Zip Code				
		Abilene, TX 79601				
8	•	pation / Job title (See Instructions)	9 Employer (See Instructions			
	VP HMC Fou	undation	Hendrick Medical Cente	r		
F	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	03/06/2024	Bessent, Brian (Mr.)				\$32.50
		Contributor address; City; State; Zip Code		ĺ		
		Abilene, TX 79601				
	•	pation / Job title (See Instructions)	Employer (See Instructions			
	VP / Chief St	trategy & Experience Officer	Hendrick Medical Cente	er		
	Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	03/12/2024	Blackwell, Leah (Ms.)				\$62.50
		Contributor address; City; State; Zip Code				
		Kety TX 77404				
┝	Dringingloggy	Katy, TX 77494 pation / Job title (See Instructions)	Employer (Cool Instructions			
	Chief Nursin		Employer (See Instructions Memorial Hermann Katy		osnital	
╞				, 		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	¢2 500 00
	03/06/2024	Boom, Marc (Dr.)				\$2,500.00
		Contributor address; City; State; Zip Code				
		Houston, TX 77030				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ເ)		
	President an		Houston Methodist	"		
⊨				_	Amount of Contribution (f)	
	Date 03/06/2024	Full name of contributor out-of-state PAC (ID#: Bowden, Sherri (Ms.)	)		Amount of Contribution (\$)	\$3.85
	03/00/2024	Contributor address; City; State; Zip Code				ψ0.00
		Contributor address, City, State, Zip Code				
		Abilene, TX 79601				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ټ)		
		nonary Services	Hendrick Medical Cente			
⊢						

The Instru	ation Cuido ovaloino how to complete this f	o.***	1	Total pages Schedule A1:	
i ne instru	ction Guide explains how to complete this f	orm.		Sch: 4/35 Rpt: 8/45	
2 FILER NAME			3	Filer ID (Ethics Commission	n Filers)
The Political	Action Committee of the Texas Hospital Association	ו		00015794	
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
02/27/2024	Bradley, Denise (Ms.)				\$41.00
	6 Contributor address; City; State; Zip Code		1		
Drive size all as a set	Austin, TX 78701	• England (One la struction			
	ipation / Job title (See Instructions) g & Corporate Affairs	9 Employer (See Instructions St. David's HealthCare	5)		
		SI. Daviu's HealthCare	_		
Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
03/15/2024	Brennan, Michael (Mr.)				\$2.00
	Contributor address; City; State; Zip Code				
	Austin, TX 78701				
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Enterprise Data Systems	THA Foundation	<i>)</i>		
	· · ·		<u> </u>		
Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	ቀር ባባ
03/06/2024	Brockway, Toni (Ms.)				\$5.00
	Contributor address; City; State; Zip Code				
	Abilene, TX 79601				
Principal occu	I Ipation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
Abilene Mar	ket Chief Nursing Officer	Hendrick Medical Cente	er		
Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
03/06/2024	Broderick, Treva (Ms.)				\$4.81
	Contributor address; City; State; Zip Code				
	Abilene, TX 79601		Ĺ		
	pation / Job title (See Instructions)	Employer (See Instructions			
Assistant Vi	ce President Clinical Svs	Hendrick Medical Cente	et.		
Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
03/19/2024	Burgin, Joe Bob (Mr.)				\$100.00
	Contributor address; City; State; Zip Code				
	Sulphur Springs, TX 75483				
Principal occur	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
Board Memb		CHRISTUS Trinity Sulph		Springs	
				opinigo	

	The Instru	ction Guide explains how to complete this f	iorm.	1	Total pages Schedule A1: Sch: 5/35 Rpt: 9/45	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
		Action Committee of the Texas Hospital Association	n		00015794	-
	Date	5 Full name of contributor out-of-state PAC (ID#:		7	Amount of Contribution (\$)	
	03/06/2024	Calvo, Raul (Mr.)			• •	\$2.50
		6 Contributor address; City; State; Zip Code		ł		·
		Abilene, TX 79608				
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	ـــــــــــــــــــــــــــــــــــــ		
	Board Vice C		Hendrick Medical Cente			
╞	Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u>	Γ	Amount of Contribution (\$)	
	03/06/2024	Camacho, Precilla (Ms.)	/		Allount of contraction (1)	\$3.85
	00,00,202	Contributor address; City; State; Zip Code		•		¥0.01
		Culturbulor address, City, State, Zip Code				
		Abilene, TX 79601				
	Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	上 3)		
	Nurse		Hendrick Medical Cente			
⊨	Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u>	Γ	Amount of Contribution (\$)	
	03/06/2024	Canada, Kirk (Mr.)	/		Allount of Contribution (+)	\$30.00
	00/00/202	Contributor address; City; State; Zip Code		•		400.00
		Culturbulor address, City, State, Zip Code				
		Abilene, TX 79601				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	ـــــــــــــــــــــــــــــــــــــ		
	Chief Opera	ting Office / System VP	Hendrick Medical Cente	۰r		
⊨	Date	Full name of contributor Out-of-state PAC (ID#:	<u> </u>	Γ	Amount of Contribution (\$)	
	02/29/2024	Carlson, Johnna (Ms.)	,		,	\$500.00
	<b>v-</b>	Contributor address; City; State; Zip Code		ł		····
		Houston, TX 77230				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	ـــــــــــــــــــــــــــــــــــــ		
	Assistant Vid	ce President Gov Relations	Texas Children's Hospita	al		
╞─	Date	Full name of contributor out-of-state PAC (ID#:_	, ,	Γ	Amount of Contribution (\$)	
	03/06/2024	Casey, Mary (Ms.)				\$3.85
		Contributor address; City; State; Zip Code		1		
		Abilene, TX 79601				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Healthcare F	Professional	Hendrick Medical Cente	؛r		
			<u> </u>			

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 6/35 Rpt: 10/45
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	I Action Committee of the Texas Hospital Association	'n	00015794
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
03/06/2024	Cates, Boyd (Mr.)		\$1.00
	6 Contributor address; City; State; Zip Code		1
	Abilene, TX 79601		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	\$)
Diagnostic T	echnologist	Hendrick Medical Cente	۶r
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
03/15/2024	Cazares, Diana (Ms.)		\$2.00
	Contributor address; City; State; Zip Code		•
	Austin, TX 78701		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)
Sr. Payroll A	Administrator	Texas Hospital Associat	tion
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
03/02/2024	Coleman, Shane (Mr.)		\$41.00
	Contributor address; City; State; Zip Code		•
	Mineral Wells, TX 76067		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	\$)
Chief Opera	ting Officer	Palo Pinto General Hos	pital
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
03/06/2024	Conger, Cody (Mr.)		\$4.00
	Contributor address; City; State; Zip Code		4
	Abilene, TX 79601		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	\$)
Health Direc	ctor, Invasive Cardiology	Hendrick Medical Cente	۶r
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
03/06/2024	Connell, Jessica (Ms.)		\$4.81
	Contributor address; City; State; Zip Code		1
	Brownwood, TX 76804		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)
Chief Nursin	ıg Officer	Hendrick Medical Cente	er

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 7/35 Rpt: 11/45	
2 FILER NAME			3 Filer ID (Ethics Commission Filer	rs)
	Action Committee of the Texas Hospital Association		00015794	-,
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)	
03/15/2024	Conner, Cecil (Mr.)		Ş	\$4.00
	6 Contributor address; City; State; Zip Code			
	Austin, TX 78731			
		9 Employer (See Instructions)		
Risk Manage	ement Advisor	Texas Hospital Insurance	Exchange	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
03/06/2024	Contreras, Rosendo (Ms.)		S	\$1.93
	Contributor address; City; State; Zip Code			
	Abilene, TX 79601	l		
	pation / Job title (See Instructions)	Employer (See Instructions)		
Dir Patient Sa	afety, Infection Preventionist, Perf Improv	Hendrick Medical Center		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
03/15/2024	Cook, Kenneth (Mr.)		S	\$2.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78701			
Principal occur	pation / Job title (See Instructions)	Employer (See Instructions)		
IT Director		THA Foundation		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
03/06/2024	Cooper, David (Mr.)		\$	\$3.85
	Contributor address; City; State; Zip Code			
	I			
	Abilene, TX 79601			
	pation / Job title (See Instructions)	Employer (See Instructions)		
		Hendrick Medical Center		
Lab Supervis	sor			
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
	Full name of contributor out-of-state PAC (ID#:_ Costilla, Nina (Ms.)	)		\$2.00
Date	Full name of contributor out-of-state PAC (ID#:	)		\$2.00
Date	Full name of contributor out-of-state PAC (ID#:_ Costilla, Nina (Ms.)	) )		\$2.00
Date	Full name of contributor out-of-state PAC (ID#:_ Costilla, Nina (Ms.) Contributor address; City; State; Zip Code	) )		\$2.00
Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_ Costilla, Nina (Ms.) Contributor address; City; State; Zip Code Austin, TX 78701	)	S	\$2.00
Date 03/15/2024	Full name of contributor out-of-state PAC (ID#: Costilla, Nina (Ms.) Contributor address; City; State; Zip Code Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions)	S	\$2.00

The Instruction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 8/35 Rpt: 12/45
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
The Political Action Committee of the Texas Hospital Association	n	00015794
4 Date 5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
03/15/2024 Cotton, Corey (Mr.)		\$20.00
6 Contributor address; City; State; Zip Code		
Austin, TX 78701		
8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions	
VP Member Solutions	Texas Hospital Associat	lion
Date Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
02/26/2024 Cruz Kerker, Juliana (Ms.)		\$500.00
Contributor address; City; State; Zip Code		1
Austin, TX 78701		
Principal occupation / Job title (See Instructions)	Employer (See Instructions	3)
Director Government Relations	St. David's HealthCare	
Date Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
03/15/2024 Dale, Vicki (Ms.)		\$20.00
Contributor address; City; State; Zip Code		
Austin, TX 78701		
Principal occupation / Job title (See Instructions)	Employer (See Instructions	;)
Sr. Director of Business Services	THA Foundation	
Date Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
02/29/2024 Darden, Richard (Mr.)		\$25.00
Contributor address; City; State; Zip Code		
Abilene, TX 79601		
Principal occupation / Job title (See Instructions)	Employer (See Instructions	
Trustee	Hendrick Medical Cente	
Date Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
03/15/2024 Davenport, Chad (Mr.)		\$2.00
Contributor address; City; State; Zip Code		
Constant TV 70622		
Georgetown, TX 78633	(2 !==t=uptions	-
Principal occupation / Job title (See Instructions)	Employer (See Instructions	
Accounting Specialist	Texas Hospital Insuranc	e Exchange

The Ins	truction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 9/35 Rpt: 13/45
2 FILER NA	AME		<b>3</b> Filer ID (Ethics Commission Filers)
	tical Action Committee of the Texas Hospital Associatio	n	00015794
4 Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of Contribution (\$)
03/15/20	— — —		\$20.00
-	6 Contributor address; City; State; Zip Code		
	Georgetown, TX 78633		
8 Principal	occupation / Job title (See Instructions)	9 Employer (See Instructions	s)
Receptio		Texas Hospital Insuranc	,
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
03/06/20		/	\$3.85
00/00/20	Contributor address; City; State; Zip Code		
	Contributor address, City, State, Zip Code		
	Cuero, TX 77954		
Principal	occupation / Job title (See Instructions)	Employer (See Instructions	s)
	Cardiopulmonary	Cuero Regional Hospita	
Date	— — —	)	Amount of Contribution (\$)
03/19/20			\$3.85
	Contributor address; City; State; Zip Code		
	Cuero, TX 77954		
Drincinal	occupation / Job title (See Instructions)	Employer (See Instructions	
	Cardiopulmonary	Cuero Regional Hospita	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
03/15/20	De La Garza, Heather (Ms.)		\$2.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78701	1	
	occupation / Job title (See Instructions)	Employer (See Instructions	
Assistan	t General Counsel	Texas Hospital Associat	.tion
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
02/29/20	D24 DeYoung, Peter (Dr.)		\$41.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78758		
Principal	occupation / Job title (See Instructions)	Employer (See Instructions	s)
Chief Me	edical Officer	St Davids North Austin I	Medical Center
		<u> </u>	

