

# MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC  
COVER SHEET PG 1

<b>The MPAC Instruction Guide explains how to complete this form.</b>		<b>1</b> Filer ID (Ethics Commission Filers) 00015794	<b>2</b> Total pages filed: 80				
<b>3</b> COMMITTEE NAME The Political Action Committee of the Texas Hospital Association			<b>OFFICE USE ONLY</b>				
			Date Received ELECTRONICALLY FILED 06/05/2024				
<b>4</b> COMMITTEE ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP 1108 Lavaca Ste 700  Austin, TX 78701		Date Hand-delivered or Date Postmarked				
<b>5</b> CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI				
	Ms.	Carrie					
	NICKNAME	LAST	SUFFIX				
		Kroll					
<b>6</b> CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1108 Lavaca, Suite 700  Austin, TX 78701						
<b>7</b> CAMPAIGN TREASURER MAILING ADDRESS  <input type="checkbox"/> Change of Address	STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1108 Lavaca, Suite 700  Austin, TX 78701						
<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	(512)	465-1043					
<b>9</b> REPORT TYPE	<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Dissolution (Attach PAC-DR)						
<b>10</b> MONTHLY REPORT FILING DEADLINE	<input type="checkbox"/> January 5 <input type="checkbox"/> April 5 <input type="checkbox"/> July 5 <input type="checkbox"/> October 5 <input type="checkbox"/> February 5 <input type="checkbox"/> May 5 <input type="checkbox"/> August 5 <input type="checkbox"/> November 5 <input type="checkbox"/> March 5 <input checked="" type="checkbox"/> June 5 <input type="checkbox"/> September 5 <input type="checkbox"/> December 5						
<b>11</b> PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year
	04	26	2024		05	25	2024

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# MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC  
COVER SHEET PG 2

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

<b>15 CONTRIBUTION TOTALS</b>	<b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b> <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	<b>2. TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 29,331.53
EXPENDITURE TOTALS	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 17,590.35
CONTRIBUTION BALANCE	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 152,659.62
OUTSTANDING LOAN TOTALS	<b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 0.00

**16 AFFIDAVIT**

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

Ms. Carrie Kroll  
\_\_\_\_\_  
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

# MONTHLY FILING GPAC REPORT: PURPOSE

<b>12 COMMITTEE NAME</b> The Political Action Committee of the Texas Hospital Association		<b>13 Filer ID</b> (Ethics Commission Filers) 00015794
<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported The Honorable Jane N. Bland Supreme Court Justice  B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported  B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	
	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported The Honorable Armando L. Walle State Representative  B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported  B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	
<b>COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported The Honorable Giovanni S. Capriglione State Representative  B. Opposed
<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported  B. Opposed	
<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)		

# MONTHLY FILING GPAC REPORT: PURPOSE

FORM **MPAC**  
ADDENDUM

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

# MONTHLY FILING GPAC REPORT: PURPOSE

FORM **MPAC**  
ADDENDUM

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

# SUBTOTALS - MPAC

<b>17 COMMITTEE NAME</b> The Political Action Committee of the Texas Hospital Association		<b>18 Filer ID</b> (Ethics Commission Filers) 00015794
<b>19 SCHEDULE SUBTOTALS</b>		<b>SUBTOTAL AMOUNT</b>
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 24,356.53
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input checked="" type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$ 775.00
7.	<input checked="" type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$ 4,200.00
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 16,765.35
11.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 825.00
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/65 Rpt: 7/80
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 05/16/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Adrian, Matt (Mr.)	<b>7</b> Amount of Contribution (\$)  \$350.00
	<b>6</b> Contributor address; City; State; Zip Code  Plano, TX 75024	
<b>8</b> Principal occupation / Job title (See Instructions) Assistant General Counsel		<b>9</b> Employer (See Instructions) Community Hospital Corporation
Date 04/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Amador, Dolores (Ms.)	Amount of Contribution (\$)  \$1.00
	Contributor address; City; State; Zip Code  Georgetown, TX 78633	
Principal occupation / Job title (See Instructions) Claims Manager		Employer (See Instructions) Texas Hospital Insurance Exchange
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Amador, Dolores (Ms.)	Amount of Contribution (\$)  \$1.00
	Contributor address; City; State; Zip Code  Georgetown, TX 78633	
Principal occupation / Job title (See Instructions) Claims Manager		Employer (See Instructions) Texas Hospital Insurance Exchange
Date 05/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ambrose, Ryan (Mr.)	Amount of Contribution (\$)  \$20.50
	Contributor address; City; State; Zip Code  Houston, TX 77024	
Principal occupation / Job title (See Instructions) Director Federal and State Relations		Employer (See Instructions) Memorial Hermann Health System
Date 04/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Andersen, Daniel (Mr.)	Amount of Contribution (\$)  \$14.00
	Contributor address; City; State; Zip Code  Georgetown, TX 78633	
Principal occupation / Job title (See Instructions) VP Underwriting & Business Development		Employer (See Instructions) Texas Hospital Insurance Exchange

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/65 Rpt: 8/80
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 05/24/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Andersen, Daniel (Mr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Georgetown, TX 78633	
<b>8</b> Principal occupation / Job title (See Instructions) VP Underwriting & Business Development		<b>9</b> Employer (See Instructions) Texas Hospital Insurance Exchange
<b>Date</b> 05/22/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Archibald, Norman (Dr.)	<b>Amount of Contribution (\$)</b> \$19.23
	<b>Contributor address; City; State; Zip Code</b>  Abilene, TX 79601	
<b>Principal occupation / Job title (See Instructions)</b> Director Legislative and Public Policy		<b>Employer (See Instructions)</b> Hendrick Medical Center
<b>Date</b> 05/08/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Archibald, Norman (Mr.)	<b>Amount of Contribution (\$)</b> \$19.23
	<b>Contributor address; City; State; Zip Code</b>  Abilene, TX 79601	
<b>Principal occupation / Job title (See Instructions)</b> Director Legislative and Public Policy		<b>Employer (See Instructions)</b> Hendrick Medical Center
<b>Date</b> 05/12/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bagchi, Sam (Dr.)	<b>Amount of Contribution (\$)</b> \$165.00
	<b>Contributor address; City; State; Zip Code</b>  Irving, TX 75038	
<b>Principal occupation / Job title (See Instructions)</b> EVP / Chief Clinical Officer		<b>Employer (See Instructions)</b> CHRISTUS Health
<b>Date</b> 05/17/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ballew, Joel (Mr.)	<b>Amount of Contribution (\$)</b> \$41.50
	<b>Contributor address; City; State; Zip Code</b>  Arlington, TX 76011	
<b>Principal occupation / Job title (See Instructions)</b> VP Government & Community Affairs		<b>Employer (See Instructions)</b> Texas Health Resources



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/65 Rpt: 9/80
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 04/29/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Banda, Jennifer (Ms.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78701	
<b>8</b> Principal occupation / Job title (See Instructions) Senior VP Advocacy & Public Policy		<b>9</b> Employer (See Instructions) Texas Hospital Association
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Banda, Jennifer (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Austin, TX 78701	
Principal occupation / Job title (See Instructions) Senior VP Advocacy & Public Policy		Employer (See Instructions) Texas Hospital Association
Date 05/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bates, Don (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Borger, TX 79007	
Principal occupation / Job title (See Instructions) Chief Executive Officer		Employer (See Instructions) Golden Plains Community Hospital
Date 05/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Baty, Krista (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Brownwood, TX 76801	
Principal occupation / Job title (See Instructions) Chief Administrative Officer		Employer (See Instructions) Hendrick Medical Center
Date 05/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Baty, Krista (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Brownwood, TX 76801	
Principal occupation / Job title (See Instructions) Chief Administrative Officer		Employer (See Instructions) Hendrick Medical Center

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 4/65 Rpt: 10/80
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 04/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beasley, Sharon (Ms.) ..... 6 Contributor address; City; State; Zip Code  Austin, TX 78701	7 Amount of Contribution (\$)  \$8.00
8 Principal occupation / Job title (See Instructions) Sr Dir Governance & Exec Administration		9 Employer (See Instructions) Texas Hospital Association
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beasley, Sharon (Ms.) ..... Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$8.00
Principal occupation / Job title (See Instructions) Sr Dir Governance & Exec Administration		Employer (See Instructions) Texas Hospital Association
Date 04/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bell, Jeff (Mr.) ..... Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) Manager Corporate Relations		Employer (See Instructions) THA Foundation
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bell, Jeff (Mr.) ..... Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) Manager Corporate Relations		Employer (See Instructions) THA Foundation
Date 05/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Benham, Bradley (Mr.) ..... Contributor address; City; State; Zip Code  Abilene, TX 79601	Amount of Contribution (\$)  \$9.62
Principal occupation / Job title (See Instructions) VP HMC Foundation		Employer (See Instructions) Hendrick Medical Center

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/65 Rpt: 11/80
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 05/22/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Benham, Bradley (Mr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Abilene, TX 79601	
<b>8</b> Principal occupation / Job title (See Instructions) VP HMC Foundation		<b>9</b> Employer (See Instructions) Hendrick Medical Center
Date 05/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bessent, Brian (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Abilene, TX 79601	
Principal occupation / Job title (See Instructions) VP / Chief Strategy & Experience Officer		Employer (See Instructions) Hendrick Medical Center
Date 05/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bessent, Brian (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Abilene, TX 79601	
Principal occupation / Job title (See Instructions) VP / Chief Strategy & Experience Officer		Employer (See Instructions) Hendrick Medical Center
Date 04/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Blake, Daphne (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Seguin, TX 78155	
Principal occupation / Job title (See Instructions) Chief Nursing Officer		Employer (See Instructions) Guadalupe Regional Medical Ctr
Date 05/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Booth, Donny (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Andrews, TX 79714	
Principal occupation / Job title (See Instructions) Chief Executive Officer		Employer (See Instructions) Permian Regional Medical Center

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/65 Rpt: 12/80
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 05/08/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bowden, Sherri (Ms.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Abilene, TX 79601	
<b>8</b> Principal occupation / Job title (See Instructions) Director Pulmonary Services		<b>9</b> Employer (See Instructions) Hendrick Medical Center
Date 05/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bowden, Sherri (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Director Pulmonary Services		Employer (See Instructions) Hendrick Medical Center
Date 04/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bradley, Denise (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Austin, TX 78701	
Principal occupation / Job title (See Instructions) VP Marketing & Corporate Affairs		Employer (See Instructions) St. David's HealthCare
Date 05/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brockman, Vicki (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Cleburne, TX 76033	
Principal occupation / Job title (See Instructions) Chief Nursing Officer		Employer (See Instructions) Texas Health Harris Methodist Hospital Cleburne
Date 05/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brockway, Toni (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Director of Workforce Dev		Employer (See Instructions) Hendrick Medical Center

