FORM MPAC MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** Filer ID 2 Total pages filed: The MPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00015794 3 COMMITTEE NAME **OFFICE USE ONLY** The Political Action Committee of the Texas Hospital Association Date Received **ELECTRONICALLY FILED** 05/06/2024 COMMITTEE ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP **ADDRESS** 1108 Lavaca Ste 700 Change of Address Austin, TX 78701 Date Hand-delivered or Date Postmarked MS / MRS / MR **CAMPAIGN FIRST** MI **TREASURER** Receipt # Amount Carrie NAME Date Processed **NICKNAME SUFFIX** LAST Date Imaged Kroll CAMPAIGN APT / SUITE #; STREET ADDRESS (NO PO BOX PLEASE); CITY; STATE; ZIP CODE TREASURER 1108 Lavaca, Suite 700 STREET **ADDRESS** (Residence or Business) Austin, TX 78701 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** 1108 Lavaca, Suite 700 MAILING **ADDRESS** Change of Address Austin, TX 78701 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (512) 465-1043 REPORT TYPE 10th day after campaign X Monthly Dissolution (Attach PAC-DR) treasurer termination 10 MONTHLY January 5 April 5 July 5 October 5 REPORT FILING **DEADLINE** February 5 X May 5 August 5 November 5 September 5 December 5 March 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 03/26/2024 04/25/2024

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME	COMMITTEE NAME 13 Fi						
The Political Action C	Committee of the Texas H	ospital Association	00015794	1			
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Jeffrey M. Barry State Represe	entative				
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed					
	Measures (Describe by date and location of election and nature of issue.)	A. Supported B. Opposed					
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)						
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	O POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00			
	2. TOTAL POLITICA (OTHER THAN PLE	AL CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	16,207.66			
EXPENDITURE TOTALS	3. TOTAL UNITEMIZE	D POLITICAL EXPENDITURES	\$	0.00			
	4. TOTAL POLITICA	L EXPENDITURES	\$	17,666.33			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL (OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	132,187.30			
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00			
16 AFFIDAVIT			<u> </u>				
		I swear, or affirm, under penalty of pe true and correct and includes all informunder Title 15, Election Code.	rjury, that the nation require	accompanying report is d to be reported by me			
		Ms. Ca	rrie Kroll				
		Signature of Car	mpaign Treas	urer			
AFFIX NOTA	RY STAMP / SEAL ABOVE						
Sworn to and subscrib	ped before me, by the said _	, th	nis the	day			
of	, 20, to certify	which, witness my hand and seal of office.					
0:	administrativi		T O 6 ***				
Signature of officer	administering oath	Printed name of officer administering oath	ritie of off	icer administering oath			

MONTHLY FILING GPAC REPORT: PURPOSE

FORM MPAC ADDENDUM

					Page 3 of 62
12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
The Political Action Comm	ittee of the Texas Ho	ospital Associa	ation	00015794	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Mr. Jeffrey M. Bauknight State	Representative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		The Honorable Donna Campbel	I M.D. State Se	nator
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		The Honorable Stephanie D. Kli	ck 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			
		В. Оррозеи			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
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MONTHLY FILING GPAC REPORT: PURPOSE

FORM MPAC

					Page 4 of 62
12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
The Political Action Comm	ittee of the Texas Ho	spital Associa	tion	00015794	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	The Honorable John L. Kuempe	I State Repres	entative
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE	<u> </u>		M. Adlan D. Milandar Olada D.		
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Mr. Arthur D. Wharton State Re	epresentative	
(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.)				

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

			5 of 62			
17 COMMITT	EE NAME	18 Filer ID	(Ethics Commission Filers)			
The Politi	cal Action Committee of the Texas Hospital Association	00015794				
	E SUBTOTALS SCHEDULE		SUBTOTAL AMOUNT			
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 10,940.16			
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$			
3.	3. SCHEDULE B: PLEDGED CONTRIBUTIONS					
4.	\$					
5.	\$					
6. X	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	SANIZATION	\$ 1,067.50			
7. X	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	?	\$ 4,200.00			
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (ORGANIZATION	\$			
9.	SCHEDULE E: LOANS		\$			
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$ 16,891.33			
11. X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 775.00			
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	\$			

	MONEI	ARY POLITICAL CO	NIRIBUTION	S		SCHEDUL	E A1
	The Instru	ction Guide explains how to	complete this form	m.	1	Total pages Schedule A1: Sch: 1/49 Rpt: 6/62	
2	FILER NAME The Political	Action Committee of the Texas I	Hospital Association		3	Filer ID (Ethics Commission 00015794	n Filers)
4	Date 04/18/2024	Full name of contributor Ambrose, Ryan (Mr.) Contributor address; City; State	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$20.50
L	District	Houston, TX 77024	lo-	Faradaya (Carabastina di			
8		pation / Job title (See Instructions) eral and State Relations	9	Employer (See Instructions) Memorial Hermann Heal		Systom	
	Director Feu	erai anu State Relations		Memonal nemialiii nea	iui		
	Date 03/28/2024	Full name of contributor Archibald, Norman (Mr.) Contributor address; City; State	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$19.23
		Abilene, TX 79601					
		pation / Job title (See Instructions)		Employer (See Instructions			
Director Le		islative and Public Policy		Hendrick Medical Cente	r		
	Date 04/11/2024	Full name of contributor Archibald, Norman (Mr.) Contributor address; City; State	out-of-state PAC (ID#: ; Zip Code			Amount of Contribution (\$)	\$19.23
		Abilene, TX 79601					
	•	pation / Job title (See Instructions) islative and Public Policy		Employer (See Instructions Hendrick Medical Center			
	Date 04/23/2024	Full name of contributor Archibald, Norman (Mr.) Contributor address; City; State Abilene, TX 79601	out-of-state PAC (ID#:; Zip Code			Amount of Contribution (\$)	\$19.23
	•	pation / Job title (See Instructions) islative and Public Policy		Employer (See Instructions Hendrick Medical Center			
	Date 04/12/2024	Full name of contributor Bagchi, Sam (Dr.) Contributor address; City; State Irving, TX 75038	out-of-state PAC (ID#:; Zip Code			Amount of Contribution (\$)	\$165.00
	•	pation / Job title (See Instructions) Clinical Officer		Employer (See Instructions CHRISTUS Health	<u> </u>		

	MONET	ARY POLITICAL CONTRII	BUTION	S		SCHEDUL	E A1
	The Instru	ction Guide explains how to comple	ete this forr	n.	1	Total pages Schedule A1: Sch: 2/49 Rpt: 7/62	
2	FILER NAME The Political	Action Committee of the Texas Hospital A	ssociation		3	Filer ID (Ethics Commission 00015794	n Filers)
4	Date 04/17/2024	Ballew, Joel (Mr.)	PAC (ID#:		7	Amount of Contribution (\$)	\$41.50
_		Arlington, TX 76011	1-		Ĺ		
8		pation / Job title (See Instructions) nent & Community Affairs	9	Employer (See Instructions Texas Health Resource:			
	Date 04/18/2024	Full name of contributor out-of-state Banos, Edward (Mr.) Contributor address; City; State; Zip Code	PAC (ID#:)		Amount of Contribution (\$)	\$500.00
	Principal occu	San Antonio, TX 78229 pation / Job title (See Instructions)		Employer (See Instructions	;) 		
	Executive Vice President / COO			University Health	"		
	Date 04/03/2024	Full name of contributor out-of-state Barron, Kevin (Mr.) Contributor address; City; State; Zip Code	PAC (ID#:			Amount of Contribution (\$)	\$500.00
		San Antonio, TX 78229					
		pation / Job title (See Instructions) Payer Relations		Employer (See Instructions University Health	s)		
	Date 03/28/2024	Baty, Krista (Ms.)	PAC (ID#:			Amount of Contribution (\$)	\$27.50
	·	pation / Job title (See Instructions) istrative Officer		Employer (See Instructions Hendrick Medical Cente			
	Date O4/11/2024 Baty, Krista (Ms.) Contributor address; City; State; Zip Code Brownwood, TX 76801			Amount of Contribution (\$)	\$27.50		
	·	pation / Job title (See Instructions) istrative Officer		Employer (See Instructions Hendrick Medical Cente			
	23			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-		

	MONET	ARY POLITICAL CONTR	RIBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to com	plete this forr	n.	1	Total pages Schedule A1: Sch: 3/49 Rpt: 8/62	
2	FILER NAME The Political	Action Committee of the Texas Hospita	al Association		3	Filer ID (Ethics Commission 00015794	n Filers)
4	Date 04/23/2024	Baty, Krista (Ms.)	state PAC (ID#:		7	Amount of Contribution (\$)	\$27.50
_	Delicalization	Brownwood, TX 76801		Foundation (Construction	$\overline{\Gamma}$		
8		pation / Job title (See Instructions) istrative Officer	9	Employer (See Instructions Hendrick Medical Cente			
	Date 04/17/2024	Full name of contributor out-of-s Baugh, Zelia (Ms.) Contributor address; City; State; Zip Co				Amount of Contribution (\$)	\$100.00
	Principal occu	Fort Worth, TX 76104 pation / Job title (See Instructions)	1	Employer (See Instructions	·/		
	EVP Behavior Health			JPS Health Network	')		
	Date Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$9.62	
		Abilene, TX 79601					
	Principal occu VP HMC Fou	pation / Job title (See Instructions) undation		Employer (See Instructions Hendrick Medical Cente			
	Date 04/11/2024	Benham, Bradley (Mr.))		Amount of Contribution (\$)	\$9.62
	Principal occu VP HMC Fou	pation / Job title (See Instructions) undation		Employer (See Instructions Hendrick Medical Cente			
	Date 04/23/2024	Benham, Bradley (Mr.))		Amount of Contribution (\$)	\$9.62
	Principal occu VP HMC Fou	pation / Job title (See Instructions) undation		Employer (See Instructions Hendrick Medical Cente			

	MONEI	ARY POLITICAL CON	NIRIBUTION	IS		SCHEDULI	■ A1
	The Instru	ction Guide explains how to c	complete this for	m.	1	Total pages Schedule A1: Sch: 4/49 Rpt: 9/62	
2	FILER NAME The Political	Action Committee of the Texas Ho	spital Association		3	Filer ID (Ethics Commission 00015794	ı Filers)
4	Date 03/28/2024	5 Full name of contributor on Bessent, Brian (Mr.)6 Contributor address; City; State; Z	ut-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$32.50
_	Dringing con	Abilene, TX 79601	lo.	Employer (Coa Instructions			
8		pation / Job title (See Instructions) trategy & Experience Officer	9	Employer (See Instructions Hendrick Medical Cente			
	Date 04/11/2024	Full name of contributor o o Bessent, Brian (Mr.) Contributor address; City; State; Z	ut-of-state PAC (ID#:)		Amount of Contribution (\$)	\$32.50
		Abilene, TX 79601					
	Principal occupation / Job title (See Instructions) VP / Chief Strategy & Experience Officer			Employer (See Instructions Hendrick Medical Cente			
	Date 04/23/2024	Full name of contributor o Bessent, Brian (Mr.) Contributor address; City; State; Z	ut-of-state PAC (ID#: ip Code			Amount of Contribution (\$)	\$32.50
		Abilene, TX 79601					
		pation / Job title (See Instructions) trategy & Experience Officer		Employer (See Instructions Hendrick Medical Cente			
			ut-of-state PAC (ID#: ip Code)		Amount of Contribution (\$)	\$3.85
	•	pation / Job title (See Instructions) monary Services		Employer (See Instructions Hendrick Medical Cente			
	Date 04/11/2024	Full name of contributor observed of contributor observed of contributor address; City; State; Zontributor address; City; City; State; Zontributor address; City; City	ut-of-state PAC (ID#:			Amount of Contribution (\$)	\$3.85
	•	pation / Job title (See Instructions) monary Services		Employer (See Instructions Hendrick Medical Cente			
		-					

	MONET	ARY POLITICAL CONTR	RIBUTION	S		SCHEDULI	E A1
	The Instru	ction Guide explains how to comp	lete this form	n.	1	Total pages Schedule A1: Sch: 5/49 Rpt: 10/62	
2	FILER NAME The Political	Action Committee of the Texas Hospital	Association		3	Filer ID (Ethics Commission 00015794	n Filers)
4	Date 04/23/2024	Bowden, Sherri (Ms.)	ate PAC (ID#:		7	Amount of Contribution (\$)	\$3.85
_		Abilene, TX 79601					
8		pation / Job title (See Instructions) monary Services	9	Employer (See Instructions Hendrick Medical Cente			
	Date 03/27/2024	Full name of contributor				Amount of Contribution (\$)	\$41.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)		Employer (See Instructions			
	VP Marketing & Corporate Affairs Date Full name of contributor out-of-state PAC (ID# 03/28/2024 Brockway, Toni (Ms.) Contributor address; City; State; Zip Code			St. David's HealthCare	')		
)		Amount of Contribution (\$)	\$5.00
		Abilene, TX 79601					
	•	pation / Job title (See Instructions) /orkforce Dev		Employer (See Instructions Hendrick Medical Cente			
	04/11/2024 Brockway, Toni (Ms.)					Amount of Contribution (\$)	\$5.00
	•	pation / Job title (See Instructions) /orkforce Dev		Employer (See Instructions Hendrick Medical Cente			
	Date 04/23/2024	Full name of contributor out-of-st Brockway, Toni (Ms.) Contributor address; City; State; Zip Cod Abilene, TX 79601	ate PAC (ID#:			Amount of Contribution (\$)	\$5.00
	•	pation / Job title (See Instructions) /orkforce Dev		Employer (See Instructions Hendrick Medical Cente			
	Director or W	TOTAL DEV		TIGHTHER MEGICAL CELLE	1		