The Instru	ction Guide explains how to complete this f	örm.	1	Total pages Schedule A1: Sch: 10/35 Rpt: 14/45	
2 FILER NAME				Filer ID (Ethics Commission	Eilors)
	I Action Committee of the Texas Hospital Association	n	ľ	00015794	TT licity
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
03/06/2024	Dennis, Gregory (Mr.)				\$3.85
	6 Contributor address; City; State; Zip Code		1		
	Abilene, TX 79601	1			
	upation / Job title (See Instructions)	9 Employer (See Instructions			
Director Fac	ility Management	Hendrick Medical Cente	r 		
Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
03/06/2024	Devun, Sharn (Ms.)		]		\$3.85
	Contributor address; City; State; Zip Code				
	Abilana TV 70601				
Dringinal occu	Abilene, TX 79601	Employer (See Instructions			
-	upation / Job title (See Instructions) k Management	Hendrick Medical Cente			
Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$1.93
03/06/2024	Donaway, Duane (Mr.)				ΦΤ.92
	Contributor address; City; State; Zip Code				
	Abilene, TX 79601				
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	;)		
Director Info	ormation Systems	Hendrick Medical Cente	r		
Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
03/06/2024	Driskell, Jesiree (Ms.)				\$7.50
	Contributor address; City; State; Zip Code		1		
	Abilene, TX 79601		Ĺ		
-	upation / Job title (See Instructions)	Employer (See Instructions Hendrick Medical Cente			
	jic Comms & Digital Expert		। <del>.                                    </del>		
Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	÷20 F0
03/13/2024	Duncan, Cameron (Mr.)				\$20.50
	Contributor address; City; State; Zip Code				
	Austin, TX 78701				
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>ار</u> د)		
-	cy / Public Policy	Texas Hospital Associat		۱	

1			
The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 11/35 Rpt: 15/45
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	I Action Committee of the Texas Hospital Association		00015794
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
03/15/2024	Dupree, Anthony (Mr.)		\$4.
	6 Contributor address; City; State; Zip Code		1
	Austin, TX 78701		
•	upation / Job title (See Instructions)	9 Employer (See Instructions	
Sr. Accounts	s Payable Specialist	Texas Hospital Associat	tion
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
03/06/2024	Escobar, Jaye (Ms.)		\$3.
	Contributor address; City; State; Zip Code		1
	Abilene, TX 79601		
	upation / Job title (See Instructions)	Employer (See Instructions	,
Director of C	Correctional Health	Hendrick Medical Center	<u>۲</u>
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
03/15/2024	Eskew, Amy (Ms.)		\$14.
	Contributor address; City; State; Zip Code		1
	Austin, TX 78701		
Principal occu President / C	upation / Job title (See Instructions)	Employer (See Instructions Texas Healthcare Truste	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
03/06/2024	Eurek, Andrew (Mr.)		\$4.
	Contributor address; City; State; Zip Code		
	Abilene, TX 79601		
Principal occu	apation / Job title (See Instructions)	Employer (See Instructions	<u></u>
	ancial Analysis	Hendrick Medical Center	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
03/01/2024	Falcone, Lynn (Ms.)		\$100.
	Contributor address; City; State; Zip Code		
	Cuero, TX 77954		
Princinal occu	upation / Job title (See Instructions)	Employer (See Instructions	< <u> </u>
Chief Execut		Cuero Regional Hospital	