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 7/65 Rpt: 13/80
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 05/22/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brockway, Toni (Ms.)	<b>7</b> Amount of Contribution (\$)  \$5.00
	<b>6</b> Contributor address; City; State; Zip Code  Abilene, TX 79601	
<b>8</b> Principal occupation / Job title (See Instructions) Director of Workforce Dev		<b>9</b> Employer (See Instructions) Hendrick Medical Center
Date 05/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Broderick, Treva (Ms.)	Amount of Contribution (\$)  \$4.81
	Contributor address; City; State; Zip Code  Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Assistant Vice President Clinical Svs		Employer (See Instructions) Hendrick Medical Center
Date 05/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Broderick, Treva (Ms.)	Amount of Contribution (\$)  \$4.81
	Contributor address; City; State; Zip Code  Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Assistant Vice President Clinical Svs		Employer (See Instructions) Hendrick Medical Center
Date 05/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Calvo, Raul (Mr.)	Amount of Contribution (\$)  \$2.50
	Contributor address; City; State; Zip Code  Abilene, TX 79608	
Principal occupation / Job title (See Instructions) Board Vice Chair		Employer (See Instructions) Hendrick Medical Center
Date 05/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Calvo, Raul (Mr.)	Amount of Contribution (\$)  \$2.50
	Contributor address; City; State; Zip Code  Abilene, TX 79608	
Principal occupation / Job title (See Instructions) Board Vice Chair		Employer (See Instructions) Hendrick Medical Center

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 8/65 Rpt: 14/80
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 05/08/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Camacho, Precilla (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Abilene, TX 79601	<b>7</b> Amount of Contribution (\$)  \$3.85
<b>8</b> Principal occupation / Job title (See Instructions) Nurse		<b>9</b> Employer (See Instructions) Hendrick Medical Center
Date 05/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Camacho, Precilla (Ms.) <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79601	Amount of Contribution (\$)  \$3.85
Principal occupation / Job title (See Instructions) Nurse		Employer (See Instructions) Hendrick Medical Center
Date 05/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Canada, Kirk (Mr.) <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79601	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) Chief Operating Office / System VP		Employer (See Instructions) Hendrick Medical Center
Date 05/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Canada, Kirk (Mr.) <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79601	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) Chief Operating Office / System VP		Employer (See Instructions) Hendrick Medical Center
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Carter, Lauren (Ms.) <hr/> Contributor address; City; State; Zip Code  Seguin, TX 78155	Amount of Contribution (\$)  \$37.50
Principal occupation / Job title (See Instructions) VP of Physician Services		Employer (See Instructions) Guadalupe Regional Medical Ctr

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 9/65 Rpt: 15/80
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 05/08/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Casey, Mary (Ms.)	7 Amount of Contribution (\$)  \$3.85
	6 Contributor address; City; State; Zip Code  Abilene, TX 79601	
8 Principal occupation / Job title (See Instructions) Healthcare Professional		9 Employer (See Instructions) Hendrick Medical Center
Date 05/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Casey, Mary (Ms.)	Amount of Contribution (\$)  \$3.85
	Contributor address; City; State; Zip Code  Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Healthcare Professional		Employer (See Instructions) Hendrick Medical Center
Date 05/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cates, Boyd (Mr.)	Amount of Contribution (\$)  \$1.00
	Contributor address; City; State; Zip Code  Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Diagnostic Technologist		Employer (See Instructions) Hendrick Medical Center
Date 05/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cates, Boyd (Mr.)	Amount of Contribution (\$)  \$1.00
	Contributor address; City; State; Zip Code  Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Diagnostic Technologist		Employer (See Instructions) Hendrick Medical Center
Date 05/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cavin, Kyle (Mr.)	Amount of Contribution (\$)  \$100.00
	Contributor address; City; State; Zip Code  Dallas, TX 75219	
Principal occupation / Job title (See Instructions) Assistant Administrator Patient Svcs		Employer (See Instructions) Scottish Rite For Children

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 10/65 Rpt: 16/80
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 04/29/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cazares, Diana (Ms.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78701	
<b>8</b> Principal occupation / Job title (See Instructions) Sr. Payroll Administrator		<b>9</b> Employer (See Instructions) Texas Hospital Association
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cazares, Diana (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Austin, TX 78701	
Principal occupation / Job title (See Instructions) Sr. Payroll Administrator		Employer (See Instructions) Texas Hospital Association
Date 05/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christopher, Norman (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  San Antonio, TX 78207	
Principal occupation / Job title (See Instructions) CMO & VP Pediatric Emergency Srvcs		Employer (See Instructions) CHRISTUS Children's
Date 05/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clevenger, Erin (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Port Lavaca, TX 77979	
Principal occupation / Job title (See Instructions) Interim CEO / CNO / Clinical Services Administrator		Employer (See Instructions) Memorial Medical Center
Date 05/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coleman, Shane (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Mineral Wells, TX 76067	
Principal occupation / Job title (See Instructions) Chief Operating Officer		Employer (See Instructions) Palo Pinto General Hospital



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 11/65 Rpt: 17/80
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 05/16/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Collins, Chad (Mr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Plano, TX 75093	
<b>8</b> Principal occupation / Job title (See Instructions) Vice President Operations		<b>9</b> Employer (See Instructions) Texas Health Presbyterian Hospital Plano
Date 05/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Conger, Cody (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Health Director, Invasive Cardiology		Employer (See Instructions) Hendrick Medical Center
Date 05/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Conger, Cody (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Health Director, Invasive Cardiology		Employer (See Instructions) Hendrick Medical Center
Date 05/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Connell, Jessica (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Brownwood, TX 76804	
Principal occupation / Job title (See Instructions) Chief Nursing Officer		Employer (See Instructions) Hendrick Medical Center
Date 05/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Connell, Jessica (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Brownwood, TX 76804	
Principal occupation / Job title (See Instructions) Chief Nursing Officer		Employer (See Instructions) Hendrick Medical Center

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 12/65 Rpt: 18/80
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 04/29/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Conner, Cecil (Mr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78731	<b>7</b> Amount of Contribution (\$)  \$4.00
<b>8</b> Principal occupation / Job title (See Instructions) Risk Management Advisor		<b>9</b> Employer (See Instructions) Texas Hospital Insurance Exchange
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Conner, Cecil (Mr.) <hr/> Contributor address; City; State; Zip Code  Austin, TX 78731	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) Risk Management Advisor		Employer (See Instructions) Texas Hospital Insurance Exchange
Date 05/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Contreras, Rosendo (Ms.) <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79601	Amount of Contribution (\$)  \$1.92
Principal occupation / Job title (See Instructions) Dir Patient Safety, Infection Preventionist, Perf Improv		Employer (See Instructions) Hendrick Medical Center
Date 05/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Contreras, Rosendo (Ms.) <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79601	Amount of Contribution (\$)  \$1.93
Principal occupation / Job title (See Instructions) Dir Patient Safety, Infection Preventionist, Perf Improv		Employer (See Instructions) Hendrick Medical Center
Date 04/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cook, Kenneth (Mr.) <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$2.00
Principal occupation / Job title (See Instructions) IT Director		Employer (See Instructions) THA Foundation

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 13/65 Rpt: 19/80
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 05/24/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cook, Kenneth (Mr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78701	
<b>8</b> Principal occupation / Job title (See Instructions) IT Director		<b>9</b> Employer (See Instructions) THA Foundation
Date 05/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cooper, David (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Lab Supervisor		Employer (See Instructions) Hendrick Medical Center
Date 05/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cooper, David (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Lab Supervisor		Employer (See Instructions) Hendrick Medical Center
Date 04/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Costilla, Nina (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Austin, TX 78701	
Principal occupation / Job title (See Instructions) Clinical Projects Manager		Employer (See Instructions) THA Foundation
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Costilla, Nina (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Austin, TX 78701	
Principal occupation / Job title (See Instructions) Clinical Projects Manager		Employer (See Instructions) THA Foundation

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 14/65 Rpt: 20/80
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 04/29/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cotton, Corey (Mr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78701	
<b>8</b> Principal occupation / Job title (See Instructions) VP Member Solutions		<b>9</b> Employer (See Instructions) Texas Hospital Association
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cotton, Corey (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Austin, TX 78701	
Principal occupation / Job title (See Instructions) VP Member Solutions		Employer (See Instructions) Texas Hospital Association
Date 05/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cowling, Phyllis (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Wichita Falls, TX 76301	
Principal occupation / Job title (See Instructions) President & CEO		Employer (See Instructions) United Regional Health Care System
Date 04/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dale, Vicki (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Austin, TX 78701	
Principal occupation / Job title (See Instructions) Sr. Director of Business Services		Employer (See Instructions) THA Foundation
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dale, Vicki (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Austin, TX 78701	
Principal occupation / Job title (See Instructions) Sr. Director of Business Services		Employer (See Instructions) THA Foundation

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 15/65 Rpt: 21/80
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 04/29/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Davenport, Chad (Mr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Georgetown, TX 78633	
<b>8</b> Principal occupation / Job title (See Instructions) Accounting Specialist		<b>9</b> Employer (See Instructions) Texas Hospital Insurance Exchange
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Davenport, Chad (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Georgetown, TX 78633	
Principal occupation / Job title (See Instructions) Accounting Specialist		Employer (See Instructions) Texas Hospital Insurance Exchange
Date 04/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Davila, Leslie (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Georgetown, TX 78633	
Principal occupation / Job title (See Instructions) Receptionist		Employer (See Instructions) Texas Hospital Insurance Exchange
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Davila, Leslie (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Georgetown, TX 78633	
Principal occupation / Job title (See Instructions) Receptionist		Employer (See Instructions) Texas Hospital Insurance Exchange
Date 05/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Davis, John (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Cuero, TX 77954	
Principal occupation / Job title (See Instructions) Director Cardiopulmonary		Employer (See Instructions) Cuero Regional Hospital

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 16/65 Rpt: 22/80
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 05/06/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Davis, Steven (Dr.)	<b>7</b> Amount of Contribution (\$) <span style="float:right">\$350.00</span>
	<b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76104	
<b>8</b> Principal occupation / Job title (See Instructions) Critical Care Physician - Chairman Internal Med		<b>9</b> Employer (See Instructions) JPS Health Network
Date 04/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) De La Garza-Barone, Heather (Ms.)	Amount of Contribution (\$) <span style="float:right">\$2.00</span>
	Contributor address; City; State; Zip Code  Austin, TX 78701	
Principal occupation / Job title (See Instructions) Associate General Counsel		Employer (See Instructions) Texas Hospital Association
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) De La Garza-Barone, Heather (Ms.)	Amount of Contribution (\$) <span style="float:right">\$2.00</span>
	Contributor address; City; State; Zip Code  Austin, TX 78701	
Principal occupation / Job title (See Instructions) Associate General Counsel		Employer (See Instructions) Texas Hospital Association
Date 05/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) DeLeon, Joseph (Mr.)	Amount of Contribution (\$) <span style="float:right">\$250.00</span>
	Contributor address; City; State; Zip Code  Fort Worth, TX 76104	
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Texas Health Harris Methodist Hospital Fort Worth
Date 04/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) DeYoung, Peter (Dr.)	Amount of Contribution (\$) <span style="float:right">\$41.00</span>
	Contributor address; City; State; Zip Code  Austin, TX 78758	
Principal occupation / Job title (See Instructions) Chief Medical Officer		Employer (See Instructions) St Davids North Austin Medical Center