	MONEI	ARY POLITICAL C		SCHEDULE A			
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 6/49 Rpt: 11/62	
2	FILER NAME The Political	Action Committee of the Texa	s Hospital Association		3	Filer ID (Ethics Commission 00015794	n Filers)
4	Date 03/28/2024	5 Full name of contributor Broderick, Treva (Ms.)6 Contributor address; City; Sta	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$4.81
_	D: : 1	Abilene, TX 79601	1.	2 5 1 (2 1 1 1	<u></u>		
8		pation / Job title (See Instructions) ce President Clinical Svs		9 Employer (See Instructions Hendrick Medical Cente			
	Date 04/11/2024	Full name of contributor Broderick, Treva (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$4.81
		Abilene, TX 79601					
	•	pation / Job title (See Instructions)		Employer (See Instructions			
	Assistant Vice President Clinical Svs			Hendrick Medical Cente	:r	Amount of Contribution (\$)	
	Date Full name of contributor out-of-state PAC (ID#: 04/23/2024 Broderick, Treva (Ms.) Contributor address; City; State; Zip Code			\$4			
		Abilene, TX 79601					
	•	pation / Job title (See Instructions) ce President Clinical Svs		Employer (See Instructions Hendrick Medical Cente			
			out-of-state PAC (ID#: ate; Zip Code			Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions			
	Vice Preside	nt IT / Public Policy		Clarity Child Guidance (Cer	nter	
	Date 04/24/2024	Full name of contributor Byrne, Nora (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#: ate; Zip Code)		Amount of Contribution (\$)	\$25.00
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	VP Clinical C	Operations Counsel	CHRISTUS Health				

	MONET	ARY POLITICAL CONTRIBU	TION	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete th	nis for	m.	1	Total pages Schedule A1: Sch: 7/49 Rpt: 12/62	
2	FILER NAME The Political	Action Committee of the Texas Hospital Associ	iation		3	Filer ID (Ethics Commission 00015794	Filers)
4	Date 03/28/2024	 5 Full name of contributor out-of-state PAC Calvo, Raul (Mr.) 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$2.50
	Dringing aggr	Abilene, TX 79608	ام	Employer (See Instructions	<u>,,</u>		
8	Board Vice C	pation / Job title (See Instructions) Chair	9	Employer (See Instructions Hendrick Medical Cente			
	Date 04/11/2024	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$2.50
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Board Vice C			Hendrick Medical Cente			
	Date 04/23/2024	Full name of contributor out-of-state PAC Calvo, Raul (Mr.) Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$2.50
		Abilene, TX 79608					
	Principal occu Board Vice C	pation / Job title (See Instructions) Chair		Employer (See Instructions Hendrick Medical Center			
	Date Full name of contributor out-of-state PAC 03/28/2024 Camacho, Precilla (Ms.))		Amount of Contribution (\$)	\$3.85
	Principal occu Nurse	pation / Job title (See Instructions)		Employer (See Instructions Hendrick Medical Cente			
	Date 04/11/2024	Full name of contributor out-of-state PAC Camacho, Precilla (Ms.) Contributor address; City; State; Zip Code Abilene, TX 79601	(ID#:		•	Amount of Contribution (\$)	\$3.85
	Principal occu Nurse	pation / Job title (See Instructions)		Employer (See Instructions Hendrick Medical Cente			

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1: Sch: 349 Rpt: 13/62 2 FILER NAME The Political Action Committee of the Texas Hospital Association 4 Date 5 Full name of contributor out-of-state PAC (Det O		MONEI	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDULI	E A1
4 Date 04/23/2024 S Full name of contributor Out-of-state PAC (ID):		The Instru	ction Guide explains how to	complete this form	n.	1		
Date Contributor address; City; State; Zip Code Abilene, TX 79601 Principal occupation / Job title (See instructions) Contributor address; City; State; Zip Code Abilene, TX 79601 Amount of Contribution (S) Principal occupation / Job title (See instructions) Contributor address; City; State; Zip Code Abilene, TX 79601 Amount of Contribution (S) Amount of Contribution (S) Principal occupation / Job title (See instructions) Employer (See instructions) Amount of Contribution (S) Amount of Contribution (S) Contributor address; City; State; Zip Code Abilene, TX 79601 Amount of Contributor Out-of-state PAC (IDe: O4/11/2024 Full name of contributor Out-of-state PAC (IDe: O4/11/2024 Abilene, TX 79601 Amount of Contribution (S) Employer (See instructions) Amount of Contribution (S) Amount of Contribution (S) Contributor address; City; State; Zip Code Abilene, TX 79601 Abilene, TX 79601 Amount of Contributor (S) Contributor address; City; State; Zip Code Abilene, TX 79601 Contributor address; City; State; Zip Code Abilene, TX 79601 Principal occupation / Job title (See instructions) Employer (See instructions) Amount of Contribution (S) Contributor address; City; State; Zip Code Abilene, TX 79601 Amount of Contribution (S) Contributor address; City; State; Zip Code Casey, Mary (Ms.) Contributor address; City; State; Zip Code Casey, Mary (Ms.) Contributor address; City; State; Zip Code Casey, Mary (Ms.) Contributor address; City; State; Zip Code Contributor Contributor Contributor Catefor Contributor Cont			Action Committee of the Texas I	Hospital Association		3		r Filers)
Camacho, Precilla (Ms.) 6 Contributor address, City, State, Zip Code Abilene, TX 79601 8 Principal occupation / Job title (See Instructions) Nurse Date O3/28/2024 Canada, Kirk (Mr.) Contributor address; City, State; Zip Code Abilene, TX 79601 Principal occupation / Job title (See Instructions) Chief Operating Office / System VP Date O4/11/2024 Canada, Kirk (Mr.) Contributor address; City, State; Zip Code Abilene, TX 79601 Principal occupation / Job title (See Instructions) Chief Operating Office / System VP Date O4/23/2024 Canada, Kirk (Mr.) Contributor address; City, State; Zip Code Abilene, TX 79601 Principal occupation / Job title (See Instructions) Chief Operating Office / System VP Date O4/23/2024 Canada, Kirk (Mr.) Contributor address; City, State; Zip Code Abilene, TX 79601 Principal occupation / Job title (See Instructions) Chief Operating Office / System VP Date O4/23/2024 Canada, Kirk (Mr.) Contributor address; City, State; Zip Code Abilene, TX 79601 Principal occupation / Job title (See Instructions) Chief Operating Office / System VP Date O4/23/2024 Full name of contributor					,	7		
Abilene, TX 79601 8 Principal occupation / Job title (See Instructions) Nurse Date O3/28/2024 Full name of contributor Canada, Kirk (Mr.) Contributor address; City; State; Zip Code Abilene, TX 79601 Principal occupation / Job title (See Instructions) Chief Operating Office / System VP Date O4/11/2024 Canada, Kirk (Mr.) Contributor address; City; State; Zip Code Full name of contributor Canada, Kirk (Mr.) Contributor address; City; State; Zip Code Full name of contributor Canada, Kirk (Mr.) Contributor address; City; State; Zip Code Abilene, TX 79601 Principal occupation / Job title (See Instructions) Chief Operating Office / System VP Date Abilene, TX 79601 Principal occupation / Job title (See Instructions) Chief Operating Office / System VP Date Full name of contributor Canada, Kirk (Mr.) Contributor address; City; State; Zip Code Abilene, TX 79601 Principal occupation / Job title (See Instructions) Chief Operating Office / System VP Principal occupation / Job title (See Instructions) Chief Operating Office / System VP Principal occupation / Job title (See Instructions) Chief Operating Office / System VP Date Full name of contributor Cansey, Mary (Ms.) Contributor address; City; State; Zip Code Abilene, TX 79601 Principal occupation / Job title (See Instructions) Casey, Mary (Ms.) Contributor address; City; State; Zip Code Abilene, TX 79601 Principal occupation / Job title (See Instructions) Centributor address; City; State; Zip Code Abilene, TX 79601 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions)			Camacho, Precilla (Ms.)				y unduit or contribution (¢)	\$3.85
Principal occupation / Job title (See Instructions) Nurse Pull name of contributor				, _, _,				
Nurse	8	Principal occu		9	Employer (See Instructions	<u>L</u>		
O3/28/2024 Canada, Kirk (Mr.) Contributor address; City; State; Zip Code Abilene, TX 79601 Principal occupation / Job title (See Instructions) Chief Operating Office / System VP Date O4/11/2024 Full name of contributor			,					
O3/28/2024 Canada, Kirk (Mr.) Contributor address; City; State; Zip Code Abilene, TX 79601 Principal occupation / Job title (See Instructions) Chief Operating Office / System VP Date O4/11/2024 Full name of contributor	_	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
Contributor address; City, State; Zip Code Abilene, TX 79601 Principal occupation / Job title (See Instructions) Chief Operating Office / System VP Date O4/11/2024 Canada, Kirk (Mr.) Contributor address; City; State; Zip Code Abilene, TX 79601 Principal occupation / Job title (See Instructions) Chief Operating Office / System VP Date O4/23/2024 Canada, Kirk (Mr.) Contributor address; City; State; Zip Code Abilene, TX 79601 Principal occupation / Job title (See Instructions) Chief Operating Office / System VP Date O4/23/2024 Canada, Kirk (Mr.) Contributor address; City; State; Zip Code Abilene, TX 79601 Principal occupation / Job title (See Instructions) Chief Operating Office / System VP Date Abilene, TX 79601 Principal occupation / Job title (See Instructions) Chief Operating Office / System VP Date O3/28/2024 Full name of contributor		03/28/2024	Canada, Kirk (Mr.)					\$30.00
Abilene, TX 79601 Principal occupation / Job title (See Instructions) Chief Operating Office / System VP Date 04/11/2024 Canada, Kirk (Mr.) Contributor address; City; State; Zip Code Abilene, TX 79601 Principal occupation / Job title (See Instructions) Chief Operating Office / System VP Date 04/23/2024 Canada, Kirk (Mr.) Contributor address; City; State; Zip Code Abilene, TX 79601 Principal occupation / Job title (See Instructions) Chief Operating Office / System VP Date Abilene, TX 79601 Principal occupation / Job title (See Instructions) Chief Operating Office / System VP Principal occupation / Job title (See Instructions) Chief Operating Office / System VP Date Date Oale Full name of contributor out-of-state PAC (ID#: Abilene, TX 79601 Principal occupation / Job title (See Instructions) Chief Operating Office / System VP Date Oale Full name of contributor out-of-state PAC (ID#: O3/28/2024 Casey, Mary (Ms.) Contributor address; City; State; Zip Code Abilene, TX 79601 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions)				:: Zip Code				
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Principal occupation / Job title (See Instructions) Chief Operating Office / System VP Date 04/23/2024 Canada, Kirk (Mr.) Contributor address; City; State; Zip Code Abilene, TX 79601 Principal occupation / Job title (See Instructions) Chief Operating Office / System VP Date 03/28/2024 Full name of contributor Contributor address; City; State; Zip Code Abilene, TX 79601 Employer (See Instructions) Hendrick Medical Center Amount of Contribution (\$) Amount of Contribution (\$) Contributor address; City; State; Zip Code Abilene, TX 79601 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions)			Contributor address; City; State	; Zip Code				
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O4/23/2024 Canada, Kirk (Mr.) Contributor address; City; State; Zip Code Abilene, TX 79601 Principal occupation / Job title (See Instructions) Chief Operating Office / System VP Date O3/28/2024 Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) Casey, Mary (Ms.) Contributor address; City; State; Zip Code Abilene, TX 79601 Principal occupation / Job title (See Instructions) Employer (See Instructions)				1	Tieriariek Wedicai Cerite	<u>'</u>	A (O ii i (b)	
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O3/28/2024 Casey, Mary (Ms.) Contributor address; City; State; Zip Code Abilene, TX 79601 Principal occupation / Job title (See Instructions) Employer (See Instructions)		Chief Operat	ting Office / System VP		Hendrick Medical Cente	r		
03/28/2024 Casey, Mary (Ms.) Contributor address; City; State; Zip Code Abilene, TX 79601 Principal occupation / Job title (See Instructions) Employer (See Instructions)	_	Date	Full name of contributor	out-of-state PAC (ID#:)	Г	Amount of Contribution (\$)	
Abilene, TX 79601 Principal occupation / Job title (See Instructions) Employer (See Instructions)		03/28/2024	Casey, Mary (Ms.)	•				\$3.85
Principal occupation / Job title (See Instructions) Employer (See Instructions)			Contributor address; City; State	e; Zip Code		l		
Principal occupation / Job title (See Instructions) Employer (See Instructions)								
Principal occupation / Job title (See Instructions) Employer (See Instructions)								
Healthcare Professional Hendrick Medical Center								
		Healthcare Professional Hendrick Medical Center Hendri						

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 9/49 Rpt: 14/62	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
		Action Committee of the Texa				00015794	
4	Date 04/11/2024	5 Full name of contributor Casey, Mary (Ms.) 6 Contributor address; City; Sta	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$3.85
		Abilene, TX 79601					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	<u>-</u>		
	Healthcare F	Professional		Hendrick Medical Cente	r		
	Date 04/23/2024	Full name of contributor Casey, Mary (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$3.85
		Abilene, TX 79601					
		pation / Job title (See Instructions)		Employer (See Instructions			
	Healthcare F	Professional Professional		Hendrick Medical Cente	r		
	Date 03/28/2024	Full name of contributor Cates, Boyd (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$1.00
		Abilene, TX 79601					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Diagnostic T	echnologist		Hendrick Medical Cente	r		
	Date 04/11/2024	Full name of contributor Cates, Boyd (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$1.00
	Principal occu Diagnostic T	pation / Job title (See Instructions) echnologist		Employer (See Instructions Hendrick Medical Cente			
	Date 04/23/2024	Full name of contributor Cates, Boyd (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$1.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions			
	Diagnostic T	echnologist		Hendrick Medical Cente	r		