6       Contributor address; City; State; Zip Code         Houston, TX 77024       Principal occupation / Job title (See Instructions)         Board Member       9         Employer (See Instructions)       Memorial Hermann Health System         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         03/15/2024       Felton, Chris (Mr.)       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Texas Hospital Association         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         03/06/2024       Ford, Christopher (Mr.)       Employer (See Instructions)       Texas Hospital Association         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         03/06/2024       Ford, Christopher (Mr.)       Se         Contributor address; City; State; Zip Code       Abilene, TX 79601       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of Contribution (\$)         Q3/14/2024       Fox, Jay (Mr.)       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Q3/14/					
The Political Action Committee of the Texas Hospital Association       00015794         4       Date       Setuname of contributor       out-of-state PAC (Dir       )       /       Amount of Contribution (\$)       S500         6       Contributor address; City, State; Zip Code       /       /       Amount of Contribution (\$)       S500         8       Principal occupation / Job title (See Instructions)       9       Employer (See Instructions)       Amount of Contribution (\$)       S4         03/15/2024       Felton, Chris (Mr.)       Out-of-state PAC (Dir       )       Amount of Contribution (\$)       S4         03/15/2024       Felton, Chris (Mr.)       Contributor address; City, State; Zip Code       Amount of Contribution (\$)       S4         03/15/2024       Full name of contributor       Out-of-state PAC (Dir       Amount of Contribution (\$)       S4         03/15/2024       Full name of contributor       Out-of-state PAC (Dir       Amount of Contribution (\$)       S4         03/06/2024       Full name of contributor       Out-of-state PAC (Dir       Amount of Contribution (\$)       S5         03/06/2024       Full name of contributor       Out-of-state PAC (Dir       Amount of Contribution (\$)       S5         03/06/2024       Full name of contributor       Out-of-state PAC (Dir       Amount of Contribution (\$) </td <td>The Instruc</td> <td>tion Guide explains how to complete this f</td> <td>orm.</td> <td></td> <td></td>	The Instruc	tion Guide explains how to complete this f	orm.		
The Political Action Committee of the Texas Hospital Association       00015794         4       Date       Setuname of contributor       out-of-state PAC (Dir       )       /       Amount of Contribution (\$)       S500         6       Contributor address; City, State; Zip Code       /       /       Amount of Contribution (\$)       S500         8       Principal occupation / Job title (See Instructions)       9       Employer (See Instructions)       Amount of Contribution (\$)       S4         03/15/2024       Felton, Chris (Mr.)       Out-of-state PAC (Dir       )       Amount of Contribution (\$)       S4         03/15/2024       Felton, Chris (Mr.)       Contributor address; City, State; Zip Code       Amount of Contribution (\$)       S4         03/15/2024       Full name of contributor       Out-of-state PAC (Dir       Amount of Contribution (\$)       S4         03/15/2024       Full name of contributor       Out-of-state PAC (Dir       Amount of Contribution (\$)       S4         03/06/2024       Full name of contributor       Out-of-state PAC (Dir       Amount of Contribution (\$)       S5         03/06/2024       Full name of contributor       Out-of-state PAC (Dir       Amount of Contribution (\$)       S5         03/06/2024       Full name of contributor       Out-of-state PAC (Dir       Amount of Contribution (\$) </td <td>2 FILER NAME</td> <td></td> <td></td> <td>3 Filer ID (Ethics Commission Filers</td> <td>s)</td>	2 FILER NAME			3 Filer ID (Ethics Commission Filers	s)
03/08/2024       Farris, George (Mr.)       S500         6       Contributor address; City, State, Zip Code       Memorial Hermann Health System         8       Principal occupation / Job title (See Instructions)       Memorial Hermann Health System         Date       Full name of contributor       out-of-state PAC (ID#)       Amount of Contribution (\$)         03/15/2024       Full name of contributor       out-of-state PAC (ID#)       Amount of Contribution (\$)         03/15/2024       Full name of contributor       out-of-state PAC (ID#)       Amount of Contribution (\$)         9       Employer (See Instructions)       Amount of Contribution (\$)       \$4         03/06/2024       Full name of contributor       out-of-state PAC (ID#)       Amount of Contribution (\$)         03/06/2024       Full name of contributor       out-of-state PAC (ID#)       Amount of Contribution (\$)         03/06/2024       Full name of contributor       out-of-state PAC (ID#)       Amount of Contribution (\$)         03/06/2024       Full name of contributor       out-of-state PAC (ID#)       Amount of Contribution (\$)         03/06/2024       Full name of contributor       out-of-state PAC (ID#)       Amount of Contribution (\$)         03/14/2024       Full name of contributor       out-of-state	The Political	Action Committee of the Texas Hospital Association			
03/08/2024       Farris, George (Mr.)       \$500         6       Contributor address; City; State; Zip Code       Houston, TX 77024         8       Principal occupation / Job title (See Instructions)       Memorial Hermann Health System         Date       Full name of contributor       out-of-state PAC (DM;	4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)	
6       Contributor address: City; State; Zip Code         Houston, TX 77024       9         Board Member       Principal occupation / Job title (See Instructions)         Date       Felton, Chris (Mr.)         03/15/2024       Felton, Chris (Mr.)         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Regional Ambassador West Texas       Texas Hospital Association         Pate       Full name of contributor	03/08/2024				00.00
8       Principal occupation / Job title (See Instructions) Board Member       9       Employer (See Instructions) Memorial Hermann Health System         Date       Full name of contributor       out-of-state PAC (DF:	ŀ	6 Contributor address; City; State; Zip Code			
8       Principal occupation / Job title (See Instructions) Board Member       9       Employer (See Instructions) Memorial Hermann Health System         Date 03/15/2024       Felton, Chris (Mr.)       Amount of Contribution (\$)       54         O3/15/2024       Felton, Chris (Mr.)       Amount of Contribution (\$)       54         O3/15/2024       Felton, Chris (Mr.)       S4         Contributor address; City, State; Zip Code       Austin, TX 78701       Employer (See Instructions) Texas Hospital Association         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         03/06/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         03/06/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         03/06/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         03/06/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         03/14/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         03/14/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         03/14/2024       Full name of co		- · · ·			
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 Feiton, Chris (Mr.)       amount of Contribution (\$)       \$4         O3/15/2024       Full name of contributor Contributor address; City, State; Zip Code       Amount of Contribution (\$)       \$4         Principal occupation / Job title (See Instructions) Regional Ambassador West Texas       Employer (See Instructions) Texas Hospital Association       Amount of Contribution (\$)         Date 03/06/2024       Full name of contributor Ford, Christopher (Mr.)       out-of-state PAC (ID#:)       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       Abilene, TX 79601       Employer (See Instructions) Hendrick Medical Center         Date 03/14/2024       Full name of contributor Fox, Jay (Mr.)       out-of-state PAC (ID#:)       Amount of Contribution (\$)         03/14/2024       Full name of contributor Austin, TX 78701       out-of-state PAC (ID#:)       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Austin, TX 78701       Employer (See Instructions) Hendrick Medical Center       \$20         Principal occupation / Job title (See Instructions) Fresident BSWH Austin Area       Employer (See Instructions) Baylor Scott & White Medical Center - Pflugerville         Date       Full name of contributor Austin, TX 78701 </td <td></td> <td></td> <td></td> <td></td> <td></td>					
Board Member       Memorial Hermann Health System         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         03/15/2024       Felton, Chris (Mr.)       S4         Contributor address; City; State; Zip Code       Austin, TX 78701         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Regional Ambassador West Texas       Texas Hospital Association         Date       Full name of contributor       out-of-state PAC (ID#:)         03/06/2024       Ford, Christopher (Mr.)       S4         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         03/06/2024       Ford, Christopher (Mr.)       S4         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         AVP Support Services       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Hendrick Medical Center         Date       Full name of contributor       out-of-state PAC (ID#:					
Date       Full name of contributor       out-of-state PAC (IDE:)       Amount of Contribution (\$)         03/15/2024       Felton, Chris (Mr.)       \$4         O3/15/2024       Contributor address; City; State; Zip Code       Amount of Contribution (\$)       \$4         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Texas Hospital Association         Date       Full name of contributor       out-of-state PAC (IDE:)       Amount of Contribution (\$)         03/06/2024       Ford, Christopher (Mr.)       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         03/06/2024       Ford, Christopher (Mr.)       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of Contribution (\$)         AVP Support Services       Full name of contributor       out-of-state PAC (IDE:)       Amount of Contribution (\$)         03/14/2024       Full name of contributor       out-of-state PAC (IDE:)       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of Contribution (\$)         Q3/14/2024       Full name of contributor       Out-of-state PAC (IDE:					
03/15/2024       Felton, Chris (Mr.)       \$4         Contributor address; City; State; Zip Code       Austin, TX 78701         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Regional Ambassador West Texas       Texas Hospital Association         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         03/06/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         03/06/2024       Ford, Christopher (Mr.)       \$\$         Contributor address; City; State; Zip Code       Abilene, TX 79601       Amount of Contributions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of Contribution (\$)         AVP Support Services       Hendrick Medical Center       \$\$         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         03/14/2024       Fourinbutor address; City; State; Zip Code       Amount of Contribution (\$)       \$\$         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$\$         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$\$         Principal occupation / Job title (See Instructions)       Emp	Board Membe	er	Memorial Hermann Hea	Ith System	
Contributor address; City; State; Zip Code         Austin, TX 78701         Principal occupation / Job title (See Instructions)         Regional Ambassador West Texas         Date         03/06/2024         Ford, Christopher (Mr.)         Contributor address; City; State; Zip Code         Abilene, TX 79601         Principal occupation / Job title (See Instructions)         Contributor address; City; State; Zip Code         Abilene, TX 79601         Principal occupation / Job title (See Instructions)         AVP Support Services         Date         O3/14/2024         Foul name of contributor         Out-of-state PAC (ID#:)         Amount of Contribution (\$)         Secondaria         O3/14/2024         Foul name of contributor         Out-of-state PAC (ID#:)         Amount of Contribution (\$)         Secondaria         O3/14/2024         Four, TX 78701         Principal occupation / Job title (See Instructions)         Austin, TX 78701         Principal occupation / Job title (See Instructions)         President BSWH Austin Area         Baylor Scott & White Medical Center - Pflugerville         Date       Full name of contributor	Date	Full name of contributor out-of-state PAC (ID#:_	)	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       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         03/06/2024       Ford, Christopher (Mr.)       amount of Contribution (\$)       \$\$         Contributor address; City; State; Zip Code       Abilene, TX 79601       Amount of Contributions) Hendrick Medical Center         Principal occupation / Job title (See Instructions) AVP Support Services       Employer (See Instructions) Hendrick Medical Center       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$20         03/14/2024       Fox, Jay (Mr.)       contributor address; City; State; Zip Code       Austin, TX 78701       \$20         Principal occupation / Job title (See Instructions) President BSWH Austin Area       Employer (See Instructions) Baylor Scott & White Medical Center - Pflugerville       \$20         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$20         O3/06/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$24	03/15/2024			\$	\$4.00
Principal occupation / Job title (See Instructions) Regional Ambassador West Texas       Employer (See Instructions) Texas Hospital Association         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         03/06/2024       Ford, Christopher (Mr.)       \$\$         Contributor address; City; State; Zip Code       Abilene, TX 79601       Amount of Contributions) Hendrick Medical Center         Principal occupation / Job title (See Instructions) AVP Support Services       Employer (See Instructions) Hendrick Medical Center       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         03/14/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$20         O3/14/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$20         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$20         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$20         O3/06/2024       Full name of contributor <td< td=""><td>ľ</td><td></td><td></td><td></td><td></td></td<>	ľ				
Principal occupation / Job title (See Instructions) Regional Ambassador West Texas       Employer (See Instructions) Texas Hospital Association         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         03/06/2024       Ford, Christopher (Mr.)       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) AVP Support Services       Employer (See Instructions) Hendrick Medical Center       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         03/14/2024       Fox, Jay (Mr.)       Employer (See Instructions) Hendrick Medical Center       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Austin, TX 78701       Employer (See Instructions) Baylor Scott & White Medical Center - Pflugerville         Principal occupation / Job title (See Instructions) President BSWH Austin Area       Employer (See Instructions) Baylor Scott & White Medical Center - Pflugerville         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         03/06/2024       Francis, Christy (Mrs.)       Saver Scott & White Medical Center - Pflugerville					
Principal occupation / Job title (See Instructions) Regional Ambassador West Texas       Employer (See Instructions) Texas Hospital Association         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         03/06/2024       Ford, Christopher (Mr.)       \$\$         Contributor address; City; State; Zip Code       Abilene, TX 79601       Amount of Contributions) Hendrick Medical Center         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         03/14/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         03/14/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         03/14/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$20         03/14/2024       Fox, Jay (Mr.)       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$20         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$20         O3/06/2024       Full name of contributor       out-of-state PAC (I					
Regional Ambassador West Texas       Texas Hospital Association         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         03/06/2024       Ford, Christopher (Mr.)        Amount of Contribution (\$)         03/06/2024       Ford, Christopher (Mr.)        Amount of Contribution (\$)         03/06/2024       Ford, Christopher (Mr.)          Contributor address; City; State; Zip Code				-	
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         03/06/2024       Ford, Christopher (Mr.)       \$\$         Contributor address; City; State; Zip Code       Abilene, TX 79601       \$\$         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of Contribution (\$)         AVP Support Services       Hendrick Medical Center       Amount of Contribution (\$)       \$20         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$20         03/14/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$20         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$20         Austin, TX 78701       Employer (See Instructions)       \$20         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$20         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$20         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$20         Odient BSWH Austin Area       Baylor Scott & White Medical Center - Pflugerville         Date       Full name of contributor       out-of-state PAC (ID#:					
03/06/2024       Ford, Christopher (Mr.)       \$\$         Contributor address; City; State; Zip Code       Abilene, TX 79601         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         AVP Support Services       Hendrick Medical Center         Date       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)         03/14/2024       Fox, Jay (Mr.)       \$20         Contributor address; City; State; Zip Code       Austin, TX 78701         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         President BSWH Austin Area       Baylor Scott & White Medical Center - Pflugerville         Date       Full name of contributor out-of-state PAC (ID#:)         O3/06/2024       Francis, Christy (Mrs.)       \$84	Regional Ami		Texas Hospital Associat		
Contributor address; City; State; Zip Code         Abilene, TX 79601         Principal occupation / Job title (See Instructions)         AVP Support Services         Date         Fox, Jay (Mr.)         Contributor address; City; State; Zip Code         Austin, TX 78701         Principal occupation / Job title (See Instructions)         Austin, TX 78701         Principal occupation / Job title (See Instructions)         President BSWH Austin Area         Date       Full name of contributor         Oat/06/2024       Full name of contributor         Out-of-state PAC (ID#:)         Amount of Contribution (\$)         State: Sta			)		_
Abilene, TX 79601         Principal occupation / Job title (See Instructions) AVP Support Services       Employer (See Instructions) Hendrick Medical Center         Date       Full name of contributor       out-of-state PAC (ID#:)         03/14/2024       Fox, Jay (Mr.)       \$20         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) President BSWH Austin Area       Employer (See Instructions) Baylor Scott & White Medical Center - Pflugerville         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) President BSWH Austin Area       Employer (See Instructions) Baylor Scott & White Medical Center - Pflugerville         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         03/06/2024       Francis, Christy (Mrs.)       \$84	03/06/2024	Ford, Christopher (Mr.)		\$	\$9.62
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         AVP Support Services       Hendrick Medical Center         Date       Full name of contributor       out-of-state PAC (ID#:)         03/14/2024       Fox, Jay (Mr.)       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       Austin, TX 78701         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         President BSWH Austin Area       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:)         03/06/2024       Full name of contributor       out-of-state PAC (ID#:)         Amount of Contributor       Mount of Contribution (\$)       \$84		Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         AVP Support Services       Hendrick Medical Center         Date       Full name of contributor       out-of-state PAC (ID#:)         03/14/2024       Fox, Jay (Mr.)       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       Austin, TX 78701         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         President BSWH Austin Area       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:)         03/06/2024       Full name of contributor       out-of-state PAC (ID#:)         Amount of Contributor       Mount of Contribution (\$)       \$84					
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         AVP Support Services       Hendrick Medical Center         Date       Full name of contributor       out-of-state PAC (ID#:)         03/14/2024       Fox, Jay (Mr.)       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       Austin, TX 78701         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         President BSWH Austin Area       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:)         03/06/2024       Full name of contributor       out-of-state PAC (ID#:)         Amount of Contributor       Mount of Contribution (\$)       \$84		Abilana TV 70601			
AVP Support Services       Hendrick Medical Center         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         03/14/2024       Fox, Jay (Mr.)			Employer (Cool Instructions	\	
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         03/14/2024       Fox, Jay (Mr.)       \$20         Contributor address; City; State; Zip Code       \$20         Austin, TX 78701       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         President BSWH Austin Area       Baylor Scott & White Medical Center - Pflugerville         Date       Full name of contributor       out-of-state PAC (ID#:)         03/06/2024       Francis, Christy (Mrs.)       \$84					
03/14/2024       Fox, Jay (Mr.)       \$20         Contributor address; City; State; Zip Code       \$20         Austin, TX 78701       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         President BSWH Austin Area       Baylor Scott & White Medical Center - Pflugerville         Date       Full name of contributor       out-of-state PAC (ID#:)         03/06/2024       Francis, Christy (Mrs.)       \$84					
Contributor address; City; State; Zip Code         Austin, TX 78701         Principal occupation / Job title (See Instructions)         President BSWH Austin Area         Date         Full name of contributor         03/06/2024         Francis, Christy (Mrs.)			)		
Austin, TX 78701         Principal occupation / Job title (See Instructions)         President BSWH Austin Area         Date         Full name of contributor         03/06/2024         Francis, Christy (Mrs.)	03/14/2024			$\varphi$	20.50
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         President BSWH Austin Area       Baylor Scott & White Medical Center - Pflugerville         Date       Full name of contributor       out-of-state PAC (ID#:)         03/06/2024       Francis, Christy (Mrs.)       \$84		Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         President BSWH Austin Area       Baylor Scott & White Medical Center - Pflugerville         Date       Full name of contributor       out-of-state PAC (ID#:)         03/06/2024       Francis, Christy (Mrs.)       \$84					
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         President BSWH Austin Area       Baylor Scott & White Medical Center - Pflugerville         Date       Full name of contributor       out-of-state PAC (ID#:)         03/06/2024       Francis, Christy (Mrs.)       \$84		Austin, TX 78701			
President BSWH Austin Area       Baylor Scott & White Medical Center - Pflugerville         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         03/06/2024       Francis, Christy (Mrs.)       \$84	Principal occur		Employer (See Instructions	() ()	
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         03/06/2024       Francis, Christy (Mrs.)       \$84					
03/06/2024 Francis, Christy (Mrs.) \$84			l		
			)	.,	34.00
Continuation address. City, State, Zip Code					)4.00
		Contributor address; City; State, Zip Code			
Canadian, TX 79014		Canadian, TX 79014			
Principal occupation / Job title (See Instructions) Employer (See Instructions)	Principal occup		Employer (See Instructions	() ()	
Chief Executive Officer Hemphill County Hospital District					
Chief Executive Officer Hemphill County Hospital District					

The In:	struction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 13/35 Rpt: 17/45	
2 FILER N	AME		<b>3</b> Filer ID (Ethics Commission File	lers)
	litical Action Committee of the Texas Hospital Associatio	n	00015794	,
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)	
03/15/2				\$20.00
	6 Contributor address; City; State; Zip Code		•	
	Georgetown, TX 78633			
8 Principal	l occupation / Job title (See Instructions)	9 Employer (See Instructions		
Preside	nt / CEO	Texas Hospital Insuranc	ce Exchange	
Date	Full name of contributor out-of-state PAC (ID#:_	· ·)	Amount of Contribution (\$)	
03/15/2	024 Gaines, Cameron (Mr.)			\$2.00
	Contributor address; City; State; Zip Code		1	
				l
	Georgetown, TX 78633			
	occupation / Job title (See Instructions)	Employer (See Instructions	•	
IT Supp	port Specialist	Texas Hospital Insuranc	ce Exchange	
Date	Full name of contributor out-of-state PAC (ID#:_	·)	Amount of Contribution (\$)	
03/15/2	024 Gette, Angela (Ms.)			\$2.00
	Contributor address; City; State; Zip Code	,	1	
	Georgetown, TX 78633	<u> </u>		
	l occupation / Job title (See Instructions)	Employer (See Instructions		
Vice Pre	esident Claims	Texas Hospital Insuranc	ce Exchange	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
03/06/2	024 Gleitz, Stephen (Mr.)			\$4.81
	Contributor address; City; State; Zip Code			
	Abilene, TX 79601			
	l occupation / Job title (See Instructions)	Employer (See Instructions		
Nurse N	Anager of Critical Care Unit	Hendrick Medical Cente	۶r 	
Date	Full name of contributor Dout-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
03/15/2	024 Gonzalez, Sara (Ms.)			\$20.00
	Contributor address; City; State; Zip Code		1	
	Austin, TX 78701	- <del>i</del>		
-	l occupation / Job title (See Instructions)	Employer (See Instructions		
VP Adv	ocacy / Public Policy	Texas Hospital Associat	tion	