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 17/65 Rpt: 23/80
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 05/08/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dennis, Gregory (Mr.)	<b>7</b> Amount of Contribution (\$)  \$3.85
	<b>6</b> Contributor address; City; State; Zip Code  Abilene, TX 79601	
<b>8</b> Principal occupation / Job title (See Instructions) Director Facility Management		<b>9</b> Employer (See Instructions) Hendrick Medical Center
Date 05/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dennis, Gregory (Mr.)	Amount of Contribution (\$)  \$3.85
	Contributor address; City; State; Zip Code  Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Director Facility Management		Employer (See Instructions) Hendrick Medical Center
Date 05/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Devun, Sharn (Ms.)	Amount of Contribution (\$)  \$3.85
	Contributor address; City; State; Zip Code  Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Director Risk Management		Employer (See Instructions) Hendrick Medical Center
Date 05/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Devun, Sharn (Ms.)	Amount of Contribution (\$)  \$3.85
	Contributor address; City; State; Zip Code  Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Director Risk Management		Employer (See Instructions) Hendrick Medical Center
Date 05/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Doerr, Brian (Mr.)	Amount of Contribution (\$)  \$250.00
	Contributor address; City; State; Zip Code  Plano, TX 75024	
Principal occupation / Job title (See Instructions) SVP Information Technology		Employer (See Instructions) Community Hospital Corporation

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 18/65 Rpt: 24/80
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 05/08/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Donaway, Duane (Mr.) ..... 6 Contributor address; City; State; Zip Code  Abilene, TX 79601	7 Amount of Contribution (\$)  \$1.92
8 Principal occupation / Job title (See Instructions) Director Information Systems		9 Employer (See Instructions) Hendrick Medical Center
Date 05/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Donaway, Duane (Mr.) ..... Contributor address; City; State; Zip Code  Abilene, TX 79601	Amount of Contribution (\$)  \$1.93
Principal occupation / Job title (See Instructions) Director Information Systems		Employer (See Instructions) Hendrick Medical Center
Date 04/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Doyle, Rosalinda (Ms.) ..... Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$2.00
Principal occupation / Job title (See Instructions) Payroll Administrator		Employer (See Instructions) Texas Hospital Association
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Doyle, Rosalinda (Ms.) ..... Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$2.00
Principal occupation / Job title (See Instructions) Payroll Administrator		Employer (See Instructions) Texas Hospital Association
Date 05/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Driskell, Jesiree (Ms.) ..... Contributor address; City; State; Zip Code  Abilene, TX 79601	Amount of Contribution (\$)  \$7.50
Principal occupation / Job title (See Instructions) AVP Strategic Comms & Digital Expert		Employer (See Instructions) Hendrick Medical Center



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 19/65 Rpt: 25/80
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 05/22/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Driskell, Jesiree (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Abilene, TX 79601	<b>7</b> Amount of Contribution (\$)  \$7.50
<b>8</b> Principal occupation / Job title (See Instructions) AVP Strategic Comms & Digital Expert		<b>9</b> Employer (See Instructions) Hendrick Medical Center
Date 05/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ducker, Audrey (Ms.) <hr/> Contributor address; City; State; Zip Code  Kerrville, TX 78028	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Chief Human Resources Officer		Employer (See Instructions) Peterson Health
Date 05/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Duncan, Cameron (Mr.) <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$20.50
Principal occupation / Job title (See Instructions) VP Advocacy / Public Policy		Employer (See Instructions) Texas Hospital Association
Date 04/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dupree, Anthony (Mr.) <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) Sr. Accounts Payable Specialist		Employer (See Instructions) Texas Hospital Association
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dupree, Anthony (Mr.) <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) Sr. Accounts Payable Specialist		Employer (See Instructions) Texas Hospital Association

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 20/65 Rpt: 26/80
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 05/08/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Escobar, Jaye (Ms.)	<b>7</b> Amount of Contribution (\$)  \$3.85
	<b>6</b> Contributor address; City; State; Zip Code  Abilene, TX 79601	
<b>8</b> Principal occupation / Job title (See Instructions) Director of Correctional Health		<b>9</b> Employer (See Instructions) Hendrick Medical Center
Date 05/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Escobar, Jaye (Ms.)	Amount of Contribution (\$)  \$3.85
	Contributor address; City; State; Zip Code  Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Director of Correctional Health		Employer (See Instructions) Hendrick Medical Center
Date 04/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Eskew, Amy (Ms.)	Amount of Contribution (\$)  \$14.00
	Contributor address; City; State; Zip Code  Austin, TX 78701	
Principal occupation / Job title (See Instructions) President / CEO		Employer (See Instructions) Texas Healthcare Trustees
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Eskew, Amy (Ms.)	Amount of Contribution (\$)  \$14.00
	Contributor address; City; State; Zip Code  Austin, TX 78701	
Principal occupation / Job title (See Instructions) President / CEO		Employer (See Instructions) Texas Healthcare Trustees
Date 05/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Eurek, Andrew (Mr.)	Amount of Contribution (\$)  \$4.00
	Contributor address; City; State; Zip Code  Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Director Financial Analysis		Employer (See Instructions) Hendrick Medical Center

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 21/65 Rpt: 27/80
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 05/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Eurek, Andrew (Mr.) ..... 6 Contributor address; City; State; Zip Code  Abilene, TX 79601	7 Amount of Contribution (\$)  \$4.00
8 Principal occupation / Job title (See Instructions) Director Financial Analysis		9 Employer (See Instructions) Hendrick Medical Center
Date 05/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Feather, Robert (Mr.) ..... Contributor address; City; State; Zip Code  Fort Worth, TX 76104	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) SVP Public Policy		Employer (See Instructions) Cook Children's Medical Center
Date 04/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Felton, Chris (Mr.) ..... Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) Regional Ambassador West Texas		Employer (See Instructions) Texas Hospital Association
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Felton, Chris (Mr.) ..... Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) Regional Ambassador West Texas		Employer (See Instructions) Texas Hospital Association
Date 05/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fisherman, Jaclyn (Ms.) ..... Contributor address; City; State; Zip Code  Chicago, IL 60606	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Division Dir Government Affairs		Employer (See Instructions) CommonSpirit Health

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 22/65 Rpt: 28/80
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 05/22/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Foran, April (Ms.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75235	
<b>8</b> Principal occupation / Job title (See Instructions) Dir Marketing Corporate Comm & PIO		<b>9</b> Employer (See Instructions) Parkland Health
Date 05/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ford, Christopher (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Abilene, TX 79601	
Principal occupation / Job title (See Instructions) AVP Support Services		Employer (See Instructions) Hendrick Medical Center
Date 05/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ford, Christopher (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Abilene, TX 79601	
Principal occupation / Job title (See Instructions) AVP Support Services		Employer (See Instructions) Hendrick Medical Center
Date 05/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fox, Jay (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Austin, TX 78701	
Principal occupation / Job title (See Instructions) President BSWH Austin Area		Employer (See Instructions) Baylor Scott & White Medical Center - Pflugerville
Date 05/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Francis, Christy (Mrs.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Canadian, TX 79014	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Hemphill County Hospital District

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 23/65 Rpt: 29/80
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 04/29/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Frazier, Tess (Ms.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Georgetown, TX 78633	
<b>8</b> Principal occupation / Job title (See Instructions) President / CEO		<b>9</b> Employer (See Instructions) Texas Hospital Insurance Exchange
<b>Date</b> 05/24/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Frazier, Tess (Ms.)	<b>Amount of Contribution (\$)</b> \$20.00
	<b>Contributor address; City; State; Zip Code</b>  Georgetown, TX 78633	
<b>Principal occupation / Job title (See Instructions)</b> President / CEO		<b>Employer (See Instructions)</b> Texas Hospital Insurance Exchange
<b>Date</b> 04/29/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gaines, Cameron (Mr.)	<b>Amount of Contribution (\$)</b> \$2.00
	<b>Contributor address; City; State; Zip Code</b>  Georgetown, TX 78633	
<b>Principal occupation / Job title (See Instructions)</b> IT Support Specialist		<b>Employer (See Instructions)</b> Texas Hospital Insurance Exchange
<b>Date</b> 05/24/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gaines, Cameron (Mr.)	<b>Amount of Contribution (\$)</b> \$2.00
	<b>Contributor address; City; State; Zip Code</b>  Georgetown, TX 78633	
<b>Principal occupation / Job title (See Instructions)</b> IT Support Specialist		<b>Employer (See Instructions)</b> Texas Hospital Insurance Exchange
<b>Date</b> 04/29/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gette, Angela (Ms.)	<b>Amount of Contribution (\$)</b> \$2.00
	<b>Contributor address; City; State; Zip Code</b>  Georgetown, TX 78633	
<b>Principal occupation / Job title (See Instructions)</b> Vice President Claims		<b>Employer (See Instructions)</b> Texas Hospital Insurance Exchange

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 24/65 Rpt: 30/80
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 05/24/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gette, Angela (Ms.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Georgetown, TX 78633	
<b>8</b> Principal occupation / Job title (See Instructions) Vice President Claims		<b>9</b> Employer (See Instructions) Texas Hospital Insurance Exchange
Date 05/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gleitz, Stephen (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Nurse Manager of Critical Care Unit		Employer (See Instructions) Hendrick Medical Center
Date 05/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gleitz, Stephen (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Nurse Manager of Critical Care Unit		Employer (See Instructions) Hendrick Medical Center
Date 04/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gonzalez, Sara (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Austin, TX 78701	
Principal occupation / Job title (See Instructions) VP Advocacy / Public Policy		Employer (See Instructions) Texas Hospital Association
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gonzalez, Sara (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Austin, TX 78701	
Principal occupation / Job title (See Instructions) VP Advocacy / Public Policy		Employer (See Instructions) Texas Hospital Association

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 25/65 Rpt: 31/80
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 05/08/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Goolsby, Emily (Ms.)	<b>7</b> Amount of Contribution (\$) <span style="float:right">\$3.85</span>
<b>6</b> Contributor address; City; State; Zip Code  Abilene, TX 79601		
<b>8</b> Principal occupation / Job title (See Instructions) Dir of the Dept of Education and Professional Development		<b>9</b> Employer (See Instructions) Hendrick Medical Center
Date 05/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Goolsby, Emily (Ms.)	Amount of Contribution (\$) <span style="float:right">\$3.85</span>
Contributor address; City; State; Zip Code  Abilene, TX 79601		
Principal occupation / Job title (See Instructions) Dir of the Dept of Education and Professional Development		Employer (See Instructions) Hendrick Medical Center
Date 04/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gordon, Brittany (Ms.)	Amount of Contribution (\$) <span style="float:right">\$2.00</span>
Contributor address; City; State; Zip Code  Austin, TX 78701		
Principal occupation / Job title (See Instructions) Sr Specialist, AR & Association Management System		Employer (See Instructions) Texas Hospital Association
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gordon, Brittany (Ms.)	Amount of Contribution (\$) <span style="float:right">\$2.00</span>
Contributor address; City; State; Zip Code  Austin, TX 78701		
Principal occupation / Job title (See Instructions) Sr Specialist, AR & Association Management System		Employer (See Instructions) Texas Hospital Association
Date 05/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Greenwood, Raymond (Mr.)	Amount of Contribution (\$) <span style="float:right">\$50.00</span>
Contributor address; City; State; Zip Code  Mineral Wells, TX 76067		
Principal occupation / Job title (See Instructions) Board Vice President		Employer (See Instructions) Palo Pinto General Hospital

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 26/65 Rpt: 32/80
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 05/08/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Greenwood, Susan (Ms.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Abilene, TX 79601	
<b>8</b> Principal occupation / Job title (See Instructions) Vice President / Chief Nursing Officer		<b>9</b> Employer (See Instructions) Hendrick Medical Center
Date 05/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Greenwood, Susan (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Vice President / Chief Nursing Officer		Employer (See Instructions) Hendrick Medical Center
Date 04/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Haas, Mark (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Georgetown, TX 78633	
Principal occupation / Job title (See Instructions) Staff Accountant		Employer (See Instructions) Texas Hospital Insurance Exchange
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Haas, Mark (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Georgetown, TX 78633	
Principal occupation / Job title (See Instructions) Staff Accountant		Employer (See Instructions) Texas Hospital Insurance Exchange
Date 05/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hair, Donna (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Brownwood, TX 76804	
Principal occupation / Job title (See Instructions) Director of Marketing		Employer (See Instructions) Hendrick Medical Center