	MONET	'ARY POLITICAL CONTRIBU'	TION	IS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete th	nis fori	m.	1	Total pages Schedule A1: Sch: 10/49 Rpt: 15/62	
2	FILER NAME The Political	Action Committee of the Texas Hospital Assoc	iation		3	Filer ID (Ethics Commission 00015794	n Filers)
4	Date 04/18/2024	 5 Full name of contributor out-of-state PAC Chacko, Benson (Mr.) 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$500.00
0	Dringing oggu	Southlake, TX 76092	lo.	Employer (See Instructions	<u>,,</u>		
8	Principal occu President	pation / Job title (See Instructions)		Methodist Southlake Me		cal Center	
	Date 04/02/2024	Full name of contributor	,)		Amount of Contribution (\$)	\$41.00
	Principal occu	Mineral Wells, TX 76067 pation / Job title (See Instructions)		Employer (See Instructions	;) 		
	Chief Operat	·		Palo Pinto General Hos		al	
	Date 04/09/2024	Full name of contributor out-of-state PAC Collins, Chad (Mr.) Contributor address; City; State; Zip Code	(ID#:)		Amount of Contribution (\$)	\$14.50
		Plano, TX 75093					
		pation / Job title (See Instructions) ent Operations		Employer (See Instructions Texas Health Presbyter		Hospital Plano	
	Date 03/28/2024	Full name of contributor out-of-state PAC Conger, Cody (Mr.) Contributor address; City; State; Zip Code Abilene, TX 79601)		Amount of Contribution (\$)	\$4.00
		pation / Job title (See Instructions) tor, Invasive Cardiology		Employer (See Instructions Hendrick Medical Center			
	Date 04/11/2024	Full name of contributor out-of-state PAC Conger, Cody (Mr.) Contributor address; City; State; Zip Code Abilene, TX 79601	(ID#:)		Amount of Contribution (\$)	\$4.00
	•	pation / Job title (See Instructions) tor, Invasive Cardiology		Employer (See Instructions Hendrick Medical Cente			
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	MONET	ARY POLITICAL CONT	TRIBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to co	mplete this forr	m.	1	Total pages Schedule A1: Sch: 11/49 Rpt: 16/62	
2	FILER NAME The Political	Action Committee of the Texas Hosp	oital Association		3	Filer ID (Ethics Commission 00015794	Filers)
4	Date 04/23/2024	Conger, Cody (Mr.)	of-state PAC (ID#:		7	Amount of Contribution (\$)	\$4.00
		Abilene, TX 79601	ļ				
8	•	pation / Job title (See Instructions) tor, Invasive Cardiology	9	Employer (See Instructions Hendrick Medical Cente			
	Date 03/28/2024	Full name of contributor out-out-out-out-out-out-out-out-out-out-)		Amount of Contribution (\$)	\$4.81
	Principal occu	Brownwood, TX 76804 pation / Job title (See Instructions)	1	Employer (See Instructions			
	Chief Nursin	,		Hendrick Medical Cente			
	Date 04/11/2024	Full name of contributor out-connell, Jessica (Ms.) Contributor address; City; State; Zip	of-state PAC (ID#:			Amount of Contribution (\$)	\$4.81
		Brownwood, TX 76804					
	Principal occu Chief Nursin	pation / Job title (See Instructions) g Officer		Employer (See Instructions Hendrick Medical Cente			
	Date 04/23/2024	Full name of contributor out-out-out-out-out-out-out-out-out-out-)		Amount of Contribution (\$)	\$4.81
	Principal occu Chief Nursin	pation / Job title (See Instructions) g Officer		Employer (See Instructions Hendrick Medical Cente			
	Date 03/28/2024	Full name of contributor out-out-out-out-out-out-out-out-out-out-	of-state PAC (ID#:			Amount of Contribution (\$)	\$1.93
	•	pation / Job title (See Instructions) afety, Infection Preventionist, Perf Im	Iprov	Employer (See Instructions Hendrick Medical Cente			
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	MONEI	ARY POLITICAL CO	NIRIBUTION	S		SCHEDULE	A1
	The Instru	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 12/49 Rpt: 17/62	
2	FILER NAME	Action Committee of the Toyon III	agnital Aggagiation		3	Filer ID (Ethics Commission	Filers)
		Action Committee of the Texas H	-			00015794	
4	Date 04/11/2024	5 Full name of contributor Contreras, Rosendo (Ms.)6 Contributor address; City; State;	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$1.93
		Abilene, TX 79601					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions)		
	Dir Patient S	afety, Infection Preventionist, Per	f Improv	Hendrick Medical Cente	r		
	Date 04/23/2024	Full name of contributor Contreras, Rosendo (Ms.) Contributor address; City; State;	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$1.93
		Abilene, TX 79601					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Dir Patient S	afety, Infection Preventionist, Per	f Improv	Hendrick Medical Cente	r		
	Date 03/28/2024	Full name of contributor Cooper, David (Mr.) Contributor address; City; State;	out-of-state PAC (ID#: Zip Code)		Amount of Contribution (\$)	\$3.85
		Abilene, TX 79601					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Lab Supervis	•		Hendrick Medical Cente			
	Date 04/11/2024	Full name of contributor Cooper, David (Mr.) Contributor address; City; State; Abilene, TX 79601	out-of-state PAC (ID#: Zip Code)		Amount of Contribution (\$)	\$3.85
	Principal occu Lab Supervis	pation / Job title (See Instructions) sor		Employer (See Instructions Hendrick Medical Cente			
	Date 04/23/2024	Full name of contributor Cooper, David (Mr.) Contributor address; City; State; Abilene, TX 79601	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$3.85
	Principal occu Lab Supervis	pation / Job title (See Instructions)		Employer (See Instructions Hendrick Medical Cente			
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	MONEI	ARY POLITICAL (CONTRIBUTIO	NS			SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	rm.		1	Total pages Schedule A1: Sch: 13/49 Rpt: 18/62	
2	FILER NAME					3	•	Filers)
	The Political	Action Committee of the Texa	as Hospital Association			L	00015794	
4	Date 03/28/2024	5 Full name of contributorDavis, John (Mr.)6 Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)	7	Amount of Contribution (\$)	\$3.85
		Cuero, TX 77954						
8	Principal occu	pation / Job title (See Instructions	9	9 Emplo	yer (See Instructions	<u>I </u>		
	Director Card	diopulmonary		Cuero	o Regional Hospita	al		
	Date 04/18/2024	Full name of contributor Davis, John (Mr.) Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$3.85
		Cuero, TX 77954				Ĺ		
		pation / Job title (See Instructions	(1)		yer (See Instructions			
	Director Cardiopulmonary		Cuero	o Regional Hospita	11			
	Date 04/23/2024	Full name of contributor Davis, John (Mr.) Contributor address; City; St	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$3.85
		Cuero, TX 77954	<u> </u>					
		pation / Job title (See Instructions	(1)		oyer (See Instructions	•		
	Director Card	diopulmonary		Cuero	o Regional Hospita	al .		
	Date 03/30/2024	Full name of contributor DeYoung, Peter (Dr.) Contributor address; City; St Austin, TX 78758	out-of-state PAC (ID#: ate; Zip Code)	•	Amount of Contribution (\$)	\$41.00
	Principal occu Chief Medica	pation / Job title (See Instructions al Officer	5)		oyer (See Instructions wids North Austin		dical Center	
	Date 03/28/2024	Full name of contributor Dennis, Gregory (Mr.) Contributor address; City; St Abilene, TX 79601	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$3.85
	Principal occu	pation / Job title (See Instructions	()	Emplo	yer (See Instructions	5)		
	Director Faci	ility Management		Hend	rick Medical Cente	er		

	MONET	ARY POLITICAL CONTRIB	UTION	IS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete	e this for	m.	1	Total pages Schedule A1: Sch: 14/49 Rpt: 19/62	
2	FILER NAME The Political	Action Committee of the Texas Hospital Ass	sociation		3	Filer ID (Ethics Commission 00015794	Filers)
4	Date 04/11/2024	 5 Full name of contributor out-of-state P. Dennis, Gregory (Mr.) 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$3.85
_		Abilene, TX 79601	la la		<u></u>		
8	•	pation / Job title (See Instructions) ility Management	9	Employer (See Instructions Hendrick Medical Cente			
	Date 04/23/2024	Full name of contributor out-of-state P. Dennis, Gregory (Mr.) Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$3.85
	Deinsinal assu	Abilene, TX 79601		Franksian (Cook batwatian	<u></u>		
	•	pation / Job title (See Instructions) ility Management		Employer (See Instructions Hendrick Medical Cente			
	Date 03/28/2024	Full name of contributor out-of-state P. Devun, Sharn (Ms.) Contributor address; City; State; Zip Code	PAC (ID#:)		Amount of Contribution (\$)	\$3.85
		Abilene, TX 79601					
		pation / Job title (See Instructions) c Management		Employer (See Instructions Hendrick Medical Cente			
	Date 04/11/2024	Full name of contributor out-of-state P. Devun, Sharn (Ms.) Contributor address; City; State; Zip Code Abilene, TX 79601)	•	Amount of Contribution (\$)	\$3.85
	•	pation / Job title (See Instructions) Management		Employer (See Instructions Hendrick Medical Cente	•		
	Date 04/23/2024	Full name of contributor out-of-state P. Devun, Sharn (Ms.) Contributor address; City; State; Zip Code Abilene, TX 79601)	•	Amount of Contribution (\$)	\$3.85
	•	pation / Job title (See Instructions) Management		Employer (See Instructions Hendrick Medical Cente			
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	MONET	ARY POLITICAL CONTRII	BUTION	S		SCHEDUL	E A1
	The Instru	ction Guide explains how to comple	ete this forr	n.	1	Total pages Schedule A1: Sch: 15/49 Rpt: 20/62	
2	FILER NAME The Political	Action Committee of the Texas Hospital A	ssociation		3	Filer ID (Ethics Commission 00015794	n Filers)
4	Date 04/05/2024	Dike, Cassandra (Ms.)	PAC (ID#:		7	Amount of Contribution (\$)	\$62.50
_		Dallas, TX 75235	1-		<u></u>		
8		pation / Job title (See Instructions) nief Nursing Officer	9	Employer (See Instructions Children's Health	S) 		
	Date 03/28/2024	Full name of contributor out-of-state Donaway, Duane (Mr.) Contributor address; City; State; Zip Code	PAC (ID#:			Amount of Contribution (\$)	\$1.93
	Principal occu	Abilene, TX 79601 pation / Job title (See Instructions)		Employer (See Instructions	:, 		
		rmation Systems		Hendrick Medical Cente			
	Date 04/11/2024	Full name of contributor out-of-state Donaway, Duane (Mr.) Contributor address; City; State; Zip Code	PAC (ID#:)		Amount of Contribution (\$)	\$1.93
		Abilene, TX 79601					
		pation / Job title (See Instructions) rmation Systems		Employer (See Instructions Hendrick Medical Center			
	Date 04/23/2024	Donaway, Duane (Mr.)	PAC (ID#:)		Amount of Contribution (\$)	\$1.93
		pation / Job title (See Instructions) rmation Systems		Employer (See Instructions Hendrick Medical Cente			
	Date 04/25/2024	Full name of contributor out-of-state Doss, Justin (Mr.) Contributor address; City; State; Zip Code Beaumont, TX 77701	PAC (ID#:)		Amount of Contribution (\$)	\$350.00
	Principal occu Chief Execut	pation / Job title (See Instructions)		Employer (See Instructions Baptist Hospitals of Sou		east Texas	

	MONET	ARY POLITICAL CONTRIBUT	ION	NS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete this	s for	m.	1	Total pages Schedule A1: Sch: 16/49 Rpt: 21/62	
2	FILER NAME The Political	Action Committee of the Texas Hospital Associat	tion		3	Filer ID (Ethics Commission 00015794	Filers)
4	Date 03/28/2024	5 Full name of contributor out-of-state PAC (ID Driskell, Jesiree (Ms.) 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$7.50
		Abilene, TX 79601					
8	•	pation / Job title (See Instructions) ic Comms & Digital Expert	9	Employer (See Instructions Hendrick Medical Cente			
	Date 04/11/2024	Full name of contributor out-of-state PAC (ID Driskell, Jesiree (Ms.) Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$7.50
		Abilene, TX 79601			<u></u>		
	•	pation / Job title (See Instructions) ic Comms & Digital Expert		Employer (See Instructions Hendrick Medical Center			
	Date 04/23/2024	Full name of contributor out-of-state PAC (ID Driskell, Jesiree (Ms.) Contributor address; City; State; Zip Code)#:)		Amount of Contribution (\$)	\$7.50
		Abilene, TX 79601					
	•	pation / Job title (See Instructions) ic Comms & Digital Expert		Employer (See Instructions Hendrick Medical Cente			
	Date 04/13/2024	Full name of contributor out-of-state PAC (ID Duncan, Cameron (Mr.) Contributor address; City; State; Zip Code Austin, TX 78701)		Amount of Contribution (\$)	\$20.50
	•	pation / Job title (See Instructions) y / Public Policy		Employer (See Instructions Texas Hospital Associa	•	1	
	Date 03/28/2024	Full name of contributor out-of-state PAC (ID Escobar, Jaye (Ms.) Contributor address; City; State; Zip Code Abilene, TX 79601	• •#:			Amount of Contribution (\$)	\$3.85
	•			Employer (See Instructions Hendrick Medical Cente			
	233(0) 01 0						