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 14/35 Rpt: 18/45	
<u> </u>	FILER NAME			Ļ	Filer ID (Ethics Commission	
<b>_</b>		Action Committee of the Texas Hospital Association	n		00015794	Fileisj
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	03/06/2024	Goolsby, Emily (Ms.)				\$3.85
		6 Contributor address; City; State; Zip Code		1		
		Abilene, TX 79601				
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	<u>;</u> )		
	Dir of the De	ept of Education and Professional Development	Hendrick Medical Cente	۶r		
F	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	03/15/2024	Gordon, Brittanny (Ms.)				\$2.00
		Contributor address; City; State; Zip Code		1		
		Austin, TX 78701				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Sr Specialist	t, AR & Association Management System	Texas Hospital Associat	tior	ı	
F	Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u>	Γ	Amount of Contribution (\$)	
	03/06/2024	Greenwood, Susan (Ms.)				\$29.00
	-	Contributor address; City; State; Zip Code		ł		
		Abilene, TX 79601				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Vice Preside	ent / Chief Nursing Officer	Hendrick Medical Cente	ŧ٢		
F	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	03/15/2024	Haas, Mark (Mr.)				\$4.00
		Contributor address; City; State; Zip Code		1		
		Georgetown, TX 78633				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Staff Account	itant	Texas Hospital Insuranc	ce	Exchange	
╞	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	03/06/2024	Hair, Donna (Ms.)				\$3.85
		Contributor address; City; State; Zip Code		1		
		Brownwood, TX 76804				
$\vdash$	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Director of N	larketing	Hendrick Medical Cente	er		
$\vdash$			<u> </u>			

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The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1:
			Sch: 15/35 Rpt: 19/45
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	Action Committee of the Texas Hospital Association		00015794
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
03/14/2024	Haralson, Gregory (Mr.)		\$1,000.00
	6 Contributor address; City; State; Zip Code		
	Temple, TX 76508		-
	ipation / Job title (See Instructions)	9 Employer (See Instructions	
Central Texa	as Regional President	Baylor Scott & White Ce	entral lexas
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
03/06/2024	Harris, Erica (Ms.)		\$3.85
	Contributor address; City; State; Zip Code		
	Abilene, TX 79601		
	pation / Job title (See Instructions)	Employer (See Instructions	
Admissions I	Director	Hendrick Medical Cente	۲ 
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
02/26/2024	Hart, Brandy (Mrs.)		\$83.00
	Contributor address; City; State; Zip Code		
	Nashville, TN 37203	 	
	ipation / Job title (See Instructions)	Employer (See Instructions	5)
Regional Vic	ce President / Behavioral Health	HCA Healthcare	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
03/15/2024	Hawkins, John (Mr.)		\$90.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78701		
	ipation / Job title (See Instructions)	Employer (See Instructions	
President / C	;E0	Texas Hospital Associat	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
03/15/2024	Haynes, Ashley (Ms.)		\$20.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78701		
	ipation / Job title (See Instructions)	Employer (See Instructions	
Regional Am	nbassador for Houston/East Texas	Texas Hospital Associat	tion

The Ins	truction Guide explains how to complete this f	form.	1	Total pages Schedule A1: Sch: 16/35 Rpt: 20/45	
2 FILER NA	ME		3	Filer ID (Ethics Commission	n Filers)
	tical Action Committee of the Texas Hospital Association	n	-	00015794	
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
03/06/20	Head, Courtney (Ms.)				\$9.62
	6 Contributor address; City; State; Zip Code		1		
	Abilene, TX 79601	1			
	occupation / Job title (See Instructions)	9 Employer (See Instructions			
Vice Pre	sident of Human Resources	Hendrick Medical Cente	er		
Date	Full name of contributor out-of-state PAC (ID#:_	)	T	Amount of Contribution (\$)	
03/07/20					\$83.00
	Contributor address; City; State; Zip Code		]		
	Round Rock, TX 78664	<u> </u>			
	occupation / Job title (See Instructions)	Employer (See Instructions	5)		
Presider		TORCH	-		
Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
03/06/20			]		\$4.81
	Contributor address; City; State; Zip Code				
	Abilene, TX 79601				
Principal	occupation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
-	Case Management	Hendrick Medical Cente			
Date	-		T	Amount of Contribution (\$)	
Date 03/15/20	Full name of contributor out-of-state PAC (ID#:) D24 Hernandez, Janet (Ms.)	)		Amount of Contribution (\$)	\$8.34
03/13/20					Ф0.0 <del>4</del>
	Contributor address; City; State; Zip Code				
	Georgetown, TX 78633				
Principal	occupation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
	ing Manager	Texas Hospital Insuranc		Exchange	
Date	Full name of contributor out-of-state PAC (ID#:_		Γ	Amount of Contribution (\$)	
03/06/20		/		Allount of Contribution (+)	\$3.85
	Contributor address; City; State; Zip Code		ł		ŦŦ
	Abilene, TX 79601				
Principal	occupation / Job title (See Instructions)	Employer (See Instructions	5)		
Market D		Hendrick Medical Cente			

The	e Instru	ction Guide explains how to complete this f	form.	1	Total pages Schedule A1: Sch: 17/35 Rpt: 21/45	
2 FILE	R NAME			3	Filer ID (Ethics Commission	Filers)
		Action Committee of the Texas Hospital Association	n		00015794	,
4 Date	÷	5 Full name of contributor out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
03/1	19/2024	Holcomb, Holly (Ms.)				\$50.00
		6 Contributor address; City; State; Zip Code		1		
		Childress, TX 79201				
8 Princ	cipal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
Chie	ef Execut	tive Officer	Childress Regional Med	lica	al Center	
Date	e	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
03/1	12/2024	Holland, Brad (Mr.)				\$82.50
		Contributor address; City; State; Zip Code		1		
1						
		Abilene, TX 79601				
Princ	cipal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
Pres	sident / C	Chief Executive Officer	Hendrick Health			
Date		Full name of contributor out-of-state PAC (ID#:	l)	Γ	Amount of Contribution (\$)	
	25/2024	Honea, Michael (Mr.)			· · · · · · · · · · · · · · · · · · ·	\$41.00
		Contributor address; City; State; Zip Code		ł		
		Glen Rose, TX 76043				
Princ	cipal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
Chie	ef Execut	tive Officer	Glen Rose Medical Cen	nter		
Date	e	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	06/2024	Howard, Erica (Ms.)				\$3.85
		Contributor address; City; State; Zip Code		ł		·
		Abilene, TX 79601				
Princ	cipal occu	I pation / Job title (See Instructions)	Employer (See Instructions	5)		
		ctor Benefits	Hendrick Medical Cente			
Date	ِر	Full name of contributor out-of-state PAC (ID#:	<u> </u> )	Г	Amount of Contribution (\$)	
	21/2024	Hrncirik, Bobbye (Ms.)			,	\$83.00
		Contributor address; City; State; Zip Code		ł		• -
		Lubbock, TX 79415				
Princ	cipal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
		ental Funding	University Medical Cent			
			-			

	The Instru	ction Guide explains how to complete this f	form.	1	Total pages Schedule A1: Sch: 18/35 Rpt: 22/45	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
-		Action Committee of the Texas Hospital Association	n		00015794	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	03/15/2024	Huff, Alexander (Mr.)				\$2.00
		6 Contributor address; City; State; Zip Code				
		Austin, TX 78701				
8		ipation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Vice Preside	ent of Health IT Programs	THA Foundation			
	Date	Full name of contributor out-of-state PAC (ID#:	<u>.</u> )		Amount of Contribution (\$)	
	03/06/2024	Huffington, Mark (Mr.)				\$4.81
		Contributor address; City; State; Zip Code				
		Abilene, TX 79601				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	System Assi	istant Vice President Analytics	Hendrick Medical Cente	r		
╞	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	03/06/2024	Hunnicutt, Craig (Mr.)				\$3.85
		Contributor address; City; State; Zip Code				
		Abilene, TX 79601				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	Director Reg	gional Services	Hendrick Medical Cente	r		
F	Date	Full name of contributor out-of-state PAC (ID#:_	)	Γ	Amount of Contribution (\$)	
	03/14/2024	Hurst, William (Mr.)				\$125.00
		Contributor address; City; State; Zip Code				
		Plano, TX 75075				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	President /	CEO	Patient Physician Netwo	ork		
╞	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	03/06/2024	Jackson, Olga (Ms.)				\$0.97
		Contributor address; City; State; Zip Code				
		Cuero, TX 77954				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	Support Serv	vices	Cuero Regional Hospita	l		
$\vdash$						

The Instru	iction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 19/35 Rpt: 23/45
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	I Action Committee of the Texas Hospital Association	n	00015794
4 Date	5 Full name of contributor Out-of-state PAC (ID#:_	)	<ul><li>7 Amount of Contribution (\$)</li></ul>
03/19/2024			\$0.
	6 Contributor address; City; State; Zip Code		•
	Cuero, TX 77954		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	s)
Support Ser	vices	Cuero Regional Hospita	u
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
03/15/2024	Jackson, Robin (Ms.)		\$4.
	Contributor address; City; State; Zip Code		1
	Austin, TX 78701		
-	upation / Job title (See Instructions)	Employer (See Instructions	
Vice Preside	ent Service Center	Texas Hospital Associat	tion
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
03/20/2024	Jasper, Jerry (Mr.)		\$41.
	Contributor address; City; State; Zip Code		1
	Harlingen, TX 78550		
	upation / Job title (See Instructions)	Employer (See Instructions	
Former Crim	ef Executive Officer	Solara Hospital Harlinge	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
03/15/2024			\$20.
	Contributor address; City; State; Zip Code		
	Austin, TX 78701		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>-</u>
Member Am		Texas Hospital Associat	·
			1
Date 03/06/2024	Full name of contributor out-of-state PAC (ID#: Kelly, Tave (Ms.)	)	Amount of Contribution (\$)
03/00/2024			ψ <b>τ</b> .'
	Contributor address; City; State; Zip Code		
	Abilene, TX 79601		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ٤)
AVP Reven		Hendrick Medical Cente	