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 27/65 Rpt: 33/80
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 05/22/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hair, Donna (Ms.)	<b>7</b> Amount of Contribution (\$)  \$3.85
<b>6</b> Contributor address; City; State; Zip Code  Brownwood, TX 76804		
<b>8</b> Principal occupation / Job title (See Instructions) Director of Marketing		<b>9</b> Employer (See Instructions) Hendrick Medical Center
Date 05/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hardaway, Jay (Mr.)	Amount of Contribution (\$)  \$208.34
Contributor address; City; State; Zip Code  Abilene, TX 79601		
Principal occupation / Job title (See Instructions) Director Legislative & Public Policy		Employer (See Instructions) Hendrick Medical Center
Date 05/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Harris, Erica (Ms.)	Amount of Contribution (\$)  \$3.85
Contributor address; City; State; Zip Code  Abilene, TX 79601		
Principal occupation / Job title (See Instructions) Admissions Director		Employer (See Instructions) Hendrick Medical Center
Date 05/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Harris, Erica (Ms.)	Amount of Contribution (\$)  \$3.85
Contributor address; City; State; Zip Code  Abilene, TX 79601		
Principal occupation / Job title (See Instructions) Admissions Director		Employer (See Instructions) Hendrick Medical Center
Date 04/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hart, Brandy (Mrs.)	Amount of Contribution (\$)  \$83.00
Contributor address; City; State; Zip Code  Nashville, TN 37203		
Principal occupation / Job title (See Instructions) Regional Vice President / Behavioral Health		Employer (See Instructions) HCA Healthcare

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 28/65 Rpt: 34/80
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 04/29/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hawkins, John (Mr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78701	
<b>8</b> Principal occupation / Job title (See Instructions) President / CEO		<b>9</b> Employer (See Instructions) Texas Hospital Association
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hawkins, John (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Austin, TX 78701	
Principal occupation / Job title (See Instructions) President / CEO		Employer (See Instructions) Texas Hospital Association
Date 04/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Haynes, Ashley (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Austin, TX 78701	
Principal occupation / Job title (See Instructions) Regional Ambassador for Houston/East Texas		Employer (See Instructions) Texas Hospital Association
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Haynes, Ashley (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Austin, TX 78701	
Principal occupation / Job title (See Instructions) Regional Ambassador for Houston/East Texas		Employer (See Instructions) Texas Hospital Association
Date 05/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Haynes, Robert (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Seguin, TX 78155	
Principal occupation / Job title (See Instructions) Chief Executive Officer		Employer (See Instructions) Guadalupe Regional Medical Ctr

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 29/65 Rpt: 35/80
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 05/08/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Head, Courtney (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Abilene, TX 79601	<b>7</b> Amount of Contribution (\$)  \$9.61
<b>8</b> Principal occupation / Job title (See Instructions) Vice President of Human Resources		<b>9</b> Employer (See Instructions) Hendrick Medical Center
Date 05/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Head, Courtney (Ms.) <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79601	Amount of Contribution (\$)  \$9.62
Principal occupation / Job title (See Instructions) Vice President of Human Resources		Employer (See Instructions) Hendrick Medical Center
Date 05/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Henderson, John (Mr.) <hr/> Contributor address; City; State; Zip Code  Round Rock, TX 78664	Amount of Contribution (\$)  \$83.00
Principal occupation / Job title (See Instructions) President / CEO		Employer (See Instructions) TORCH
Date 05/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Henk, Deana (Ms.) <hr/> Contributor address; City; State; Zip Code  Seguin, TX 78155	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Guadalupe Healthcare Network CEO		Employer (See Instructions) Guadalupe Regional Medical Ctr
Date 05/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Henry, Elizabeth (Ms.) <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79601	Amount of Contribution (\$)  \$4.81
Principal occupation / Job title (See Instructions) Director Case Management		Employer (See Instructions) Hendrick Medical Center

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 30/65 Rpt: 36/80
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 05/22/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Henry, Elizabeth (Ms.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Abilene, TX 79601	
<b>8</b> Principal occupation / Job title (See Instructions) Director Case Management		<b>9</b> Employer (See Instructions) Hendrick Medical Center
Date 04/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hernandez, Janet (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Georgetown, TX 78633	
Principal occupation / Job title (See Instructions) Accounting Manager		Employer (See Instructions) Texas Hospital Insurance Exchange
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hernandez, Janet (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Georgetown, TX 78633	
Principal occupation / Job title (See Instructions) Accounting Manager		Employer (See Instructions) Texas Hospital Insurance Exchange
Date 05/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hess, Heather (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Market Director		Employer (See Instructions) Hendrick Medical Center
Date 05/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hess, Heather (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Market Director		Employer (See Instructions) Hendrick Medical Center

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 31/65 Rpt: 37/80
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 05/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hillier, Robert (Mr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Bellaire, TX 77401	
<b>8</b> Principal occupation / Job title (See Instructions) VP Public Policy / Govt Relations		<b>9</b> Employer (See Instructions) Harris Health System
<b>Date</b> 05/19/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Holcomb, Holly (Ms.)	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Contributor address; City; State; Zip Code</b>  Childress, TX 79201	
<b>Principal occupation / Job title (See Instructions)</b> Chief Executive Officer		<b>Employer (See Instructions)</b> Childress Regional Medical Center
<b>Date</b> 05/12/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Holland, Brad (Mr.)	<b>Amount of Contribution (\$)</b> \$82.50
	<b>Contributor address; City; State; Zip Code</b>  Abilene, TX 79601	
<b>Principal occupation / Job title (See Instructions)</b> President / Chief Executive Officer		<b>Employer (See Instructions)</b> Hendrick Health
<b>Date</b> 05/25/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Honea, Michael (Mr.)	<b>Amount of Contribution (\$)</b> \$41.00
	<b>Contributor address; City; State; Zip Code</b>  Glen Rose, TX 76043	
<b>Principal occupation / Job title (See Instructions)</b> Chief Executive Officer		<b>Employer (See Instructions)</b> Glen Rose Medical Center
<b>Date</b> 05/08/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Howard, Erica (Ms.)	<b>Amount of Contribution (\$)</b> \$3.85
	<b>Contributor address; City; State; Zip Code</b>  Abilene, TX 79601	
<b>Principal occupation / Job title (See Instructions)</b> System Director Benefits		<b>Employer (See Instructions)</b> Hendrick Medical Center

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 32/65 Rpt: 38/80
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 05/22/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Howard, Erica (Ms.)	<b>7</b> Amount of Contribution (\$)  \$3.85
	<b>6</b> Contributor address; City; State; Zip Code  Abilene, TX 79601	
<b>8</b> Principal occupation / Job title (See Instructions) System Director Benefits		<b>9</b> Employer (See Instructions) Hendrick Medical Center
<b>Date</b> 05/21/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hrncirik, Bobbye (Ms.)	<b>Amount of Contribution (\$)</b>  \$83.00
	<b>Contributor address; City; State; Zip Code</b>  Lubbock, TX 79415	
<b>Principal occupation / Job title (See Instructions)</b> VP Supplemental Funding		<b>Employer (See Instructions)</b> University Medical Center
<b>Date</b> 04/29/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Huff, Alexander (Mr.)	<b>Amount of Contribution (\$)</b>  \$2.00
	<b>Contributor address; City; State; Zip Code</b>  Austin, TX 78701	
<b>Principal occupation / Job title (See Instructions)</b> Vice President of Health IT Programs		<b>Employer (See Instructions)</b> THA Foundation
<b>Date</b> 05/24/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Huff, Alexander (Mr.)	<b>Amount of Contribution (\$)</b>  \$2.00
	<b>Contributor address; City; State; Zip Code</b>  Austin, TX 78701	
<b>Principal occupation / Job title (See Instructions)</b> Vice President of Health IT Programs		<b>Employer (See Instructions)</b> THA Foundation
<b>Date</b> 05/08/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Huff, Michael (Mr.)	<b>Amount of Contribution (\$)</b>  \$100.00
	<b>Contributor address; City; State; Zip Code</b>  Olney, TX 76374	
<b>Principal occupation / Job title (See Instructions)</b> Chief Executive Officer		<b>Employer (See Instructions)</b> Olney Hamilton Hospital

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 33/65 Rpt: 39/80
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 05/08/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Huffington, Mark (Mr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Abilene, TX 79601	<b>7</b> Amount of Contribution (\$) <span style="float: right;">\$4.81</span>
<b>8</b> Principal occupation / Job title (See Instructions) System Assistant Vice President Analytics		<b>9</b> Employer (See Instructions) Hendrick Medical Center
Date 05/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Huffington, Mark (Mr.) <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79601	Amount of Contribution (\$) <span style="float: right;">\$4.81</span>
Principal occupation / Job title (See Instructions) System Assistant Vice President Analytics		Employer (See Instructions) Hendrick Medical Center
Date 05/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Huffstutler, David (Mr.) <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$) <span style="float: right;">\$3,500.00</span>
Principal occupation / Job title (See Instructions) President / CEO		Employer (See Instructions) St. David's HealthCare
Date 05/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hunnicuttt, Craig (Mr.) <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79601	Amount of Contribution (\$) <span style="float: right;">\$3.85</span>
Principal occupation / Job title (See Instructions) Director Regional Services		Employer (See Instructions) Hendrick Medical Center
Date 05/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hunnicuttt, Craig (Mr.) <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79601	Amount of Contribution (\$) <span style="float: right;">\$3.85</span>
Principal occupation / Job title (See Instructions) Director Regional Services		Employer (See Instructions) Hendrick Medical Center

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 34/65 Rpt: 40/80
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 05/09/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hunt, Doris (Ms.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75235	
<b>8</b> Principal occupation / Job title (See Instructions) EVP Chief Compliance Officer		<b>9</b> Employer (See Instructions) Children's Health
Date 05/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hurst, William (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Plano, TX 75075	
Principal occupation / Job title (See Instructions) President / CEO		Employer (See Instructions) Patient Physician Network
Date 05/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hurt-Deitch, Sally (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  El Paso, TX 79932	
Principal occupation / Job title (See Instructions) Sr. Vice President of Operations		Employer (See Instructions) Ascension Health
Date 05/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jackson, Olga (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Cuero, TX 77954	
Principal occupation / Job title (See Instructions) Support Services		Employer (See Instructions) Cuero Regional Hospital
Date 04/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jackson, Robin (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Austin, TX 78701	
Principal occupation / Job title (See Instructions) Vice President Service Center		Employer (See Instructions) Texas Hospital Association



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 35/65 Rpt: 41/80
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 05/24/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jackson, Robin (Ms.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78701	
<b>8</b> Principal occupation / Job title (See Instructions) Vice President Service Center		<b>9</b> Employer (See Instructions) Texas Hospital Association
Date 05/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jasper, Jerry (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  West Lake Hills, TX 78746	
Principal occupation / Job title (See Instructions) Interim CEO		Employer (See Instructions) The Hospital at Westlake Medical Center
Date 05/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jennings, Jason (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  College Station, TX 77845	
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Baylor Scott & White Medical Center - College Station
Date 04/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jones, Susan (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Austin, TX 78701	
Principal occupation / Job title (See Instructions) Member Ambassador		Employer (See Instructions) Texas Hospital Association
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jones, Susan (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Austin, TX 78701	
Principal occupation / Job title (See Instructions) Member Ambassador		Employer (See Instructions) Texas Hospital Association