	MONET	ARY POLITICAL CONTRIBUTI	ON	IS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 17/49 Rpt: 22/62	
2	FILER NAME The Political	Action Committee of the Texas Hospital Associati	on		3	Filer ID (Ethics Commission 00015794	Filers)
4	Date 04/11/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$3.85
_		Abilene, TX 79601	-		L		
8	•	pation / Job title (See Instructions) correctional Health	9	Employer (See Instructions Hendrick Medical Cente			
	Date 04/23/2024	Full name of contributor out-of-state PAC (ID# Escobar, Jaye (Ms.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$3.85
		Abilene, TX 79601			<u></u>		
		pation / Job title (See Instructions) correctional Health		Employer (See Instructions Hendrick Medical Cente			
	Date 04/07/2024	Full name of contributor out-of-state PAC (ID# Escobedo, Nickolaus (Dr.) Contributor address; City; State; Zip Code	t:)		Amount of Contribution (\$)	\$50.00
		Houston, TX 77030					
	Principal occu ACNO	pation / Job title (See Instructions)		Employer (See Instructions Houston Methodist	s)		
	Date 03/28/2024	Full name of contributor out-of-state PAC (ID# Eurek, Andrew (Mr.) Contributor address; City; State; Zip Code Abilene, TX 79601)	•	Amount of Contribution (\$)	\$4.00
	•	pation / Job title (See Instructions) ancial Analysis		Employer (See Instructions Hendrick Medical Cente			
	Date 04/11/2024	Full name of contributor out-of-state PAC (ID# Eurek, Andrew (Mr.) Contributor address; City; State; Zip Code Abilene, TX 79601	t:		•	Amount of Contribution (\$)	\$4.00
	•	pation / Job title (See Instructions)		Employer (See Instructions Hendrick Medical Cente			
	Director Fills	uiciai Aliaiyolo		renunck weuldat cente	-		

	MONET	ARY POLITICAL CONTI	RIBUTION	S		SCHEDUL	E A1
	The Instru	ction Guide explains how to com	plete this forr	n.	1	Total pages Schedule A1: Sch: 18/49 Rpt: 23/62	
2	FILER NAME The Political	Action Committee of the Texas Hospita	al Association		3	Filer ID (Ethics Commission 00015794	n Filers)
4	Date 04/23/2024	Eurek, Andrew (Mr.)	state PAC (ID#:)	7	Amount of Contribution (\$)	\$4.00
8	Dringing agg	Abilene, TX 79601 pation / Job title (See Instructions)	10	Employer (See Instructions	_		
0	•	ancial Analysis	9	Hendrick Medical Cente			
	Date 04/25/2024	Full name of contributor out-of-s Floren, Joshua (Mr.) Contributor address; City; State; Zip Co				Amount of Contribution (\$)	\$250.00
	Dringinal occu	Arlington, TX 76011 pation / Job title (See Instructions)	-	Employer (See Instructions			
	•	ospital Channel		Texas Health Resources			
	Date 03/28/2024	Full name of contributor out-of-section out-of-sect	state PAC (ID#:			Amount of Contribution (\$)	\$9.62
		Abilene, TX 79601					
	Principal occu AVP Suppor	pation / Job title (See Instructions) t Services		Employer (See Instructions Hendrick Medical Cente			
	Date 04/11/2024	Full name of contributor out-of-s Ford, Christopher (Mr.) Contributor address; City; State; Zip Co Abilene, TX 79601				Amount of Contribution (\$)	\$9.62
	Principal occu AVP Suppor	pation / Job title (See Instructions) t Services		Employer (See Instructions Hendrick Medical Cente			
	Date 04/23/2024	Full name of contributor out-of-s Ford, Christopher (Mr.) Contributor address; City; State; Zip Co	state PAC (ID#:)		Amount of Contribution (\$)	\$9.62
	Principal occu AVP Suppor	pation / Job title (See Instructions)		Employer (See Instructions Hendrick Medical Cente			
	, то опррог		I	Tonanok Medical Cente	•		

	MONET	ARY POLITICAL CONTRI	IBUTION	S		SCHEDUL	E A1
	The Instru	ction Guide explains how to compl	ete this for	n.	1	Total pages Schedule A1: Sch: 19/49 Rpt: 24/62	
2	FILER NAME The Political	Action Committee of the Texas Hospital	Association		3	Filer ID (Ethics Commission 00015794	n Filers)
4	Date 04/09/2024	Fortenberry, Andy (Mr.)	te PAC (ID#:)	7	Amount of Contribution (\$)	\$250.00
	Dringing agg	Mount Pleasant, TX 75455	lo lo	Employer (See Instructions	<u></u>		
8	Chief Financ	pation / Job title (See Instructions) ial Officer	9	Employer (See Instructions Titus Regional Medical (nter	
	Date 04/14/2024	Fox, Jay (Mr.)				Amount of Contribution (\$)	\$20.50
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	1	Employer (See Instructions	:) 		
		SWH Austin Area		Baylor Scott & White Me		cal Center - Pflugerville	
	Date 04/11/2024	Full name of contributor out-of-state of contributor (Mrs.) Contributor address; City; State; Zip Code	te PAC (ID#:			Amount of Contribution (\$)	\$84.00
		Canadian, TX 79014					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Hemphill County Hospital	•	District	
	Date 03/28/2024	Gleitz, Stephen (Mr.)				Amount of Contribution (\$)	\$4.81
	•	pation / Job title (See Instructions) ger of Critical Care Unit		Employer (See Instructions Hendrick Medical Cente			
	Date 04/11/2024	Full name of contributor out-of-star Gleitz, Stephen (Mr.) Contributor address; City; State; Zip Code Abilene, TX 79601	te PAC (ID#:			Amount of Contribution (\$)	\$4.81
	•	pation / Job title (See Instructions)		Employer (See Instructions Hendrick Medical Cente			
	ivuise Mänä	ger of Critical Care Unit		THE HUNCK MEDICAL CENTE	:1		

	MONEI	ARY POLITICAL CONTRIBUTION	N	S		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete this f	orn	n.	1	Total pages Schedule A1: Sch: 20/49 Rpt: 25/62	
2	FILER NAME The Political	Action Committee of the Texas Hospital Association	n		3	Filer ID (Ethics Commission 00015794	r Filers)
4	Date 04/23/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$4.81
_	Deinainal again	Abilene, TX 79601	10	Franksian (Cook both setions			
8		pation / Job title (See Instructions) ger of Critical Care Unit	9	Employer (See Instructions Hendrick Medical Cente			
	Date 03/28/2024	Full name of contributor out-of-state PAC (ID#:_ Goolsby, Emily (Ms.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$3.85
		Abilene, TX 79601					
	•	pation / Job title (See Instructions)		Employer (See Instructions			
		ept of Education and Professional Development		Hendrick Medical Cente	r		
	Date 04/11/2024	Full name of contributor out-of-state PAC (ID#:_ Goolsby, Emily (Ms.) Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$3.85
		Abilene, TX 79601					
		pation / Job title (See Instructions) ept of Education and Professional Development		Employer (See Instructions Hendrick Medical Cente			
	Date 04/23/2024	Full name of contributor out-of-state PAC (ID#:_ Goolsby, Emily (Ms.) Contributor address; City; State; Zip Code Abilene, TX 79601)		Amount of Contribution (\$)	\$3.85
	•	pation / Job title (See Instructions) ppt of Education and Professional Development		Employer (See Instructions Hendrick Medical Cente			
	Date 04/19/2024	Full name of contributor out-of-state PAC (ID#:_ Greene, Kevin (Mr.) Contributor address; City; State; Zip Code Fort Worth, TX 76104				Amount of Contribution (\$)	\$100.00
		pation / Job title (See Instructions)		Employer (See Instructions			
	Vice Preside	ent Administrator		Cook Children's Health	Ca	re System	

	MONET	ARY POLITICAL CONTRIBUT	ION	NS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete this	s for	m.	1	Total pages Schedule A1: Sch: 21/49 Rpt: 26/62	
2	FILER NAME The Political	Action Committee of the Texas Hospital Associat	tion		3	Filer ID (Ethics Commission 00015794	ı Filers)
4	Date 03/28/2024	 Full name of contributor out-of-state PAC (ID Greenwood, Susan (Ms.) Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$29.00
		Abilene, TX 79601					
8	•	pation / Job title (See Instructions) ent / Chief Nursing Officer	9	Employer (See Instructions Hendrick Medical Cente			
	Date 04/11/2024	Full name of contributor out-of-state PAC (ID Greenwood, Susan (Ms.) Contributor address; City; State; Zip Code) #:)		Amount of Contribution (\$)	\$29.00
	5	Abilene, TX 79601	_		Ĺ		
	•	pation / Job title (See Instructions) ent / Chief Nursing Officer		Employer (See Instructions Hendrick Medical Cente			
	Date 04/23/2024	Full name of contributor out-of-state PAC (ID Greenwood, Susan (Ms.) Contributor address; City; State; Zip Code) #:)		Amount of Contribution (\$)	\$29.00
		Abilene, TX 79601					
		pation / Job title (See Instructions) ent / Chief Nursing Officer		Employer (See Instructions Hendrick Medical Cente			
	Date 03/28/2024	Full name of contributor out-of-state PAC (ID Hair, Donna (Ms.) Contributor address; City; State; Zip Code Brownwood, TX 76804)		Amount of Contribution (\$)	\$3.85
	Principal occu Director of M	pation / Job title (See Instructions) larketing		Employer (See Instructions Hendrick Medical Center			
	Date 04/11/2024	Full name of contributor out-of-state PAC (ID Hair, Donna (Ms.) Contributor address; City; State; Zip Code Brownwood, TX 76804			•	Amount of Contribution (\$)	\$3.85
	•	pation / Job title (See Instructions)		Employer (See Instructions			
	Director of M	aarkeung		Hendrick Medical Cente	er 		

	MONET	ARY POLITICAL CON	TRIBUTION	S		SCHEDULE	■ A1
	The Instru	ction Guide explains how to co	omplete this forr	m.	1	Total pages Schedule A1: Sch: 22/49 Rpt: 27/62	
2	FILER NAME The Political	Action Committee of the Texas Hos	pital Association		3	Filer ID (Ethics Commission 00015794	Filers)
4	Date 04/23/2024	Hair, Donna (Ms.)	of-state PAC (ID#:		7	Amount of Contribution (\$)	\$3.85
_	Deinsinal	Brownwood, TX 76804	la la	Frankrije (Gardenskinskinskinskinskinskinskinskinskinski	$\overline{\Gamma}$		
8	Director of M	pation / Job title (See Instructions) larketing	9	Employer (See Instructions Hendrick Medical Cente			
	Date 03/28/2024	Full name of contributor out Harris, Erica (Ms.) Contributor address; City; State; Zip				Amount of Contribution (\$)	\$3.85
	Principal occu	Abilene, TX 79601 pation / Job title (See Instructions)		Employer (See Instructions	·,		
	Admissions I	,		Hendrick Medical Cente			
	Date 04/11/2024	Full name of contributor out Harris, Erica (Ms.) Contributor address; City; State; Zig	-of-state PAC (ID#:			Amount of Contribution (\$)	\$3.85
		Abilene, TX 79601					
	Principal occu Admissions I	pation / Job title (See Instructions) Director		Employer (See Instructions Hendrick Medical Cente			
04/23/2024 Harr Cont		Harris, Erica (Ms.)				Amount of Contribution (\$)	\$3.85
	Principal occu Admissions I	pation / Job title (See Instructions) Director		Employer (See Instructions Hendrick Medical Cente	-		
	Date 03/26/2024	Hart, Brandy (Mrs.)				Amount of Contribution (\$)	\$83.00
	•	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Regional VIC	e President / Behavioral Health	<u> </u>	HCA Healthcare			

	MONET	ARY POLITICAL CONTRIBUTI	ON	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 23/49 Rpt: 28/62	
2	FILER NAME The Political	Action Committee of the Texas Hospital Associati	on		3	Filer ID (Ethics Commission 00015794	Filers)
4	Date 03/28/2024	 Full name of contributor			7	Amount of Contribution (\$)	\$9.62
		Abilene, TX 79601					
8	•	pation / Job title (See Instructions) ent of Human Resources	9	Employer (See Instructions Hendrick Medical Cente			
	Date 04/11/2024	Full name of contributor				Amount of Contribution (\$)	\$9.62
		Abilene, TX 79601			<u></u>		
	·	pation / Job title (See Instructions) ent of Human Resources		Employer (See Instructions Hendrick Medical Cente			
	Date 04/23/2024	Full name of contributor out-of-state PAC (ID# Head, Courtney (Ms.) Contributor address; City; State; Zip Code	#:			Amount of Contribution (\$)	\$9.62
		Abilene, TX 79601					
		pation / Job title (See Instructions) ent of Human Resources		Employer (See Instructions Hendrick Medical Cente			
	Date 04/07/2024	Full name of contributor				Amount of Contribution (\$)	\$83.00
	Principal occu President / C	pation / Job title (See Instructions)		Employer (See Instructions TORCH	5)		
	Date 03/28/2024	Full name of contributor out-of-state PAC (ID# Henry, Elizabeth (Ms.) Contributor address; City; State; Zip Code Abilene, TX 79601				Amount of Contribution (\$)	\$4.81
	•	pation / Job title (See Instructions) e Management		Employer (See Instructions Hendrick Medical Cente			
	200.01 040						

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDULE	A1
	The Instru	ction Guide explains how to	complete this forn	n.	1	Total pages Schedule A1: Sch: 24/49 Rpt: 29/62	
2	FILER NAME The Political	Action Committee of the Texas H	ospital Association		3	Filer ID (Ethics Commission 00015794	Filers)
4	Date 04/11/2024	Henry, Elizabeth (Ms.)	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$4.81
_		Abilene, TX 79601	T-				
8	•	pation / Job title (See Instructions) e Management	9	Employer (See Instructions Hendrick Medical Cente			
	Date 04/23/2024	Full name of contributor)		Amount of Contribution (\$)	\$4.81
	Dringing agg	Abilene, TX 79601 pation / Job title (See Instructions)	1	Employer (See Instructions	_		
	•	e Management		Hendrick Medical Cente			
	Date 03/28/2024	Full name of contributor Hess, Heather (Ms.) Contributor address; City; State;	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$3.85
		Abilene, TX 79601					
	Principal occu Market Direc	pation / Job title (See Instructions)		Employer (See Instructions Hendrick Medical Cente			
04/11/2024 Hess Cont		Full name of contributor Hess, Heather (Ms.) Contributor address; City; State; Abilene, TX 79601				Amount of Contribution (\$)	\$3.85
	Principal occu Market Direc	pation / Job title (See Instructions)		Employer (See Instructions Hendrick Medical Cente			
	Date 04/23/2024	Full name of contributor Hess, Heather (Ms.) Contributor address; City; State; Abilene, TX 79601	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$3.85
	Principal occu Market Direc	pation / Job title (See Instructions)		Employer (See Instructions Hendrick Medical Cente			
	Market Direct			. I.S. Idrion Medical Cellic			