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 20/35 Rpt: 24/45	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
	The Political	Action Committee of the Texas Hospital Association	n		00015794	-
4	Date	5 Full name of contributor out-of-state PAC (ID#:_		7	Amount of Contribution (\$)	
	03/15/2024	Kendrick, Karen (Ms.)			• •	\$20.00
		6 Contributor address; City; State; Zip Code		1		
		Austin, TX 78701				
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	VP of Quality	y & Patient Safety	THA Foundation			
╞	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	03/12/2024	Kimmel, Stephen (Mr.)				\$83.00
		Contributor address; City; State; Zip Code		1		
		Fort Worth, TX 76104				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)		
	Chief Financ	ial Officer	Cook Children's Medica	al C	enter	
F	Date	Full name of contributor out-of-state PAC (ID#:_	)	Γ	Amount of Contribution (\$)	
	03/10/2024	Kirkman, Leni (Ms.)				\$41.00
		Contributor address; City; State; Zip Code		1		
		San Antonio, TX 78229				
		ipation / Job title (See Instructions)	Employer (See Instructions	s)		
	Exec VP Col	rp Communications & Mktg	University Health			
Γ	Date	Full name of contributor out-of-state PAC (ID#:_	)	Γ	Amount of Contribution (\$)	
	03/15/2024	Kroll, Carrie (Ms.)				\$62.00
		Contributor address; City; State; Zip Code		]		
$\vdash$	<b>D</b> : :	Austin, TX 78701		Ĺ		
	•	Ipation / Job title (See Instructions)	Employer (See Instructions		、 、	
L		y / Pub Policy / Political Strategy	Texas Hospital Associat			
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	±: 00
	03/06/2024	Krupala, Judith (Ms.)				\$1.93
		Contributor address; City; State; Zip Code				
$\vdash$	Dringingl goog	Cuero, TX 77954	Employer (Soo Instructions	<u> </u>		
	Chief Nursin	upation / Job title (See Instructions)	Employer (See Instructions Cuero Regional Hospita			
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The Instruction Guide explains how to complete this form.       1       Trait pages.Schedule A1: Sch: 21/35 Rpi: 25/45         2       FLIER NAME The Political Action Committee of the Texas Hospital Association       9       Fler (D)       Efficit C)       00015734         4       Date 03/19/2024       5       Full name of contributor nuplation address; Chy, State; Zip Code       7       Amount of Contribution (S)         6       Contributor address; Chy, State; Zip Code       7       Amount of Contribution (S)       \$1.93         7       Principal accupation / Job tife (See Instructions) Claren Regional Hospital       Amount of Contribution (S)       \$1.93         8       Principal accupation / Job tife (See Instructions) Claren Regional Hospital       Amount of Contribution (S)       \$12.50         0306/2024       Lafrance, Juddin (MS.)       Employer (See Instructions) Contributor address; Chy, State; Zip Code       Amount of Contribution (S)       \$12.50         040e       Abilene; TX 79606       Employer (See Instructions) Hendrick Medical Center       Amount of Contribution (S)       \$500.00         02/29/2024       EuRoson, TO Douglas (Mr.)       Employer (See Instructions) Contributor address; Chy, State; Zip Code       Amount of Contribution (S)       \$500.00         03/06/2024       Full name of contributor Hendrick Medical Center       Amount of Contribution (S)       \$500.00         03/0							
The Political Action Committee of the Texas Hospital Association       00015794         4 Date       5 Full name of contributor       and-state PAC (DATA)       7 Amount of Contribution (S)         03/19/2024       6 Contributor address; City; State; Zip Code       7 Amount of Contribution (S)       \$1.93         8 Principal occupation / Job tills (See Instructions)       9 Employer (See Instructions)       Amount of Contribution (S)         Chief Nursing Officer       Out-of-state PAC (DATA)       Amount of Contribution (S)         Date       Full name of contributor       out-of-state PAC (DATA)       Amount of Contribution (S)         203/06/2024       Lafrance, Judith (Ms.)       Contributor address; City; State; Zip Code       Amount of Contribution (S)         Principal occupation / Job tills (See Instructions)       Hendrick Medical Center       Amount of Contribution (S)         Date       Full name of contributor       out-of-state PAC (DATA)       Amount of Contribution (S)         2/29/2024       Full name of contributor       out-of-state PAC (DATA)       Amount of Contribution (S)         2/29/2024       Full name of contributor       out-of-state PAC (DATA)       Amount of Contribution (S)         2/29/2024       Full name of contributor       out-of-state PAC (DATA)       Amount of Contribution (S)         2/29/2024       Full name of contributor       out-of-state PAC		The Instru	ction Guide explains how to complete this f	orm.	1		
The Political Action Committee of the Texas Hospital Association       00015794         4 Date       5 Full name of contributor       and-state PAC (DATA)       7 Amount of Contribution (S)         03/19/2024       6 Contributor address; City; State; Zip Code       7 Amount of Contribution (S)       \$1.93         8 Principal occupation / Job tills (See Instructions)       9 Employer (See Instructions)       Amount of Contribution (S)         Chief Nursing Officer       Out-of-state PAC (DATA)       Amount of Contribution (S)         Date       Full name of contributor       out-of-state PAC (DATA)       Amount of Contribution (S)         203/06/2024       Lafrance, Judith (Ms.)       Contributor address; City; State; Zip Code       Amount of Contribution (S)         Principal occupation / Job tills (See Instructions)       Hendrick Medical Center       Amount of Contribution (S)         Date       Full name of contributor       out-of-state PAC (DATA)       Amount of Contribution (S)         2/29/2024       Full name of contributor       out-of-state PAC (DATA)       Amount of Contribution (S)         2/29/2024       Full name of contributor       out-of-state PAC (DATA)       Amount of Contribution (S)         2/29/2024       Full name of contributor       out-of-state PAC (DATA)       Amount of Contribution (S)         2/29/2024       Full name of contributor       out-of-state PAC	2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
03/19/2024       Krupala, Judith (Ms.)       \$1.93			Action Committee of the Texas Hospital Association				,
03/19/2024       Krupala, Judith (Ms.)       \$1.93         6       Contributor address; City; Stale; Zip Code       \$1.93         7       Cuero, TX 77954       9         8       Principal occupation / Job title (See Instructions) Chief Nursing Officer       9       Employer (See Instructions) Cuero Regional Hospital         Date       Full name of contributor       out of state PAC (ID#	4	Date	<b>5</b> Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
6       Contributor address: City; State; Zip Code         7       Chief Nursing Officer         8       Principal occupation / Job title (See Instructions)         Chief Nursing Officer       Cuero Regional Hospital         Date       Full name of contributor         03/06/2024       Full name of contributor         Abliene, TX 79606       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         HMCS Chief Administrative Officer       Employer (See Instructions)         Pate       Full name of contributor       out-of-state PAC (De		03/19/2024	-				\$1.93
Cuero, TX 77954       Principal occupation / Job title (See Instructions) Chief Nursing Officer       9 Employer (See Instructions) Cuero Regional Hospital         Date 03/06/2024       Full name of contributor of un-of-state PAC (Dir:		I	6 Contributor address; City; State; Zip Code				
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 Lafrance, Judith (Ms.)       amount of Contribution (\$) \$12.50         Ostion 2006/2024       Full name of contributor Abilene, TX 79606       Amount of Contribution (\$) \$12.50         Principal occupation / Job title (See Instructions) HMCS Chief Administrative Officer       Employer (See Instructions) Hendrick Medical Center         Date 02/29/2024       Full name of contributor Contributor address; City; State; Zip Code       Amount of Contribution (\$) \$500.00         Date 02/29/2024       Full name of contributor Contributor address; City; State; Zip Code       Amount of Contribution (\$) \$500.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$) Contributor address; City; State; Zip Code       Amount of Contribution (\$) \$3.85         Date 03/06/2024       Full name of contributor Abilene, TX 79601       Amount of Contribution (\$) \$3.85       \$3.85         Date 03/06/2024       Full name of contributor Abilene, TX 79601       Employer (See Instructions) Hendrick Medical Center       Amount of Contribution (\$) \$3.85         Date 03/15/2024       Full name of contributor Contributor address; City; State; Zip Code       Amount of Contribution (\$) \$4.00         Date 03/15/2024       Full name of contributor Lengal; Samantha (Ms.) Contributor address; City; State; Zip Code       Amoun		I					
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 Lafrance, Judith (Ms.)       amount of Contribution (\$) \$12.50         Ostion 2006/2024       Full name of contributor Abilene, TX 79606       Amount of Contribution (\$) \$12.50         Principal occupation / Job title (See Instructions) HMCS Chief Administrative Officer       Employer (See Instructions) Hendrick Medical Center         Date 02/29/2024       Full name of contributor Contributor address; City; State; Zip Code       Amount of Contribution (\$) \$500.00         Date 02/29/2024       Full name of contributor Contributor address; City; State; Zip Code       Amount of Contribution (\$) \$500.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$) Contributor address; City; State; Zip Code       Amount of Contribution (\$) \$3.85         Date 03/06/2024       Full name of contributor Abilene, TX 79601       Amount of Contribution (\$) \$3.85       \$3.85         Date 03/06/2024       Full name of contributor Abilene, TX 79601       Employer (See Instructions) Hendrick Medical Center       Amount of Contribution (\$) \$3.85         Date 03/15/2024       Full name of contributor Contributor address; City; State; Zip Code       Amount of Contribution (\$) \$4.00         Date 03/15/2024       Full name of contributor Lengal; Samantha (Ms.) Contributor address; City; State; Zip Code       Amoun		I					
Chief Nursing Officer       Cuero Regional Hospital         Date       Full name of contributor       out-of-state PAC (DBr       Amount of Contribution (\$)         03/06/2024       Lafrance, Judith (Ms.)       \$12.50         Contributor address; City: State: Zip Code       Abilene, TX 79606         Principal occupation / Job title (See Instructions)       Hendrick Medical Center         Date       Full name of contributor       out-of-state PAC (DBr       Amount of Contribution (\$)         02/29/2024       Full name of contributor       out-of-state PAC (DBr       Amount of Contribution (\$)         02/29/2024       Full name of contributor       out-of-state PAC (DBr       Amount of Contribution (\$)         02/29/2024       Full name of contributor       out-of-state PAC (DBr       Amount of Contribution (\$)         02/29/2024       Full name of contributor       out-of-state PAC (DBr       Amount of Contribution (\$)         02/29/2024       Full name of contributor       out-of-state PAC (DBr       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       Amount of Contribution (\$)       \$3.85         Contributor address; City; State; Zip Code       Amount of Contribution (\$)       \$3.85         O3/06/2024       Full name of contributor       out-of-state PAC (DBr       Amount of Contribution (\$)			Cuero, TX 77954				
Date       Full name of contributor       out-of-state PAC (D#)       Amount of Contribution (\$)         03/06/2024       Lafrance, Judith (Ms.)       \$12.50         Contributor address; City; State; Zip Code       Amount of Contribution (\$)       \$12.50         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Hendrick Medical Center         Date       Full name of contributor       out-of-state PAC (D#)       Amount of Contribution (\$)         02/29/2024       Lawson, T Douglas (Mr.)       Amount of Contribution (\$)       \$500.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)       \$500.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)       \$500.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)       \$3.85         Contributor address; City; State; Zip Code       Amount of Contribution (\$)       \$3.85         O3/06/2024       Full name of contributor       out-of-state PAC (D#)       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$3.85         Contributor address; City; State; Zip Code       Amount of Contribution (\$)       \$3.85         O3/06/2024       Full name of contributor       Benployer (See Instructions)       Amount o	8	•					
03/06/2024       Lafrance, Judith (Ms.)       \$12.50         Contributor address; City; State; Zip Code       Abilene, TX 79606         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         HMCS Chief Administrative Officer       Hendrick Medical Center         Date       Full name of contributor		Chief Nursin	g Officer	Cuero Regional Hospita			
Contributor address; City; State; Zip Code         Abilene, TX 79606         Principal occupation / Job title (See Instructions)         HMCS Chief Administrative Officer         Date         Q2/29/2024         Lawson, T Douglas (Mr.)         Contributor address; City; State; Zip Code         Houston, TX 77225         Principal occupation / Job title (See Instructions)         Houston, TX 77225         Principal occupation / Job title (See Instructions)         Chief Executive Officer         Date         Principal occupation / Job title (See Instructions)         Contributor address; City; State; Zip Code         Houston, TX 77225         Principal occupation / Job title (See Instructions)         Chief Executive Officer         Date         Abilene, TX 79601         Principal occupation / Job title (See Instructions)         Contributor address; City; State; Zip Code         Abilene, TX 79601         Principal occupation / Job title (See Instructions)         Dir Med Staff Srvcs & Physician Recruitment         Hendrick Medical Center         Date         Q3/15/2024         Lengal, Samantha (Ms.)         Contributor address; City; State; Zip Code         Georgetown, TX 78633		Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
Contributor address; City; State; Zip Code         Abilene, TX 79606         Principal occupation / Job title (See Instructions)         HMCS Chief Administrative Officer         Date       Full name of contributor		03/06/2024					\$12.50
Principal occupation / Job title (See Instructions) HMCS Chief Administrative Officer       Employer (See Instructions) Hendrick Medical Center         Date       Full name of contributor       out-of-state PAC (D#:       Amount of Contribution (\$)         02/29/2024       Lawson, T Douglas (Mr.)       S500.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Chief Executive Officer       Employer (See Instructions) CHI St Luke's Health         Date       Full name of contributor       out-of-state PAC (D#:       Amount of Contribution (\$)         03/06/2024       Full name of contributor       out-of-state PAC (D#:       Amount of Contribution (\$)         03/06/2024       Full name of contributor       out-of-state PAC (D#:       Amount of Contribution (\$)         03/06/2024       Full name of contributor       out-of-state PAC (D#:       Amount of Contribution (\$)         03/06/2024       Full name of contributor       out-of-state PAC (ID#:       Amount of Contribution (\$)         03/05/2024       Full name of contributor       out-of-state PAC (ID#:       Amount of Contribution (\$)         03/15/2024       Full name of contributor       out-of-state PAC (ID#:       Amount of Contribution (\$)         03/15/2024       Full name of contributor       out-of-state PAC (ID#:       Amount of Contributio		I					
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HMCS Chief Administrative Officer       Hendrick Medical Center         Date       Full name of contributor       out-of-state PAC (ID#:							
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         02/29/2024       Lawson, T Douglas (Mr.)       \$500.00         Contributor address; City; State; Zip Code       Full name of contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       CHI St Luke's Health         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         03/06/2024       Lee, Rachel (Ms.)       Employer (See Instructions)       S3.85         Contributor address; City; State; Zip Code       Amount of Contribution (\$)       \$3.85         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         03/06/2024       Lee, Rachel (Ms.)       Employer (See Instructions)       \$3.85         Date       Abilene, TX 79601       Employer (See Instructions)       \$4.00         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         03/15/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         03/15/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$) </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>							
02/29/2024       Lawson, T Douglas (Mr.)       \$500.00         Contributor address; City; State; Zip Code		HMCS Chief	Administrative Officer	Hendrick Medical Center	r		
Contributor address; City, State; Zip Code         Houston, TX 77225         Principal occupation / Job title (See Instructions)         Chief Executive Officer         Date         03/06/2024         Lee, Rachel (Ms.)         Contributor address; City; State; Zip Code         Abilene, TX 79601         Principal occupation / Job title (See Instructions)         Chrifbart Srvcs & Physician Recruitment         Date         Principal occupation / Job title (See Instructions)         Employer (See Instructions)         Dir Med Staff Srvcs & Physician Recruitment         Date         O3/15/2024         Lengal, Samantha (Ms.)         Contributor address; City; State; Zip Code         Georgetown, TX 78633         Principal occupation / Job title (See Instructions)         Employer (See Instructions)         Contributor address; City; State; Zip Code	Γ	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
Houston, TX 77225       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Chief Executive Officer       CHI St Luke's Health         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         03/06/2024       Lee, Rachel (Ms.)       \$3.85         Contributor address; City, State; Zip Code       Abilene, TX 79601         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Dir Med Staff Srvcs & Physician Recruitment       Hendrick Medical Center         Date       Full name of contributor       out-of-state PAC (ID#:)         03/15/2024       Lengal, Samantha (Ms.)       Amount of Contribution (\$)         03/15/2024       Fugget contributor       out-of-state PAC (ID#:)         03/15/2024       Full name of contributor       out-of-state PAC (ID#:)         03/15/2024       Lengal, Samantha (Ms.)       \$4.00         Contributor address; City, State; Zip Code       Amount of Contribution (\$)         Georgetown, TX 78633       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)		02/29/2024	Lawson, T Douglas (Mr.)			9	\$500.00
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Chief Executive Officer       CHI St Luke's Health         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         03/06/2024       Lee, Rachel (Ms.)       \$3.85         Contributor address; City; State; Zip Code       Contributor address; City; State; Zip Code       \$4.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         03/15/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         03/15/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         03/15/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         Georgetown, TX 78633       Employer (See Instructions)       \$4.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)					Ļ		
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         03/06/2024       Lee, Rachel (Ms.)       \$3.85         Contributor address; City; State; Zip Code       Abilene, TX 79601         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Dir Med Staff Srvcs & Physician Recruitment       Hendrick Medical Center         Date       Full name of contributor       out-of-state PAC (ID#:)         03/15/2024       Full name of contributor       out-of-state PAC (ID#:)         O3/15/2024       Full name of contributor       out-of-state PAC (ID#:)         Georgetown, TX 78633       Employer (See Instructions)       \$4.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)					5)		
03/06/2024       Lee, Rachel (Ms.)       \$3.85         Contributor address; City; State; Zip Code       Abilene, TX 79601         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Dir Med Staff Srvcs & Physician Recruitment       Hendrick Medical Center         Date       Full name of contributor       out-of-state PAC (ID#:)         03/15/2024       Full name of contributor       out-of-state PAC (ID#:)         03/15/2024       Georgetown, TX 78633       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$4.00							
Contributor address; City; State; Zip Code         Abilene, TX 79601         Principal occupation / Job title (See Instructions)         Dir Med Staff Srvcs & Physician Recruitment         Date         Full name of contributor         03/15/2024         Lengal, Samantha (Ms.)         Contributor address; City; State; Zip Code         Georgetown, TX 78633         Principal occupation / Job title (See Instructions)         Employer (See Instructions)         Bemployer (See Instructions)         Employer (See Instructions)				)		Amount of Contribution (\$)	
Abilene, TX 79601         Principal occupation / Job title (See Instructions)         Dir Med Staff Srvcs & Physician Recruitment         Date         Full name of contributor       out-of-state PAC (ID#:)         Amount of Contribution (\$)         User (See Instructions)         Date         Full name of contributor       out-of-state PAC (ID#:)         Amount of Contribution (\$)         Contributor address; City; State; Zip Code         Georgetown, TX 78633         Principal occupation / Job title (See Instructions)         Employer (See Instructions)		03/06/2024					\$3.85
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Dir Med Staff Srvcs & Physician Recruitment       Hendrick Medical Center         Date       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)         03/15/2024       Lengal, Samantha (Ms.)       \$4.00         Contributor address; City; State; Zip Code       Georgetown, TX 78633       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Employer (See Instructions)		I	Contributor address; City; State; Zip Code				
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Dir Med Staff Srvcs & Physician Recruitment       Hendrick Medical Center         Date       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)         03/15/2024       Lengal, Samantha (Ms.)       \$4.00         Contributor address; City; State; Zip Code       Georgetown, TX 78633       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Employer (See Instructions)		I					
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Dir Med Staff Srvcs & Physician Recruitment       Hendrick Medical Center         Date       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)         03/15/2024       Lengal, Samantha (Ms.)       \$4.00         Contributor address; City; State; Zip Code       Georgetown, TX 78633       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Employer (See Instructions)		I	Abilona TV 70601				
Dir Med Staff Srvcs & Physician Recruitment       Hendrick Medical Center         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         03/15/2024       Lengal, Samantha (Ms.)       \$4.00         Contributor address; City; State; Zip Code       Georgetown, TX 78633       \$4.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Employer (See Instructions)	┝	Drincinal occu		Employer (See Instructions	<u> </u>		
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         03/15/2024       Lengal, Samantha (Ms.)       \$4.00         Contributor address; City; State; Zip Code       Georgetown, TX 78633         Principal occupation / Job title (See Instructions)       Employer (See Instructions)							
03/15/2024 Lengal, Samantha (Ms.) \$4.00 Contributor address; City; State; Zip Code Georgetown, TX 78633 Principal occupation / Job title (See Instructions) Employer (See Instructions)				<u> </u>			
Contributor address; City; State; Zip Code Georgetown, TX 78633 Principal occupation / Job title (See Instructions) Employer (See Instructions)				)		Amount of Contribution (\$)	¢4.00
Georgetown, TX 78633 Principal occupation / Job title (See Instructions) Employer (See Instructions)		03/15/2024					\$4.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)		Contributor address; City; State; Zip Code					
Principal occupation / Job title (See Instructions) Employer (See Instructions)		I					
Principal occupation / Job title (See Instructions) Employer (See Instructions)		I	Georgetown TX 78633				
	┝	Drincinal occu		Employer (See Instructions	<u> </u>		
						Evehanda	
			Cooldinator		,с.		