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 36/65 Rpt: 42/80
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 05/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Junkins, Curt (Mr.)	<b>7</b> Amount of Contribution (\$) <span style="float:right">\$100.00</span>
<b>6</b> Contributor address; City; State; Zip Code  Granbury, TX 76048		
<b>8</b> Principal occupation / Job title (See Instructions) Chief Executive Officer		<b>9</b> Employer (See Instructions) Lake Granbury Medical Center
Date 05/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kelly, Tave (Ms.)	Amount of Contribution (\$) <span style="float:right">\$4.81</span>
Contributor address; City; State; Zip Code  Abilene, TX 79601		
Principal occupation / Job title (See Instructions) AVP Revenue Cycle		Employer (See Instructions) Hendrick Medical Center
Date 05/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kelly, Tave (Ms.)	Amount of Contribution (\$) <span style="float:right">\$4.81</span>
Contributor address; City; State; Zip Code  Abilene, TX 79601		
Principal occupation / Job title (See Instructions) AVP Revenue Cycle		Employer (See Instructions) Hendrick Medical Center
Date 04/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kendrick, Karen (Ms.)	Amount of Contribution (\$) <span style="float:right">\$20.00</span>
Contributor address; City; State; Zip Code  Austin, TX 78701		
Principal occupation / Job title (See Instructions) VP of Quality & Patient Safety		Employer (See Instructions) THA Foundation
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kendrick, Karen (Ms.)	Amount of Contribution (\$) <span style="float:right">\$20.00</span>
Contributor address; City; State; Zip Code  Austin, TX 78701		
Principal occupation / Job title (See Instructions) VP of Quality & Patient Safety		Employer (See Instructions) THA Foundation

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 37/65 Rpt: 43/80
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 05/12/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kimmel, Stephen (Mr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76104	
<b>8</b> Principal occupation / Job title (See Instructions) Chief Financial Officer		<b>9</b> Employer (See Instructions) Cook Children's Medical Center
<b>Date</b> 05/15/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) King, Kirk (Mr.)	<b>Amount of Contribution (\$)</b>
	<b>Contributor address; City; State; Zip Code</b>  Arlington, TX 76011	
<b>Principal occupation / Job title (See Instructions)</b> Executive Vice President / Hospital Channel COO		<b>Employer (See Instructions)</b> Texas Health Resources
<b>Date</b> 05/10/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kirkman, Leni (Ms.)	<b>Amount of Contribution (\$)</b>
	<b>Contributor address; City; State; Zip Code</b>  San Antonio, TX 78229	
<b>Principal occupation / Job title (See Instructions)</b> Exec VP Corp Communications & Mktg		<b>Employer (See Instructions)</b> University Health
<b>Date</b> 05/10/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Korkmas, Ross (Mr.)	<b>Amount of Contribution (\$)</b>
	<b>Contributor address; City; State; Zip Code</b>  Mineral Wells, TX 76067	
<b>Principal occupation / Job title (See Instructions)</b> Chief Executive Officer		<b>Employer (See Instructions)</b> Palo Pinto General Hospital
<b>Date</b> 04/29/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kroll, Carrie (Ms.)	<b>Amount of Contribution (\$)</b>
	<b>Contributor address; City; State; Zip Code</b>  Austin, TX 78701	
<b>Principal occupation / Job title (See Instructions)</b> VP Advocacy / Pub Policy / Political Strategy		<b>Employer (See Instructions)</b> Texas Hospital Association

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 38/65 Rpt: 44/80
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 05/24/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kroll, Carrie (Ms.)	<b>7</b> Amount of Contribution (\$) <span style="float:right">\$62.00</span>
<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78701		
<b>8</b> Principal occupation / Job title (See Instructions) VP Advocacy / Pub Policy / Political Strategy		<b>9</b> Employer (See Instructions) Texas Hospital Association
Date 05/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Krupala, Judith (Ms.)	Amount of Contribution (\$) <span style="float:right">\$1.93</span>
Contributor address; City; State; Zip Code  Cuero, TX 77954		
Principal occupation / Job title (See Instructions) Chief Nursing Officer		Employer (See Instructions) Cuero Regional Hospital
Date 05/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lafrance, Judith (Ms.)	Amount of Contribution (\$) <span style="float:right">\$12.50</span>
Contributor address; City; State; Zip Code  Abilene, TX 79606		
Principal occupation / Job title (See Instructions) HMCS Chief Administrative Officer		Employer (See Instructions) Hendrick Medical Center
Date 05/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lafrance, Judith (Ms.)	Amount of Contribution (\$) <span style="float:right">\$12.50</span>
Contributor address; City; State; Zip Code  Abilene, TX 79606		
Principal occupation / Job title (See Instructions) HMCS Chief Administrative Officer		Employer (See Instructions) Hendrick Medical Center
Date 05/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Leal, Jorge (Mr.)	Amount of Contribution (\$) <span style="float:right">\$125.00</span>
Contributor address; City; State; Zip Code  Laredo, TX 78044		
Principal occupation / Job title (See Instructions) Chief Executive Officer		Employer (See Instructions) Laredo Medical Center

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 39/65 Rpt: 45/80
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 05/08/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lee, Rachel (Ms.)	<b>7</b> Amount of Contribution (\$)  \$3.85
	<b>6</b> Contributor address; City; State; Zip Code  Abilene, TX 79601	
<b>8</b> Principal occupation / Job title (See Instructions) Dir Med Staff Srvcs & Physician Recruitment		<b>9</b> Employer (See Instructions) Hendrick Medical Center
Date 05/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lee, Rachel (Ms.)	Amount of Contribution (\$)  \$3.85
	Contributor address; City; State; Zip Code  Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Dir Med Staff Srvcs & Physician Recruitment		Employer (See Instructions) Hendrick Medical Center
Date 04/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lengal, Samantha (Ms.)	Amount of Contribution (\$)  \$4.00
	Contributor address; City; State; Zip Code  Georgetown, TX 78633	
Principal occupation / Job title (See Instructions) Underwriting Coordinator		Employer (See Instructions) Texas Hospital Insurance Exchange
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lengal, Samantha (Ms.)	Amount of Contribution (\$)  \$4.00
	Contributor address; City; State; Zip Code  Georgetown, TX 78633	
Principal occupation / Job title (See Instructions) Underwriting Coordinator		Employer (See Instructions) Texas Hospital Insurance Exchange
Date 04/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Liscano, Rosie (Ms.)	Amount of Contribution (\$)  \$2.00
	Contributor address; City; State; Zip Code  Georgetown, TX 78633	
Principal occupation / Job title (See Instructions) Senior Claims Adj/Risk Mgmt Specialist		Employer (See Instructions) Texas Hospital Insurance Exchange

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 40/65 Rpt: 46/80
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 05/24/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Liscano, Rosie (Ms.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Georgetown, TX 78633	
<b>8</b> Principal occupation / Job title (See Instructions) Senior Claims Adj/Risk Mgmt Specialist		<b>9</b> Employer (See Instructions) Texas Hospital Insurance Exchange
Date 04/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lopez, Cesar (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Austin, TX 78701	
Principal occupation / Job title (See Instructions) VP Legal Affairs		Employer (See Instructions) Texas Hospital Association
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lopez, Cesar (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Austin, TX 78701	
Principal occupation / Job title (See Instructions) VP Legal Affairs		Employer (See Instructions) Texas Hospital Association
Date 05/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lovett, Dale (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Olney, TX 76374	
Principal occupation / Job title (See Instructions) Board Chairman		Employer (See Instructions) Olney Hamilton Hospital
Date 05/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lowery, James (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Director Managed Care		Employer (See Instructions) Hendrick Medical Center

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 41/65 Rpt: 47/80
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 05/22/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lowery, James (Mr.)	<b>7</b> Amount of Contribution (\$)  \$3.85
	<b>6</b> Contributor address; City; State; Zip Code  Abilene, TX 79601	
<b>8</b> Principal occupation / Job title (See Instructions) Director Managed Care		<b>9</b> Employer (See Instructions) Hendrick Medical Center
Date 05/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lozano, Marco (Mr.)	Amount of Contribution (\$)  \$41.67
	Contributor address; City; State; Zip Code  Laredo, TX 78044	
Principal occupation / Job title (See Instructions) Chief Operating Officer		Employer (See Instructions) Laredo Medical Center
Date 05/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McCain, Rebecca (Ms.)	Amount of Contribution (\$)  \$500.00
	Contributor address; City; State; Zip Code  Electra, TX 76360	
Principal occupation / Job title (See Instructions) Chief Executive Officer		Employer (See Instructions) Electra Memorial Hospital
Date 05/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McCollough, Kimberly (Ms.)	Amount of Contribution (\$)  \$3.85
	Contributor address; City; State; Zip Code  Abilene, TX 79606	
Principal occupation / Job title (See Instructions) Director of Women and Children Services		Employer (See Instructions) Hendrick Medical Center
Date 05/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McCollough, Kimberly (Ms.)	Amount of Contribution (\$)  \$3.85
	Contributor address; City; State; Zip Code  Abilene, TX 79606	
Principal occupation / Job title (See Instructions) Director of Women and Children Services		Employer (See Instructions) Hendrick Medical Center

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 42/65 Rpt: 48/80
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 05/08/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McElrath, Pamela (Ms.)	<b>7</b> Amount of Contribution (\$) \$4.00
	<b>6</b> Contributor address; City; State; Zip Code  Abilene, TX 79601	
<b>8</b> Principal occupation / Job title (See Instructions) Registered Nurse		<b>9</b> Employer (See Instructions) Hendrick Medical Center
Date 05/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McElrath, Pamela (Ms.)	Amount of Contribution (\$) \$4.00
	Contributor address; City; State; Zip Code  Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions) Hendrick Medical Center
Date 05/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McWhorter, Rick (Mr.)	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code  Arlington, TX 76011	
Principal occupation / Job title (See Instructions) EVP and Chief Financial Officer		Employer (See Instructions) Texas Health Resources
Date 04/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Merrell, Angie (Ms.)	Amount of Contribution (\$) \$2.00
	Contributor address; City; State; Zip Code  Georgetown, TX 78633	
Principal occupation / Job title (See Instructions) THIE Vice President of Risk Management		Employer (See Instructions) Texas Hospital Insurance Exchange
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Merrell, Angie (Ms.)	Amount of Contribution (\$) \$2.00
	Contributor address; City; State; Zip Code  Georgetown, TX 78633	
Principal occupation / Job title (See Instructions) THIE Vice President of Risk Management		Employer (See Instructions) Texas Hospital Insurance Exchange