	MONET	ARY POLITICAL CONT	TRIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to co	mplete this forr	n.	1	Total pages Schedule A1: Sch: 25/49 Rpt: 30/62	
2	FILER NAME The Political	Action Committee of the Texas Hosp	ital Association		3	Filer ID (Ethics Commission 00015794	ı Filers)
4	Date 04/19/2024	Holcomb, Holly (Ms.)	of-state PAC (ID#:		7	Amount of Contribution (\$)	\$50.00
_		Childress, TX 79201			<u></u>		
8	Chief Execut	pation / Job title (See Instructions) tive Officer	9	Employer (See Instructions Childress Regional Med		l Center	
	Date 04/12/2024	Full name of contributor out-out-out-out-out-out-out-out-out-out-				Amount of Contribution (\$)	\$82.50
		Abilene, TX 79601					
		pation / Job title (See Instructions) Chief Executive Officer		Employer (See Instructions Hendrick Health	5)		
	Date 04/25/2024	Full name of contributor out-onea, Michael (Mr.) Contributor address; City; State; Zip	of-state PAC (ID#:)		Amount of Contribution (\$)	\$41.00
		Glen Rose, TX 76043					
	Principal occu Chief Execut	pation / Job title (See Instructions) tive Officer		Employer (See Instructions) Glen Rose Medical Center			
	Date 03/28/2024	Full name of contributor out-out-out-out-out-out-out-out-out-out-	of-state PAC (ID#:			Amount of Contribution (\$)	\$3.85
	Principal occu System Direc	pation / Job title (See Instructions) ctor Benefits		Employer (See Instructions Hendrick Medical Cente			
	Date 04/11/2024	Full name of contributor out-one Howard, Erica (Ms.) Contributor address; City; State; Zip of Abilene, TX 79601	of-state PAC (ID#:			Amount of Contribution (\$)	\$3.85
	Principal occu System Direc	pation / Job title (See Instructions)		Employer (See Instructions Hendrick Medical Cente			
	System Direct	oc. Denonco		Tonanok Medical Gente	•		

	MONET	ARY POLITICAL CONTRIBUT	ION	NS		SCHEDULI	E A1
	The Instruc	ction Guide explains how to complete this	s for	m.	1	Total pages Schedule A1: Sch: 26/49 Rpt: 31/62	
2	FILER NAME The Political	Action Committee of the Texas Hospital Associa	tion		3	Filer ID (Ethics Commission 00015794	n Filers)
4	Date 04/23/2024	 5 Full name of contributor out-of-state PAC (IE Howard, Erica (Ms.) 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$3.85
_		Abilene, TX 79601	- 1-	5 1 (0 1 1 1			
8	System Direct	pation / Job title (See Instructions) ctor Benefits	9	Employer (See Instructions Hendrick Medical Cente			
	Date 04/21/2024	Full name of contributor out-of-state PAC (IE Hrncirik, Bobbye (Ms.) Contributor address; City; State; Zip Code	O#:		•	Amount of Contribution (\$)	\$83.00
	Deinainal assu	Lubbock, TX 79415		Franks von (Cook kooks votions	<u></u>		
		pation / Job title (See Instructions) ental Funding		Employer (See Instructions University Medical Cent			
	Date 03/28/2024	Full name of contributor out-of-state PAC (IE Huffington, Mark (Mr.) Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$4.81
		Abilene, TX 79601			Ĺ		
		pation / Job title (See Instructions) stant Vice President Analytics		Employer (See Instructions Hendrick Medical Cente			
	Date 04/11/2024	Full name of contributor out-of-state PAC (IE Huffington, Mark (Mr.) Contributor address; City; State; Zip Code Abilene, TX 79601			•	Amount of Contribution (\$)	\$4.81
		pation / Job title (See Instructions) stant Vice President Analytics		Employer (See Instructions Hendrick Medical Cente	•		
	Date 04/23/2024	Full name of contributor out-of-state PAC (IE Huffington, Mark (Mr.) Contributor address; City; State; Zip Code Abilene, TX 79601	D#:)	•	Amount of Contribution (\$)	\$4.81
		pation / Job title (See Instructions) stant Vice President Analytics		Employer (See Instructions Hendrick Medical Cente			
	3,0.0m / 103h	State 1.50 i rosidone / maryuos		. Ishanok Wouldar Schile			

	MONET	ARY POLITICAL C	ONTRIBUTION	IS 		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this form	m.	1	Total pages Schedule A1: Sch: 27/49 Rpt: 32/62	
2	FILER NAME The Political	Action Committee of the Texas	s Hospital Association		3	Filer ID (Ethics Commission 00015794	n Filers)
4	Date 03/28/2024	5 Full name of contributor Hunnicutt, Craig (Mr.) 6 Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)	7	Amount of Contribution (\$)	\$3.85
		Abilene, TX 79601					
8		pation / Job title (See Instructions) pional Services	9	Employer (See Instructions Hendrick Medical Cente			
	Date 04/11/2024	Full name of contributor Hunnicutt, Craig (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)	•	Amount of Contribution (\$)	\$3.85
	Principal occu	Abilene, TX 79601 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
		ional Services		Hendrick Medical Cente			
	Date 04/23/2024	Full name of contributor [Hunnicutt, Craig (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)	•	Amount of Contribution (\$)	\$3.85
		Abilene, TX 79601					
		pation / Job title (See Instructions) jional Services		Employer (See Instructions Hendrick Medical Cente			
	Date 04/14/2024	Full name of contributor [Hurst, William (Mr.) Contributor address; City; Sta Plano, TX 75075	out-of-state PAC (ID#: te; Zip Code)	•	Amount of Contribution (\$)	\$125.00
	Principal occu President / 0	pation / Job title (See Instructions) CEO		Employer (See Instructions Patient Physician Netwo			
	Date 04/11/2024	Full name of contributor Jackson, Mary (Ms.) Contributor address; City; Sta Tyler, TX 75702	out-of-state PAC (ID#:te; Zip Code)		Amount of Contribution (\$)	\$500.00
		pation / Job title (See Instructions) nent Affairs & Community Bene	fits	Employer (See Instructions CHRISTUS Mother Fran		s Hospital - Tyler	

	MONEI	ARY POLITICAL CON	IRIBUTION	S		SCHEDULE	A1
	The Instru	ction Guide explains how to co	mplete this form	n.	1	Total pages Schedule A1: Sch: 28/49 Rpt: 33/62	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	The Political	Action Committee of the Texas Hos				00015794	
4	Date 03/28/2024	5 Full name of contributor out- Jackson, Olga (Ms.)6 Contributor address; City; State; Zip	of-state PAC (ID#: Code)	7	Amount of Contribution (\$)	\$0.97
		Cuero, TX 77954					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	<u>. </u>		
	Support Serv			Cuero Regional Hospita			
_	Date		of-state PAC (ID#:	,		Amount of Contribution (\$)	
	04/18/2024	Jackson, Olga (Ms.)	oi-state PAC (ID#			Amount of Contribution (\$)	\$0.97
	04/10/2024	Contributor address; City; State; Zip	Code				Ψ0.57
		Cuero, TX 77954					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	()		
	Support Services			Cuero Regional Hospita	l		
	Date	Full name of contributor out-	of-state PAC (ID#:			Amount of Contribution (\$)	
	04/23/2024	Jackson, Olga (Ms.)					\$0.97
		Contributor address; City; State; Zip Cuero, TX 77954	Code				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	()		
	Support Serv	vices		Cuero Regional Hospital			
_	Date	Full name of contributor Out-	of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/20/2024	Jasper, Jerry (Mr.) Contributor address; City; State; Zip West Lake Hills, TX 78746					\$41.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	()		
	Interim CEO			The Hospital at Westlak	e١	Medical Center	
	Date	Full name of contributor out-	of-state PAC (ID#:)		Amount of Contribution (\$)	
	03/28/2024	Kelly, Tave (Ms.)					\$4.81
	Contributor address; City; State; Zip Code Abilene, TX 79601						
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	()		
	AVP Revenu	ie Cycle		Hendrick Medical Cente	r		
			,				

	MONET	ARY POLITICAL C	ONTRIBUTION	IS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how t	to complete this for	n.	1	Total pages Schedule A1: Sch: 29/49 Rpt: 34/62	
2	FILER NAME The Political	Action Committee of the Texas	Hospital Association		3	Filer ID (Ethics Commission 00015794	Filers)
4	Date 04/11/2024	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$4.81
		Abilene, TX 79601					
8	Principal occu AVP Revenu	pation / Job title (See Instructions) ue Cycle	9	Employer (See Instructions Hendrick Medical Cente			
	Date 04/23/2024	Full name of contributor [Kelly, Tave (Ms.) Contributor address; City; Stat)	•	Amount of Contribution (\$)	\$4.81
	Principal occu	Abilene, TX 79601 pation / Job title (See Instructions)		Employer (See Instructions	s)		
	AVP Revenu	,		Hendrick Medical Cente			
	Date 04/12/2024	Full name of contributor Kimmel, Stephen (Mr.) Contributor address; City; Stat	out-of-state PAC (ID#: re; Zip Code		•	Amount of Contribution (\$)	\$83.00
		Fort Worth, TX 76104					
	Principal occu Chief Financ	pation / Job title (See Instructions) ial Officer		Employer (See Instructions Cook Children's Medica		enter	
	Date 04/10/2024	Full name of contributor Kirkman, Leni (Ms.) Contributor address; City; Stat San Antonio, TX 78229	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$41.00
		pation / Job title (See Instructions) rp Communications & Mktg		Employer (See Instructions University Health	5)		
	Date 03/28/2024	Full name of contributor Krupala, Judith (Ms.) Contributor address; City; Stat Cuero, TX 77954	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$1.93
	Principal occu Chief Nursin	pation / Job title (See Instructions)		Employer (See Instructions Cuero Regional Hospita			
	3c. (Val.011)	g					

	MONET	ARY POLITICAL COI	NTRIBUTION	S		SCHEDULE	■ A1
	The Instru	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 30/49 Rpt: 35/62	
2	FILER NAME The Political	Action Committee of the Texas Ho	ospital Association		3	Filer ID (Ethics Commission 00015794	ı Filers)
4	Date 04/18/2024	Krupala, Judith (Ms.)	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$1.93
_	Dein sin al a a su	Cuero, TX 77954	la la	Farabasa (On the treation	$\overline{\Gamma}$		
8	Chief Nursin	pation / Job title (See Instructions) g Officer	9	Employer (See Instructions Cuero Regional Hospita			
	Date 04/23/2024	Full name of contributor				Amount of Contribution (\$)	\$1.93
	Deinsinal assu	Cuero, TX 77954		Frankrich (Cook bachwich)	<u></u>		
	Chief Nursin	pation / Job title (See Instructions) g Officer		Employer (See Instructions Cuero Regional Hospita			
	Date 03/28/2024	Full name of contributor	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$12.50
		Abilene, TX 79606					
		pation / Job title (See Instructions) Administrative Officer		Employer (See Instructions Hendrick Medical Cente	•		
	Date 04/11/2024	Full name of contributor)		Amount of Contribution (\$)	\$12.50
	•	pation / Job title (See Instructions) Administrative Officer		Employer (See Instructions Hendrick Medical Cente			
	Date 04/23/2024	Full name of contributor Cafrance, Judith (Ms.) Contributor address; City; State; 2 Abilene, TX 79606				Amount of Contribution (\$)	\$12.50
	•	pation / Job title (See Instructions) Administrative Officer		Employer (See Instructions Hendrick Medical Cente			
	THINGS CHIEF	/ Millingualive Officer		TICHUHON MEGICAL CELLE	1		

	MONET	ARY POLITICAL CONTRIBUTION	NC	IS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this t	for	m.	1	Total pages Schedule A1: Sch: 31/49 Rpt: 36/62	
2	FILER NAME The Political	Action Committee of the Texas Hospital Associatio	n		3	Filer ID (Ethics Commission 00015794	n Filers)
4	Date 04/18/2024	 5 Full name of contributor out-of-state PAC (ID#: Lane, Michael (Dr.) 6 Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$350.00
_	Daine in all a con-	Dallas, TX 75235	1_	Fundamental (Construction			
8	•	pation / Job title (See Instructions) -Chief Quality & Safety Officer	9	Employer (See Instructions Parkland Health			
	Date 03/28/2024	Full name of contributor out-of-state PAC (ID#:_Lee, Rachel (Ms.) Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$3.85
	Principal occu	Abilene, TX 79601 pation / Job title (See Instructions)	_	Employer (See Instructions	·/		
	•	ff Srvcs & Physician Recruitment		Hendrick Medical Cente			
	Date 04/11/2024	Full name of contributor out-of-state PAC (ID#:_ Lee, Rachel (Ms.) Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$3.85
		Abilene, TX 79601	_				
	•	pation / Job title (See Instructions) ff Srvcs & Physician Recruitment		Employer (See Instructions Hendrick Medical Cente			
	Date 04/23/2024	Full name of contributor out-of-state PAC (ID#:_Lee, Rachel (Ms.) Contributor address; City; State; Zip Code Abilene, TX 79601)		Amount of Contribution (\$)	\$3.85
	•	rpation / Job title (See Instructions) ff Srvcs & Physician Recruitment		Employer (See Instructions Hendrick Medical Center			
	Date 04/09/2024	Full name of contributor out-of-state PAC (ID#:_ Leu, Christopher (Mr.) Contributor address; City; State; Zip Code Cleburne, TX 76033)		Amount of Contribution (\$)	\$250.00
	Principal occu President	pation / Job title (See Instructions)		Employer (See Instructions Texas Health Harris Me		dist Hospital Cleburne	