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

⊢						
	The Instru	ction Guide explains how to complete this f	form.	1	Total pages Schedule A1: Sch: 23/35 Rpt: 27/45	
2	FILER NAME			3	Filer ID (Ethics Commission	ı Filers)
	The Political	Action Committee of the Texas Hospital Associatio			00015794	
$ _{4}$	Date	5 Full name of contributor out-of-state PAC (ID#:		- -	Amount of Contribution (\$)	
	03/15/2024	Merrell, Angie (Ms.)	/ !	ľ.		\$2.00
	03/13/2024		!			Ψ2.00
		6 Contributor address; City; State; Zip Code	!			
		1	!			
			!			
L		Georgetown, TX 78633	!			
8		ipation / Job title (See Instructions)	9 Employer (See Instructions			
	THIE Vice P	resident of Risk Management	Texas Hospital Insuranc	e F	Exchange	
F	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	03/01/2024	Mitchell, Kenneth (Dr.)				\$41.00
		Contributor address; City; State; Zip Code		ł		Ţ
		Continuation address, City, State, Zip Code	!			
		1	!			
		Austin, TX 78701	!			
$\vdash$						
		Ipation / Job title (See Instructions)	Employer (See Instructions	5)		
L	SVP / Chier	Medical Officer	St. David's HealthCare	_		
Γ	Date	Full name of contributor out-of-state PAC (ID#:_	)	Γ	Amount of Contribution (\$)	
	03/10/2024	Morales, Daniel (Mr.)	!			\$20.50
		Contributor address; City; State; Zip Code		1		
			,			
		1	!			
		Houston, TX 77030	,			
$\vdash$	Principal occu	I Ipation / Job title (See Instructions)	Employer (See Instructions	上 3)		
		ent Government Affairs	Houston Methodist	,		
╞			<u> </u>	_		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	÷0.00
	03/15/2024	Mundfrom, Jessie (Ms.)	!	]		\$2.00
		Contributor address; City; State; Zip Code				
		1	!			
		1	!			
		Austin, TX 78701				
Γ	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	Manager of `	Virtual Education	THA Foundation			
F	Date	Full name of contributor out-of-state PAC (ID#:_		Γ	Amount of Contribution (\$)	
	03/06/2024	Murphy, Patrick (Mr.)			• •	\$3.85
				ł		
	Contributor address; City; State; Zip Code		!			
		1	!			
		Abilene, TX 79601	!			
┝	Duin singly age			ŕ		
		Ipation / Job title (See Instructions)	Employer (See Instructions			
	Healthcare F	rofessional	Hendrick Medical Center	r.		