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 43/65 Rpt: 49/80
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 05/22/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Miller, Lyndsey (Ms.)	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>6</b> Contributor address; City; State; Zip Code  Olney, TX 76374		
<b>8</b> Principal occupation / Job title (See Instructions) Board Member		<b>9</b> Employer (See Instructions) Olney Hamilton Hospital
Date 05/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mitchell, Kenneth (Dr.)	Amount of Contribution (\$)  \$41.00
Contributor address; City; State; Zip Code  Austin, TX 78701		
Principal occupation / Job title (See Instructions) SVP / Chief Medical Officer		Employer (See Instructions) St. David's HealthCare
Date 05/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Moore, Amy (Ms.)	Amount of Contribution (\$)  \$100.00
Contributor address; City; State; Zip Code  Olney, TX 76374		
Principal occupation / Job title (See Instructions) Chief Human Resources		Employer (See Instructions) Olney Hamilton Hospital
Date 05/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Morales, Daniel (Mr.)	Amount of Contribution (\$)  \$20.50
Contributor address; City; State; Zip Code  Houston, TX 77030		
Principal occupation / Job title (See Instructions) Vice President Government Affairs		Employer (See Instructions) Houston Methodist
Date 05/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Morin, Richard (Mr.)	Amount of Contribution (\$)  \$250.00
Contributor address; City; State; Zip Code  Alice, TX 78332		
Principal occupation / Job title (See Instructions) President CHRISTUS Spohn Hospital - Alice/Kleberg		Employer (See Instructions) CHRISTUS Spohn Hospital Alice

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 44/65 Rpt: 50/80
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 04/29/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mundfrom, Jessie (Ms.)	<b>7</b> Amount of Contribution (\$)  \$2.00
	<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78701	
<b>8</b> Principal occupation / Job title (See Instructions) Manager of Virtual Education		<b>9</b> Employer (See Instructions) THA Foundation
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mundfrom, Jessie (Ms.)	Amount of Contribution (\$)  \$2.00
	Contributor address; City; State; Zip Code  Austin, TX 78701	
Principal occupation / Job title (See Instructions) Manager of Virtual Education		Employer (See Instructions) THA Foundation
Date 05/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Murphy, Patrick (Mr.)	Amount of Contribution (\$)  \$3.85
	Contributor address; City; State; Zip Code  Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Healthcare Professional		Employer (See Instructions) Hendrick Medical Center
Date 05/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Murphy, Patrick (Mr.)	Amount of Contribution (\$)  \$3.85
	Contributor address; City; State; Zip Code  Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Healthcare Professional		Employer (See Instructions) Hendrick Medical Center
Date 04/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Neiger, David (Mr.)	Amount of Contribution (\$)  \$82.00
	Contributor address; City; State; Zip Code  Austin, TX 78701	
Principal occupation / Job title (See Instructions) Chief Financial Officer		Employer (See Instructions) Texas Hospital Association

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 45/65 Rpt: 51/80
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 05/24/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Neiger, David (Mr.)	<b>7</b> Amount of Contribution (\$) <span style="float:right">\$82.00</span>
<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78701		
<b>8</b> Principal occupation / Job title (See Instructions) Chief Financial Officer		<b>9</b> Employer (See Instructions) Texas Hospital Association
Date 05/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nguyen, Christi (Ms.)	Amount of Contribution (\$) <span style="float:right">\$350.00</span>
Contributor address; City; State; Zip Code  Dallas, TX 75247		
Principal occupation / Job title (See Instructions) Associate CNO of Nurse Excellence		Employer (See Instructions) UT Southwestern Medical Center
Date 05/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nunez, Michael (Mr.)	Amount of Contribution (\$) <span style="float:right">\$1,000.00</span>
Contributor address; City; State; Zip Code  El Paso, TX 79998		
Principal occupation / Job title (See Instructions) District Chief Financial Officer		Employer (See Instructions) University Medical Center of El Paso
Date 04/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) O'Neil, Jennifer (Ms.)	Amount of Contribution (\$) <span style="float:right">\$10.00</span>
Contributor address; City; State; Zip Code  Austin, TX 78701		
Principal occupation / Job title (See Instructions) Executive Administrative Manager		Employer (See Instructions) Texas Hospital Association
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) O'Neil, Jennifer (Ms.)	Amount of Contribution (\$) <span style="float:right">\$10.00</span>
Contributor address; City; State; Zip Code  Austin, TX 78701		
Principal occupation / Job title (See Instructions) Executive Administrative Manager		Employer (See Instructions) Texas Hospital Association

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 46/65 Rpt: 52/80
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 05/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Olson, Michael (Mr.)	7 Amount of Contribution (\$) \$500.00
	6 Contributor address; City; State; Zip Code  Victoria, TX 77901	
8 Principal occupation / Job title (See Instructions) Chief Executive Officer		9 Employer (See Instructions) Citizens Medical Center
Date 04/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pargac, Ann (Ms.)	Amount of Contribution (\$) \$2.00
	Contributor address; City; State; Zip Code  Austin, TX 78701	
Principal occupation / Job title (See Instructions) Director of Education		Employer (See Instructions) THA Foundation
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pargac, Ann (Ms.)	Amount of Contribution (\$) \$2.00
	Contributor address; City; State; Zip Code  Austin, TX 78701	
Principal occupation / Job title (See Instructions) Director of Education		Employer (See Instructions) THA Foundation
Date 05/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Parisi, James (Mr.)	Amount of Contribution (\$) \$41.50
	Contributor address; City; State; Zip Code  The Woodlands, TX 77384	
Principal occupation / Job title (See Instructions) Chief Executive Officer		Employer (See Instructions) CHI St Lukes Health - The Woodlands Hospital
Date 05/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Patel, Malisha (Ms.)	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code  Houston, TX 77074	
Principal occupation / Job title (See Instructions) Sr Vice President / Chief Executive Officer		Employer (See Instructions) Memorial Hermann Southwest Hospital

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 47/65 Rpt: 53/80
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 05/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pert, Robert (Mr.)	<b>7</b> Amount of Contribution (\$)  \$50.00
	<b>6</b> Contributor address; City; State; Zip Code  Wichita Falls, TX 76301	
<b>8</b> Principal occupation / Job title (See Instructions) Chief Financial Officer		<b>9</b> Employer (See Instructions) United Regional Health Care System
<b>Date</b> 05/16/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Peterson, Mary (Dr.)	<b>Amount of Contribution (\$)</b>  \$350.00
	<b>Contributor address; City; State; Zip Code</b>  Corpus Christi, TX 78411	
<b>Principal occupation / Job title (See Instructions)</b> EVP & Chief Operating Officer		<b>Employer (See Instructions)</b> Driscoll Children's Hospital
<b>Date</b> 05/21/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Piszczor, Joseph (Mr.)	<b>Amount of Contribution (\$)</b>  \$350.00
	<b>Contributor address; City; State; Zip Code</b>  Kerrville, TX 78028	
<b>Principal occupation / Job title (See Instructions)</b> VP of Operations		<b>Employer (See Instructions)</b> Peterson Health
<b>Date</b> 04/29/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Porter, Lea Anne (Ms.)	<b>Amount of Contribution (\$)</b>  \$2.00
	<b>Contributor address; City; State; Zip Code</b>  Austin, TX 78701	
<b>Principal occupation / Job title (See Instructions)</b> VP Retirement Plans		<b>Employer (See Instructions)</b> Texas Hospital Association Retirement Plan
<b>Date</b> 05/24/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Porter, Lea Anne (Ms.)	<b>Amount of Contribution (\$)</b>  \$2.00
	<b>Contributor address; City; State; Zip Code</b>  Austin, TX 78701	
<b>Principal occupation / Job title (See Instructions)</b> VP Retirement Plans		<b>Employer (See Instructions)</b> Texas Hospital Association Retirement Plan

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 48/65 Rpt: 54/80
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 05/08/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Preston, Deborah (Ms.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Abilene, TX 79601	
<b>8</b> Principal occupation / Job title (See Instructions) Director of Pharmacy		<b>9</b> Employer (See Instructions) Hendrick Medical Center
Date 05/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Preston, Deborah (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Director of Pharmacy		Employer (See Instructions) Hendrick Medical Center
Date 05/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Qualls, Rustin (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Clifton, TX 76634	
Principal occupation / Job title (See Instructions) Director of Operations		Employer (See Instructions) Goodall-Witcher Healthcare
Date 04/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ramirez, Erika (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Austin, TX 78701	
Principal occupation / Job title (See Instructions) Senior Director Health Policy		Employer (See Instructions) Texas Hospital Association
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ramirez, Erika (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Austin, TX 78701	
Principal occupation / Job title (See Instructions) Senior Director Health Policy		Employer (See Instructions) Texas Hospital Association

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 49/65 Rpt: 55/80
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 04/29/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ramirez, Lisa (Ms.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78701	
<b>8</b> Principal occupation / Job title (See Instructions) Specialist		<b>9</b> Employer (See Instructions) Texas Hospital Association
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ramirez, Lisa (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Austin, TX 78701	
Principal occupation / Job title (See Instructions) Specialist		Employer (See Instructions) Texas Hospital Association
Date 04/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ressmann, Mitzi (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Austin, TX 78701	
Principal occupation / Job title (See Instructions) Chief Operating Officer		Employer (See Instructions) Texas Hospital Association
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ressmann, Mitzi (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Austin, TX 78701	
Principal occupation / Job title (See Instructions) Chief Operating Officer		Employer (See Instructions) Texas Hospital Association
Date 05/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Richburg, Melanie (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Tahoka, TX 79373	
Principal occupation / Job title (See Instructions) Chief Executive Officer		Employer (See Instructions) Lynn County Hospital District

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 50/65 Rpt: 56/80
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 05/08/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Richert, Ron (Mr.)	<b>7</b> Amount of Contribution (\$)  \$3.85
	<b>6</b> Contributor address; City; State; Zip Code  Abilene, TX 79601	
<b>8</b> Principal occupation / Job title (See Instructions) Director of the Health Club		<b>9</b> Employer (See Instructions) Hendrick Medical Center
Date 05/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Richert, Ron (Mr.)	Amount of Contribution (\$)  \$3.85
	Contributor address; City; State; Zip Code  Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Director of the Health Club		Employer (See Instructions) Hendrick Medical Center
Date 05/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Richmond, Travis (Mr.)	Amount of Contribution (\$)  \$25.00
	Contributor address; City; State; Zip Code  Irving, TX 75038	
Principal occupation / Job title (See Instructions) System Dir Advocacy & Public Policy		Employer (See Instructions) CHRISTUS Health
Date 04/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rios, Amy (Ms.)	Amount of Contribution (\$)  \$2.00
	Contributor address; City; State; Zip Code  Austin, TX 78701	
Principal occupation / Job title (See Instructions) Dir Marketing & Strategic Communications		Employer (See Instructions) Texas Hospital Association
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rios, Amy (Ms.)	Amount of Contribution (\$)  \$2.00
	Contributor address; City; State; Zip Code  Austin, TX 78701	
Principal occupation / Job title (See Instructions) Dir Marketing & Strategic Communications		Employer (See Instructions) Texas Hospital Association