	MONET	ARY POLITICAL CONTRIB	UTION	IS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete	e this for	n.	1	Total pages Schedule A1: Sch: 32/49 Rpt: 37/62	
2	FILER NAME The Political	Action Committee of the Texas Hospital Ass	sociation		3	Filer ID (Ethics Commission 00015794	n Filers)
4	Date 03/28/2024	 5 Full name of contributor out-of-state P. Lowery, James (Mr.) 6 Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$3.85
_	Dringing age	Abilene, TX 79601		Employer (Coo Instructions	<u></u>		
8	Director Man	pation / Job title (See Instructions) naged Care	9	Employer (See Instructions Hendrick Medical Cente			
	Date 04/11/2024	Full name of contributor out-of-state P. Lowery, James (Mr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$3.85
	Dein sin al acces	Abilene, TX 79601	Ī	Faralassa (Ossalastassáis as	$\overline{\Gamma}$		
	Director Man	pation / Job title (See Instructions) naged Care		Employer (See Instructions Hendrick Medical Cente			
	Date 04/23/2024	Full name of contributor out-of-state P. Lowery, James (Mr.) Contributor address; City; State; Zip Code	AC (ID#:)		Amount of Contribution (\$)	\$3.85
		Abilene, TX 79601					
	Principal occu Director Man	pation / Job title (See Instructions) naged Care		Employer (See Instructions Hendrick Medical Cente			
	Date 04/17/2024	Full name of contributor out-of-state P. Madrid, Stephanie (Ms.) Contributor address; City; State; Zip Code Louisville, KY 40202				Amount of Contribution (\$)	\$500.00
	•	pation / Job title (See Instructions) ty Hospital Operations		Employer (See Instructions ScionHealth	s)		
	Date 03/28/2024	Full name of contributor out-of-state P. McCollough, Kimberly (Ms.) Contributor address; City; State; Zip Code Abilene, TX 79606	PAC (ID#:			Amount of Contribution (\$)	\$3.85
	•	pation / Job title (See Instructions) /omen and Children Services		Employer (See Instructions Hendrick Medical Cente			
	300.01 VI	200000			-		

	MONET	ARY POLITICAL CONTRIBUTION	NC	IS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 33/49 Rpt: 38/62	
2	FILER NAME The Political	Action Committee of the Texas Hospital Association	n		3	Filer ID (Ethics Commission 00015794	Filers)
4	Date 04/11/2024	 Full name of contributor out-of-state PAC (ID#: McCollough, Kimberly (Ms.) Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$3.85
		Abilene, TX 79606	_		_		
8		pation / Job title (See Instructions) /omen and Children Services	9	Employer (See Instructions Hendrick Medical Cente			
	Date 04/23/2024	Full name of contributor)		Amount of Contribution (\$)	\$3.85
	Dringing agg	Abilene, TX 79606	_	Employer (See Instructions	<u></u>		
	•	pation / Job title (See Instructions) /omen and Children Services		Employer (See Instructions Hendrick Medical Cente			
	Date 03/28/2024	Full name of contributor out-of-state PAC (ID#: McElrath, Pamela (Ms.) Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$4.00
		Abilene, TX 79601					
	Principal occu Registered N	pation / Job title (See Instructions) Nurse		Employer (See Instructions Hendrick Medical Cente			
	Date 04/11/2024	Full name of contributor out-of-state PAC (ID#: McElrath, Pamela (Ms.) Contributor address; City; State; Zip Code Abilene, TX 79601)	•	Amount of Contribution (\$)	\$4.00
	Principal occu Registered N	pation / Job title (See Instructions) Nurse		Employer (See Instructions Hendrick Medical Cente			
	Date 04/23/2024	Full name of contributor out-of-state PAC (ID#: McElrath, Pamela (Ms.) Contributor address; City; State; Zip Code Abilene, TX 79601			•	Amount of Contribution (\$)	\$4.00
	•	pation / Job title (See Instructions)		Employer (See Instructions			
	Registered N	NUISC	<u> </u>	Hendrick Medical Cente	:I		

	MONET	ARY POLITICAL CON	TRIBUTION	S		SCHEDULE	E A1
	The Instru	ction Guide explains how to co	mplete this forr	n.	1	Total pages Schedule A1: Sch: 34/49 Rpt: 39/62	
2	FILER NAME The Political	Action Committee of the Texas Hosp	oital Association		3	Filer ID (Ethics Commission 00015794	n Filers)
4	Date 04/01/2024	Mitchell, Kenneth (Dr.)	of-state PAC (ID#:		7	Amount of Contribution (\$)	\$41.00
_	Dringing! aggs	Austin, TX 78701	lo.	Employer (See Instructions	<u></u>		
8		pation / Job title (See Instructions) Medical Officer	9	Employer (See Instructions St. David's HealthCare	5)		
	Date 04/10/2024	Full name of contributor out- Morales, Daniel (Mr.) Contributor address; City; State; Zip				Amount of Contribution (\$)	\$20.50
	Dringing! aggs	Houston, TX 77030		Employer (See Instructions	<u></u>		
		pation / Job title (See Instructions) nt Government Affairs		Employer (See Instructions Houston Methodist	5)		
	Date 03/28/2024	Full name of contributor out- Murphy, Patrick (Mr.) Contributor address; City; State; Zip	of-state PAC (ID#:			Amount of Contribution (\$)	\$3.85
		Abilene, TX 79601					
	Principal occu Healthcare F	pation / Job title (See Instructions) Professional		Employer (See Instructions Hendrick Medical Cente			
	Date 04/11/2024	Full name of contributor out- Murphy, Patrick (Mr.) Contributor address; City; State; Zip Abilene, TX 79601				Amount of Contribution (\$)	\$3.85
	Principal occu Healthcare F	pation / Job title (See Instructions)		Employer (See Instructions Hendrick Medical Cente			
	Date 04/23/2024	Murphy, Patrick (Mr.)				Amount of Contribution (\$)	\$3.85
	Principal occu Healthcare F	pation / Job title (See Instructions)		Employer (See Instructions Hendrick Medical Cente			
	. iodiliodic F	TOTOGOTIAL			•		

	MONEI	ARY POLITICAL CO	ONTRIBUTION	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how to	o complete this for	rm.	1	Total pages Schedule A1: Sch: 35/49 Rpt: 40/62	
2	FILER NAME The Political	Action Committee of the Texas	Hospital Association		3	Filer ID (Ethics Commission 00015794	n Filers)
4	Date 04/12/2024	5 Full name of contributor Nguyen, Christi (Ms.)6 Contributor address; City; State	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$350.00
_		Dallas, TX 75247	T _o		<u></u>		
8		pation / Job title (See Instructions) NO of Nursel Excellence	9	Employer (See Instructions UT Southwestern Medic		Center	
	Date 04/16/2024	Full name of contributor Ols, Timothy (Mr.) Contributor address; City; State	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$250.00
		Marble Falls, TX 78654			_		
		pation / Job title (See Instructions)		Employer (See Instructions		val Cantar - Marble Falls	
		Hill Country Region		Baylor Scott & White Me	dic		
	Date 04/20/2024	Full name of contributor Parisi, James (Mr.) Contributor address; City; State The Woodlands, TX 77384	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$41.50
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Chief Execut			CHI St Lukes Health - T		Woodlands Hospital	
	Date 04/02/2024	Full name of contributor Pendon, Miriam (Ms.) Contributor address; City; State San Antonio, TX 78249	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$62.50
	•	pation / Job title (See Instructions)		Employer (See Instructions			
	Division VP I	Nursing Operations		Methodist Healthcare Sa	an A	Antonio	
	Date 04/18/2024	Full name of contributor Porsa, Esmaeil (Dr.) Contributor address; City; State Houston, TX 77266	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$500.00
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	President &	CEO		Harris Health System			

	MONET	ARY POLITICAL CONTRIBU	ITION	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete t	his for	m.	1	Total pages Schedule A1: Sch: 36/49 Rpt: 41/62	
2	FILER NAME The Political	Action Committee of the Texas Hospital Assoc	ciation		3	Filer ID (Ethics Commission 00015794	n Filers)
4	Date 03/28/2024	 Full name of contributor out-of-state PAC Preston, Deborah (Ms.) Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$5.00
_	Detection	Abilene, TX 79601	- 10	Fanda and (Cara Instructions			
8	Director of P	pation / Job title (See Instructions) harmacy	9	Employer (See Instructions Hendrick Medical Cente			
	Date 04/11/2024	Full name of contributor out-of-state PAC Preston, Deborah (Ms.) Contributor address; City; State; Zip Code	C (ID#:		•	Amount of Contribution (\$)	\$5.00
	Principal occur	Abilene, TX 79601 pation / Job title (See Instructions)		Employer (See Instructions	·)		
	Director of P	,		Hendrick Medical Cente			
	Date 04/23/2024	Full name of contributor out-of-state PAC Preston, Deborah (Ms.) Contributor address; City; State; Zip Code	C (ID#:)		Amount of Contribution (\$)	\$5.00
		Abilene, TX 79601					
	Principal occu Director of P	pation / Job title (See Instructions) harmacy		Employer (See Instructions Hendrick Medical Cente			
	Date 04/14/2024	Full name of contributor out-of-state PAC Qualls, Rustin (Mr.) Contributor address; City; State; Zip Code Clifton, TX 76634)	•	Amount of Contribution (\$)	\$20.50
	Principal occu Director of O	pation / Job title (See Instructions) perations		Employer (See Instructions Goodall-Witcher Health		е	
	Date 04/09/2024	Full name of contributor out-of-state PAC Reeves, Sandra (Ms.) Contributor address; City; State; Zip Code Arlington, TX 76011	C (ID#:)		Amount of Contribution (\$)	\$250.00
	•	pation / Job title (See Instructions) ury Services/Asst Chief Investment Officer		Employer (See Instructions Texas Health Resource			
	2	,	<u> </u>		_		

	MONET	ARY POLITICAL CONTR	IBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to compl	lete this forr	n.	1	Total pages Schedule A1: Sch: 37/49 Rpt: 42/62	
2	FILER NAME The Political	Action Committee of the Texas Hospital	Association		3	Filer ID (Ethics Commission 00015794	n Filers)
4	Date 04/15/2024	Richburg, Melanie (Dr.)	ate PAC (ID#:)	7	Amount of Contribution (\$)	\$125.00
_	Deinsinal assu	Tahoka, TX 79373	lo.	Franks von (Cookstant)	<u></u>		
8	Chief Execut	pation / Job title (See Instructions) tive Officer	9	Employer (See Instructions Lynn County Hospital D	•	ict	
	Date 03/28/2024	Richert, Ron (Mr.))		Amount of Contribution (\$)	\$3.85
	Dringinal occu	Abilene, TX 79601 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	•	ne Health Club		Hendrick Medical Cente			
	Date 04/11/2024	Full name of contributor out-of-star Richert, Ron (Mr.) Contributor address; City; State; Zip Code	ate PAC (ID#:)		Amount of Contribution (\$)	\$3.85
		Abilene, TX 79601					
		pation / Job title (See Instructions) ne Health Club		Employer (See Instructions Hendrick Medical Cente	•		
	Date 04/23/2024	Richert, Ron (Mr.))		Amount of Contribution (\$)	\$3.85
	•	pation / Job title (See Instructions) ne Health Club		Employer (See Instructions Hendrick Medical Cente	•		
	Date 04/12/2024	Full name of contributor out-of-star Roberts, Kevin (Mr.) Contributor address; City; State; Zip Code Killeen, TX 76549	e)		Amount of Contribution (\$)	\$500.00
	•	pation / Job title (See Instructions) Chief Executive Officer		Employer (See Instructions AdventHealth Central Te		2	
	i residelit / C	JANUAL EACCURING OFFICE		Adventi leatur Central III			

	MONEI	ARY POLITICAL (CONTRIBUTION	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 38/49 Rpt: 43/62	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	The Political	Action Committee of the Texa	as Hospital Association			00015794	
4	Date 04/10/2024	5 Full name of contributor Robicheaux, James (Mr.)6 Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)	7	Amount of Contribution (\$)	\$42.00
		Bay City, TX 77414					
8	Principal occu	pation / Job title (See Instructions	9	Employer (See Instructions	<u>. </u>		
	Chief Execut		,	Matagorda Regional Me		al Center	
_	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	03/28/2024	Robinson, Tracee (Ms.) Contributor address; City; St	_			y another of containing the containi	\$3.85
		Abilene, TX 79601					
		pation / Job title (See Instructions)	Employer (See Instructions			
	Director of Q	uality		Hendrick Medical Cente	r		
	Date 04/11/2024	Full name of contributor Robinson, Tracee (Ms.) Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)		Amount of Contribution (\$)	\$3.85
		Abilene, TX 79601					
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions)		
	Director of Q	uality		Hendrick Medical Cente	r		
	Date 04/23/2024	Full name of contributor Robinson, Tracee (Ms.) Contributor address; City; St Abilene, TX 79601	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$3.85
	Principal occu Director of Q	pation / Job title (See Instructions quality	()	Employer (See Instructions Hendrick Medical Cente			
	Date 04/25/2024	Full name of contributor Roland, Brian (Mr.) Contributor address; City; St Breckenridge, TX 76424	out-of-state PAC (ID#: ate; Zip Code)		Amount of Contribution (\$)	\$350.00
\vdash	Principal occu	pation / Job title (See Instructions	<u>)</u>	Employer (See Instructions	<u> </u>		
	Chief Execut		'	Stephens Memorial Hos		al	
			l				