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 24/35 Rpt: 28/45	
2 FILER NAME			3 Filer ID (Ethics Commission	ı Filers)
	Action Committee of the Texas Hospital Association	n	00015794	
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)	
03/15/2024	Neiger, David (Mr.)			\$82.00
	6 Contributor address; City; State; Zip Code			
	-			
	Austin, TX 78701			
	upation / Job title (See Instructions)	9 Employer (See Instructions		
Chief Financ	cial Officer	Texas Hospital Associat	tion	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
03/15/2024	O'Neil, Jennifer (Ms.)			\$10.00
	Contributor address; City; State; Zip Code		1	
	Austin, TX 78701	1		
-	upation / Job title (See Instructions)	Employer (See Instructions		
Executive A	dministrative Manager	Texas Hospital Associat	tion	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
03/15/2024	Pargac, Ann (Ms.)			\$2.00
	Contributor address; City; State; Zip Code			
Detroinal ago	Austin, TX 78701		Į	
Director of E	upation / Job title (See Instructions)	Employer (See Instructions THA Foundation	<i>;</i> )	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
03/20/2024	Parisi, James (Mr.)			\$41.50
	Contributor address; City; State; Zip Code			
	The Woodlands, TX 77384			
Dringinal occu	upation / Job title (See Instructions)	Employer (See Instructions		
Chief Execu		CHI St Lukes Health - T	,	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	+050 00
02/29/2024	Peterson, Mary (Dr.)			\$350.00
	Contributor address; City; State; Zip Code			
	Corpus Christi, TX 78411			
Dringing ogg		Employer (See Instructions	<u> </u>	
-	upation / Job title (See Instructions) f Operating Officer	Employer (See Instructions Driscoll Children's Hosp		

	The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 25/35 Rpt: 29/45	
2	FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)	
	The Political	Action Committee of the Texas Hospital Association		00015794	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)	
	02/26/2024	Pickett, Jerry (Mr.)		\$20.	.50
	I	6 Contributor address; City; State; Zip Code		•	
	I				
	I				
	I	Clifton, TX 76634			
8		ipation / Job title (See Instructions)	9 Employer (See Instructions	;) 	
	Chief Financ	ial Officer	Goodall-Witcher Healtho	care	
⊨	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	_
	03/15/2024	Porter, Lea Anne (Ms.)		\$2.	.00
	I	Contributor address; City; State; Zip Code			
	I				
	I				
		Austin, TX 78701			
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	;) 	
	VP Retireme	nt Plans	Texas Hospital Associat	tion Retirement Plan	
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	_
	03/06/2024	Preston, Deborah (Ms.)		\$5.	.00
	I	Contributor address; City; State; Zip Code			
	I				
	I				
		Abilene, TX 79601			
		pation / Job title (See Instructions)	Employer (See Instructions		
	Director of P	harmacy	Hendrick Medical Cente	<u>بر</u>	
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
	03/14/2024	Qualls, Rustin (Mr.)		\$20.	.50
	ł	Contributor address; City; State; Zip Code		1	
	I				
	I				
		Clifton, TX 76634			
		ipation / Job title (See Instructions)	Employer (See Instructions		
	Director of O	perations	Goodall-Witcher Healtho	care	
Γ	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
	03/15/2024	Ramirez, Erika (Ms.)		\$2.	.00
	I	Contributor address; City; State; Zip Code		1	
	I				
	I				
		Austin, TX 78701			
		apation / Job title (See Instructions)	Employer (See Instructions		
	Senior Direc	tor Health Policy	Texas Hospital Associat		

	The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 26/35 Rpt: 30/45
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
	The Political	Action Committee of the Texas Hospital Association	n	00015794
4	Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
	03/15/2024	Ramirez, Lisa (Ms.)		\$4.00
		6 Contributor address; City; State; Zip Code		
		Austin, TX 78701		
8		upation / Job title (See Instructions)	9 Employer (See Instructions	
	Specialist		Texas Hospital Associat	tion
F	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	03/15/2024	Ressmann, Mitzi (Ms.)		\$62.00
		Contributor address; City; State; Zip Code		
		Austin, TX 78701		
		upation / Job title (See Instructions)	Employer (See Instructions	
	Chief Operat	ting Officer	Texas Hospital Associat	tion
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	03/15/2024	Richburg, Melanie (Dr.)		\$125.00
		Contributor address; City; State; Zip Code		1
		Tahoka, TX 79373	<u> </u>	-
		upation / Job title (See Instructions)	Employer (See Instructions	
	Chief Execut		Lynn County Hospital Di	
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	03/06/2024	Richert, Ron (Mr.)		\$3.85
		Contributor address; City; State; Zip Code		
		Abilene, TX 79601		
$\vdash$	Dringing occu		Employer (See Instructions	
		ipation / Job title (See Instructions) ne Health Club	Hendrick Medical Cente	·
L				1
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	03/15/2024	Rios, Amy (Ms.)		\$2.00
		Contributor address; City; State; Zip Code		
		Austin, TX 78701		
$\vdash$	Drincinal occu	austin, 1X 78701 Ipation / Job title (See Instructions)	Employer (See Instructions	
		g & Strategic Communications	Texas Hospital Associat	
┝		J & Strategie Communications	10001110001111	

The Instru	iction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 27/35 Rpt: 31/45
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	- I Action Committee of the Texas Hospital Association	n	00015794
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
03/06/2024	Robinson, Tracee (Ms.)		\$3.85
	6 Contributor address; City; State; Zip Code	,	1
	Abilene, TX 79601		
	upation / Job title (See Instructions)	9 Employer (See Instructions	
Director of Q	2uality	Hendrick Medical Cente	۶r
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
02/29/2024	Rodriguez, Leticia (Ms.)		\$150.00
	Contributor address; City; State; Zip Code	,	1
	Monahans, TX 79756		
	upation / Job title (See Instructions)	Employer (See Instructions	,
Chief Execu	itive Officer	Ward Memorial Hospital	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
03/08/2024	Saenz, Iris (Ms.)	ļ	\$20.50
	Contributor address; City; State; Zip Code		1
		ļ	
		ļ	
	Houston, TX 77024	-	
·	upation / Job title (See Instructions)	Employer (See Instructions	
Manager Pu	ublic Policy & Community Benefit	Memorial Hermann Hea	alth System
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
03/15/2024	Safarik, Paulina (Ms.)		\$2.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78701	1	
·	upation / Job title (See Instructions)	Employer (See Instructions	
Senior Direc	ctor of Human Resources	Texas Hospital Associat	tion
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
03/10/2024	Sandles, Christopher (Mr.)	!	\$41.00
	Contributor address; City; State; Zip Code	ļ	]
	San Antonio, TX 78229	1	<u> </u>
-	upation / Job title (See Instructions)	Employer (See Instructions	3)
Former Pres	sident Hospital Operations	University Health	

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 28/35 Rpt: 32/45	
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers	5)
	Action Committee of the Texas Hospital Association	n	00015794	- /
4 Date	5 Full name of contributor out-of-state PAC (ID#:_		7 Amount of Contribution (\$)	
03/06/2024	Schmidt, Timothy (Mr.)			3.85
	6 Contributor address; City; State; Zip Code			
	Abilene, TX 79601			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	3)	
Dir Property	/ Facility Management	Hendrick Medical Cente	r	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
03/19/2024	Shaw, Hal (Mr.)			0.00
	Contributor address; City; State; Zip Code			
	- · · ·			
	Brownwood, TX 76804			
	ipation / Job title (See Instructions)	Employer (See Instructions	3)	
Dir Facility N	/gmnt	Hendrick Medical Cente	r - Brownwood	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
03/19/2024	Shaw, Kay (Ms.)		\$10	0.00
	Contributor address; City; State; Zip Code			
	Brownwood, TX 76804			
	upation / Job title (See Instructions)	Employer (See Instructions	•	
Laboratory A	Admin Dir	Hendrick Medical Cente	r - Brownwood	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
03/15/2024	Shea, Patrick (Mr.)		\$2	2.00
	Contributor address; City; State; Zip Code			
	Georgetown, TX 78633	1		
	Ipation / Job title (See Instructions)	Employer (See Instructions		
RISK Manage	ement Coordinator	Texas Hospital Insuranc	e Exchange	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	_
03/15/2024	Sipes, Michael (Mr.)		\$2	2.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78701	1 /2		
	Ipation / Job title (See Instructions)	Employer (See Instructions		
Legal Servic	es Specialist	Texas Hospital Associat	lion	

	The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 29/35 Rpt: 33/45	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
	The Political	Action Committee of the Texas Hospital Association	n		00015794	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	03/15/2024	Smith, John (Mr.)				\$1.00
		6 Contributor address; City; State; Zip Code		1		
		Austin, TX 78701				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Director Data	a & Technology	THA Foundation			
F	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	03/06/2024	Speckels, Donna (Ms.)				\$3.85
		Contributor address; City; State; Zip Code		1		
		Abilene, TX 79601				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Director Hen	ndrick HouseCalls	Hendrick Medical Cente	er		
╞	Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	03/08/2024	Speer, Gena (Ms.)				\$14.50
		Contributor address; City; State; Zip Code		1		
		Breckenridge, TX 76424				
		pation / Job title (See Instructions)	Employer (See Instructions			
	Chief Nursin	g Officer	Stephens Memorial Hos	spit	al	
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	03/15/2024	Srubar, Linda (Mrs.)				\$3.00
		Contributor address; City; State; Zip Code		1		
		Georgetown, TX 78633				
		pation / Job title (See Instructions)	Employer (See Instructions			
	Executive As	sistant	Texas Hospital Associat	tior	1	
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	03/06/2024	Stafford, Steven (Mr.)				\$3.85
	Contributor address; City; State; Zip Code		1			
		Abilene, TX 79601				
		upation / Job title (See Instructions)	Employer (See Instructions			
	Director Hen		Hendrick Medical Cente	er		
1						

	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 30/35 Rpt: 34/45	
2	FILER NAME			3	Filer ID (Ethics Commission	ı Filers)
	The Political	Action Committee of the Texas Hospital Association			00015794	-
4	Date	5 Full name of contributor out-of-state PAC (ID#:_		7	Amount of Contribution (\$)	
	03/06/2024	Stephenson, David (Mr.)				\$9.62
		6 Contributor address; City; State; Zip Code				· · ·
		Abilene, TX 79601				
8	Principal occu	I Ipation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>		
		Hendrick Clinic & Anesthesia Network	Hendrick Medical Cente			
⊨	Date	Full name of contributor out-of-state PAC (ID#:	)	Τ	Amount of Contribution (\$)	
	02/26/2024	Taylor, Clay (Mr.)	/		Allount of Contribution (*)	\$20.50
	021201202.					Ψ20.00
		Contributor address; City; State; Zip Code				
		Lubbock, TX 79410				
$\vdash$	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	⊥ s)		
	Chief Operat		Covenant Childrens Hos		tal	
╞	Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u>	T	Amount of Contribution (\$)	
	03/07/2024	Thomas, Wendy (Ms.)	/			\$5.00
	00/01/2024					Ψ0.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78701				
$\vdash$	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	•	cy / Pub Policy / HOSPAC	Texas Hospital Associat		۱	
╞			)	 T		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	<u>ቀ10 00</u>
	03/15/2024	Thomas, Wendy (Ms.)				\$10.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78701				
┝	Dringingl oppu		Employer (See Instructions			
	-	ipation / Job title (See Instructions) cy / Pub Policy / HOSPAC	Employer (See Instructions Texas Hospital Associat		<b>`</b>	
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	03/06/2024	Tiffin, Laura (Ms.)				\$1.00
	Contributor address; City; State; Zip Code					
		Cuero, TX 77954				
		upation / Job title (See Instructions)	Employer (See Instructions			
	Business Of	fice Manager	Cuero Regional Hospita	al		
Γ						

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 31/35 Rpt: 35/45	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
	The Political	Action Committee of the Texas Hospital Association	ı		00015794	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_		7	Amount of Contribution (\$)	
	03/19/2024	Tiffin, Laura (Ms.)				\$1.00
	-	6 Contributor address; City; State; Zip Code				-
		Cuero, TX 77954				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Business Of	fice Manager	Cuero Regional Hospita	l		
F	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	03/15/2024	Trout, Judith (Ms.)				\$2.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78701				
	•	upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Healthcare D	Jata Analyst	THA Foundation			
F	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	03/06/2024	Tucek, Karen (Ms.)				\$3.85
		Contributor address; City; State; Zip Code				
		Abilene, TX 79601				
		upation / Job title (See Instructions)	Employer (See Instructions	·		
	Director, Hos		Hendrick Medical Cente	r		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	03/15/2024	Turner, Matt (Mr.)				\$2.00
		Contributor address; City; State; Zip Code				
		A				
$\vdash$	Dringingl goog	Austin, TX 78701	Employer (Soo Instructions	<u> </u>		
		upation / Job title (See Instructions) ctor Quality & Payment	Employer (See Instructions Texas Hospital Associat		<b>`</b>	
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	10 OF
	03/06/2024	Vidrine, Amanda (Ms.)				\$3.85
	Contributor address; City; State; Zip Code					
		Abilene, TX 79601				
$\vdash$	Drincinal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
		egulatory Manager	Employer (See Instructions Hendrick Medical Cente			
┝			Tienunek weuleur eente	-		