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 51/65 Rpt: 57/80
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 05/10/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Robicheaux, James (Mr.)	<b>7</b> Amount of Contribution (\$) <span style="float:right">\$42.00</span>
	<b>6</b> Contributor address; City; State; Zip Code  Bay City, TX 77414	
<b>8</b> Principal occupation / Job title (See Instructions) Chief Executive Officer		<b>9</b> Employer (See Instructions) Matagorda Regional Medical Center
<b>Date</b> 05/08/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Robinson, Tracee (Ms.)	<b>Amount of Contribution (\$)</b> <span style="float:right">\$3.85</span>
	<b>Contributor address; City; State; Zip Code</b>  Abilene, TX 79601	
<b>Principal occupation / Job title (See Instructions)</b> Director of Quality		<b>Employer (See Instructions)</b> Hendrick Medical Center
<b>Date</b> 05/22/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Robinson, Tracee (Ms.)	<b>Amount of Contribution (\$)</b> <span style="float:right">\$3.85</span>
	<b>Contributor address; City; State; Zip Code</b>  Abilene, TX 79601	
<b>Principal occupation / Job title (See Instructions)</b> Director of Quality		<b>Employer (See Instructions)</b> Hendrick Medical Center
<b>Date</b> 05/02/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Saenz, Gabriela (Ms.)	<b>Amount of Contribution (\$)</b> <span style="float:right">\$500.00</span>
	<b>Contributor address; City; State; Zip Code</b>  Irving, TX 75038	
<b>Principal occupation / Job title (See Instructions)</b> Senior VP of Corporate Services		<b>Employer (See Instructions)</b> CHRISTUS Health
<b>Date</b> 05/08/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Saenz, Iris (Ms.)	<b>Amount of Contribution (\$)</b> <span style="float:right">\$20.50</span>
	<b>Contributor address; City; State; Zip Code</b>  Houston, TX 77024	
<b>Principal occupation / Job title (See Instructions)</b> Manager Public Policy & Community Benefit		<b>Employer (See Instructions)</b> Memorial Hermann Health System

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 52/65 Rpt: 58/80
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 04/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Safarik, Paulina (Ms.) ..... 6 Contributor address; City; State; Zip Code  Austin, TX 78701	7 Amount of Contribution (\$)  \$2.00
8 Principal occupation / Job title (See Instructions) Senior Director of Human Resources		9 Employer (See Instructions) Texas Hospital Association
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Safarik, Paulina (Ms.) ..... Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$2.00
Principal occupation / Job title (See Instructions) Senior Director of Human Resources		Employer (See Instructions) Texas Hospital Association
Date 05/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Schmidt, Timothy (Mr.) ..... Contributor address; City; State; Zip Code  Abilene, TX 79601	Amount of Contribution (\$)  \$3.85
Principal occupation / Job title (See Instructions) Dir Property / Facility Management		Employer (See Instructions) Hendrick Medical Center
Date 05/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Schmidt, Timothy (Mr.) ..... Contributor address; City; State; Zip Code  Abilene, TX 79601	Amount of Contribution (\$)  \$3.85
Principal occupation / Job title (See Instructions) Dir Property / Facility Management		Employer (See Instructions) Hendrick Medical Center
Date 05/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Serrano, Lorenzo (Mr.) ..... Contributor address; City; State; Zip Code  Kermit, TX 79745	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Chief Executive Officer		Employer (See Instructions) Winkler County Memorial Hospital

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 53/65 Rpt: 59/80
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 04/29/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Shea, Patrick (Mr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Georgetown, TX 78633	
<b>8</b> Principal occupation / Job title (See Instructions) Risk Management Coordinator		<b>9</b> Employer (See Instructions) Texas Hospital Insurance Exchange
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Shea, Patrick (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Georgetown, TX 78633	
Principal occupation / Job title (See Instructions) Risk Management Coordinator		Employer (See Instructions) Texas Hospital Insurance Exchange
Date 05/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Siegert, Stasha (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Olney, TX 76374	
Principal occupation / Job title (See Instructions) Chief Operating Officer / Interim CFO		Employer (See Instructions) Olney Hamilton Hospital
Date 04/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sipes, Michael (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Austin, TX 78701	
Principal occupation / Job title (See Instructions) Legal Services Specialist		Employer (See Instructions) Texas Hospital Association
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sipes, Michael (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Austin, TX 78701	
Principal occupation / Job title (See Instructions) Legal Services Specialist		Employer (See Instructions) Texas Hospital Association

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 54/65 Rpt: 60/80
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 05/01/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sisk, Bryan (Mr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77024	
<b>8</b> Principal occupation / Job title (See Instructions) Senior Vice President / Chief Nursing Executive		<b>9</b> Employer (See Instructions) Memorial Hermann Health System
Date 05/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Smith, Andrew (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  San Antonio, TX 78229	
Principal occupation / Job title (See Instructions) Exec Dir Govmnt Relations & Public Policy		Employer (See Instructions) University Health
Date 04/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Smith, John (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Austin, TX 78701	
Principal occupation / Job title (See Instructions) Director Data & Technology		Employer (See Instructions) THA Foundation
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Smith, John (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Austin, TX 78701	
Principal occupation / Job title (See Instructions) Director Data & Technology		Employer (See Instructions) THA Foundation
Date 05/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Smith, Travis (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  San Antonio, TX 78229	
Principal occupation / Job title (See Instructions) CFO Clinical Operations		Employer (See Instructions) University Health

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 55/65 Rpt: 61/80
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 05/08/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Speckels, Donna (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Abilene, TX 79601	<b>7</b> Amount of Contribution (\$) \$3.85
<b>8</b> Principal occupation / Job title (See Instructions) Director Hendrick HouseCalls		<b>9</b> Employer (See Instructions) Hendrick Medical Center
Date 05/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Speckels, Donna (Ms.) <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79601	Amount of Contribution (\$) \$3.85
Principal occupation / Job title (See Instructions) Director Hendrick HouseCalls		Employer (See Instructions) Hendrick Medical Center
Date 05/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Speer, Gena (Ms.) <hr/> Contributor address; City; State; Zip Code  Breckenridge, TX 76424	Amount of Contribution (\$) \$14.50
Principal occupation / Job title (See Instructions) Chief Nursing Officer		Employer (See Instructions) Stephens Memorial Hospital
Date 04/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Srubar, Linda (Mrs.) <hr/> Contributor address; City; State; Zip Code  Georgetown, TX 78633	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Executive Assistant		Employer (See Instructions) Texas Hospital Association
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Srubar, Linda (Mrs.) <hr/> Contributor address; City; State; Zip Code  Georgetown, TX 78633	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Executive Assistant		Employer (See Instructions) Texas Hospital Association

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 56/65 Rpt: 62/80
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 05/08/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stafford, Steven (Mr.)	<b>7</b> Amount of Contribution (\$)  \$3.85
	<b>6</b> Contributor address; City; State; Zip Code  Abilene, TX 79601	
<b>8</b> Principal occupation / Job title (See Instructions) Director Hendrick Clinic		<b>9</b> Employer (See Instructions) Hendrick Medical Center
Date 05/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stafford, Steven (Mr.)	Amount of Contribution (\$)  \$3.85
	Contributor address; City; State; Zip Code  Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Director Hendrick Clinic		Employer (See Instructions) Hendrick Medical Center
Date 05/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stephenson, David (Mr.)	Amount of Contribution (\$)  \$9.61
	Contributor address; City; State; Zip Code  Abilene, TX 79601	
Principal occupation / Job title (See Instructions) System VP Hendrick Clinic & Anesthesia Network		Employer (See Instructions) Hendrick Medical Center
Date 05/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stephenson, David (Mr.)	Amount of Contribution (\$)  \$9.62
	Contributor address; City; State; Zip Code  Abilene, TX 79601	
Principal occupation / Job title (See Instructions) System VP Hendrick Clinic & Anesthesia Network		Employer (See Instructions) Hendrick Medical Center
Date 05/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stevens, Michelle (Ms.)	Amount of Contribution (\$)  \$41.67
	Contributor address; City; State; Zip Code  Haskell, TX 79521	
Principal occupation / Job title (See Instructions) Chief Executive Officer		Employer (See Instructions) Haskell Memorial Hospital

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 57/65 Rpt: 63/80
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 04/26/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Taylor, Clay (Mr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Lubbock, TX 79410	
<b>8</b> Principal occupation / Job title (See Instructions) Chief Operating Officer		<b>9</b> Employer (See Instructions) Covenant Childrens Hospital
Date 04/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Thomas, Wendy (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Austin, TX 78701	
Principal occupation / Job title (See Instructions) Mgr Advocacy / Pub Policy / HOSPAC		Employer (See Instructions) Texas Hospital Association
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Thomas, Wendy (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Austin, TX 78701	
Principal occupation / Job title (See Instructions) Mgr Advocacy / Pub Policy / HOSPAC		Employer (See Instructions) Texas Hospital Association
Date 05/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tiffin, Laura (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Cuero, TX 77954	
Principal occupation / Job title (See Instructions) Business Office Manager		Employer (See Instructions) Cuero Regional Hospital
Date 04/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Trout, Judith (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Austin, TX 78701	
Principal occupation / Job title (See Instructions) Healthcare Data Analyst		Employer (See Instructions) THA Foundation

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 58/65 Rpt: 64/80
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 05/24/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Trout, Judith (Ms.)	<b>7</b> Amount of Contribution (\$)  \$2.00
<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78701		
<b>8</b> Principal occupation / Job title (See Instructions) Healthcare Data Analyst		<b>9</b> Employer (See Instructions) THA Foundation
Date 05/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tucek, Karen (Ms.)	Amount of Contribution (\$)  \$3.85
Contributor address; City; State; Zip Code  Abilene, TX 79601		
Principal occupation / Job title (See Instructions) Director, Hospice		Employer (See Instructions) Hendrick Medical Center
Date 05/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tucek, Karen (Ms.)	Amount of Contribution (\$)  \$3.85
Contributor address; City; State; Zip Code  Abilene, TX 79601		
Principal occupation / Job title (See Instructions) Director, Hospice		Employer (See Instructions) Hendrick Medical Center
Date 04/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Turner, Matt (Mr.)	Amount of Contribution (\$)  \$2.00
Contributor address; City; State; Zip Code  Austin, TX 78701		
Principal occupation / Job title (See Instructions) Senior Director Quality & Payment		Employer (See Instructions) Texas Hospital Association
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Turner, Matt (Mr.)	Amount of Contribution (\$)  \$2.00
Contributor address; City; State; Zip Code  Austin, TX 78701		
Principal occupation / Job title (See Instructions) Senior Director Quality & Payment		Employer (See Instructions) Texas Hospital Association



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 59/65 Rpt: 65/80
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 05/22/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Vanek, James (Mr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Columbus, TX 78934	
<b>8</b> Principal occupation / Job title (See Instructions) Chief Executive Officer		<b>9</b> Employer (See Instructions) Columbus Community Hospital
Date 05/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Vidrine, Amanda (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Quality & Regulatory Manager		Employer (See Instructions) Hendrick Medical Center
Date 05/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Vidrine, Amanda (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Quality & Regulatory Manager		Employer (See Instructions) Hendrick Medical Center
Date 05/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wade, Susan (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Abilene Market COO		Employer (See Instructions) Hendrick Medical Center
Date 05/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wade, Susan (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Abilene Market COO		Employer (See Instructions) Hendrick Medical Center

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 60/65 Rpt: 66/80
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 05/08/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wagner, Angela (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Abilene, TX 79601	<b>7</b> Amount of Contribution (\$)  \$3.85
<b>8</b> Principal occupation / Job title (See Instructions) Healthcare Professional		<b>9</b> Employer (See Instructions) Hendrick Medical Center
Date 05/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wagner, Angela (Ms.) <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79601	Amount of Contribution (\$)  \$3.85
Principal occupation / Job title (See Instructions) Healthcare Professional		Employer (See Instructions) Hendrick Medical Center
Date 05/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wallschlaeger, Erich (Mr.) <hr/> Contributor address; City; State; Zip Code  Brownwood, TX 76804	Amount of Contribution (\$)  \$9.61
Principal occupation / Job title (See Instructions) Chief Financial Officer		Employer (See Instructions) Hendrick Medical Center
Date 05/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wallschlaeger, Erich (Mr.) <hr/> Contributor address; City; State; Zip Code  Brownwood, TX 76804	Amount of Contribution (\$)  \$9.62
Principal occupation / Job title (See Instructions) Chief Financial Officer		Employer (See Instructions) Hendrick Medical Center
Date 05/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Walzer, Cheryl (Ms.) <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79601	Amount of Contribution (\$)  \$3.85
Principal occupation / Job title (See Instructions) Director of Medsurg / Tele		Employer (See Instructions) Hendrick Medical Center