	MONET	ARY POLITICAL CONTRIBUTION	ΝC	IS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 39/49 Rpt: 44/62	
2	FILER NAME The Political	Action Committee of the Texas Hospital Association	n		3	Filer ID (Ethics Commission 00015794	Filers)
4	Date 04/08/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$20.50
_		Houston, TX 77024	1-		Ĺ		
8	·	pation / Job title (See Instructions) blic Policy & Community Benefit	9	Employer (See Instructions Memorial Hermann Hea		System	
	Date 03/28/2024	Full name of contributor				Amount of Contribution (\$)	\$3.85
		Abilene, TX 79601	_		<u>_</u>		
		pation / Job title (See Instructions) / Facility Management		Employer (See Instructions Hendrick Medical Cente			
	Date 04/11/2024	Full name of contributor out-of-state PAC (ID#: Schmidt, Timothy (Mr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$3.85
		Abilene, TX 79601					
		pation / Job title (See Instructions) / Facility Management		Employer (See Instructions Hendrick Medical Cente			
	Date 04/23/2024	Full name of contributor out-of-state PAC (ID#: Schmidt, Timothy (Mr.) Contributor address; City; State; Zip Code Abilene, TX 79601)		Amount of Contribution (\$)	\$3.85
		pation / Job title (See Instructions) / Facility Management		Employer (See Instructions Hendrick Medical Cente			
	Date 04/25/2024	Full name of contributor out-of-state PAC (ID#: Shelton, Jared (Mr.) Contributor address; City; State; Zip Code Bedford, TX 76022)		Amount of Contribution (\$)	\$50.00
	Principal occu President	pation / Job title (See Instructions)		Employer (See Instructions Texas Health Harris Me		dist Hospital H-E-B	
			<u> </u>				

	MONET	ARY POLITICAL CONTRIB	UTION	IS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete	e this for	m.	1	Total pages Schedule A1: Sch: 40/49 Rpt: 45/62	
2	FILER NAME The Political	Action Committee of the Texas Hospital Ass	sociation		3	Filer ID (Ethics Commission 00015794	Filers)
4	Date 03/28/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$3.85
		Abilene, TX 79601					
8	•	pation / Job title (See Instructions) drick HouseCalls	9	Employer (See Instructions Hendrick Medical Cente			
	Date 04/11/2024	Full name of contributor)		Amount of Contribution (\$)	\$3.85
	Dringing aggr	Abilene, TX 79601		Employer (See Instructions	<u>''</u>		
	•	pation / Job title (See Instructions) drick HouseCalls		Employer (See Instructions Hendrick Medical Cente			
	Date 04/23/2024	Full name of contributor out-of-state Passeckels, Donna (Ms.) Contributor address; City; State; Zip Code	PAC (ID#:)		Amount of Contribution (\$)	\$3.85
		Abilene, TX 79601					
		pation / Job title (See Instructions) drick HouseCalls		Employer (See Instructions Hendrick Medical Cente			
	Date 04/07/2024	Full name of contributor out-of-state P. Speer, Gena (Ms.) Contributor address; City; State; Zip Code Breckenridge, TX 76424	-)	•	Amount of Contribution (\$)	\$14.50
	Principal occu Chief Nursin	pation / Job title (See Instructions) g Officer		Employer (See Instructions Stephens Memorial Hos		al	
	Date 03/28/2024	Full name of contributor out-of-state P. Stafford, Steven (Mr.) Contributor address; City; State; Zip Code Abilene, TX 79601)		Amount of Contribution (\$)	\$3.85
	Principal occu Director Hen	pation / Job title (See Instructions)		Employer (See Instructions Hendrick Medical Cente			
	Director Herr	MILION CITILIC		TIETIUTION WEULCAI CETILE	-1		

	MONEI	ARY POLITICAL CONTRIBUT	IOI	NS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this	s for	m.	1	Total pages Schedule A1: Sch: 41/49 Rpt: 46/62	
2	FILER NAME The Political	Action Committee of the Texas Hospital Associa	tion		3	Filer ID (Ethics Commission 00015794	Filers)
4	Date 04/11/2024	 5 Full name of contributor out-of-state PAC (IE Stafford, Steven (Mr.) 6 Contributor address; City; State; Zip Code 	D#:		7	Amount of Contribution (\$)	\$3.85
•	Dringinal acqu	Abilene, TX 79601 pation / Job title (See Instructions)	ام	Employer (See Instructions	·/		
0	Director Hen		ľ	Hendrick Medical Cente			
	Date 04/23/2024	Full name of contributor out-of-state PAC (IE Stafford, Steven (Mr.) Contributor address; City; State; Zip Code	 D#:)		Amount of Contribution (\$)	\$3.85
		Abilene, TX 79601					
	Principal occu Director Hen	pation / Job title (See Instructions)		Employer (See Instructions Hendrick Medical Cente			
	Director Heri	_	<u></u>	nendrick Medical Certle	: I	Associated Contribution (#)	
	03/28/2024	Full name of contributor out-of-state PAC (IE Stephenson, David (Mr.) Contributor address; City; State; Zip Code	D#			Amount of Contribution (\$)	\$9.62
		Abilene, TX 79601					
	·	pation / Job title (See Instructions) Hendrick Clinic & Anesthesia Network		Employer (See Instructions Hendrick Medical Cente			
	Date 04/11/2024	Full name of contributor out-of-state PAC (IE Stephenson, David (Mr.) Contributor address; City; State; Zip Code Abilene, TX 79601	D#:)		Amount of Contribution (\$)	\$9.62
	·	pation / Job title (See Instructions) Hendrick Clinic & Anesthesia Network		Employer (See Instructions Hendrick Medical Cente			
	Date 04/23/2024	Full name of contributor out-of-state PAC (IE Stephenson, David (Mr.) Contributor address; City; State; Zip Code Abilene, TX 79601	D#:)		Amount of Contribution (\$)	\$9.62
		pation / Job title (See Instructions)		Employer (See Instructions			
	System VP I	Hendrick Clinic & Anesthesia Network		Hendrick Medical Cente	r		

	MONEI	ARY POLITICAL CO	JNIRIBUTION		SCHEDULE A1
	The Instru	ction Guide explains how t	o complete this for	m.	1 Total pages Schedule A1: Sch: 42/49 Rpt: 47/62
2	FILER NAME The Political	Action Committee of the Texas	Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4	Date 04/12/2024	5 Full name of contributor Stout, Cindy (Ms.) 6 Contributor address; City; State	out-of-state PAC (ID#:		7 Amount of Contribution (\$) \$1,000.00
_	7 : -!!	El Paso, TX 79905			
8		upation / Job title (See Instructions) Chief Executive Officer	9	Employer (See Instructions El Paso Children's Hosp	
	Date 03/26/2024	Full name of contributor Taylor, Clay (Mr.) Contributor address; City; State Lubbock, TX 79410	out-of-state PAC (ID#:		Amount of Contribution (\$) \$20.50
	Principal occu Chief Operat	upation / Job title (See Instructions)		Employer (See Instructions Covenant Childrens Hos	
	Date 03/28/2024	Full name of contributor Tiffin, Laura (Ms.) Contributor address; City; State Cuero, TX 77954	out-of-state PAC (ID#:		Amount of Contribution (\$) \$1.00
		upation / Job title (See Instructions)		Employer (See Instructions Cuero Regional Hospita	
	Date 04/18/2024	Full name of contributor Tiffin, Laura (Ms.) Contributor address; City; State Cuero, TX 77954)	Amount of Contribution (\$) \$1.00
		upation / Job title (See Instructions) ffice Manager		Employer (See Instructions Cuero Regional Hospita	
	Date 04/23/2024	Full name of contributor Tiffin, Laura (Ms.) Contributor address; City; State Cuero, TX 77954	out-of-state PAC (ID#:)	Amount of Contribution (\$) \$1.00
		upation / Job title (See Instructions) fice Manager		Employer (See Instructions Cuero Regional Hospita	

	MONEI	ARY POLITICAL C	ONTRIBUTION	S		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this forr	m.	1	Total pages Schedule A1: Sch: 43/49 Rpt: 48/62	
2	FILER NAME	Action Committee of the Toyon	Lippoital Apposiation		3	Filer ID (Ethics Commission	Filers)
_		Action Committee of the Texas			L	00015794	
4	Date 03/28/2024	5 Full name of contributor [Tucek, Karen (Ms.) 6 Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)	7	Amount of Contribution (\$)	\$3.85
		Abilene, TX 79601					
8		pation / Job title (See Instructions)	9	Employer (See Instructions			
	Director, Hos	spice		Hendrick Medical Cente	r		
	Date 04/11/2024	Full name of contributor [Tucek, Karen (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$3.85
		Abilene, TX 79601					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Director, Hos	spice		Hendrick Medical Cente	r		
	Date 04/23/2024	Full name of contributor [Tucek, Karen (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#:te; Zip Code			Amount of Contribution (\$)	\$3.85
		Abilene, TX 79601					
-	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	;) [
	Director, Hos	,		Hendrick Medical Cente			
_	Date	Full name of contributor	out-of-state PAC (ID#:	`	Г	Amount of Contribution (\$)	
	03/28/2024	Vidrine, Amanda (Ms.) Contributor address; City; Sta Abilene, TX 79601				y anount of Continuation (c)	\$3.85
	•	pation / Job title (See Instructions) gulatory Manager		Employer (See Instructions Hendrick Medical Cente			
	Date 04/11/2024	Full name of contributor Vidrine, Amanda (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$3.85
		Abilene, TX 79601					
		pation / Job title (See Instructions)		Employer (See Instructions			
	Quality & Re	gulatory Manager		Hendrick Medical Cente	r		

	MONET	ARY POLITICAL CONTR		SCHEDULE A1			
	The Instruc	ction Guide explains how to comp	1	Total pages Schedule A1: Sch: 44/49 Rpt: 49/62			
2	FILER NAME The Political	Action Committee of the Texas Hospital	Association		3	Filer ID (Ethics Commission 00015794	n Filers)
4	4 Date 5 Full name of contributor out-of-state PAC (ID#:) 04/23/2024 Vidrine, Amanda (Ms.) 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$3.85		
_	Deire sin al acces	Abilene, TX 79601	la la	Foundation (Co.) In attraction	_		
8		pation / Job title (See Instructions) gulatory Manager	9	Employer (See Instructions Hendrick Medical Cente			
	Date Full name of contributor out-of-state PAC (ID#:) 03/28/2024 Wade, Susan (Ms.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$15.00		
	Abilene, TX 79601						
Principal occupation / Job title (See Instructions) Employer (See Instruct Abilene Market COO Hendrick Medical Ce							
Date Full name of contributor out-of-state PAC (ID#:_04/11/2024 Wade, Susan (Ms.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$15.00	
		Abilene, TX 79601					
	Principal occu Abilene Mark	pation / Job title (See Instructions) ket COO		Employer (See Instructions Hendrick Medical Cente			
	Date 04/23/2024	Wade, Susan (Ms.)				Amount of Contribution (\$)	\$15.00
	Principal occu Abilene Mark	pation / Job title (See Instructions) ket COO		Employer (See Instructions Hendrick Medical Cente			
	Date 03/28/2024	Wagner, Angela (Ms.))		Amount of Contribution (\$)	\$3.85
	Principal occu Healthcare P	pation / Job title (See Instructions)		Employer (See Instructions Hendrick Medical Cente			
	пеашісаге Р	TUESSIUITAI		TIETIUTICK MEUICAI CEITLE	1		

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1				
	The Instruc	ction Guide explains how to complete this	1	Total pages Schedule A1: Sch: 45/49 Rpt: 50/62			
2	FILER NAME The Political	Action Committee of the Texas Hospital Association		3	Filer ID (Ethics Commission 00015794	Filers)	
4	1 Date 5 Full name of contributor out-of-state PAC (ID#:) Wagner, Angela (Ms.) 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$3.85		
_	Dein sin al annu	Abilene, TX 79601	٦,	Frankrije (Ozakasti a			
8	Healthcare P	pation / Job title (See Instructions) Professional	9	Employer (See Instructions Hendrick Medical Cente			
	Date Full name of contributor out-of-state PAC (ID#:) 04/23/2024 Wagner, Angela (Ms.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.85		
	Dein sin al annu	Abilene, TX 79601	_	Frankrije (Ozakasti a			
Principal occupation / Job title (See Instructions) Employer (See Instruction Healthcare Professional Hendrick Medical Cen							
Date Full name of contributor out-of-state PAC (ID#:_03/28/2024 Wallschlaeger, Erich (Mr.) Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$9.62	
		Brownwood, TX 76804					
	Principal occu Chief Financ	pation / Job title (See Instructions) cial Officer		Employer (See Instructions Hendrick Medical Cente			
	Date 04/11/2024	Full name of contributor out-of-state PAC (ID#: Wallschlaeger, Erich (Mr.) Contributor address; City; State; Zip Code Brownwood, TX 76804			•	Amount of Contribution (\$)	\$9.62
	Principal occu Chief Financ	pation / Job title (See Instructions)		Employer (See Instructions Hendrick Medical Cente			
	Date 04/23/2024	Full name of contributor out-of-state PAC (ID#: Wallschlaeger, Erich (Mr.) Contributor address; City; State; Zip Code Brownwood, TX 76804)		Amount of Contribution (\$)	\$9.62
	Principal occu Chief Financ	pation / Job title (See Instructions)		Employer (See Instructions Hendrick Medical Cente			
	Sinci i mane		<u> </u>	. ISTIGNED WOULDER CENTE			