The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 32/35 Rpt: 36/45	
2 FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	I Action Committee of the Texas Hospital Association	n		00015794	
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
03/06/2024	Wade, Susan (Ms.)				\$15.00
	6 Contributor address; City; State; Zip Code		1		
	Abilene, TX 79601	1	Ĺ		
	upation / Job title (See Instructions)	9 Employer (See Instructions			
Abilene Marl		Hendrick Medical Cente			
Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	÷0.05
03/06/2024					\$3.85
	Contributor address; City; State; Zip Code				
	Abilene, TX 79601				
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	 5)		
Healthcare F		Hendrick Medical Cente			
Date	Full name of contributor out-of-state PAC (ID#:_	)	Γ	Amount of Contribution (\$)	
03/06/2024	Wallschlaeger, Erich (Mr.)			,	\$9.62
	Contributor address; City; State; Zip Code		ł		
	Brownwood, TX 76804				
	upation / Job title (See Instructions)	Employer (See Instructions			
Chief Financ	ial Officer	Hendrick Medical Cente	er		
Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
03/06/2024	Walzer, Cheryl (Ms.)				\$3.85
	Contributor address; City; State; Zip Code				
	Abilene, TX 79601				
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ג)		
	Aedsurg / Tele	Hendrick Medical Cente			
Date	Full name of contributor out-of-state PAC (ID#:	<u> </u> )	Γ	Amount of Contribution (\$)	
03/20/2024	Warner, Freddy (Mr.)	/		Allount of Contineation (4)	\$145.50
	Contributor address; City; State; Zip Code		1		-
	Houston, TX 77024				
	upation / Job title (See Instructions)	Employer (See Instructions			
Chief Goveri	nment Relations Officer	Memorial Hermann Hea	lth	System	

	The Instru	ction Guide explains how to complete this f	1 Total pages Schedule A1: Sch: 33/35 Rpt: 37/45	
2	2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	The Political	Action Committee of the Texas Hospital Association	n	00015794
4	Date	5 Full name of contributor Out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
	03/06/2024	Waters, Amber (Ms.)		\$3.85
		6 Contributor address; City; State; Zip Code		4
		Abilene, TX 79601		
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	5)
	Director of A	dmissions	Hendrick Medical Cente	er
F	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	03/07/2024	Weller, Meghan (Ms.)		\$50.00
		Contributor address; City; State; Zip Code		
		Austin, TX 78701		
	-	upation / Job title (See Instructions)	Employer (See Instructions	
	Director of G	Government Relations	HCA Healthcare-Centra	l & West Texas Division
F	Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
	03/07/2024	Westerman, Mandy (Ms.)		\$1,000.00
		Contributor address; City; State; Zip Code		1
		Kingwood, TX 77339	1	
	-	upation / Job title (See Instructions)	Employer (See Instructions	
	Divisional VI	ice President	Universal Health Service	es Inc
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	03/06/2024	Wharton, Elisha (Ms.)		\$3.85
		Contributor address; City; State; Zip Code		
		Abilene, TX 79601		
$\vdash$	Drincinal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u></u>
			Hendrick Medical Cente	,
╞				
Date Full name of contributor out-of-state PAC (ID#:		)	Amount of Contribution (\$)	
	03/15/2024 Williams, Carrie (Ms.)			\$20.00
		Contributor address; City; State; Zip Code		
		Austin, TX 78701		
<u> </u>	Drincinal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u></u>
		nunications Officer	Texas Hospital Associat	
_				

	The Instru	ction Guide explains how to complete this f	1	Total pages Schedule A1: Sch: 34/35 Rpt: 38/45		
2	2 FILER NAME			3	Filer ID (Ethics Commission	ו Filers)
[	The Political Action Committee of the Texas Hospital Association				00015794	
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	03/15/2024	Williams, Patty (Ms.)				\$2.00
		6 Contributor address; City; State; Zip Code				
		Austin, TX 78701				
8		ipation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Relationship	Manager - Business Services	THA Foundation			
F	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	03/20/2024	Williams, Shelton (Mr.)				\$41.00
		Contributor address; City; State; Zip Code		1		
		Laredo, TX 78044				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	Chief Operat	ting Officer	Laredo Medical Center			
	Date	Full name of contributor out-of-state PAC (ID#:_	)	Γ	Amount of Contribution (\$)	
	02/26/2024	Willmann, Adam (Mr.)				\$62.50
	Contributor address; City; State; Zip Code					
	Continuator address, City, State, Zip Code					
		Clifton, TX 76634				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	President / C	)EO	Goodall-Witcher Healtho	car	e	
⊨	Date	Full name of contributor out-of-state PAC (ID#:_	)	Γ	Amount of Contribution (\$)	
	03/06/2024	Willson, Megan (Mr.)			· -	\$4.81
	-	Contributor address; City; State; Zip Code		1		
		Abilene, TX 79601				
$\vdash$	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	ـــــــــــــــــــــــــــــــــــــ		
	Healthcare Professional Hendrick Medical Center		۰r			
⊨	Date	Full name of contributor out-of-state PAC (ID#:_	)	Γ	Amount of Contribution (\$)	
	03/15/2024 Wohleb, Stephen (Mr.)					\$41.00
	Contributor address; City; State; Zip Code					
	Contributor address, City, State, Zip Code					
		Austin, TX 78701				
⊢	Principal occupation / Job title (See Instructions) Employer (See Instructions)					
	General Counsel Texas Hospital Associat				ı	
⊢						

The Instru	ction Guide explains how to complete this f	1 Total pages Schedule A1: Sch: 35/35 Rpt: 39/45	
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	Action Committee of the Texas Hospital Association	00015794	
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
03/06/2024	Wood, Adam (Mr.)	\$4.81	
	6 Contributor address; City; State; Zip Code		
	Abilene, TX 79601		
8 Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	5)
System Assi	istant Vice President Supply Chain	Hendrick Medical Cente	er
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
03/21/2024	Wright, Karen (Ms.)		\$125.00
	Contributor address; City; State; Zip Code		
	Dallas, TX 75235		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)
Sr Dir Prof P	Practice Nursing Research & Clinical Educ	Parkland Health	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
03/15/2024	Zamarron, Ignacio (Mr.)		\$83.34
	Contributor address; City; State; Zip Code		
	Austin, TX 78701		
Principal occu	pation / Job title (See Instructions)	s)	
Senior Vice	President / CFO	Texas Hospital Associat	tion
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
02/29/2024	Zamora, Raul (Mr.)		\$100.00
	Contributor address; City; State; Zip Code		
	Uvalde, TX 78801		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	6)
Board Memb	per	tal	
1			

# MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C3

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

## NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C4

	The Instruction Guide explains how to complete this form.				Total pages S Sch: 1/1 Rp		
2	FILER NAME			3	Filer ID	(Ethics Commission Filers)	
	The Political Action Committee of the Texas Hospital Association				00015794		
4	Date	5	Corporation / Labor Organization name	6	Amount (\$)		
	03/25/2024		Texas Hospital Association			4,2	00.00

## 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/Politica Credit Card Payment	Event Expense     Loan Repayment/Reimbursement     Solicitation/Fundraising Expense       Fees     Office Overhead/Rental Expense     Transportation Equipment & Related Expense       Food/Beverage Expense     Polling Expense     Travel in District       Glft/Awards/Memorials Expense     Printing Expense     Travel Out of District       I Committee     Legal Services     Salaries/Wages/Contract Labor     OTHER (enter a category not listed above)					
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)					
Sch: 1/3 Rpt: 42/45	The Political Action Committee of the Texas Hospital00015794					
4 Date 03/04/2024	5 Payee name Frost Bank					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
\$19.95	PO Box 1727					
Expenditure from corporate funds	Austin, TX 78767					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
	Credit Card Processing Fees					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought Office held					
Date	Payee name					
03/04/2024	Frost Bank					
Amount (\$)	Payee address; City; State; Zip Code					
\$54.85	PO Box 1727					
Expenditure from corporate funds	Austin, TX 78767					
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Fees</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Credit Card Processing Fees</li> </ul>					
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held					
Date	Payee name					
03/04/2024	Frost Bank					
Amount (\$)	Payee address; City; State; Zip Code					
\$157.92	PO Box 1727					
Expenditure from corporate funds	Austin, TX 78767					
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Fees</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Credit Card Processing Fees</li> </ul> </li> </ul>					
Complete <u>ONLY</u> if direct expenditure to benefit C/O	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/Politica Credit Card Payment	Event Expense     Loan Repayment/Reimbursement     Solicitation/Fundraising Expense       Fees     Office Overhead/Reintal Expense     Transportation Equipment & Related Expense       Food/Beverage Expense     Polling Expense     Travel in District       -     Gift/Awards/Memorials Expense     Printing Expense     Travel Out of District						
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)						
Sch: 2/3 Rpt: 43/45	The Political Action Committee of the Texas Hospital 00015794						
4 Date	5 Payee name						
03/01/2024	Jay Dean Campaign						
6 Amount (\$)	7 Payee address; City; State; Zip Code						
\$2,500.00	3822 Holly Ridge						
Expenditure from corporate funds	Longview, TX 75605						
8 PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense Campaign contribution</li> </ul> </li> </ul>						
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held						
Date	Payee name						
03/15/2024	Kroll, Carrie						
Amount (\$)	Payee address; City; State; Zip Code						
\$64.94	1108 Lavaca Ste 700						
Expenditure from corporate funds	Austin, TX 78701						
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Loan Repayment/Reimbursement</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Reimburse PAC expense for candidate meet &amp; greet</li> </ul> </li> </ul>						
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held						
Date	Payee name						
03/01/2024	Stephanie Klick Campaign						
Amount (\$)	Payee address; City; State; Zip Code						
\$5,000.00	P.O. Box 7592						
Expenditure from corporate funds	Fort Worth, TX 76111						
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense Campaign contribution</li> </ul> </li> </ul>						
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held						

### POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

Event Expense Fees

Food/Beverage Expense

Gift/Awards/Memorials Expense Legal Services

Advertising Expense Accounting/Banking

Consulting Expense

Credit Card Payment

4 Date

02/26/2024

Sch: 3/3 Rpt: 44/45

Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

1 Total pages Schedule F1: 2 FILER NAME

5

Payee name

Stripe

#### SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Polling Expense Travel in District Travel Out of District OTHER (enter a category not listed above) Printing Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) The Political Action Committee of the Texas Hospital 00015794 State: Zip Code

6 Amount (\$) \$422.65	7 Payee address; City; State; Zip Coo 354 Oyster Point Blvd	de
Expenditure from corporate funds	South San Francisco, CA 94080	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	<ul> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Processing fees for processing multiple credit card contributions 2/26-3/25</li> </ul>
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou H	ght Office held
Date	Payee name	
03/01/2024	Thomas, Wendy	
Amount (\$)	Payee address; City; State; Zip Cod	de
\$1,940.24	1108 Lavaca Ste 700	
Expenditure from corporate funds	Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Reimburse PAC expense for candidate meet & greet
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office soug H	ght Office held

	RRED OBLIGATIONS		SCHEDULE F2
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Event Expense Fees Food/Beverage Expense y - Gift/Awards/Memorials Expens al Committee Legal Services	TEGORIES FOR BOX 10(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Salaries/Wages/Contract Labor xplains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1 Total pages Schedule F2: Sch: 1/1 Rpt: 45/45	2 FILER NAME The Political Action Committee of	of the Texas Hospital	3     Filer ID     (Ethics Commission Filers)       00015794
<sup>4</sup> TOTAL OF UNITEMI	ZED UNPAID INCURRED OBLIC	GATIONS	\$
5 Date 03/25/2024	6 Payee name Atchley & Associates LLP		•
7 Amount (\$) \$1,067.50	8 Payee address; City; 1105 La Posada Dr	State; Zip Code	
9 TYPE OF	Austin, TX 78752	Non-Political	
EXPENDITURE 10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of Accounting/Banking	Check if travel	outside of Texas. Complete Schedule T. n, TX, officeholder living expense ting and reporting services
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name H	Office sought	Office held
Date 03/25/2024	Payee name Public Blueprint		
Amount (\$) \$450.00	Payee address; City; 600 Logans Ln	State; Zip Code	
Expenditure from corporate funds	Austin, TX 78746		
TYPE OF EXPENDITURE	X Political	Non-Political	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of Printing Expense	Check if travel	outside of Texas. Complete Schedule T. n, TX, officeholder living expense bhic Design
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name H	Office sought	Office held