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 61/65 Rpt: 67/80
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 05/22/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Walzer, Cheryl (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Abilene, TX 79601	<b>7</b> Amount of Contribution (\$)  \$3.85
<b>8</b> Principal occupation / Job title (See Instructions) Director of Medsurg / Tele		<b>9</b> Employer (See Instructions) Hendrick Medical Center
Date 05/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Warner, Freddy (Mr.) <hr/> Contributor address; City; State; Zip Code  Houston, TX 77024	Amount of Contribution (\$)  \$145.50
Principal occupation / Job title (See Instructions) Chief Government Relations Officer		Employer (See Instructions) Memorial Hermann Health System
Date 05/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Waters, Amber (Ms.) <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79601	Amount of Contribution (\$)  \$3.85
Principal occupation / Job title (See Instructions) Director of Admissions		Employer (See Instructions) Hendrick Medical Center
Date 05/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Waters, Amber (Ms.) <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79601	Amount of Contribution (\$)  \$3.85
Principal occupation / Job title (See Instructions) Director of Admissions		Employer (See Instructions) Hendrick Medical Center
Date 05/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Weller, Meghan (Ms.) <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Director of Government Relations		Employer (See Instructions) HCA Healthcare-Central & West Texas Division

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 62/65 Rpt: 68/80
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 05/08/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wharton, Elisha (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Abilene, TX 79601	<b>7</b> Amount of Contribution (\$) <span style="float: right;">\$3.85</span>
<b>8</b> Principal occupation / Job title (See Instructions) Sr Practice Manager		<b>9</b> Employer (See Instructions) Hendrick Medical Center
Date 05/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wharton, Elisha (Ms.) <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79601	Amount of Contribution (\$) <span style="float: right;">\$3.85</span>
Principal occupation / Job title (See Instructions) Sr Practice Manager		Employer (See Instructions) Hendrick Medical Center
Date 04/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Williams, Carrie (Ms.) <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$) <span style="float: right;">\$20.00</span>
Principal occupation / Job title (See Instructions) Chief Communications Officer		Employer (See Instructions) Texas Hospital Association
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Williams, Carrie (Ms.) <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$) <span style="float: right;">\$20.00</span>
Principal occupation / Job title (See Instructions) Chief Communications Officer		Employer (See Instructions) Texas Hospital Association
Date 04/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Williams, Patty (Ms.) <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$) <span style="float: right;">\$2.00</span>
Principal occupation / Job title (See Instructions) Relationship Manager - Business Services		Employer (See Instructions) THA Foundation

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 63/65 Rpt: 69/80
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 05/24/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Williams, Patty (Ms.)	<b>7</b> Amount of Contribution (\$) \$2.00
<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78701		
<b>8</b> Principal occupation / Job title (See Instructions) Relationship Manager - Business Services		<b>9</b> Employer (See Instructions) THA Foundation
Date 05/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Williams, Shelton (Mr.)	Amount of Contribution (\$) \$41.00
Contributor address; City; State; Zip Code  Laredo, TX 78044		
Principal occupation / Job title (See Instructions) Chief Executive Officer		Employer (See Instructions) Laredo Medical Center
Date 04/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Williams, Sheri (Ms.)	Amount of Contribution (\$) \$175.00
Contributor address; City; State; Zip Code  Seguin, TX 78155		
Principal occupation / Job title (See Instructions) Chief Operating Officer		Employer (See Instructions) Guadalupe Regional Medical Ctr
Date 04/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Willmann, Adam (Mr.)	Amount of Contribution (\$) \$62.50
Contributor address; City; State; Zip Code  Clifton, TX 76634		
Principal occupation / Job title (See Instructions) President / CEO		Employer (See Instructions) Goodall-Witcher Healthcare
Date 05/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Willson, Megan (Mr.)	Amount of Contribution (\$) \$4.81
Contributor address; City; State; Zip Code  Abilene, TX 79601		
Principal occupation / Job title (See Instructions) Healthcare Professional		Employer (See Instructions) Hendrick Medical Center

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 64/65 Rpt: 70/80
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 05/22/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Willson, Megan (Mr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Abilene, TX 79601	
<b>8</b> Principal occupation / Job title (See Instructions) Healthcare Professional		<b>9</b> Employer (See Instructions) Hendrick Medical Center
Date 04/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wohleb, Stephen (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Austin, TX 78701	
Principal occupation / Job title (See Instructions) General Counsel		Employer (See Instructions) Texas Hospital Association
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wohleb, Stephen (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Austin, TX 78701	
Principal occupation / Job title (See Instructions) General Counsel		Employer (See Instructions) Texas Hospital Association
Date 05/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wood, Adam (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Abilene, TX 79601	
Principal occupation / Job title (See Instructions) System Assistant Vice President Supply Chain		Employer (See Instructions) Hendrick Medical Center
Date 05/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wood, Adam (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Abilene, TX 79601	
Principal occupation / Job title (See Instructions) System Assistant Vice President Supply Chain		Employer (See Instructions) Hendrick Medical Center

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 65/65 Rpt: 71/80
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 05/12/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wren, Jason (Mr.)	<b>7</b> Amount of Contribution (\$) \$500.00
	<b>6</b> Contributor address; City; State; Zip Code  Decatur, TX 76234	
<b>8</b> Principal occupation / Job title (See Instructions) Chief Executive Officer		<b>9</b> Employer (See Instructions) Medical City Decatur
Date 05/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Yancey, Janay (Ms.)	Amount of Contribution (\$) \$29.00
	Contributor address; City; State; Zip Code  Woodville, TX 75979	
Principal occupation / Job title (See Instructions) Chief Operating Officer		Employer (See Instructions) Tyler County Hospital
Date 04/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Zamarron, Ignacio (Mr.)	Amount of Contribution (\$) \$83.34
	Contributor address; City; State; Zip Code  Austin, TX 78701	
Principal occupation / Job title (See Instructions) Senior Vice President / CFO		Employer (See Instructions) Texas Hospital Association
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Zamarron, Ignacio (Mr.)	Amount of Contribution (\$) \$83.34
	Contributor address; City; State; Zip Code  Austin, TX 78701	
Principal occupation / Job title (See Instructions) Senior Vice President / CFO		Employer (See Instructions) Texas Hospital Association

# MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C3

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule C3: Sch: 1/1 Rpt: 72/80
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 05/03/2024	<b>5</b> Corporation / Labor Organization name Texas Hospital Association	<b>6</b> Amount (\$) 775.00



# NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE **C4**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule C4: Sch: 1/1 Rpt: 73/80
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 05/25/2024	<b>5</b> Corporation / Labor Organization name Texas Hospital Association	<b>6</b> Amount (\$) 4,200.00

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/6 Rpt: 74/80	<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital	<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 05/03/2024	<b>5</b> Payee name Ann Johnson Campaign	
<b>6</b> Amount (\$) \$3,000.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code PO Box 56386  Houston, TX 77256	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 05/03/2024	Payee name Armando Walle Campaign	
Amount (\$) \$4,000.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 4826 Hollybrook Lane  Houston, TX 77039	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 05/02/2024	Payee name Frost Bank	
Amount (\$) \$53.35  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 1727  Austin, TX 78767	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 2/6 Rpt: 75/80	<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital	<b>3</b> Filer ID (Ethics Commission Filers) 00015794
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<b>4</b> Date 05/03/2024	<b>5</b> Payee name Frost Bank
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<b>6</b> Amount (\$) \$84.55  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code PO Box 1727  Austin, TX 78767
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fees
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 05/03/2024	Payee name Frost Bank
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Amount (\$) \$19.95  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 1727  Austin, TX 78767
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fees
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 05/03/2024	Payee name Giovanni Capriglione Campaign
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Amount (\$) \$2,500.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P O Box 92007  Southlake, TX 76092
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 3/6 Rpt: 76/80	<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital	<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 05/10/2024	<b>5</b> Payee name Hyatt Dallas	
<b>6</b> Amount (\$) \$607.62  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 300 Reunion Blvd  Dallas, TX 75207	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense In kind: lodging for candidate meet & greet event
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/10/2024	Payee name Jimmy Blacklock Campaign	
Amount (\$) \$1,000.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P O Box 1588  Austin, TX 78765	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/26/2024	Payee name Justice Jane Bland Campaign	
Amount (\$) \$1,000.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P O Box 217  Austin, TX 78767	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 4/6 Rpt: 77/80	<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital	<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 05/03/2024	<b>5</b> Payee name Lacey Hull Campaign	
<b>6</b> Amount (\$) \$2,000.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code PO Box 19231  Houston, TX 77724	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/26/2024	Payee name Stripe	
Amount (\$) \$855.41  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 354 Oyster Point Blvd  South San Francisco, CA 94080	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing fees for processing multiple credit card contributions 4/26-5/24/24
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/06/2024	Payee name Stripe	
Amount (\$) \$0.63  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 354 Oyster Point Blvd  South San Francisco, CA 94080	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 5/6 Rpt: 78/80	<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital	<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 05/13/2024	<b>5</b> Payee name Stripe	
<b>6</b> Amount (\$) \$2.18  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 354 Oyster Point Blvd  South San Francisco, CA 94080	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fees
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/20/2024	Payee name Stripe	
Amount (\$) \$3.07  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 354 Oyster Point Blvd  South San Francisco, CA 94080	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/22/2024	Payee name Stripe	
Amount (\$) \$0.67  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 354 Oyster Point Blvd  South San Francisco, CA 94080	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense  | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking   | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense   | Food/Beverage Expense         | Polling Expense                | Travel in District                         |
| Contributions/ Donations Made By -<br>Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out of District                     |
| Credit Card Payment  | Legal Services                | Salaries/Wages/Contract Labor  | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 6/6 Rpt: 79/80	<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital	<b>3</b> Filer ID (Ethics Commission Filers) 00015794
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<b>4</b> Date 05/03/2024	<b>5</b> Payee name Suleman Lalani Campaign
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<b>6</b> Amount (\$) \$1,500.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code PO Box 6514  Houston, TX 77265
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 05/10/2024	Payee name The Austin Club
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Amount (\$) \$137.92  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 110 East 9th St  Austin, TX 78701
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense In kind: candidate fundraiser
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# UNPAID INCURRED OBLIGATIONS

# SCHEDULE F2

### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F2: Sch: 1/1 Rpt: 80/80	<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital	<b>3</b> Filer ID (Ethics Commission Filers) 00015794
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<b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
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<b>5</b> Date 05/15/2024	<b>6</b> Payee name Atchley & Associates LLP
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<b>7</b> Amount (\$) \$825.00	<b>8</b> Payee address; City; State; Zip Code 1105 La Posada Dr Austin, TX 78752
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Expenditure from corporate funds

<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PAC accounting and reporting services
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<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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