	MONET	ARY POLITICAL CONTRIE	SCHEDULE A1				
	The Instruc	ction Guide explains how to complet	1	Total pages Schedule A1: Sch: 46/49 Rpt: 51/62			
2	FILER NAME The Political	Action Committee of the Texas Hospital As	ssociation		3	Filer ID (Ethics Commission 00015794	n Filers)
4	1 Date 03/28/2024 5 Full name of contributor 0ut-of-state PAC (ID#:) Walzer, Cheryl (Ms.) 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$3.85		
_		Abilene, TX 79601	1-				
8		pation / Job title (See Instructions) ledsurg / Tele	9	Employer (See Instructions Hendrick Medical Cente			
	Date Full name of contributor out-of-state PAC (ID#:) 04/11/2024 Walzer, Cheryl (Ms.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.85		
	Abilene, TX 79601 Principal occupation / Job title (See Instructions) Employer (See Instructions)						
	Director of Medsurg / Tele Hendrick Medical Cent						
	Date Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$3.85	
		Abilene, TX 79601					
		pation / Job title (See Instructions) ledsurg / Tele		Employer (See Instructions Hendrick Medical Cente			
	Date 04/20/2024	Full name of contributor out-of-state Warner, Freddy (Mr.) Contributor address; City; State; Zip Code Houston, TX 77024)		Amount of Contribution (\$)	\$145.50
		pation / Job title (See Instructions) nment Relations Officer		Employer (See Instructions Memorial Hermann Hea	•	System	
	Date 03/28/2024	Full name of contributor out-of-state Waters, Amber (Ms.) Contributor address; City; State; Zip Code Abilene, TX 79601				Amount of Contribution (\$)	\$3.85
	Principal occu Director of A	pation / Job title (See Instructions)		Employer (See Instructions Hendrick Medical Cente			
	Director of A	umiosions		Tremandic Medical Cellle	•1		

	MONET	ARY POLITICAL CONTRI		SCHEDULE A1			
	The Instruc	ction Guide explains how to comple	1	Total pages Schedule A1: Sch: 47/49 Rpt: 52/62			
2	FILER NAME The Political	Action Committee of the Texas Hospital A	ssociation		3	Filer ID (Ethics Commission 00015794	Filers)
4	4 Date 04/11/2024 5 Full name of contributor out-of-state PAC (ID#:) Waters, Amber (Ms.) 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$3.85		
_	Deinsinal assu	Abilene, TX 79601	l _o	Franksian (Cook Instructions	<u></u>		
8	Director of A	pation / Job title (See Instructions) dmissions	9	Employer (See Instructions Hendrick Medical Cente			
	Date Full name of contributor out-of-state PAC (ID#:) 04/23/2024 Waters, Amber (Ms.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.85		
	Deinsinal assu	Abilene, TX 79601		Franksian (Cook batusations	<u></u>		
Principal occupation / Job title (See Instructions) Director of Admissions Employer (See Instructions) Hendrick Medical Cer							
Date Full name of contributor out-of-state PAC (ID#:_ 04/07/2024 Weller, Meghan (Ms.) Contributor address; City; State; Zip Code		PAC (ID#:)		Amount of Contribution (\$)	\$50.00	
		Austin, TX 78701					
		pation / Job title (See Instructions) overnment Relations		Employer (See Instructions HCA Healthcare-Centra	•	West Texas Division	
	Date 03/28/2024	Wharton, Elisha (Ms.)	PAC (ID#:)		Amount of Contribution (\$)	\$3.85
	Principal occur Sr Practice N	pation / Job title (See Instructions)		Employer (See Instructions Hendrick Medical Cente			
	Date 04/11/2024	Full name of contributor out-of-state Wharton, Elisha (Ms.) Contributor address; City; State; Zip Code Abilene, TX 79601	PAC (ID#:)	•	Amount of Contribution (\$)	\$3.85
	•	pation / Job title (See Instructions)		Employer (See Instructions			
	Sr Practice N	ланауен		Hendrick Medical Cente	:1		

	MONET	ARY POLITICAL CON		SCHEDULI	E A1		
	The Instruc	ction Guide explains how to co	1	Total pages Schedule A1: Sch: 48/49 Rpt: 53/62			
2	FILER NAME The Political	Action Committee of the Texas Hos	oital Association		3	Filer ID (Ethics Commission 00015794	Filers)
4	Date 5 Full name of contributor out-of-state PAC (ID#:) 04/23/2024 Wharton, Elisha (Ms.) 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$3.85		
	Dringing agg	Abilene, TX 79601	lo.	Employer (See Instructions	·/		
0	Sr Practice N	pation / Job title (See Instructions) Manager	9	Hendrick Medical Cente			
Date Full name of contributor out-of-state PAC (ID#:) 04/20/2024 Williams, Shelton (Mr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$41.00			
		Laredo, TX 78044			<u> </u>		
	Principal occupation / Job title (See Instructions) Employer (See Instruction Chief Operating Officer Laredo Medical Center						
Date Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$62.50	
		Clifton, TX 76634					
	Principal occu President / C	pation / Job title (See Instructions) CEO		Employer (See Instructions Goodall-Witcher Healthd		е	
	Date 03/28/2024	Full name of contributor out- Willson, Megan (Mr.) Contributor address; City; State; Zip Abilene, TX 79601				Amount of Contribution (\$)	\$4.81
	Principal occu Healthcare F	pation / Job title (See Instructions) Professional		Employer (See Instructions Hendrick Medical Cente			
Date O4/11/2024 Full name of contributor O4/11/2024 Willson, Megan (Mr.) Contributor address; City; State; Zip Code Abilene, TX 79601			Amount of Contribution (\$)	\$4.81			
	Principal occu Healthcare F	pation / Job title (See Instructions)		Employer (See Instructions Hendrick Medical Cente			
	. iodiiiiodie F	TOTOGOTORIA		Tonanok Medical Gente	•		

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1				
	The Instru	ction Guide explains how to complete this	1	Total pages Schedule A1: Sch: 49/49 Rpt: 54/62			
2	FILER NAME The Political	Action Committee of the Texas Hospital Association	3	Filer ID (Ethics Commission 00015794	Filers)		
4	4 Date		7	Amount of Contribution (\$)	\$4.81		
_		Abilene, TX 79601	1_		Ĺ		
8	Principal occu Healthcare F	pation / Job title (See Instructions) Professional	9	Employer (See Instructions Hendrick Medical Cente			
	Date Full name of contributor out-of-state PAC (ID#:) 03/28/2024 Wood, Adam (Mr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$4.81		
	Abilene, TX 79601 Principal occupation / Job title (See Instructions) Employer (See Instruction						
	System Assistant Vice President Supply Chain Hendrick Medical Cent						
	Date Full name of contributor out-of-state PAC (ID#:) 04/11/2024 Wood, Adam (Mr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$4.81	
		Abilene, TX 79601					
		pation / Job title (See Instructions) stant Vice President Supply Chain		Employer (See Instructions Hendrick Medical Cente			
	Date 04/23/2024	Full name of contributor out-of-state PAC (ID#: Wood, Adam (Mr.) Contributor address; City; State; Zip Code Abilene, TX 79601)		Amount of Contribution (\$)	\$4.81
	•	pation / Job title (See Instructions) stant Vice President Supply Chain		Employer (See Instructions Hendrick Medical Cente			
	Date 04/09/2024	Full name of contributor out-of-state PAC (ID#: Yancey, Janay (Ms.) Contributor address; City; State; Zip Code Woodville, TX 75979)		Amount of Contribution (\$)	\$29.00
	Principal occu Chief Operat	pation / Job title (See Instructions)		Employer (See Instructions Tyler County Hospital	5)		
	Smer Operati	9	<u> </u>	. , i.e. County i Toophul			

MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C3

	The Instru	cti	on Guide explains how to complete this form.	1	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 (\$)	
	04/05/2024		Texas Hospital Association			1,067.50

NON-MONETARY SUPPORT FROM CORPORATION SCHEDULE C4 **OR LABOR ORGANIZATION** 1 Total pages Schedule C4: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 56/62 2 FILER NAME 3 Filer ID (Ethics Commission Filers) The Political Action Committee of the Texas Hospital Association 00015794 Date 5 Corporation / Labor Organization name 6 Amount (\$) 4,200.00 04/25/2024 **Texas Hospital Association**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comn Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
TTHER (output a colorograph and listed above)

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1: Sch: 1/5 Rpt: 57/62	2 FILER NAME The Political Action Committee of the Texas Hospital 3 Filer ID (Ethics Commission Filers) 00015794
4 Date	5 Payee name
04/19/2024	Friends of Donna Campbell
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$3,000.00	1308 Common Street Ste 205 Box 719
Expenditure from corporate funds	New Braunfel, TX 78130
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXPENDITORE	Candidate/Officeholder/Political Committee
	Campaign contribution
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
04/02/2024	Frost Bank
Amount (\$)	Payee address; City; State; Zip Code
` '	
\$54.55	PO Box 1727
Expenditure from	
corporate funds	Austin, TX 78767
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	Check if Austin, TX, officeholder living expense
	Credit Card Processing Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
04/03/2024	Frost Bank
Amount (\$)	Payee address; City; State; Zip Code
\$99.34	PO Box 1727
Expenditure from	
corporate funds	Austin, TX 78767
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
LAFLINDITURE	Check if Austin, TX, officeholder living expense
	Credit Card Processing Fees
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1

SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Gift/Awards Legal Servi		Expense		xpens Vages			Travel in Distric Travel Out of Di OTHER (enter a		above)
1 T	otal pages Schedule F1:	2	FII FR NAME							3	Filer ID	(Ethics Commis	ssion Filers)
	Sch: 2/5 Rpt: 58/62	-	The Politica		Committ	ee of the ⁻	Texas Ho	ospi	tal	ľ	00015794	(200 00	
4 D	Date	5	Payee name										
0	04/17/2024		Frost Bank										
6 A	Amount (\$)	7	Payee addres	ss; C	ity;	State	; Zip Co	de					
	\$19.95		PO Box 172										
	Expenditure from corporate funds		Austin, TX 7	78767									
8	PURPOSE	(a)	Category (Se	ee Categorie	es listed at the	e top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE		Fees						_			nplete Schedule T.	
	EXI ENDITORE								—		officeholder livin		
									Credit Card F	roc	cessing Fee	es	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Offi	ceholder	name	(Office sou	ght			Office h	eld	
	Date		Payee name										
0	03/29/2024		Jeff Barry C	ampaig	n								
Δ	Amount (\$)	H	Payee addres	ss. C	ity;	State	; Zip Co	nde					
′	\$2,500.00		4418 Broad	•	y ,	Otato	, <u>Lip</u> 00	uo					
	Ψ2,300.00		4410 DIOau	way St									
	Expenditure from corporate funds		Pearland, T	X 77581	L								
	PURPOSE	(a)	Category (Se	ee Categorie	es listed at the	e top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE		Contribution						=			nplete Schedule T.	
			Candidate/0	Officeho	lder/Polit	ical Comn	nittee		ш		officeholder livin	g expense	
									Campaign co	ritr	ibulion		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Offi	ceholder	name	(Office sou	ght			Office h	eld	
	Date		Payee name										
	04/05/2024		Jeff Bauknig	ght Cam	paign								
Δ	Amount (\$)	H	Payee addres	ss; C	ity;	State	; Zip Co	de					
	\$1,000.00		PO Box 412		31		, ,						
	+=,000.00		. 0 20% .22										
	Expenditure from corporate funds		Victoria, TX	77903									
	PURPOSE	(a)	Category (Se	ee Categorie	es listed at the	e top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE		Contribution									nplete Schedule T.	
	EN ENDITORE		Candidate/0	Officeho	lder/Polit	ical Comn	nittee				officeholder livin	g expense	
									Campaign co	ontr	noitudi		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Offi	ceholder	name	(Office sou	ght			Office h	eld	
\mathbb{L}^{e}		-1 -											

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	
Sch: 3/5 Rpt: 59/62	The Political Action Committee of the Texas Hospital 00015794
4 Date	5 Payee name
04/05/2024	John Kuempel Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,000.00	902 E College St
Expenditure from corporate funds	Seguin, TX 78155
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
_/	Candidate/Officeholder/Political Committee
	Campaign contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Data	
Date	Payee name Dublic Blueprint
04/12/2024	Public Blueprint
Amount (\$)	Payee address; City; State; Zip Code
\$450.00	600 Logans Ln
Expenditure from	
corporate funds	Austin, TX 78746
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	In Kind: Graphic Design
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	H
Date	Payee name
04/05/2024	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	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Campaign contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officenolder/Politica	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 4/5 Rpt: 60/62	The Political Action Committee of the Texas Hospital 00015794
4 Date	5 Payee name
04/12/2024	Stripe
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$0.29	354 Oyster Point Blvd
Expenditure from corporate funds	South San Francisco, CA 94080
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Credit Card Processing Fees
	Croak out a 1 100000111g 1 000
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Data	
Date	Payee name
04/16/2024	Stripe
Amount (\$)	Payee address; City; State; Zip Code
\$0.42	354 Oyster Point Blvd
Expenditure from	
corporate funds	South San Francisco, CA 94080
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Credit Card Processing Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experientare to benefit ever	
Date	Payee name
04/22/2024	Stripe
Amount (\$)	Payee address; City; State; Zip Code
\$0.25	354 Oyster Point Blvd
Expenditure from corporate funds	South San Francisco, CA 94080
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Credit Card Processing Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experience to benefit 6/61	'

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1: Sch: 5/5 Rpt: 61/62	2 FILER NAME The Political Action Committee of the Texas Hospital 3 Filer ID (Ethics Commission Filers) 00015794
4 Date 04/04/2024	5 Payee name Stripe
6 Amount (\$) \$266.53	7 Payee address; City; State; Zip Code 354 Oyster Point Blvd
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 (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Processing fees for processing multiple credit card contributions 4/4-4/23
9 Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Date 03/29/2024 Amount (\$)	Payee name Trey Wharton Campaign Payee address; City; State; Zip Code
\$2,500.00	PO Box 1242
corporate funds	Huntsville, TX 77342
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

UNPAID INCURRED OBLIGATIONS SCHEDULE F2 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F2: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 1/1 Rpt: 62/62 The Political Action Committee of the Texas Hospital 00015794 \$ TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS 5 Date Payee name 04/24/2024 Atchley & Associates LLP Amount (\$) Payee address; State; Zip Code \$775.00 1105 La Posada Dr Expenditure from Х Austin, TX 78752 corporate funds TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Accounting/Banking **EXPENDITURE** Check if Austin, TX, officeholder living expense PAC accounting and reporting services 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH