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

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MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

2 COMMITTEE NAME	-			13 Filer ID	(Ethics Commission Filers)
The Political Action Cor	nmittee of the Texas H	ospital Association		00015794	Į.
4 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Mr. Arthur	D. Wharton State F	Representativ	re
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
5 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS N	POLITICAL CONTRIBUTION POLITICAL CONTRIBUTION POLITICAL	NS, ÒR	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLEI	L CONTRIBUTIONS DGES, LOANS, OR GUARAN	NTEES OF LOANS)	\$	29,331.53
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES				0.00
	4. TOTAL POLITICA	L EXPENDITURES		\$	17,590.35
CONTRIBUTION BALANCE	5. TOTAL POLITICAL (OF THE REPORTIN	CONTRIBUTIONS MAINTAIN G PERIOD	NED AS OF THE LAST	DAY \$	152,659.62
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTAN REPORTING PERIOD	IDING LOANS AS OF	THE \$	0.00
6 AFFIDAVIT	•			<u> </u>	
		true and corre			accompanying report is d to be reported by me
			Ms. Ca	urrie Kroll	
			Signature of Ca	mpaign Treas	urer
AFFIX NOTARY	STAMP / SEAL ABOVE				
				his the	day
of	_, 20, to certify \	vhich, witness my hand and	seal of office.		
Signature of officer ad	ministering oath	Printed name of officer admi	nistering oath	Title of offi	cer administering oath

MONTHLY FILING GPAC REPORT: PURPOSE

FORM MPAC **ADDENDUM**

L2 COMMITTEE NAME				13 Filer ID (Ethics Commission Filers)
The Political Action Comm	nittee of the Texas Ho	ospital Associa	ation	00015794
L4 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		The Honorable Jane N. Bland S	Supreme Court Justice
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. Measures	A. Supported		
	(Describe by date and location of election and nature of issue.)			
		B. Opposed		
	3. Officeholders Assisted (Identify by name or, if			
	applicable, classify by party.)	<u> </u>		
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		The Honorable Armando L. Wal	lle State Representative
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	Officeholders Assisted (Identify by name or, if applicable, classify by party.))		
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		The Honorable Giovanni S. Cap	origlione State Representative
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	3. Officeholders Assisted			
	(Identify by name or, if applicable, classify by party.)	,		

MONTHLY FILING GPAC REPORT: PURPOSE

FORM MPAC **ADDENDUM**

					Page 4 of 80
2 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
he Political Action Comm	nittee of the Texas Ho			00015794	
L4 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		The Honorable Ann Johnson	State Represen	tative
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures	A. Supported			
	(Describe by date and location of election and nature of issue.)				
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if				
	applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		The Honorable Suleman Lala	ıni State Repres	entative
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		The Honorable Lacey M. Hull	State Represer	ntative
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if				
	applicable, classify by party.)				

MONTHLY FILING GPAC REPORT: PURPOSE

FORM MPAC ADDENDUM

					Page 5 of 80
12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
The Political Action Com	mittee of the Texas Ho	nsnital Associa	ation	00015794	(Eulica Colliniission Fiicis)
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	The Honorable James D. Black		Court Justice
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted				
	(Identify by name or, if applicable, classify by party.)				

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

					6 of 80
17 CO	MMITTE	EE NAME	18 Filer ID	(Ethics C	ommission Filers)
Th	e Politio	cal Action Committee of the Texas Hospital Association	00015794		
l		E SUBTOTALS		SUF	BTOTAL AMOUNT
NA	ME OF	SCHEDULE			, , , , , , , , , , , , , , , , , , ,
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	24,356.53
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		\$			
5.		\$			
6.	X	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$	775.00
7.	X	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$	4,200.00
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (ORGANIZATION	\$	
9.		SCHEDULE E: LOANS		\$	
10.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$	16,765.35
11.	Х	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	825.00
12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
13.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

	MONEI	ARY POLITICAL C	ONTRIBUTION	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 1/65 Rpt: 7/80	
2	FILER NAME				1	Filer ID (Ethics Commission	n Filers)
	The Political	Action Committee of the Texa	s Hospital Association			00015794	
4	Date 05/16/2024	5 Full name of contributor Adrian, Matt (Mr.)6 Contributor address; City; States	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$350.00
		Plano, TX 75024					
8	Principal occu	I	9	Employer (See Instructions	<u>l</u> s)		
		eneral Counsel		Community Hospital Co		ration	
	Date	Full name of contributor	Out of state DAC (ID#)	,	÷	Amount of Contribution (\$)	
	04/29/2024	Amador, Dolores (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Continuation (\$)	\$1.00
		Georgetown, TX 78633					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions			
	Claims Mana	ager		Texas Hospital Insuranc	ce E	xchange	
	Date 05/24/2024	Full name of contributor Amador, Dolores (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$1.00
		Georgetown, TX 78633					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Claims Mana	ager		Texas Hospital Insurance Exchange			
	Date 05/18/2024	Full name of contributor Ambrose, Ryan (Mr.) Contributor address; City; Sta Houston, TX 77024	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$20.50
	•	pation / Job title (See Instructions)		Employer (See Instructions			
	Director Fed	eral and State Relations		Memorial Hermann Hea	alth :	System	
	Date 04/29/2024	Full name of contributor Andersen, Daniel (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$14.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)		
	VP Underwri	iting & Business Development		Texas Hospital Insuranc	ce E	xchange	

	MONEI	ARY POLITICAL CON	TRIBUTION	IS		SCHEDULI	E A1
	The Instru	ction Guide explains how to c	omplete this for	m.	1	Total pages Schedule A1: Sch: 2/65 Rpt: 8/80	
2	FILER NAME The Political	Action Committee of the Texas Ho	spital Association		3	Filer ID (Ethics Commission 00015794	n Filers)
4	Date 05/24/2024				7	Amount of Contribution (\$)	\$14.00
_	Deinsinal assu	<u> </u>	la.	Franks on (Cook books onto	<u></u>		
8		pation / Job title (See Instructions) ting & Business Development	٩	Employer (See Instructions Texas Hospital Insurance		Evchange	
	Date 05/22/2024		t-of-state PAC (ID#:)		Amount of Contribution (\$)	\$19.23
		Abilene, TX 79601					
		pation / Job title (See Instructions)		Employer (See Instructions			
	Director Legi	islative and Public Policy		Hendrick Medical Cente	r		
	Date Full name of contributor out-of-state PAC (ID# 05/08/2024 Archibald, Norman (Mr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$19.23
		Abilene, TX 79601					
	·	pation / Job title (See Instructions) islative and Public Policy		Employer (See Instructions Hendrick Medical Cente			
	Date 05/12/2024	Full name of contributor ou Bagchi, Sam (Dr.) Contributor address; City; State; Zi	t-of-state PAC (ID#: p Code			Amount of Contribution (\$)	\$165.00
		pation / Job title (See Instructions) Clinical Officer		Employer (See Instructions CHRISTUS Health	5)		
	Date 05/17/2024	Full name of contributor ou Ballew, Joel (Mr.) Contributor address; City; State; Zi Arlington, TX 76011	t-of-state PAC (ID#: p Code			Amount of Contribution (\$)	\$41.50
		pation / Job title (See Instructions)		Employer (See Instructions			
	VP Governm	ent & Community Affairs		Texas Health Resources	S		

	MONEI	ARY POLITICAL CO	ONTRIBUTION	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how to	o complete this for	m.	1	Total pages Schedule A1: Sch: 3/65 Rpt: 9/80	
2	FILER NAME	Action Committee of the Texas	Hospital Association		3	Filer ID (Ethics Commission 00015794	n Filers)
4			_		-		
4	Date 04/29/2024	Full name of contributor Banda, Jennifer (Ms.) Contributor address; City; State	out-of-state PAC (ID#:		′	Amount of Contribution (\$)	\$41.00
		Austin, TX 78701					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Senior VP A	dvocacy & Public Policy		Texas Hospital Associat	ion		
	Date 05/24/2024	Full name of contributor Banda, Jennifer (Ms.) Contributor address; City; State	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$41.00
		Austin, TX 78701					
		pation / Job title (See Instructions)		Employer (See Instructions			
	Senior VP A	dvocacy & Public Policy		Texas Hospital Associat	ion		
	Date Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$500.00	
		Borger, TX 79007					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Chief Execut	tive Officer		Golden Plains Community Hospital			
	Date 05/08/2024	Full name of contributor Baty, Krista (Ms.) Contributor address; City; State Brownwood, TX 76801	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$27.50
	•	pation / Job title (See Instructions) istrative Officer		Employer (See Instructions Hendrick Medical Cente	-		
	Date 05/22/2024	Full name of contributor Baty, Krista (Ms.) Contributor address; City; State Brownwood, TX 76801	out-of-state PAC (ID#:;			Amount of Contribution (\$)	\$27.50
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Chief Admini	istrative Officer		Hendrick Medical Cente	r		
			•				

	MONEI	ARY POLITICAL CONTRIBUTION	Or	NS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 4/65 Rpt: 10/80	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	The Political	Action Committee of the Texas Hospital Association	on			00015794	
4	Date 04/29/2024	 5 Full name of contributor)	7	Amount of Contribution (\$)	\$8.00
_		Austin, TX 78701	1-				
8		pation / Job title (See Instructions)	9	Employer (See Instructions			
	Sr Dir Gover	nance & Exec Administration		Texas Hospital Associat	ior		
	Date 05/24/2024	Full name of contributor				Amount of Contribution (\$)	\$8.00
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	()		
	Sr Dir Gover	nance & Exec Administration		Texas Hospital Associat	ior		
	Date Full name of contributor out-of-state PAC (04/29/2024 Bell, Jeff (Mr.) Contributor address; City; State; Zip Code		:			Amount of Contribution (\$)	\$4.00
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions)	Т	Employer (See Instructions	<u> </u>		
		rporate Relations	THA Foundation				
	Date 05/24/2024	Full name of contributor out-of-state PAC (ID# Bell, Jeff (Mr.) Contributor address; City; State; Zip Code Austin, TX 78701	:)		Amount of Contribution (\$)	\$4.00
Pr M Da Os Os Os Os Os Os Os O	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Manager Co	rporate Relations		THA Foundation			
	Date 05/08/2024	Full name of contributor out-of-state PAC (ID# Benham, Bradley (Mr.) Contributor address; City; State; Zip Code Abilene, TX 79601	:			Amount of Contribution (\$)	\$9.62
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	()		
	VP HMC Fou	undation		Hendrick Medical Cente	r		
			•				

	MONEI	ARY POLITICAL CO	NIRIBUTION	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to	complete this for	m.	1	Total pages Schedule A1: Sch: 5/65 Rpt: 11/80	
2	FILER NAME				3	•	Filers)
	The Political	Action Committee of the Texas F	Hospital Association			00015794	
4	Date 05/22/2024	5 Full name of contributor Benham, Bradley (Mr.)6 Contributor address; City; State;	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$9.62
		Abilene, TX 79601					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	<u></u>		
	VP HMC Fou	undation		Hendrick Medical Cente	r		
	Date 05/08/2024	Bessent, Brian (Mr.)	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$32.50
		Abilene, TX 79601					
				Employer (See Instructions			
VP / Chiei Str		trategy & Experience Officer		Hendrick Medical Cente	r		
	Date Full name of contributor out-of-state PAC (ID 05/22/2024 Bessent, Brian (Mr.) Contributor address; City; State; Zip Code		out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$32.50
		Abilene, TX 79601					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u></u> 5)		
	VP / Chief St	trategy & Experience Officer		Hendrick Medical Cente	r		
	Date 04/30/2024	Full name of contributor Blake, Daphne (Ms.) Contributor address; City; State; Seguin, TX 78155	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
Principal occupation / Job title (See Instructions) VP / Chief Strategy & Experience Officer Date		Employer (See Instructions	5)				
	Chief Nursin	g Officer		Guadalupe Regional Me	edic	cal Ctr	
		Booth, Donny (Mr.) Contributor address; City; State;	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$41.67
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Chief Execut	tive Officer		Permian Regional Medio	cal	Center	
			•				

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 6/65 Rpt: 12/80	
2	FILER NAME The Political	Action Committee of the Texa	as Hospital Association		3	Filer ID (Ethics Commission 00015794	n Filers)
4	Date 05/08/2024	5 Full name of contributor Bowden, Sherri (Ms.)6 Contributor address; City; St	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	\$3.85
_	Data dis al accord	Abilene, TX 79601	, I	• Farala and October the street in the	<u> </u>		
8		pation / Job title (See Instructions monary Services)	9 Employer (See Instructions Hendrick Medical Center			
	Date 05/22/2024	Full name of contributor Bowden, Sherri (Ms.) Contributor address; City; St	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$3.85
	Data dis al acces	Abilene, TX 79601	, I	Faralas en (Os a la desertiona	<u> </u>		
		pation / Job title (See Instructions nonary Services)	Employer (See Instructions Hendrick Medical Cente			
	Date 04/27/2024	D4/27/2024 Bradley, Denise (Ms.) Contributor address; City; State; Zip Code		•	Amount of Contribution (\$)	\$41.00	
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions	s) 				
		g & Corporate Affairs	,	Employer (See Instructions St. David's HealthCare	۰)		
	Date 05/15/2024	Full name of contributor Brockman, Vicki (Ms.) Contributor address; City; St Cleburne, TX 76033	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$175.00
	Principal occu Chief Nursir	pation / Job title (See Instructions ng Officer		Employer (See Instructions Texas Health Harris Me		dist Hospital Cleburne	
	Date 05/08/2024	Full name of contributor Brockway, Toni (Ms.) Contributor address; City; St Abilene, TX 79601	out-of-state PAC (ID#:_		•	Amount of Contribution (\$)	\$5.00
		pation / Job title (See Instructions)	Employer (See Instructions			
	Director of W	/orkforce Dev		Hendrick Medical Cente	er —		

	MONET	ARY POLITICAL CONT	RIBUTION	S		SCHEDULE	A1
	The Instru	ction Guide explains how to com	plete this form	n.	1	Total pages Schedule A1: Sch: 7/65 Rpt: 13/80	
2	FILER NAME The Political	Action Committee of the Texas Hospit	al Association		3	Filer ID (Ethics Commission 00015794	Filers)
4	Date 05/22/2024	Brockway, Toni (Ms.)	state PAC (ID#:)	7	Amount of Contribution (\$)	\$5.00
_		Abilene, TX 79601					
8		pation / Job title (See Instructions) /orkforce Dev	9	Employer (See Instructions Hendrick Medical Cente			
	Date 05/08/2024	Full name of contributor out-of-Broderick, Treva (Ms.) Contributor address; City; State; Zip C)		Amount of Contribution (\$)	\$4.81
	Dringing agg	Abilene, TX 79601 pation / Job title (See Instructions)		Employer (See Instructions	_		
	•	ce President Clinical Svs		Hendrick Medical Cente			
	Date 05/22/2024)		Amount of Contribution (\$)	\$4.81
		Abilene, TX 79601					
		pation / Job title (See Instructions) ce President Clinical Svs		Employer (See Instructions Hendrick Medical Cente			
	Date 05/08/2024	Calvo, Raul (Mr.))		Amount of Contribution (\$)	\$2.50
	Principal occu Board Vice C	pation / Job title (See Instructions) Chair		Employer (See Instructions Hendrick Medical Cente			
	Date 05/22/2024	Calvo, Raul (Mr.))		Amount of Contribution (\$)	\$2.50
	Principal occu Board Vice (pation / Job title (See Instructions)		Employer (See Instructions Hendrick Medical Cente			
	DOGIU VICE C	ziiaii		TIGHTUNCK MEUICAL CENTE	-		

	MONET	ARY POLITICAL CONTRIBUT	ION	NS .		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete thi	s for	m.	1	Total pages Schedule A1: Sch: 8/65 Rpt: 14/80	
2	FILER NAME	Astion Committee of the Tours Heavier Association	4:		3	Filer ID (Ethics Commission	n Filers)
	The Political	Action Committee of the Texas Hospital Associa	ition		L	00015794	
4	Date 05/08/2024	5 Full name of contributor out-of-state PAC (II Camacho, Precilla (Ms.)	D#:)	7	Amount of Contribution (\$)	\$3.85
	03/03/2024	6 Contributor address; City; State; Zip Code					Ψ0.00
		Abilene, TX 79601					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	s)		
	Nurse			Hendrick Medical Cente	er		
_	Date	Full name of contributor out-of-state PAC (II	D#:)		Amount of Contribution (\$)	
	05/22/2024	Camacho, Precilla (Ms.)					\$3.85
		Contributor address; City; State; Zip Code			1		
		Abilene, TX 79601					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	2) 		
	Nurse	paner, vez ane (eee mendenere)		Hendrick Medical Cente			
	Date	Full name of contributor ut-of-state PAC (II	D#:		Т	Amount of Contribution (\$)	
	05/08/2024	Canada, Kirk (Mr.)	D#			γιποαπε οι Continuation (φ)	\$30.00
		Contributor address; City; State; Zip Code					
		Abilene, TX 79601					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Chief Operat	ting Office / System VP		Hendrick Medical Cente	er		
	Date	Full name of contributor out-of-state PAC (II	D#:)		Amount of Contribution (\$)	
	05/22/2024	Canada, Kirk (Mr.)					\$30.00
		Contributor address; City; State; Zip Code					
		Abilene, TX 79601					
	•	pation / Job title (See Instructions) ting Office / System VP		Employer (See Instructions Hendrick Medical Cente			
	Date	Full name of contributor ut-of-state PAC (II	<u> </u>)	Т	Amount of Contribution (\$)	
	05/24/2024	Carter, Lauren (Ms.)				(+)	\$37.50
		Contributor address; City; State; Zip Code					
		Seguin, TX 78155					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions			
	VP of Physic	cian Services		Guadalupe Regional Me	edio	cal Ctr	
				<u> </u>			

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 9/65 Rpt: 15/80	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	The Political	Action Committee of the Texa				00015794	
4	Date 05/08/2024	5 Full name of contributor Casey, Mary (Ms.)6 Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code)	7	Amount of Contribution (\$)	\$3.85
		Abilene, TX 79601					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	<u>. </u>		
	Healthcare F			Hendrick Medical Cente			
	Date	Full name of contributor	out-of-state PAC (ID#:)	Π	Amount of Contribution (\$)	
	05/22/2024	Casey, Mary (Ms.)	out of state 1 710 (15#	<i></i>		γ unduit of Continuation (φ)	\$3.85
		Contributor address; City; Sta	tte; Zip Code				40.00
		Abilene, TX 79601					
		pation / Job title (See Instructions)		Employer (See Instructions			
	Healthcare Professional		Hendrick Medical Cente	r			
	Date 05/08/2024	Full name of contributor Cates, Boyd (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code)		Amount of Contribution (\$)	\$1.00
		Abilene, TX 79601					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>. </u>		
	Diagnostic T	echnologist		Hendrick Medical Cente	r		
	Date	Full name of contributor	out-of-state PAC (ID#:)	Г	Amount of Contribution (\$)	
	05/22/2024	Cates, Boyd (Mr.) Contributor address; City; Sta Abilene, TX 79601					\$1.00
	Principal occu Diagnostic T	pation / Job title (See Instructions) echnologist		Employer (See Instructions Hendrick Medical Cente	•		
	Date 05/09/2024	Full name of contributor Cavin, Kyle (Mr.)	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
		Contributor address; City; Sta Dallas, TX 75219	ite; Zip Code				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Assistant Ad	ministrator Patient Srvcs		Scottish Rite For Childre	en		
			·				

	MONET	ARY POLITICAL CONTRIBUT	ION	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete thi	s for	m.	1	Total pages Schedule A1: Sch: 10/65 Rpt: 16/80	
2	FILER NAME The Political	Action Committee of the Texas Hospital Associa	ation		3	Filer ID (Ethics Commission 00015794	n Filers)
4	Date 04/29/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$2.00
_	Daine die al access	Austin, TX 78701		Familia de Constitución de	<u></u>		
8	Sr. Payroll A	pation / Job title (See Instructions) dministrator	9	Employer (See Instructions Texas Hospital Associat		1	
	Date 05/24/2024	Full name of contributor out-of-state PAC (II Cazares, Diana (Ms.) Contributor address; City; State; Zip Code	D#:)	•	Amount of Contribution (\$)	\$1.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Sr. Payroll A			Texas Hospital Associat		1	
	Date 05/09/2024	Full name of contributor out-of-state PAC (II Christopher, Norman (Mr.) Contributor address; City; State; Zip Code	D#:		•	Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
		Pediatric Emergency Srvcs		CHRISTUS Children's	,		
	Date 05/10/2024	Full name of contributor out-of-state PAC (II Clevenger, Erin (Ms.) Contributor address; City; State; Zip Code Port Lavaca, TX 77979)		Amount of Contribution (\$)	\$29.17
	'	pation / Job title (See Instructions) / CNO / Clinical Services Administrator		Employer (See Instructions Memorial Medical Cente			
	Date 05/02/2024	Full name of contributor out-of-state PAC (II Coleman, Shane (Mr.) Contributor address; City; State; Zip Code Mineral Wells, TX 76067)		Amount of Contribution (\$)	\$41.00
	Principal occu Chief Operat	pation / Job title (See Instructions)		Employer (See Instructions Palo Pinto General Hos			
	Siliei Operat	ung Onicei		T AIO T IIILO GEHELAI FIUS	Pile		

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDULE	■ A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 11/65 Rpt: 17/80	
2	FILER NAME The Political	Action Committee of the Texas	s Hospital Association		3	Filer ID (Ethics Commission 00015794	Filers)
4	Date 05/16/2024	5 Full name of contributor [Collins, Chad (Mr.)6 Contributor address; City; Sta	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$14.50
_	<u> </u>	Plano, TX 75093	T.		Ĺ		
8		pation / Job title (See Instructions) ent Operations	9	 Employer (See Instructions Texas Health Presbyteri 		Hospital Plano	
	Date 05/08/2024	Full name of contributor [Conger, Cody (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$4.00
		Abilene, TX 79601			<u>L</u>		
		pation / Job title (See Instructions) tor Invasive Cardiology		Employer (See Instructions Hendrick Medical Cente			
	Health Director, Invasive Cardiology Date Full name of contributor Out-of-state PAC (IE		out-of-state PAC (ID#:	Tiendrick Wedical Certie	· ·	Amount of Contribution (\$)	
	05/22/2024	Conger, Cody (Mr.) Contributor address; City; Sta	<u> </u>			, another of Continuous (t)	\$4.00
		Abilene, TX 79601					
		pation / Job title (See Instructions) tor, Invasive Cardiology		Employer (See Instructions Hendrick Medical Cente			
	Date 05/08/2024	Full name of contributor Connell, Jessica (Ms.) Contributor address; City; Sta Brownwood, TX 76804	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$4.81
	Principal occu Chief Nursin	pation / Job title (See Instructions) g Officer		Employer (See Instructions Hendrick Medical Cente			
	Date 05/22/2024	Full name of contributor Connell, Jessica (Ms.) Contributor address; City; Sta Brownwood, TX 76804	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$4.81
	Principal occu Chief Nursin	pation / Job title (See Instructions) g Officer		Employer (See Instructions Hendrick Medical Cente			

	MONEI	ARY POLITICAL CONT	RIBUTION	IS		SCHEDULE	A1
	The Instru	ction Guide explains how to cor	nplete this for	n.	1	Total pages Schedule A1: Sch: 12/65 Rpt: 18/80	
2	FILER NAME The Political	Action Committee of the Texas Hospi	tal Association		3	Filer ID (Ethics Commission 00015794	Filers)
4	Date 04/29/2024	 5 Full name of contributor out-o out-o Conner, Cecil (Mr.) 6 Contributor address; City; State; Zip 0 	f-state PAC (ID#:)	7	Amount of Contribution (\$)	\$4.00
0	Dringing aggr	Austin, TX 78731	lo.	Employer (See Instructions	·/		
8		pation / Job title (See Instructions) ement Advisor	9	Employer (See Instructions Texas Hospital Insurance		Exchange	
	Date 05/24/2024		f-state PAC (ID#:			Amount of Contribution (\$)	\$4.00
		Austin, TX 78731			<u></u>		
		pation / Job title (See Instructions) ement Advisor		Employer (See Instructions Texas Hospital Insurance		Evchange	
				Texas Hospital Insuland	,		
	Date 05/08/2024	Contributor address; City; State; Zip C	f-state PAC (ID#: Code)		Amount of Contribution (\$)	\$1.92
		Abilene, TX 79601					
		pation / Job title (See Instructions) afety, Infection Preventionist, Perf Imp	orov	Employer (See Instructions Hendrick Medical Cente			
	Date 05/22/2024	Full name of contributor out-o Contreras, Rosendo (Ms.) Contributor address; City; State; Zip C	f-state PAC (ID#:)		Amount of Contribution (\$)	\$1.93
	·	pation / Job title (See Instructions)	arov	Employer (See Instructions Hendrick Medical Cente	•		
_	Date 04/29/2024	Full name of contributor out-o Cook, Kenneth (Mr.) Contributor address; City; State; Zip Countributor address; City; City; State; Zip Countributor address; City;	f-state PAC (ID#:)		Amount of Contribution (\$)	\$2.00
	Principal occu IT Director	pation / Job title (See Instructions)		Employer (See Instructions THA Foundation	5)		

	MONET	ARY POLITICAL CON	TRIBUTION	S		SCHEDULE	A1
	The Instru	ction Guide explains how to co	omplete this forr	n.	1	Total pages Schedule A1: Sch: 13/65 Rpt: 19/80	
2	FILER NAME The Political	Action Committee of the Texas Hos	pital Association		3	Filer ID (Ethics Commission 00015794	Filers)
4	Date 05/24/2024	Cook, Kenneth (Mr.)	o Code		7	Amount of Contribution (\$)	\$2.00
_		Austin, TX 78701	T ₂				
8	Principal occu IT Director	pation / Job title (See Instructions)	9	Employer (See Instructions THA Foundation	i) 		
	Date 05/08/2024	Full name of contributor out Cooper, David (Mr.) Contributor address; City; State; Zip				Amount of Contribution (\$)	\$3.85
	Dringing agg	Abilene, TX 79601	i	Employer (See Instructions	_		
	Lab Supervis	pation / Job title (See Instructions) sor		Hendrick Medical Cente			
	Date 05/22/2024	Full name of contributor out Cooper, David (Mr.) Contributor address; City; State; Zip	-of-state PAC (ID#:			Amount of Contribution (\$)	\$3.85
		Abilene, TX 79601					
	Principal occu Lab Supervis	pation / Job title (See Instructions) sor		Employer (See Instructions Hendrick Medical Cente			
	Date 04/29/2024	Full name of contributor out Costilla, Nina (Ms.) Contributor address; City; State; Zip Austin, TX 78701				Amount of Contribution (\$)	\$2.00
	•	pation / Job title (See Instructions) ects Manager		Employer (See Instructions THA Foundation	5)		
	Date 05/24/2024	Costilla, Nina (Ms.)				Amount of Contribution (\$)	\$2.00
	•	pation / Job title (See Instructions) ects Manager		Employer (See Instructions THA Foundation)		
			l				

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDUI	E A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 14/65 Rpt: 20/80	
2	FILER NAME				3	Filer ID (Ethics Commission	on Filers)
	The Political	Action Committee of the Texas	Hospital Association			00015794	
4	Date 04/29/2024	Full name of contributor Cotton, Corey (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)	7	Amount of Contribution (\$)	\$20.00
		Austin, TX 78701	l.				
8		pation / Job title (See Instructions)	9	Employer (See Instructions			
	VP Member	Solutions		Texas Hospital Associat	tion		
	Date 05/24/2024	Full name of contributor [Cotton, Corey (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)	•	Amount of Contribution (\$)	\$20.00
		Austin, TX 78701					
		pation / Job title (See Instructions)		Employer (See Instructions			
	VP Member	Solutions		Texas Hospital Associat	tion		
	Date 05/08/2024	Full name of contributor [Cowling, Phyllis (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$2,500.00
		Wichita Falls, TX 76301					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	President &	CEO		United Regional Health	Ca	re System	
	Date 04/29/2024	Full name of contributor Dale, Vicki (Ms.) Contributor address; City; Sta Austin, TX 78701	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$20.00
	•	pation / Job title (See Instructions) of Business Services		Employer (See Instructions THA Foundation	s)		
	Date 05/24/2024	Full name of contributor Dale, Vicki (Ms.) Contributor address; City; Sta Austin, TX 78701	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$20.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Sr. Director of	of Business Services		THA Foundation			
			•				

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDULE	A1
	The Instruc	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 15/65 Rpt: 21/80	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	The Political	Action Committee of the Texa	s Hospital Association			00015794	
4	Date 04/29/2024	 5 Full name of contributor Davenport, Chad (Mr.) 6 Contributor address; City; Sta 	out-of-state PAC (ID#: tte; Zip Code)	7	Amount of Contribution (\$)	\$2.00
		Georgetown, TX 78633					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	<u></u> S)		
	Accounting S	Specialist		Texas Hospital Insuranc	ce E	Exchange	
	Date 05/24/2024	Full name of contributor Davenport, Chad (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code)	•	Amount of Contribution (\$)	\$2.00
		Georgetown, TX 78633					
		pation / Job title (See Instructions)		Employer (See Instructions			
	Accounting S	Specialist 		Texas Hospital Insuranc	ce E	Exchange	
	Date 04/29/2024	Full name of contributor Davila, Leslie (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code)		Amount of Contribution (\$)	\$20.00
		Georgetown, TX 78633					
		pation / Job title (See Instructions)		Employer (See Instructions			
	Receptionist			Texas Hospital Insuranc	ce E	xcnange 	
	Date 05/24/2024	Full name of contributor Davila, Leslie (Ms.) Contributor address; City; Sta Georgetown, TX 78633	out-of-state PAC (ID#: tte; Zip Code)		Amount of Contribution (\$)	\$20.00
	Principal occu Receptionist	pation / Job title (See Instructions)		Employer (See Instructions Texas Hospital Insurance		Exchange	
	Date 05/08/2024	Full name of contributor Davis, John (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$3.85
		pation / Job title (See Instructions)		Employer (See Instructions			
	Director Card	diopulmonary		Cuero Regional Hospita	ıl		

	MONEI	ARY POLITICAL (CONTRIBUTIO	N	S		SCHEDULI	E A1
	The Instru	ction Guide explains how	to complete this fo	orn	n.	1	Total pages Schedule A1: Sch: 16/65 Rpt: 22/80	
2	FILER NAME					3	Filer ID (Ethics Commission	r Filers)
		Action Committee of the Texa	as Hospital Association	l			00015794	
4	Date 05/06/2024	5 Full name of contributorDavis, Steven (Dr.)6 Contributor address; City; St	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$350.00
	Drivainal	Fort Worth, TX 76104	x 1		Family on (Cool Instruction			
8		pation / Job title (See Instructions		9	Employer (See Instructions	5)		
	Critical Care	Physician - Chairman Interna	і меа		JPS Health Network			
	Date 04/29/2024	Full name of contributor De La Garza-Barone, Hea Contributor address; City; St)		Amount of Contribution (\$)	\$2.00
		Austin, TX 78701						
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Associate General Counsel Texas Hospital Ass		Texas Hospital Associat	ion				
	Date 05/24/2024	Full name of contributor De La Garza-Barone, Hea Contributor address; City; St					Amount of Contribution (\$)	\$2.00
		Austin, TX 78701						
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>. </u>		
		eneral Counsel	,		Texas Hospital Associat			
	Date	Full name of contributor	out-of-state PAC (ID#:				Amount of Contribution (\$)	
	05/09/2024	DeLeon, Joseph (Mr.) Contributor address; City; St Fort Worth, TX 76104					Amount of Continuation (C)	\$250.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	President				Texas Health Harris Me	tho	dist Hospital Fort Worth	
	Date 04/30/2024	Full name of contributor DeYoung, Peter (Dr.)	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$41.00
		Contributor address; City; St Austin, TX 78758	ate; Zip Code					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	()		
	Chief Medica	al Officer			St Davids North Austin N	Иe	dical Center	

	MONET	ARY POLITICAL CONTRIB	BUTION	IS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complet	e this for	n.	1	Total pages Schedule A1: Sch: 17/65 Rpt: 23/80	
2	FILER NAME The Political	Action Committee of the Texas Hospital As	ssociation		3	Filer ID (Ethics Commission 00015794	n Filers)
4	Date 05/08/2024	 5 Full name of contributor out-of-state F Dennis, Gregory (Mr.) 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$3.85
_	Detectional	Abilene, TX 79601	اما	For the control of th	<u></u>		
8	•	pation / Job title (See Instructions) ility Management	9	Employer (See Instructions Hendrick Medical Cente			
	Date 05/22/2024	Full name of contributor out-of-state FDennis, Gregory (Mr.) Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$3.85
	Dringinal accu	Abilene, TX 79601 pation / Job title (See Instructions)		Employer (See Instructions	·/		
	•	ility Management		Hendrick Medical Cente			
	Date 05/08/2024	Full name of contributor out-of-state FDevun, Sharn (Ms.) Contributor address; City; State; Zip Code	PAC (ID#:)		Amount of Contribution (\$)	\$3.85
		Abilene, TX 79601					
		pation / Job title (See Instructions) c Management		Employer (See Instructions Hendrick Medical Cente			
	Date 05/22/2024	Full name of contributor out-of-state F Devun, Sharn (Ms.) Contributor address; City; State; Zip Code Abilene, TX 79601)		Amount of Contribution (\$)	\$3.85
		pation / Job title (See Instructions) « Management		Employer (See Instructions Hendrick Medical Cente	•		
	Date 05/23/2024	Full name of contributor out-of-state F Doerr, Brian (Mr.) Contributor address; City; State; Zip Code Plano, TX 75024	PAC (ID#:)		Amount of Contribution (\$)	\$250.00
	·	pation / Job title (See Instructions) ution Technology		Employer (See Instructions Community Hospital Co		ration	
				The state of the s		-	

	MONET	ARY POLITICAL CON	TRIBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to co	omplete this forr	n.	1	Total pages Schedule A1: Sch: 18/65 Rpt: 24/80	
2	FILER NAME The Political	Action Committee of the Texas Hos	pital Association		3	Filer ID (Ethics Commission 00015794	Filers)
4	Date 05/08/2024	Donaway, Duane (Mr.)	-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$1.92
_		Abilene, TX 79601					
8		pation / Job title (See Instructions) rmation Systems	9	Employer (See Instructions Hendrick Medical Cente			
	Date 05/22/2024	Full name of contributor out Donaway, Duane (Mr.) Contributor address; City; State; Zip				Amount of Contribution (\$)	\$1.93
		Abilene, TX 79601		- 100			
		pation / Job title (See Instructions) rmation Systems		Employer (See Instructions Hendrick Medical Cente			
	Date 04/29/2024	Full name of contributor out Doyle, Rosalinda (Ms.) Contributor address; City; State; Zip	-of-state PAC (ID#:			Amount of Contribution (\$)	\$2.00
		Austin, TX 78701					
	Principal occu Payroll Admi	pation / Job title (See Instructions) nistrator		Employer (See Instructions Texas Hospital Associat			
	Date 05/24/2024	Full name of contributor out Doyle, Rosalinda (Ms.) Contributor address; City; State; Zip Austin, TX 78701				Amount of Contribution (\$)	\$2.00
	Principal occu Payroll Admi	pation / Job title (See Instructions) nistrator		Employer (See Instructions Texas Hospital Associat	•	ı	
	Date 05/08/2024	Full name of contributor out Driskell, Jesiree (Ms.) Contributor address; City; State; Zip Abilene, TX 79601	-of-state PAC (ID#:)		Amount of Contribution (\$)	\$7.50
	·	pation / Job title (See Instructions) ic Comms & Digital Expert		Employer (See Instructions Hendrick Medical Cente			
	Strateg	S SSMING & DIGITAL EXPORT		. I.S. Idrion Medical Cellic	•		

	MONET	ARY POLITICAL CONTRIBU	JTION	IS		SCHEDULI	■ A1
	The Instruc	ction Guide explains how to complete	this for	m.	1	Total pages Schedule A1: Sch: 19/65 Rpt: 25/80	
2	FILER NAME The Political	Action Committee of the Texas Hospital Asso	ociation		3	Filer ID (Ethics Commission 00015794	Filers)
4	Date 05/22/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$7.50
_		Abilene, TX 79601	1-		_		
8	•	pation / Job title (See Instructions) ic Comms & Digital Expert	9	Employer (See Instructions Hendrick Medical Cente			
	Date 05/23/2024	Full name of contributor			•	Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>;)</u>		
		Resources Officer		Peterson Health	-,		
	Date 05/13/2024	Full name of contributor out-of-state PAI Duncan, Cameron (Mr.) Contributor address; City; State; Zip Code	C (ID#:)	•	Amount of Contribution (\$)	\$20.50
		Austin, TX 78701					
		pation / Job title (See Instructions) y / Public Policy		Employer (See Instructions Texas Hospital Associate	′	1	
	Date 04/29/2024	Full name of contributor out-of-state PAGE Dupree, Anthony (Mr.) Contributor address; City; State; Zip Code Austin, TX 78701)	•	Amount of Contribution (\$)	\$4.00
	•	pation / Job title (See Instructions) s Payable Specialist		Employer (See Instructions Texas Hospital Associate		1	
	Date 05/24/2024	Full name of contributor out-of-state PAGE Dupree, Anthony (Mr.) Contributor address; City; State; Zip Code Austin, TX 78701	C (ID#:)	•	Amount of Contribution (\$)	\$4.00
	•	pation / Job title (See Instructions) Repayable Specialist		Employer (See Instructions Texas Hospital Associat		1	
	Si. / locounts	, a agusto opeolalist		. Orao i Iospital Associal		•	

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 20/65 Rpt: 26/80	
2	FILER NAME	Action Committee of the Texa	s Hospital Association		3	Filer ID (Ethics Commission 00015794	Filers)
_					Ļ		
4	Date 05/08/2024	5 Full name of contributor Escobar, Jaye (Ms.)6 Contributor address; City; St.	out-of-state PAC (ID#:		 	Amount of Contribution (\$)	\$3.85
•	Dringing aggr	Abilene, TX 79601		Employer (See Instructions			
0		pation / Job title (See Instructions correctional Health)	Hendrick Medical Cente			
	Director or C			Heriurick Medical Certie	-		
	Date 05/22/2024	Full name of contributor Escobar, Jaye (Ms.) Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$3.85
		Abilene, TX 79601					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Director of C	orrectional Health		Hendrick Medical Cente	r		
	Date Full name of contributor out-of-state PAC (ID#: 04/29/2024 Eskew, Amy (Ms.) Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$14.00	
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	President / C	· · · · · · · · · · · · · · · · · · ·	,	Texas Healthcare Trust		3	
	Date	Full name of contributor	out-of-state PAC (ID#:	,) Amount of Contribution (\$)		
	05/24/2024	Eskew, Amy (Ms.) Contributor address; City; St. Austin, TX 78701				Amount of Contribution (\$)	\$14.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	President / C	CEO		Texas Healthcare Trust	ees	5	
	Date 05/08/2024	Full name of contributor Eurek, Andrew (Mr.) Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code			Amount of Contribution (\$)	\$4.00
		Abilene, TX 79601					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions			
	Director Fina	ancial Analysis		Hendrick Medical Cente	r		

	MONET	ARY POLITICAL CONTR	IBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to comp	lete this form	n.	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 00015794	n Filers)
4	Date 05/22/2024	Eurek, Andrew (Mr.)	ate PAC (ID#:		7	Amount of Contribution (\$)	\$4.00
_	Dringing age	Abilene, TX 79601	lo.	Employer (See Instructions	<u></u>		
8	•	pation / Job title (See Instructions) ancial Analysis	9	Employer (See Instructions Hendrick Medical Cente			
	Date 05/22/2024	Feather, Robert (Mr.) Contributor address; City; State; Zip Cod)	•	Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	SVP Public F	Policy		Cook Children's Medica	l C	enter	
	Date Full name of contributor out-of-state PAC (ID#:) 04/29/2024 Felton, Chris (Mr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$4.00		
	5	Austin, TX 78701			<u></u>		
	•	pation / Job title (See Instructions) nbassador West Texas		Employer (See Instructions Texas Hospital Associat	•	1	
	Date 05/24/2024	Felton, Chris (Mr.)				Amount of Contribution (\$)	\$4.00
	•	pation / Job title (See Instructions) nbassador West Texas		Employer (See Instructions Texas Hospital Associate		1	
	Date Full name of contributor out-of-state PAC (ID#:) 05/16/2024 Fisherman, Jaclyn (Ms.) Contributor address; City; State; Zip Code Chicago, IL 60606			Amount of Contribution (\$)	\$500.00		
	•	pation / Job title (See Instructions) Government Affairs		Employer (See Instructions CommonSpirit Health	5)		
	ווע ווטונועוע	OUVERTITION ANAIIS		отпоторые пеаш			

	MONEI	ARY POLITICAL CO	NIRIBUTION	.S		SCHEDULE	E A1
	The Instru	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 22/65 Rpt: 28/80	
2	FILER NAME The Political	I Action Committee of the Texas H	lospital Association		3	Filer ID (Ethics Commission 00015794	Filers)
4	Date 05/22/2024	5 Full name of contributor	out-of-state PAC (ID#: Zip Code		7	Amount of Contribution (\$)	\$50.00
_	-: : lass	Dallas, TX 75235		- (C) (astro-tion			
8		upation / Job title (See Instructions) up Corporate Comm & PIO	9	Employer (See Instructions Parkland Health	s) -		
	Date 05/08/2024	Ford, Christopher (Mr.) Contributor address; City; State; 2	out-of-state PAC (ID#: Zip Code)		Amount of Contribution (\$)	\$9.61
_	Principal occu	Abilene, TX 79601 upation / Job title (See Instructions)		Employer (See Instructions	 s)		
	AVP Suppor	AVP Support Services			r		
	Date 05/22/2024				Amount of Contribution (\$)	\$9.62	
		Abilene, TX 79601					
	Principal occu AVP Suppor	upation / Job title (See Instructions) rt Services		Employer (See Instructions Hendrick Medical Cente	•		
	Date 05/14/2024	Full name of contributor Fox, Jay (Mr.) Contributor address; City; State; 2 Austin, TX 78701	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$20.50
	•	upation / Job title (See Instructions) SWH Austin Area		Employer (See Instructions Baylor Scott & White Me	•	cal Center - Pflugerville	
	Date 05/15/2024	Full name of contributor	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$84.00
	Principal occu Retired	upation / Job title (See Instructions)		Employer (See Instructions Hemphill County Hospita		District	
			·				

	MONEI	ARY POLITICAL C	ONTRIBUTION	15		SCHEDULE	A1		
	The Instru	ction Guide explains how	to complete this for	m.	1	otal pages Schedule A1: ch: 23/65 Rpt: 29/80			
2	FILER NAME				1	ler ID (Ethics Commission	Filers)		
	The Political	Action Committee of the Texa	s Hospital Association			0015794			
4	Date 04/29/2024	5 Full name of contributor Frazier, Tess (Ms.)6 Contributor address; City; Sta	out-of-state PAC (ID#:)	7 A	mount of Contribution (\$)	\$20.00		
		Georgetown, TX 78633							
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	<u>l </u>				
	President / C			Texas Hospital Insuranc					
	Date	Full name of contributor	out-of-state PAC (ID#:			mount of Contribution (\$)			
	05/24/2024	Frazier, Tess (Ms.)	Out-of-state PAC (ID#)	^	mount of Contribution (\$)	\$20.00		
	00/24/2024	Contributor address; City; Sta	te; Zip Code				Ψ20.00		
		Georgetown, TX 78633							
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)				
	President / C	CEO		Texas Hospital Insuranc	ce Ex	change			
	Date 04/29/2024	Full name of contributor Gaines, Cameron (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)	. A	mount of Contribution (\$)	\$2.00		
		Georgetown, TX 78633							
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)				
	IT Support S	pecialist		Texas Hospital Insurance Exchange					
	Date 05/24/2024	Full name of contributor Gaines, Cameron (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#:)		mount of Contribution (\$)	\$2.00		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions					
	IT Support S	pecialist		Texas Hospital Insuranc	ce Ex	change			
	Date 04/29/2024	Full name of contributor Gette, Angela (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#:		A	mount of Contribution (\$)	\$2.00		
		Georgetown, TX 78633	ite, Zip Code						
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)				
	Vice Preside	nt Claims		Texas Hospital Insuranc	ce Ex	change			

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDULI	E A1
	The Instru	ction Guide explains how	to complete this fo	rm.		ages Schedule A1: 4/65 Rpt: 30/80	
2	FILER NAME	Action Committee of the Toyle	. Haggital Appagiation			(Ethics Commission	r Filers)
		Action Committee of the Texas			00015		
4	Date 05/24/2024	5 Full name of contributor [Gette, Angela (Ms.) 6 Contributor address; City; Sta	out-of-state PAC (ID#:)	7 Amoun	t of Contribution (\$)	\$2.00
		Georgetown, TX 78633					
8	Principal occu	pation / Job title (See Instructions)	g	Employer (See Instructions	s)		
	Vice Preside	ent Claims		Texas Hospital Insuranc	ce Exchan	ge	
	Date 05/08/2024	Full name of contributor Gleitz, Stephen (Mr.) Contributor address; City; Sta Abilene, TX 79601	out-of-state PAC (ID#: te; Zip Code)	Amoun	t of Contribution (\$)	\$4.81
	Dringinal accu	pation / Job title (See Instructions)		Employer (See Instructions	2)		
		ger of Critical Care Unit		Hendrick Medical Cente			
				Tierianok Wedicar Cente		· (0 · '' · ' ()	
	05/22/2024	Gleitz, Stephen (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code			t of Contribution (\$)	\$4.81
		Abilene, TX 79601					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Nurse Mana	ger of Critical Care Unit		Hendrick Medical Cente	er		
		out-of-state PAC (ID#: te; Zip Code)	Amoun	t of Contribution (\$)	\$20.00	
	•	pation / Job title (See Instructions)		Employer (See Instructions			
	VP Advocacy	y / Public Policy		Texas Hospital Associa	tion		
	Date Full name of contributor out-of-state PAC (ID#:) 05/24/2024 Gonzalez, Sara (Ms.) Contributor address; City; State; Zip Code Austin, TX 78701		Amoun	t of Contribution (\$)	\$20.00		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)		
	VP Advocacy	y / Public Policy		Texas Hospital Associat	tion		

	MONEI	NETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1		
	The Instru	ction Guide explains how to complete this f	orı	m.	1	Total pages Schedule A1: Sch: 25/65 Rpt: 31/80	
2	FILER NAME The Political	Action Committee of the Texas Hospital Association	า		3	Filer ID (Ethics Commission 00015794	Filers)
4	Date 05/08/2024	 Full name of contributor out-of-state PAC (ID#:_Goolsby, Emily (Ms.) Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$3.85
8		Abilene, TX 79601 pation / Job title (See Instructions)	9	Employer (See Instructions			
	Date 05/22/2024	Full name of contributor out-of-state PAC (ID#:_ Goolsby, Emily (Ms.) Contributor address; City; State; Zip Code		Hendrick Medical Cente	r	Amount of Contribution (\$)	\$3.85
	•	Abilene, TX 79601 Principal occupation / Job title (See Instructions) Dir of the Dept of Education and Professional Development Evil page of contributor Data - Full page of contributor The state page (19):					
	Date Full name of contributor out-of-state PAC (ID#:) Gordon, Brittanny (Ms.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2.00		
		Austin, TX 78701					
		pation / Job title (See Instructions) t, AR & Association Management System		Employer (See Instructions Texas Hospital Associate		1	
	Date 05/24/2024	Full name of contributor out-of-state PAC (ID#:_ Gordon, Brittanny (Ms.) Contributor address; City; State; Zip Code Austin, TX 78701				Amount of Contribution (\$)	\$2.00
	•	pation / Job title (See Instructions) , AR & Association Management System		Employer (See Instructions Texas Hospital Associat		1	
	Date 05/22/2024	Full name of contributor out-of-state PAC (ID#:_ Greenwood, Raymond (Mr.) Contributor address; City; State; Zip Code Mineral Wells, TX 76067)		Amount of Contribution (\$)	\$50.00
	Principal occu Board Vice F	pation / Job title (See Instructions) President		Employer (See Instructions Palo Pinto General Hos		al	
			-				

	MONEI	ARY POLITICAL CO	ONTRIBUTION	NS		SCHEDULE	A1	
	The Instru	ction Guide explains how to	o complete this for	m.	1	Total pages Schedule A1: Sch: 26/65 Rpt: 32/80		
2	FILER NAME The Political	Action Committee of the Texas	Hospital Association		3	Filer ID (Ethics Commission 00015794	Filers)	
4	Date 05/08/2024	5 Full name of contributorGreenwood, Susan (Ms.)6 Contributor address; City; State	out-of-state PAC (ID#: ; Zip Code		7	Amount of Contribution (\$)	\$29.00	
_	B	Abilene, TX 79601		-	_			
8	Vice Preside	pation / Job title (See Instructions) ent / Chief Nursing Officer		Employer (See Instructions Hendrick Medical Cente				
	Date 05/22/2024	Full name of contributor Greenwood, Susan (Ms.) Contributor address; City; State	out-of-state PAC (ID#: ;; Zip Code)		Amount of Contribution (\$)	\$29.00	
		Abilene, TX 79601						
		pation / Job title (See Instructions) ent / Chief Nursing Officer		Employer (See Instructions Hendrick Medical Cente				
	Date 04/29/2024	E Full name of contributor out-of-state PAC (ID#:)			Amount of Contribution (\$)	\$4.00		
		Georgetown, TX 78633						
	Staff Accoun	pation / Job title (See Instructions) stant		Employer (See Instructions Texas Hospital Insurance	,			
05/24/2024 Haa Cont		Full name of contributor Haas, Mark (Mr.) Contributor address; City; State Georgetown, TX 78633	out-of-state PAC (ID#: e; Zip Code		Amount of Contribution (\$)		\$4.00	
	Principal occu Staff Accoun	pation / Job title (See Instructions)		Employer (See Instructions Texas Hospital Insurance		Exchange		
	Date Full name of contributor out-of-state PAC (ID#:) Hair, Donna (Ms.) Contributor address; City; State; Zip Code Brownwood, TX 76804			Amount of Contribution (\$)	\$3.85			
	Principal occu Director of M	pation / Job title (See Instructions) larketing		Employer (See Instructions Hendrick Medical Cente				
			,					

	MONEI	NETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1		
	The Instru	ction Guide explains how t	o complete this fo	rm.	1	Total pages Schedule A1: Sch: 27/65 Rpt: 33/80	
2	FILER NAME				3	•	n Filers)
		Action Committee of the Texas	_			00015794	
4	Date 05/22/2024	Full name of contributor Hair, Donna (Ms.) Contributor address; City; State	out-of-state PAC (ID#: e; Zip Code)	7	Amount of Contribution (\$)	\$3.85
		Brownwood, TX 76804					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	<u>. </u>		
	Director of M			Hendrick Medical Cente			
	Date 05/16/2024	Full name of contributor Hardaway, Jay (Mr.) Contributor address; City; Stat	out-of-state PAC (ID#: e; Zip Code)		Amount of Contribution (\$)	\$208.34
		Abilene, TX 79601			_		
	•	pation / Job title (See Instructions)		Employer (See Instructions Hendrick Medical Cente			
	Director Legislative & Public Policy		Heriurick Medical Cerite	_			
	Date Full name of contributor out-of-state PAC (ID#:) 05/08/2024 Harris, Erica (Ms.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.85		
		Abilene, TX 79601					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions			
	Admissions I	Director		Hendrick Medical Cente	r		
	Date Full name of contributor out-of-state PAC (ID 05/22/2024 Harris, Erica (Ms.) Contributor address; City; State; Zip Code Abilene, TX 79601		out-of-state PAC (ID#: e; Zip Code			Amount of Contribution (\$)	\$3.85
	·	pation / Job title (See Instructions)		Employer (See Instructions			
	Admissions I	Director		Hendrick Medical Cente	r		
	Date Full name of contributor out-of-state PAC (ID#:) 04/26/2024 Hart, Brandy (Mrs.) Contributor address; City; State; Zip Code Nashville, TN 37203			Amount of Contribution (\$)	\$83.00		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Regional Vic	e President / Behavioral Healtl	n	HCA Healthcare			

	MONEI	ARY POLITICAL CONTRIBU	JIION	15		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete	this for	m.	1	Total pages Schedule A1: Sch: 28/65 Rpt: 34/80	
2	FILER NAME	Asticus Committee of the Tours Heavited Asso	-:-4:		3	Filer ID (Ethics Commission	n Filers)
	The Political	Action Committee of the Texas Hospital Asso				00015794	
4	Date 04/29/2024	 5 Full name of contributor)	7	Amount of Contribution (\$)	\$90.00
		Austin, TX 78701					
8		pation / Job title (See Instructions)	9	1 , (
	President / C	CEO		Texas Hospital Associat	tior	1	
	Date 05/24/2024	Full name of contributor	C (ID#:)		Amount of Contribution (\$)	\$90.00
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	President / CEO			Texas Hospital Associat	tior	l	
	Date 04/29/2024	Full name of contributor out-of-state PAG Haynes, Ashley (Ms.) Contributor address; City; State; Zip Code	C (ID#:)		Amount of Contribution (\$)	\$20.00
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	;) [
		bassador for Houston/East Texas		Texas Hospital Associat		1	
	Date Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$20.00	
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Regional Am	nbassador for Houston/East Texas		Texas Hospital Associat	tior	1	
	Date 05/14/2024	Full name of contributor out-of-state PAGE Haynes, Robert (Mr.) Contributor address; City; State; Zip Code Seguin, TX 78155	`)		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Chief Execut			Guadalupe Regional Me		cal Ctr	
			1				

	MONEI	ARY POLITICAL CO	ONTRIBUTIO	NS		SCHEDULE	A1
	The Instruc	ction Guide explains how t	o complete this fo	rm.	1	Total pages Schedule A1: Sch: 29/65 Rpt: 35/80	
2	FILER NAME	Action Committee of the Texas	Hospital Association		3	Filer ID (Ethics Commission 00015794	Filers)
4	Date	5 Full name of contributor		,	7	Amount of Contribution (\$)	
4	05/08/2024	Head, Courtney (Ms.) 6 Contributor address; City; State	out-of-state PAC (ID#: e; Zip Code		,	Amount of Contribution (4)	\$9.61
	Deinsing Loss	Abilene, TX 79601	l.	Familiana (Con Instructions			
8		pation / Job title (See Instructions) nt of Human Resources	l ⁹	Employer (See Instructions			
	vice Preside	nt of Human Resources		Hendrick Medical Cente	r		
	Date 05/22/2024	Full name of contributor Head, Courtney (Ms.) Contributor address; City; State	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$9.62
		Abilene, TX 79601					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Vice President of Human Resources			Hendrick Medical Cente	r		
	Date Full name of contributor out-of-state PAC (ID#:) 05/07/2024 Henderson, John (Mr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$83.00		
		Round Rock, TX 78664					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
				TORCH	,		
President / CEO Date Full name of contributor out-of-state PAC 05/20/2024 Henk, Deana (Ms.) Contributor address; City; State; Zip Code Seguin, TX 78155		out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00	
	•	pation / Job title (See Instructions)		Employer (See Instructions			
	Guadalupe F	Healthcare Network CEO		Guadalupe Regional Me	dic	al Ctr	
	Date Full name of contributor out-of-state PAC (ID#:) 05/08/2024 Henry, Elizabeth (Ms.) Contributor address; City; State; Zip Code Abilene, TX 79601			Amount of Contribution (\$)	\$4.81		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Director Cas	e Management		Hendrick Medical Cente	r		
			•				

	MONEI	ARY POLITICAL C	CONTRIBUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 30/65 Rpt: 36/80	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
		Action Committee of the Texa			L	00015794	
4	Date 05/22/2024	5 Full name of contributor Henry, Elizabeth (Ms.)6 Contributor address; City; St	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$4.81
		Abilene, TX 79601					
8	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Director Cas	e Management		Hendrick Medical Cente	r		
	Date 04/29/2024	Full name of contributor Hernandez, Janet (Ms.) Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$8.34
		Georgetown, TX 78633					
		pation / Job title (See Instructions)	Employer (See Instructions			
	Accounting Manager			Texas Hospital Insuranc	e E	Exchange	
	Date Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$8.34	
	Georgetown, TX 78633						
	•	pation / Job title (See Instructions)	Employer (See Instructions			
	Accounting N	Manager		Texas Hospital Insuranc	e E	Exchange	
		out-of-state PAC (ID#: ate; Zip Code)		Amount of Contribution (\$)	\$3.85	
	Principal occu Market Direc	pation / Job title (See Instructions ctor)	Employer (See Instructions Hendrick Medical Cente			
	Date 05/22/2024	Full name of contributor Hess, Heather (Ms.) Contributor address; City; St Abilene, TX 79601	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$3.85
	Principal occu Market Direc	pation / Job title (See Instructions ctor)	Employer (See Instructions Hendrick Medical Cente			
			•				

	MONEI	ARY POLITICAL (CONTRIBUTION	NS		SCHEDULE	■ A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 31/65 Rpt: 37/80	
2	FILER NAME	Action Committee of the Texa	as Hospital Association		3	Filer ID (Ethics Commission 00015794	Filers)
4	Date 05/15/2024	Full name of contributor Hillier, Robert (Mr.) Contributor address; City; Signature	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$83.34
_	Date de la cons	Bellaire, TX 77401		Facility (On Industrial			
8		pation / Job title (See Instructions	9	, , ,	5)		
	VP Public Po	olicy / Govt Relations		Harris Health System			
	Date 05/19/2024	Full name of contributor Holcomb, Holly (Ms.) Contributor address; City; S	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
		Childress, TX 79201					
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	()		
	Chief Execut	tive Officer		Childress Regional Med	ica	l Center	
	Date 05/12/2024	Full name of contributor Holland, Brad (Mr.) Contributor address; City; S	out-of-state PAC (ID#:tate; Zip Code)		Amount of Contribution (\$)	\$82.50
		Abilene, TX 79601					
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	5)		
	President / C	Chief Executive Officer		Hendrick Health			
	Date 05/25/2024	Full name of contributor Honea, Michael (Mr.) Contributor address; City; Si Glen Rose, TX 76043	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$41.00
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	()		
	Chief Execut	tive Officer		Glen Rose Medical Cen	ter		
	Date 05/08/2024	Full name of contributor Howard, Erica (Ms.) Contributor address; City; S Abilene, TX 79601	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$3.85
-	Principal occu	pation / Job title (See Instructions	3	Employer (See Instructions	.) 		
L		ctor Benefits	?) 	Hendrick Medical Cente			

	MONET	ARY POLITICAL CON	ITRIBUTION	S		SCHEDUL	E A1
	The Instru	ction Guide explains how to c	omplete this forr	n.	1	Total pages Schedule A1: Sch: 32/65 Rpt: 38/80	
2	FILER NAME The Political	Action Committee of the Texas Ho	spital Association		3	Filer ID (Ethics Commission 00015794	n Filers)
4	Date 05/22/2024	Howard, Erica (Ms.)	t-of-state PAC (ID#: p Code		7	Amount of Contribution (\$)	\$3.85
_		Abilene, TX 79601		5 1 (0 1 : "	<u></u>		
8	System Dire	pation / Job title (See Instructions) ctor Benefits	9	Employer (See Instructions Hendrick Medical Cente			
	Date 05/21/2024	Hrncirik, Bobbye (Ms.) Contributor address; City; State; Zi)		Amount of Contribution (\$)	\$83.00
	Principal occu	Lubbock, TX 79415 pation / Job title (See Instructions)		Employer (See Instructions	i)		
	VP Supplemental Funding University Medical Center						
	Date 04/29/2024	Full name of contributor ou Huff, Alexander (Mr.) Contributor address; City; State; Zi	t-of-state PAC (ID#: p Code			Amount of Contribution (\$)	\$2.00
		Austin, TX 78701			<u> </u>		
		pation / Job title (See Instructions) nt of Health IT Programs		Employer (See Instructions THA Foundation	5)		
	Date 05/24/2024	Full name of contributor ou Huff, Alexander (Mr.) Contributor address; City; State; Zi Austin, TX 78701	t-of-state PAC (ID#: p Code			Amount of Contribution (\$)	\$2.00
	•	pation / Job title (See Instructions) nt of Health IT Programs		Employer (See Instructions THA Foundation	5)		
	Date 05/08/2024	Huff, Michael (Mr.))		Amount of Contribution (\$)	\$100.00
	Principal occu Chief Execut	pation / Job title (See Instructions)		Employer (See Instructions Olney Hamilton Hospita			
	Silici Excoul			Sincy Hammon Hospita	•		

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDUI	LE A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 33/65 Rpt: 39/80	
2	FILER NAME	Auto-Constitution file To			3	Filer ID (Ethics Commission	on Filers)
		Action Committee of the Texa				00015794	
4	Date 05/08/2024	5 Full name of contributor Huffington, Mark (Mr.)6 Contributor address; City; Sta	out-of-state PAC (ID#:ate; Zip Code)	7	Amount of Contribution (\$)	\$4.81
•	Dringing aggr	Abilene, TX 79601	l.	Contract (Contraction			
8		pation / Job title (See Instructions)		Employer (See Instructions Hendrick Medical Cente			
	System Assi	stant Vice President Analytics		Hendrick Medical Cente	:1		
	Date 05/22/2024	Full name of contributor Huffington, Mark (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$4.81
		Abilene, TX 79601					
	•	pation / Job title (See Instructions)		Employer (See Instructions			
	System Assi	stant Vice President Analytics		Hendrick Medical Cente	er		
	Date 05/15/2024	Full name of contributor Huffstutler, David (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$3,500.00
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>L</u> S)		
	President / C	CEO		St. David's HealthCare			
	Date 05/08/2024	Full name of contributor Hunnicutt, Craig (Mr.) Contributor address; City; Sta				Amount of Contribution (\$)	\$3.85
	•	pation / Job title (See Instructions) ional Services		Employer (See Instructions Hendrick Medical Cente			
	Date 05/22/2024	Full name of contributor Hunnicutt, Craig (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$3.85
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Director Reg	ional Services		Hendrick Medical Cente	r		

	MONEI	ARY POLITICAL C	CONTRIBUTION	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this for	rm.	1	Total pages Schedule A1: Sch: 34/65 Rpt: 40/80	
2	FILER NAME	Astisus Committees of the Tour			3	Filer ID (Ethics Commission	n Filers)
_		Action Committee of the Texa			Ļ	00015794	
4	Date 05/09/2024	5 Full name of contributor Hunt, Doris (Ms.)6 Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)	7	Amount of Contribution (\$)	\$50.00
		Dallas, TX 75235					
8	Principal occu	pation / Job title (See Instructions) 9	Employer (See Instructions	- S)		
	EVP Chief C	ompliance Officer		Children's Health			
	Date 05/14/2024	Full name of contributor Hurst, William (Mr.) Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code			Amount of Contribution (\$)	\$125.00
		Plano, TX 75075					
		pation / Job title (See Instructions)	Employer (See Instructions			
	President / (CEO		Patient Physician Netwo	ork		
	Date 05/08/2024	Full name of contributor Hurt-Deitch, Sally (Ms.) Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)		Amount of Contribution (\$)	\$145.84
		El Paso, TX 79932					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Sr. Vice Pres	sident of Operations		Ascension Health			
	Date 05/08/2024	Full name of contributor Jackson, Olga (Ms.) Contributor address; City; St Cuero, TX 77954	out-of-state PAC (ID#: ate; Zip Code)		Amount of Contribution (\$)	\$0.97
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Support Serv	vices		Cuero Regional Hospita	al		
	Date 04/29/2024	Full name of contributor Jackson, Robin (Ms.) Contributor address; City; St Austin, TX 78701	out-of-state PAC (ID#: ate; Zip Code)		Amount of Contribution (\$)	\$4.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Vice Preside	nt Service Center		Texas Hospital Associa	tior		
			<u>, </u>				

	MONET	ARY POLITICAL CON	NTRIBUTION	S		SCHEDULE	■ A1
	The Instru	ction Guide explains how to c	complete this forr	m.	1	Total pages Schedule A1: Sch: 35/65 Rpt: 41/80	
2	FILER NAME The Political	Action Committee of the Texas Ho	ospital Association		3	Filer ID (Ethics Commission 00015794	Filers)
4	Date 05/24/2024	Jackson, Robin (Ms.)	ut-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$4.00
_		Austin, TX 78701		- 10	<u> </u>		
8		pation / Job title (See Instructions) nt Service Center	9	Employer (See Instructions Texas Hospital Associat	•	ı	
	Date 05/20/2024	Full name of contributor of Jasper, Jerry (Mr.) Contributor address; City; State; Z West Lake Hills, TX 78746				Amount of Contribution (\$)	\$41.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	Interim CEO			The Hospital at Westlak	e۱	Medical Center	
	Date 05/15/2024	Full name of contributor	ut-of-state PAC (ID#:)		Amount of Contribution (\$)	\$250.00
	Deinainal assu	College Station, TX 77845		Franks var (Caa kratusatiana	<u></u>		
	Principal occu President	pation / Job title (See Instructions)		Employer (See Instructions Baylor Scott & White Me	•	cal Center - College Station	
	Date 04/29/2024	Full name of contributor of contributor of contributor of contributor of contributor address; City; State; Zontributor address; City; City; State; Zontributor address; City; City; State; Zontributor address; City; Ci	ut-of-state PAC (ID#:)		Amount of Contribution (\$)	\$20.00
	Principal occu Member Aml	pation / Job title (See Instructions) bassador		Employer (See Instructions Texas Hospital Associat	•	1	
	Date 05/24/2024	Full name of contributor o Jones, Susan (Ms.) Contributor address; City; State; Z Austin, TX 78701	ut-of-state PAC (ID#:			Amount of Contribution (\$)	\$20.00
	Principal occu Member Aml	pation / Job title (See Instructions)		Employer (See Instructions Texas Hospital Associat			
	Weinber Alli			TONGS TOSPICE ASSOCIAL	.iUI	•	

	MONET	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDULI	E A1
	The Instruc	ction Guide explains how t	o complete this form	n.	1	Total pages Schedule A1: Sch: 36/65 Rpt: 42/80	
2	FILER NAME The Political	Action Committee of the Texas	Hospital Association		3	Filer ID (Ethics Commission 00015794	n Filers)
4	Date 05/15/2024	5 Full name of contributor Junkins, Curt (Mr.)6 Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code		7	Amount of Contribution (\$)	\$100.00
_		Granbury, TX 76048	1-				
8	Principal occu Chief Execut	pation / Job title (See Instructions) tive Officer	9	Employer (See Instructions Lake Granbury Medical	-	nter	
	Date 05/08/2024	Full name of contributor Kelly, Tave (Ms.) Contributor address; City; State				Amount of Contribution (\$)	\$4.81
	Principal occu	Abilene, TX 79601 pation / Job title (See Instructions)		Employer (See Instructions	-, 		
	AVP Revenu			Hendrick Medical Cente			
	Date 05/22/2024	Full name of contributor Kelly, Tave (Ms.) Contributor address; City; State	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$4.81
		Abilene, TX 79601					
	Principal occu AVP Revenu	pation / Job title (See Instructions) ue Cycle		Employer (See Instructions Hendrick Medical Cente			
	Date 04/29/2024	Full name of contributor Kendrick, Karen (Ms.) Contributor address; City; State Austin, TX 78701)		Amount of Contribution (\$)	\$20.00
	•	pation / Job title (See Instructions) y & Patient Safety		Employer (See Instructions THA Foundation	s)		
	Date 05/24/2024	Full name of contributor Kendrick, Karen (Ms.) Contributor address; City; State Austin, TX 78701	out-of-state PAC (ID#:e; Zip Code)		Amount of Contribution (\$)	\$20.00
	•	pation / Job title (See Instructions) y & Patient Safety		Employer (See Instructions THA Foundation	5)		
	vi oi Quality	, a. autoric Surety					

	MONET	ARY POLITICAL CONTRIBUTION	ON	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 37/65 Rpt: 43/80	
2	FILER NAME The Political	Action Committee of the Texas Hospital Association	on		3	Filer ID (Ethics Commission 00015794	n Filers)
4	Date 05/12/2024	 Full name of contributor			7	Amount of Contribution (\$)	\$83.00
_	Delicalization	Fort Worth, TX 76104	٦,	Frankrije (Ozakastian			
8	Chief Financ	pation / Job title (See Instructions) sial Officer	9	Employer (See Instructions Cook Children's Medica		enter	
	Date 05/15/2024	Full name of contributor out-of-state PAC (ID# King, Kirk (Mr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$750.00
	Dringing age	Arlington, TX 76011 pation / Job title (See Instructions)	_	Employer (See Instructions	<u></u>		
	•	ce President / Hospital Channel COO		Texas Health Resource			
	Date 05/10/2024	Full name of contributor out-of-state PAC (ID# Kirkman, Leni (Ms.) Contributor address; City; State; Zip Code	:)		Amount of Contribution (\$)	\$41.00
		San Antonio, TX 78229	_				
		pation / Job title (See Instructions) rp Communications & Mktg		Employer (See Instructions University Health	5)		
	Date 05/10/2024	Full name of contributor out-of-state PAC (ID# Korkmas, Ross (Mr.) Contributor address; City; State; Zip Code Mineral Wells, TX 76067)		Amount of Contribution (\$)	\$350.00
	Principal occu Chief Execut	pation / Job title (See Instructions) tive Officer		Employer (See Instructions Palo Pinto General Hos		ıl	
	Date 04/29/2024	Full name of contributor out-of-state PAC (ID# Kroll, Carrie (Ms.) Contributor address; City; State; Zip Code Austin, TX 78701	:			Amount of Contribution (\$)	\$62.00
	•	pation / Job title (See Instructions) y / Pub Policy / Political Strategy		Employer (See Instructions Texas Hospital Associa			
		,	1_				

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS			SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this fo	rm.		1	Total pages Schedule A1: Sch: 38/65 Rpt: 44/80	
2	FILER NAME					3	•	n Filers)
		Action Committee of the Texas				L	00015794	
4	Date 05/24/2024	5 Full name of contributor [Kroll, Carrie (Ms.)6 Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code)	7	Amount of Contribution (\$)	\$62.00
		Austin, TX 78701						
8	Principal occu	pation / Job title (See Instructions)	9	9 Emp	oloyer (See Instructions	5)		
	VP Advocacy	y / Pub Policy / Political Strateo	у	Tex	as Hospital Associat	tior	ı	
	Date 05/08/2024	Full name of contributor Krupala, Judith (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code)		Amount of Contribution (\$)	\$1.93
		Cuero, TX 77954						
		pation / Job title (See Instructions)			oloyer (See Instructions			
	Chief Nursin	g Officer		Cue	ero Regional Hospita	ıl		
	Date 05/08/2024	Full name of contributor Lafrance, Judith (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code)		Amount of Contribution (\$)	\$12.50
		Abilene, TX 79606						
		pation / Job title (See Instructions) Administrative Officer			oloyer (See Instructions Indrick Medical Cente			
				пеі		-		
	Date 05/22/2024	Full name of contributor Lafrance, Judith (Ms.) Contributor address; City; Sta Abilene, TX 79606	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$12.50
	•	pation / Job title (See Instructions) Administrative Officer			oloyer (See Instructions ndrick Medical Cente			
	Date 05/02/2024	Full name of contributor Leal, Jorge (Mr.) Contributor address; City; Sta Laredo, TX 78044	out-of-state PAC (ID#: tte; Zip Code)		Amount of Contribution (\$)	\$125.00
	•	pation / Job title (See Instructions)			oloyer (See Instructions	5)		
	Chief Execut	tive Officer		Lar	edo Medical Center			

	MONEI	ARY POLITICAL CONTRIBUT	IOI	NS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this	s fo	rm.	1	Total pages Schedule A1: Sch: 39/65 Rpt: 45/80	
2	FILER NAME	Action Committee of the Texas Hospital Associa	tion		3	Filer ID (Ethics Commission 00015794	Filers)
_		· — — ·			Ļ		
4	Date 05/08/2024	Full name of contributor	D#:)	7	Amount of Contribution (\$)	\$3.85
0	Principal occu	Abilene, TX 79601 pation / Job title (See Instructions)	l _o	Employer (See Instructions			
ō			ª				
	Dir Med Stat	f Srvcs & Physician Recruitment		Hendrick Medical Cente	÷1		
	Date 05/22/2024	Full name of contributor out-of-state PAC (IE Lee, Rachel (Ms.) Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$3.85
		Abilene, TX 79601					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Dir Med Staf	f Srvcs & Physician Recruitment		Hendrick Medical Cente	er		
	Date 04/29/2024	Full name of contributor out-of-state PAC (IE Lengal, Samantha (Ms.)	D#:)		Amount of Contribution (\$)	\$4.00
		Contributor address; City; State; Zip Code Georgetown, TX 78633					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	. S)		
	Underwriting	Coordinator		Texas Hospital Insuranc	ce I	Exchange	
	Date 05/24/2024	Full name of contributor out-of-state PAC (IE Lengal, Samantha (Ms.) Contributor address; City; State; Zip Code Georgetown, TX 78633	D#:			Amount of Contribution (\$)	\$4.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Underwriting	Coordinator		Texas Hospital Insuranc	ce I	Exchange	
	Date 04/29/2024	Full name of contributor out-of-state PAC (IE Liscano, Rosie (Ms.) Contributor address; City; State; Zip Code	D#:			Amount of Contribution (\$)	\$2.00
		Georgetown, TX 78633					
		pation / Job title (See Instructions)		Employer (See Instructions			
	Senior Claim	ns Adj/Risk Mgmt Specialist		Texas Hospital Insurand	ce I	Exchange	

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS	SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1 Total pages Schedule A1: Sch: 40/65 Rpt: 46/80	
2	FILER NAME				3 Filer ID (Ethics Commission	Filers)
	The Political	Action Committee of the Texa	s Hospital Association		00015794	
4	Date 05/24/2024	5 Full name of contributor Liscano, Rosie (Ms.)6 Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code		7 Amount of Contribution (\$)	\$2.00
		Georgetown, TX 78633	r			
8		pation / Job title (See Instructions)	9	Employer (See Instructions		
	Senior Claim	ns Adj/Risk Mgmt Specialist		Texas Hospital Insuranc	nce Exchange	
	Date 04/29/2024	Full name of contributor Lopez, Cesar (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code		Amount of Contribution (\$)	\$20.00
		Austin, TX 78701				
		pation / Job title (See Instructions)		Employer (See Instructions		
	VP Legal Aff	airs		Texas Hospital Associa	ation	
	Date 05/24/2024	Full name of contributor Lopez, Cesar (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#:)	Amount of Contribution (\$)	\$20.00
		Austin, TX 78701				
	Principal occu	nation / Job title (See Instructions)		Employer (See Instructions	ns)	
	VP Legal Aff	airs		Texas Hospital Associa	ation	
	Date 05/04/2024	Full name of contributor Lovett, Dale (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#:		Amount of Contribution (\$)	\$100.00
	Principal occu Board Chairr	pation / Job title (See Instructions) man		Employer (See Instructions Olney Hamilton Hospita		
	Date 05/08/2024	Full name of contributor Lowery, James (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#:		Amount of Contribution (\$)	\$3.85
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	ns)	
	Director Mar	naged Care		Hendrick Medical Cente	ter	
			·			

	MONEI	ARY POLITICAL CO	DNIRIBUTION	IS		SCHEDUL	E A1
	The Instru	ction Guide explains how to	o complete this for	m.	1	Total pages Schedule A1: Sch: 41/65 Rpt: 47/80	
2	FILER NAME The Political	Action Committee of the Texas	Hospital Association		3	Filer ID (Ethics Commission 00015794	n Filers)
4	Date 05/22/2024	5 Full name of contributor Lowery, James (Mr.)6 Contributor address; City; State	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$3.85
_	Dringing agg	Abilene, TX 79601	lo.	Employer (Coo Instructions	<u></u>		
8	Director Mar	pation / Job title (See Instructions) naged Care	9	Employer (See Instructions Hendrick Medical Cente			
	Date 05/22/2024	Full name of contributor Lozano, Marco (Mr.) Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$41.67
	Data disal asses	Laredo, TX 78044		Faralassa (Caralassa trasticas	$\overline{}$		
	Chief Operat	pation / Job title (See Instructions) ting Officer		Employer (See Instructions Laredo Medical Center	5)		
	Date 05/14/2024	Full name of contributor McCain, Rebecca (Ms.) Contributor address; City; State	out-of-state PAC (ID#: e; Zip Code)		Amount of Contribution (\$)	\$500.00
		Electra, TX 76360					
	Principal occu Chief Execut	pation / Job title (See Instructions) tive Officer		Employer (See Instructions Electra Memorial Hospit			
	Date 05/08/2024	Full name of contributor McCollough, Kimberly (Ms.) Contributor address; City; State Abilene, TX 79606	out-of-state PAC (ID#: e; Zip Code)		Amount of Contribution (\$)	\$3.85
	•	pation / Job title (See Instructions) /omen and Children Services		Employer (See Instructions Hendrick Medical Cente			
	Date 05/22/2024	Full name of contributor McCollough, Kimberly (Ms.) Contributor address; City; State Abilene, TX 79606	out-of-state PAC (ID#: e; Zip Code)		Amount of Contribution (\$)	\$3.85
		pation / Job title (See Instructions)		Employer (See Instructions			
	Director of W	Jomen and Children Services		Hendrick Medical Cente	ſ		

	MONEI	ARY POLITICAL C	ONTRIBUTION	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this for	rm.	1	Total pages Schedule A1: Sch: 42/65 Rpt: 48/80	
2	FILER NAME				3	•	n Filers)
	The Political	Action Committee of the Texa	s Hospital Association		L	00015794	
4	Date 05/08/2024	 Full name of contributor McElrath, Pamela (Ms.) Contributor address; City; Sta 	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$4.00
		Abilene, TX 79601					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	<u>. </u>		
	Registered N	lurse		Hendrick Medical Cente	er		
	Date 05/22/2024	Full name of contributor McElrath, Pamela (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$4.00
	Dringing con	Abilene, TX 79601		Employer (Coo Instructions	<u></u>		
	Registered N	pation / Job title (See Instructions)		Employer (See Instructions Hendrick Medical Cente			
	Date	Full name of contributor		Tieriariek Wedicar Gente	,, T	Amount of Contribution (\$)	
	05/15/2024	McWhorter, Rick (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#:ate; Zip Code		•	Amount of Contribution (4)	\$500.00
		Arlington, TX 76011					
		pation / Job title (See Instructions)		Employer (See Instructions	-		
	EVP and Ch	ief Financial Officer		Texas Health Resource	s		
	Date 04/29/2024	Full name of contributor Merrell, Angie (Ms.) Contributor address; City; Sta Georgetown, TX 78633	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$2.00
	·	pation / Job title (See Instructions)		Employer (See Instructions			
	THIE Vice P	resident of Risk Management		Texas Hospital Insuranc	ce I	Exchange	
	Date 05/24/2024	Full name of contributor Merrell, Angie (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$2.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	THIE Vice P	resident of Risk Management		Texas Hospital Insuranc	ce I	Exchange	

	MONEI	ARY POLITICAL (SCHEDULE /			
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 43/65 Rpt: 49/80	
2	FILER NAME The Political	Action Committee of the Texa	as Hospital Association		3	Filer ID (Ethics Commission 00015794	n Filers)
4	Date 05/22/2024	5 Full name of contributor Miller, Lyndsey (Ms.)6 Contributor address; City; St	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$100.00
8	Principal occu	Olney, TX 76374 pation / Job title (See Instructions) [Employer (See Instructions	s) 		
Ü	Board Memb			Olney Hamilton Hospita			
	Date 05/01/2024	Full name of contributor Mitchell, Kenneth (Dr.) Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code			Amount of Contribution (\$)	\$41.00
		Austin, TX 78701	, 1		Ĺ		
		pation / Job title (See Instructions Medical Officer	(1)	Employer (See Instructions St. David's HealthCare	s)		
	Date 05/09/2024	Full name of contributor Moore, Amy (Ms.) Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$100.00
		Olney, TX 76374	, 1		Ĺ		
	Chief Humar	pation / Job title (See Instructions n Resources) 	Employer (See Instructions Olney Hamilton Hospita	•		
	Date 05/10/2024	Full name of contributor Morales, Daniel (Mr.) Contributor address; City; St Houston, TX 77030	out-of-state PAC (ID#: ate; Zip Code			Amount of Contribution (\$)	\$20.50
	•	pation / Job title (See Instructions ent Government Affairs)	Employer (See Instructions Houston Methodist	5)		
	Date 05/22/2024	Full name of contributor Morin, Richard (Mr.) Contributor address; City; St Alice, TX 78332	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$250.00
		pation / Job title (See Instructions HRISTUS Spohn Hospital - Ali		Employer (See Instructions CHRISTUS Spohn Hos		al Alice	
	T TESTUETIL OF	ii (103 Spoilli Hospital - All	Continuent	отплотоо орони поо	Pile	u Alloc	

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 44/65 Rpt: 50/80	
2	FILER NAME The Political	Action Committee of the Texas Hospital Association	ı	3	Filer ID (Ethics Commission 00015794	Filers)
4	Date 04/29/2024	5 Full name of contributor out-of-state PAC (ID#: Mundfrom, Jessie (Ms.) 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$2.00
_		Austin, TX 78701				
8		upation / Job title (See Instructions) Virtual Education	9 Employer (See Instructions) THA Foundation)		
	Date 05/24/2024	Full name of contributor out-of-state PAC (ID#:_Mundfrom, Jessie (Ms.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$2.00
	Dringinal occu	Austin, TX 78701	Employer (See Instructions			
		ıpation / Job title (See Instructions) Virtual Education	THA Foundation)		
	Date 05/08/2024	Full name of contributor out-of-state PAC (ID#: Murphy, Patrick (Mr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$3.85
		Abilene, TX 79601				
	Principal occu Healthcare F	pation / Job title (See Instructions) Professional	Employer (See Instructions Hendrick Medical Center			
	Date 05/22/2024	Full name of contributor out-of-state PAC (ID#:_Murphy, Patrick (Mr.) Contributor address; City; State; Zip Code Abilene, TX 79601)		Amount of Contribution (\$)	\$3.85
	Principal occu Healthcare F	Ipation / Job title (See Instructions)	Employer (See Instructions Hendrick Medical Cente			
	Date 04/29/2024	Full name of contributor out-of-state PAC (ID#:_ Neiger, David (Mr.) Contributor address; City; State; Zip Code Austin, TX 78701)		Amount of Contribution (\$)	\$82.00
	Principal occu Chief Financ	upation / Job title (See Instructions) cial Officer	Employer (See Instructions Texas Hospital Associat		ı	

	MONEI	ARY POLITICAL C	ONTRIBUTION	NS		SCHEDUI	E A1
	The Instru	ction Guide explains how t	to complete this for	m.	1	Total pages Schedule A1: Sch: 45/65 Rpt: 51/80	
2	FILER NAME	Astion Committee of the Tour			3	Filer ID (Ethics Commission	on Filers)
		Action Committee of the Texas	_		L	00015794	
4	Date 05/24/2024	 5 Full name of contributor [Neiger, David (Mr.) 6 Contributor address; City; State 	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$82.00
		Austin, TX 78701	la.				
8	Chief Financ	pation / Job title (See Instructions)	9	Employer (See Instructions			
	Chief Financ			Texas Hospital Associat	uon		
	Date 05/08/2024	Full name of contributor [Nguyen, Christi (Ms.) Contributor address; City; Stat	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$350.00
		Dallas, TX 75247					
		pation / Job title (See Instructions)		Employer (See Instructions			
	Associate CI	NO of Nurse Excellence		UT Southwestern Medic	cal (Center	
	Date 05/01/2024	Full name of contributor [Nunez, Michael (Mr.) Contributor address; City; Stat	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$1,000.00
		El Paso, TX 79998					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>l </u>		
		Financial Officer		University Medical Cent		of El Paso	
	Date 04/29/2024	Full name of contributor O'Neil, Jennifer (Ms.) Contributor address; City; Stat Austin, TX 78701	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00
		pation / Job title (See Instructions)		Employer (See Instructions			
	Executive Ac	dministrative Manager		Texas Hospital Associat	tion		
	Date 05/24/2024	Full name of contributor [O'Neil, Jennifer (Ms.) Contributor address; City; Stat Austin, TX 78701	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Executive Ad	dministrative Manager		Texas Hospital Associat	tion		

	MONET	ARY POLITICAL CONTRIBU		SCHEDUL	E A1		
	The Instruc	ction Guide explains how to complete	this for	n.	1	Total pages Schedule A1: Sch: 46/65 Rpt: 52/80	
2	FILER NAME The Political	Action Committee of the Texas Hospital Asso	ociation		3	Filer ID (Ethics Commission 00015794	n Filers)
4	Date 05/10/2024	 Full name of contributor out-of-state PA Olson, Michael (Mr.) Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$500.00
•	Principal occur	Victoria, TX 77901	l _o	Employer (See Instructions	·/-		
•	Chief Execut	pation / Job title (See Instructions) ive Officer	9	Citizens Medical Center			
	Date 04/29/2024	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$2.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	Director of E	ducation		THA Foundation			
	Date 05/24/2024	Full name of contributor	.C (ID#:			Amount of Contribution (\$)	\$2.00
		Austin, TX 78701					
	Principal occu Director of E	pation / Job title (See Instructions) ducation		Employer (See Instructions THA Foundation	s)		
	Date 05/20/2024	Full name of contributor out-of-state PA Parisi, James (Mr.) Contributor address; City; State; Zip Code The Woodlands, TX 77384				Amount of Contribution (\$)	\$41.50
	Principal occu Chief Execut	pation / Job title (See Instructions) ive Officer		Employer (See Instructions CHI St Lukes Health - T		Woodlands Hospital	
	Date 05/20/2024	Full name of contributor out-of-state PA Patel, Malisha (Ms.) Contributor address; City; State; Zip Code Houston, TX 77074	C (ID#:)	•	Amount of Contribution (\$)	\$250.00
		pation / Job title (See Instructions) ident / Chief Executive Officer		Employer (See Instructions Memorial Hermann Sou		vest Hospital	
	31 1100 1 103	ACCULATE CANCELLA CONTROL				root i roopital	

	MONEI	ARY POLITICAL (SCHEDULE A1			
	The Instru	ction Guide explains how	to complete this fo	rm.	1 Total pages Schedule A1: Sch: 47/65 Rpt: 53/80	
2	FILER NAME The Political	Action Committee of the Texa	as Hospital Association		3 Filer ID (Ethics Commission File 00015794	rs)
4	Date 05/15/2024	5 Full name of contributor Pert, Robert (Mr.)6 Contributor address; City; St	out-of-state PAC (ID#:		7 Amount of Contribution (\$) \$	50.00
0	Dringing conu	Wichita Falls, TX 76301 pation / Job title (See Instructions	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	9 Employer (See Instructions		
o	Chief Financ]	United Regional Health		
	Date 05/16/2024	Full name of contributor Peterson, Mary (Dr.) Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code		Amount of Contribution (\$)	50.00
		Corpus Christi, TX 78411				
		pation / Job title (See Instructions)	Employer (See Instructions		
		Operating Officer		Driscoll Children's Hosp		
	Date 05/21/2024	Full name of contributor Piszczor, Joseph (Mr.) Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code		Amount of Contribution (\$) \$3	50.00
	Principal occu	Kerrville, TX 78028 pation / Job title (See Instructions	\	Employer (See Instructions	<u> </u>	
	VP of Opera		,	Peterson Health	9)	
	Date 04/29/2024	Full name of contributor Porter, Lea Anne (Ms.) Contributor address; City; St Austin, TX 78701	out-of-state PAC (ID#:		Amount of Contribution (\$)	\$2.00
	Principal occu VP Retireme	pation / Job title (See Instructions ent Plans)	Employer (See Instructions Texas Hospital Associa		
	Date 05/24/2024	Full name of contributor Porter, Lea Anne (Ms.) Contributor address; City; St Austin, TX 78701	out-of-state PAC (ID#:		Amount of Contribution (\$)	\$2.00
		pation / Job title (See Instructions)	Employer (See Instructions		
	VP Retireme	ent Plans		Texas Hospital Associa	tion Retirement Plan	

	MONEI	ARY POLITICAL C	ONTRIBUTION	IS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this for	n.	1	Total pages Schedule A1: Sch: 48/65 Rpt: 54/80	
2	FILER NAME	Aution Consulting of the Ton			3	Filer ID (Ethics Commission	Filers)
	The Political	Action Committee of the Texas				00015794	
4	Date 05/08/2024	5 Full name of contributor Preston, Deborah (Ms.)6 Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code)	7	Amount of Contribution (\$)	\$5.00
		Abilene, TX 79601					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	<u></u>		
	Director of P	harmacy		Hendrick Medical Cente	r		
_	Date	Full name of contributor	out-of-state PAC (ID#:	1	Π	Amount of Contribution (\$)	
	05/22/2024	Preston, Deborah (Ms.)	out of state 1 Ae (15#			ranount or contribution (¢)	\$5.00
	00/22/2024	Contributor address; City; Sta	te; Zip Code				Ψ0.00
		Abilene, TX 79601					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Director of P	harmacy		Hendrick Medical Cente	r		
	Date	Full name of contributor	out-of-state PAC (ID#:)	Г	Amount of Contribution (\$)	
	05/14/2024	Qualls, Rustin (Mr.)	_				\$20.50
		Contributor address; City; Sta	te; Zip Code				
		Clifton, TX 76634			Ĺ		
		pation / Job title (See Instructions)		Employer (See Instructions		_	
	Director of O	pperations		Goodall-Witcher Healtho	car	e 	
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/29/2024	Ramirez, Erika (Ms.) Contributor address; City; Sta Austin, TX 78701	ite; Zip Code				\$2.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Senior Direc	tor Health Policy		Texas Hospital Associat	ior	1	
	Date 05/24/2024	Full name of contributor [Ramirez, Erika (Ms.)	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$2.00
		Contributor address; City; Sta Austin, TX 78701	te; Zip Code				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	.		
		tor Health Policy		Texas Hospital Associat		1	

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS	SCHEDULE A	1
	The Instru	ction Guide explains hov	v to complete this fo	rm.	1 Total pages Schedule A1: Sch: 49/65 Rpt: 55/80	
2	FILER NAME				3 Filer ID (Ethics Commission Filers	s)
	The Political	Action Committee of the Tex	as Hospital Association		00015794	
4	Date 04/29/2024	5 Full name of contributor Ramirez, Lisa (Ms.)	out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	64.00
		6 Contributor address; City; S	tate; Zip Code			
		Austin, TX 78701				
8		pation / Job title (See Instruction	5)	Employer (See Instructions		
	Specialist			Texas Hospital Associa	tion	
	Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of Contribution (\$)	
	05/24/2024	Ramirez, Lisa (Ms.)			\$	4.00
		Contributor address; City; S	tate; Zip Code			
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instruction:	5)	Employer (See Instructions	5)	
	Specialist			Texas Hospital Associa	tion	
	Date Full name of contributor out-of-state PAC (ID#		out-of-state PAC (ID#:		Amount of Contribution (\$)	
	04/29/2024	Ressmann, Mitzi (Ms.)			\$6	32.00
		Contributor address; City; S Austin, TX 78701	tate; Zip Code			
	Principal occu	pation / Job title (See Instruction	5)	Employer (See Instructions	s)	
	Chief Operat			Texas Hospital Associa		
	Date	Full name of contributor	out-of-state PAC (ID#:		Amount of Contribution (\$)	
	05/24/2024	Ressmann, Mitzi (Ms.)	U out-of-state FAC (ID#		· · ·	32.00
	00/24/2024	Contributor address; City; S Austin, TX 78701	tate; Zip Code			,2.00
	Dringing con		2)	Employer (See Instructions		
	Chief Operat	pation / Job title (See Instruction:	5)	Texas Hospital Associa		
	Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of Contribution (\$)	
	05/15/2024	Richburg, Melanie (Dr.)			\$12	25.00
		Contributor address; City; S Tahoka, TX 79373	tate; Zip Code			
	Principal occu	pation / Job title (See Instruction	s)	Employer (See Instructions	s)	
	Chief Execut			Lynn County Hospital D		
			'			

	MONEI	ARY POLITICAL (SCHEDULE A1			
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 50/65 Rpt: 56/80	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	The Political	Action Committee of the Texa	as Hospital Association		L	00015794	
4	Date 05/08/2024	5 Full name of contributor Richert, Ron (Mr.)6 Contributor address; City; St	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$3.85
_	Discipal	Abilene, TX 79601		O. Faralassa (O. a. lasta atian			
8		pation / Job title (See Instructions)	9 Employer (See Instructions			
	Director of tr	ne Health Club		Hendrick Medical Cente	er		
	Date 05/22/2024	Full name of contributor Richert, Ron (Mr.) Contributor address; City; St	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$3.85
		Abilene, TX 79601					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions			
	Director of th	ne Health Club		Hendrick Medical Cente	er		
	Date 05/15/2024	Full name of contributor Richmond, Travis (Mr.) Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)	•	Amount of Contribution (\$)	\$25.00
		Irving, TX 75038					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>I</u> S)		
	System Dir A	Advocacy & Public Policy		CHRISTUS Health			
	Date 04/29/2024	Full name of contributor Rios, Amy (Ms.) Contributor address; City; St Austin, TX 78701	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$2.00
		pation / Job title (See Instructions	<i>'</i>	Employer (See Instructions			
	Dir Marketin	g & Strategic Communications	5	Texas Hospital Associa	tior	1	
	Date 05/24/2024	Full name of contributor Rios, Amy (Ms.) Contributor address; City; St Austin, TX 78701	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$2.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Dir Marketing	g & Strategic Communications	5	Texas Hospital Associa	tior	1	

	MONET	ARY POLITICAL CONTR		SCHEDUL	DULE A1		
	The Instruc	ction Guide explains how to comp	olete this forr	n.	1	Total pages Schedule A1: Sch: 51/65 Rpt: 57/80	
2	FILER NAME The Political	Action Committee of the Texas Hospita	l Association		3	Filer ID (Ethics Commission 00015794	n Filers)
4	Date 05/10/2024	Robicheaux, James (Mr.)	tate PAC (ID#:		7	Amount of Contribution (\$)	\$42.00
_	Dringing! aggs	Bay City, TX 77414 pation / Job title (See Instructions)	lo.	Employer (See Instructions	<u></u>		
8	Chief Execut	,	l ⁹	Matagorda Regional Me	,	al Center	
	Date 05/08/2024	Full name of contributor out-of-st Robinson, Tracee (Ms.) Contributor address; City; State; Zip Cod)		Amount of Contribution (\$)	\$3.85
		Abilene, TX 79601			Ĺ		
	Principal occur Director of Q	pation / Job title (See Instructions) ruality		Employer (See Instructions Hendrick Medical Cente			
	Date 05/22/2024	Full name of contributor out-of-st Robinson, Tracee (Ms.) Contributor address; City; State; Zip Cod	tate PAC (ID#:)	•	Amount of Contribution (\$)	\$3.85
		Abilene, TX 79601					
	Principal occur Director of Q	pation / Job title (See Instructions) ruality		Employer (See Instructions Hendrick Medical Cente	-		
	Date 05/02/2024	Saenz, Gabriela (Ms.))		Amount of Contribution (\$)	\$500.00
		pation / Job title (See Instructions) Corporate Services		Employer (See Instructions CHRISTUS Health	5)		
	Date 05/08/2024	Full name of contributor out-of-st Saenz, Iris (Ms.) Contributor address; City; State; Zip Cod Houston, TX 77024	tate PAC (ID#:)		Amount of Contribution (\$)	\$20.50
		pation / Job title (See Instructions) blic Policy & Community Benefit		Employer (See Instructions Memorial Hermann Hea		System	
	wanager i ui	s.o. oney a community benefit	<u> </u>	smonarremainrilea			

	MONEI	ARY POLITICAL C	SCHEDULE A1			
	The Instru	ction Guide explains how	to complete this fo	rm.	1 Total pages Schedule A1: Sch: 52/65 Rpt: 58/80	
2	FILER NAME				3 Filer ID (Ethics Commission Filers)	
	The Political	Action Committee of the Texas	s Hospital Association		00015794	
4	Date 04/29/2024	5 Full name of contributor [Safarik, Paulina (Ms.)6 Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code		7 Amount of Contribution (\$) \$2.00)
		Austin, TX 78701				
8		pation / Job title (See Instructions)	9	9 Employer (See Instructions		
	Senior Direc	tor of Human Resources		Texas Hospital Associa	ation	
	Date 05/24/2024	Full name of contributor Safarik, Paulina (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code		Amount of Contribution (\$) \$2.00)
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	ns)	
	Senior Direc	tor of Human Resources		Texas Hospital Associat	ation	
	Date 05/08/2024	Full name of contributor Schmidt, Timothy (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)	Amount of Contribution (\$) \$3.8!	5
		Abilene, TX 79601				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	I) (S)	-
	Dir Property	/ Facility Management		Hendrick Medical Cente	er	
	Date 05/22/2024	Full name of contributor Schmidt, Timothy (Mr.) Contributor address; City; Sta Abilene, TX 79601	out-of-state PAC (ID#:		Amount of Contribution (\$) \$3.89	5
	•	pation / Job title (See Instructions) / Facility Management		Employer (See Instructions Hendrick Medical Cente		
	Date 05/21/2024	Full name of contributor Serrano, Lorenzo (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#:)	Amount of Contribution (\$) \$500.00	=
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	is)	_
	Chief Execut	tive Officer		Winkler County Memoria	ial Hospital	
						_

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 53/65 Rpt: 59/80	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	The Political	Action Committee of the Texa	s Hospital Association			00015794	
4	Date 04/29/2024	5 Full name of contributor Shea, Patrick (Mr.)6 Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$2.00
		Georgetown, TX 78633					
8	Principal occu	pation / Job title (See Instructions)	19	9 Employer (See Instruction	 s)		
•		ement Coordinator		Texas Hospital Insuran		Exchange	
	Date	Full name of contributor	Out of state DAC (ID#)	,	-		
	05/24/2024	Shea, Patrick (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$2.00
		Georgetown, TX 78633					
		pation / Job title (See Instructions)		Employer (See Instruction			
	Risk Manage	ement Coordinator		Texas Hospital Insuran	ce E	Exchange	
	Date 05/07/2024	Full name of contributor Siegert, Stasha (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
		Olney, TX 76374					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instruction	s)		
	Chief Operat	ting Officer / Interim CFO		Olney Hamilton Hospita	al		
	Date 04/29/2024	Full name of contributor Sipes, Michael (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$2.00
		pation / Job title (See Instructions)		Employer (See Instruction			
	Legal Servic	es Specialist		Texas Hospital Associa	ation		
	Date 05/24/2024	Full name of contributor Sipes, Michael (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$2.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instruction	s)		
	Legal Servic	es Specialist		Texas Hospital Associa	ation		

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDUL	E A1		
	The Instru	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 54/65 Rpt: 60/80	
2	FILER NAME The Political	Action Committee of the Texas Hospital Association	on		3	Filer ID (Ethics Commission 00015794	n Filers)
4	Date 05/01/2024	 5 Full name of contributor out-of-state PAC (ID# Sisk, Bryan (Mr.) 6 Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$500.00
_	Discipal	Houston, TX 77024	-la	Frankrije (Ozakastian			
8	·	pation / Job title (See Instructions) President / Chief Nursing Executive	9	Employer (See Instructions Memorial Hermann Hea		System	
	Date 05/19/2024	Full name of contributor out-of-state PAC (ID# Smith, Andrew (Mr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$83.34
	Dringing aggr	San Antonio, TX 78229		Employer (See Instructions	<u></u>		
		pation / Job title (See Instructions) vmnt Relations & Public Policy		Employer (See Instructions University Health	5)		
	Date 04/29/2024	Full name of contributor out-of-state PAC (ID# Smith, John (Mr.) Contributor address; City; State; Zip Code	:)		Amount of Contribution (\$)	\$1.00
		Austin, TX 78701					
		pation / Job title (See Instructions) a & Technology		Employer (See Instructions THA Foundation	s)		
	Date 05/24/2024	Full name of contributor out-of-state PAC (ID# Smith, John (Mr.) Contributor address; City; State; Zip Code Austin, TX 78701)		Amount of Contribution (\$)	\$1.00
	•	pation / Job title (See Instructions) a & Technology		Employer (See Instructions THA Foundation	5)		
	Date 05/22/2024	Full name of contributor out-of-state PAC (ID# Smith, Travis (Mr.) Contributor address; City; State; Zip Code San Antonio, TX 78229	<u> </u>		•	Amount of Contribution (\$)	\$500.00
	Principal occu CFO Clinical	pation / Job title (See Instructions) I Operations		Employer (See Instructions University Health	5)		
		<u> </u>	1	,			

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 55/65 Rpt: 61/80	
2	FILER NAME The Political	Action Committee of the Texa	s Hospital Association		3	Filer ID (Ethics Commission 00015794	Filers)
4	Date 05/08/2024	Full name of contributor Speckels, Donna (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$3.85
_	Delinational annual	Abilene, TX 79601	1.	D. Faralassa (O. a. kastuustis as			
8		pation / Job title (See Instructions) adrick HouseCalls	(9 Employer (See Instructions Hendrick Medical Center			
	Date 05/22/2024	Full name of contributor Speckels, Donna (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$3.85
	Princinal occu	Abilene, TX 79601 pation / Job title (See Instructions)		Employer (See Instructions	;) 		
		drick HouseCalls		Hendrick Medical Cente			
	Date 05/07/2024	Full name of contributor Speer, Gena (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$14.50
		Breckenridge, TX 76424			Ĺ		
	Chief Nursin	pation / Job title (See Instructions) g Officer		Employer (See Instructions Stephens Memorial Hos	•	al	
	Date 04/29/2024	Full name of contributor Srubar, Linda (Mrs.) Contributor address; City; Sta	out-of-state PAC (ID#: ate; Zip Code)		Amount of Contribution (\$)	\$3.00
	Principal occu Executive As	pation / Job title (See Instructions) ssistant	P	Employer (See Instructions Texas Hospital Associat		1	
	Date 05/24/2024	Full name of contributor Srubar, Linda (Mrs.) Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$3.00
	Principal occu	pation / Job title (See Instructions)	1	Employer (See Instructions Texas Hospital Associat		1	
				, 5.185 . 166prai / 166001a		•	

	MONEI	ARY POLITICAL CONTRIBUT	IOI	NS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete thi	s for	·m.	1	Total pages Schedule A1: Sch: 56/65 Rpt: 62/80	
2	FILER NAME The Political	Action Committee of the Texas Hospital Associa	ıtion		3	Filer ID (Ethics Commission 00015794	Filers)
4	Date 05/08/2024	 Full name of contributor	D#:		7	Amount of Contribution (\$)	\$3.85
8	Principal occu	Abilene, TX 79601 pation / Job title (See Instructions)	l _a	Employer (See Instructions	;) 		
Ü	Director Hen			Hendrick Medical Cente			
	Date 05/22/2024	Full name of contributor out-of-state PAC (II Stafford, Steven (Mr.) Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$3.85
		Abilene, TX 79601					
	Principal occu Director Hen	pation / Job title (See Instructions)		Employer (See Instructions Hendrick Medical Cente			
	Date 05/08/2024	Full name of contributor out-of-state PAC (II Stephenson, David (Mr.) Contributor address; City; State; Zip Code	D #:			Amount of Contribution (\$)	\$9.61
		Abilene, TX 79601					
		pation / Job title (See Instructions) Hendrick Clinic & Anesthesia Network		Employer (See Instructions Hendrick Medical Cente			
	Date 05/22/2024	Full name of contributor out-of-state PAC (II Stephenson, David (Mr.) Contributor address; City; State; Zip Code Abilene, TX 79601	D#:)	•	Amount of Contribution (\$)	\$9.62
	•	pation / Job title (See Instructions) Hendrick Clinic & Anesthesia Network		Employer (See Instructions Hendrick Medical Cente	•		
	Date 05/16/2024	Full name of contributor out-of-state PAC (II Stevens, Michelle (Ms.) Contributor address; City; State; Zip Code Haskell, TX 79521	D#:)		Amount of Contribution (\$)	\$41.67
	Principal occu Chief Execut	pation / Job title (See Instructions)		Employer (See Instructions Haskell Memorial Hospi			
	Siller Exceeding			ac.ica memoriai i iospi	-		

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 57/65 Rpt: 63/80	
2	FILER NAME The Political	Action Committee of the Texas	s Hospital Association		3	Filer ID (Ethics Commission 00015794	Filers)
4	Date 04/26/2024	Full name of contributor Taylor, Clay (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code		7	Amount of Contribution (\$)	\$20.50
•	Principal occu	Lubbock, TX 79410 pation / Job title (See Instructions)	16	Employer (See Instructions	<u>-,</u>		
0	Chief Operat		ľ	Covenant Childrens Hos		al	
	Date 04/29/2024	Full name of contributor [Thomas, Wendy (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00
	Deinsinal	Austin, TX 78701	Т	Frankrick (October Archivertica)	<u> </u>		
		pation / Job title (See Instructions) cy / Pub Policy / HOSPAC		Employer (See Instructions Texas Hospital Associat		1	
	Date 05/24/2024	Full name of contributor [Thomas, Wendy (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00
	Delevieral	Austin, TX 78701		Frankrick (O. a. kratusetia na	<u> </u>		
	•	pation / Job title (See Instructions) cy / Pub Policy / HOSPAC		Employer (See Instructions Texas Hospital Associat	•	ı	
	Date 05/08/2024	Full name of contributor Tiffin, Laura (Ms.) Contributor address; City; Sta Cuero, TX 77954	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$1.00
	•	pation / Job title (See Instructions) fice Manager		Employer (See Instructions Cuero Regional Hospita	•		
	Date 04/29/2024	Full name of contributor Trout, Judith (Ms.) Contributor address; City; Sta Austin, TX 78701	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$2.00
		pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Healthcare D	zala Alialysi	1	THA Foundation			

	MONET	ARY POLITICAL CONT	RIBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to com	plete this forr	n.	1	Total pages Schedule A1: Sch: 58/65 Rpt: 64/80	
2	FILER NAME The Political	Action Committee of the Texas Hospit	al Association		3	Filer ID (Ethics Commission 00015794	Filers)
4	Date 05/24/2024	Trout, Judith (Ms.)	-state PAC (ID#:)	7	Amount of Contribution (\$)	\$2.00
_	Deire singel a second	Austin, TX 78701	la la	Fourtheast (Contraction of	<u></u>		
8	Healthcare D	pation / Job title (See Instructions) Pata Analyst	9	Employer (See Instructions THA Foundation	5)		
	Date 05/08/2024	Tucek, Karen (Ms.) Contributor address; City; State; Zip C)		Amount of Contribution (\$)	\$3.85
	Principal occu	Abilene, TX 79601 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)		
	Director, Hos	· · · · · · · · · · · · · · · · · · ·		Hendrick Medical Cente			
	Date 05/22/2024	Full name of contributor out-of Tucek, Karen (Ms.) Contributor address; City; State; Zip C	-state PAC (ID#:)		Amount of Contribution (\$)	\$3.85
		Abilene, TX 79601					
	Principal occup Director, Hos	pation / Job title (See Instructions)		Employer (See Instructions Hendrick Medical Cente			
	Date 04/29/2024	Turner, Matt (Mr.)	-state PAC (ID#:)		Amount of Contribution (\$)	\$2.00
		pation / Job title (See Instructions) tor Quality & Payment		Employer (See Instructions Texas Hospital Associate	•	ı	
	Date 05/24/2024	Full name of contributor out-of Turner, Matt (Mr.) Contributor address; City; State; Zip C	-state PAC (ID#:)		Amount of Contribution (\$)	\$2.00
		pation / Job title (See Instructions)		Employer (See Instructions			
	Seliioi Dilect	tor Quality & Payment		Texas Hospital Associat	uul	1	

	MONEI	ARY POLITICAL C	ONTRIBUTION	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 59/65 Rpt: 65/80	
2	FILER NAME	Action Committee of the Texas	e Hospital Association		3	Filer ID (Ethics Commission 00015794	n Filers)
_					L		
4	Date 05/22/2024	5 Full name of contributor [Vanek, James (Mr.)6 Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)	7	Amount of Contribution (\$)	\$500.00
		Columbus, TX 78934					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	<u></u>		
	Chief Execut	tive Officer		Columbus Community F	los	pital	
	Date 05/08/2024	Full name of contributor Vidrine, Amanda (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$3.85
		Abilene, TX 79601					
		pation / Job title (See Instructions)		Employer (See Instructions			
	Quality & Re	gulatory Manager		Hendrick Medical Cente	r		
	Date 05/22/2024	Full name of contributor Vidrine, Amanda (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$3.85
		Abilene, TX 79601					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Quality & Re	gulatory Manager		Hendrick Medical Cente	r		
	Date 05/08/2024	Full name of contributor Wade, Susan (Ms.) Contributor address; City; Sta Abilene, TX 79601	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$15.00
	Principal occu Abilene Mark	pation / Job title (See Instructions) ket COO		Employer (See Instructions Hendrick Medical Cente			
	Date 05/22/2024	Full name of contributor Wade, Susan (Ms.) Contributor address; City; Sta Abilene, TX 79601	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$15.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Abilene Mark	ket COO		Hendrick Medical Cente	r		

	MONET	ARY POLITICAL CONTRIBUTION	NC	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 60/65 Rpt: 66/80	
2	FILER NAME The Political	Action Committee of the Texas Hospital Association	n		3	Filer ID (Ethics Commission 00015794	Filers)
4	Date 05/08/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$3.85
_	Dein sin al annu	Abilene, TX 79601	٦,	Frankrije (Ozakativati			
8	Healthcare P	pation / Job title (See Instructions) Professional	9	Employer (See Instructions Hendrick Medical Cente			
	Date 05/22/2024	Full name of contributor out-of-state PAC (ID# Wagner, Angela (Ms.) Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$3.85
	Principal occur	Abilene, TX 79601 pation / Job title (See Instructions)	1	Employer (See Instructions	·/-		
	Healthcare P	,		Hendrick Medical Cente			
	Date 05/08/2024	Full name of contributor)	•	Amount of Contribution (\$)	\$9.61
		Brownwood, TX 76804					
	Principal occur Chief Financ	pation / Job title (See Instructions) cial Officer		Employer (See Instructions Hendrick Medical Cente	•		
	Date 05/22/2024	Full name of contributor out-of-state PAC (ID# Wallschlaeger, Erich (Mr.) Contributor address; City; State; Zip Code Brownwood, TX 76804)		Amount of Contribution (\$)	\$9.62
	Principal occu Chief Financ	pation / Job title (See Instructions)		Employer (See Instructions Hendrick Medical Cente			
	Date 05/08/2024	Full name of contributor out-of-state PAC (ID# Walzer, Cheryl (Ms.) Contributor address; City; State; Zip Code Abilene, TX 79601	:			Amount of Contribution (\$)	\$3.85
	•	pation / Job title (See Instructions) ledsurg / Tele		Employer (See Instructions Hendrick Medical Cente			
	355.01 01 W		1_	The state of the s			

	MONEI	ARY POLITICAL CO	NIRIBUTION	IS		SCHEDUL	E A1
	The Instru	ction Guide explains how to	complete this for	m.	1	Total pages Schedule A1: Sch: 61/65 Rpt: 67/80	
2	FILER NAME				3	•	n Filers)
		Action Committee of the Texas H	<u> </u>			00015794	
4	Date 05/22/2024	5 Full name of contributor Walzer, Cheryl (Ms.)6 Contributor address; City; State;	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$3.85
		Abilene, TX 79601					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions)		
	Director of M	ledsurg / Tele		Hendrick Medical Cente	r		
	Date	Full name of contributor	out-of-state PAC (ID#:	1		Amount of Contribution (\$)	
	05/20/2024	Warner, Freddy (Mr.)	out of state 1710 (IBII	<i>'</i>		7 mileant of Continuation (4)	\$145.50
	00/20/2021	Contributor address; City; State;	7in Code				Ψ1 10.00
		Contributor address, City, State,	Zip Code				
		Houston, TX 77024					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Chief Govern	nment Relations Officer		Memorial Hermann Hea	lth	System	
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	05/08/2024	Waters, Amber (Ms.)					\$3.85
		Contributor address; City; State;	Zip Code				
		. ,	•				
		Abilene, TX 79601					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Director of A	dmissions		Hendrick Medical Cente	r		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	05/22/2024	Waters, Amber (Ms.)					\$3.85
		Contributor address; City; State;	Zip Code				
		Abilene, TX 79601					
	'	pation / Job title (See Instructions)		Employer (See Instructions			
	Director of A	dmissions		Hendrick Medical Cente	r		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	05/07/2024	Weller, Meghan (Ms.)					\$50.00
		Contributor address; City; State;	Zip Code				
		Austin, TX 78701					
	•	pation / Job title (See Instructions)		Employer (See Instructions			
	Director of G	overnment Relations		HCA Healthcare-Centra	l &	West Texas Division	

	MONET	ARY POLITICAL CON	ITRIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to c	omplete this forr	n.	1	Total pages Schedule A1: Sch: 62/65 Rpt: 68/80	
2	FILER NAME The Political	Action Committee of the Texas Ho	spital Association		3	Filer ID (Ethics Commission 00015794	Filers)
4	Date 05/08/2024	5 Full name of contributor ou Wharton, Elisha (Ms.)	it-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$3.85
_		Abilene, TX 79601			<u></u>		
8	Sr Practice N	pation / Job title (See Instructions) Manager	9	Employer (See Instructions Hendrick Medical Cente			
	Date 05/22/2024	Full name of contributor ou Wharton, Elisha (Ms.) Contributor address; City; State; Zi				Amount of Contribution (\$)	\$3.85
	Dringing! goog	Abilene, TX 79601 pation / Job title (See Instructions)		Employer (See Instructions	·/		
	Sr Practice N	` ` ,		Hendrick Medical Cente			
	Date 04/29/2024	Full name of contributor ou ou williams, Carrie (Ms.) Contributor address; City; State; Zi	tt-of-state PAC (ID#: p Code)		Amount of Contribution (\$)	\$20.00
		Austin, TX 78701					
		pation / Job title (See Instructions) unications Officer		Employer (See Instructions Texas Hospital Associat	-	ı	
	Date 05/24/2024	Full name of contributor ou ou williams, Carrie (Ms.) Contributor address; City; State; Zi Austin, TX 78701				Amount of Contribution (\$)	\$20.00
	·	pation / Job title (See Instructions) unications Officer		Employer (See Instructions Texas Hospital Associate	-		
	Date 04/29/2024	Full name of contributor ou williams, Patty (Ms.) Contributor address; City; State; Zi	nt-of-state PAC (ID#:			Amount of Contribution (\$)	\$2.00
	•	pation / Job title (See Instructions) Manager - Business Services		Employer (See Instructions THA Foundation	5)		
	Telegronomp						

	MONET	ARY POLITICAL CONTRIBU	JTION	IS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete	this for	m.	1	Total pages Schedule A1: Sch: 63/65 Rpt: 69/80	
2	FILER NAME The Political	Action Committee of the Texas Hospital Asso	ociation		3	Filer ID (Ethics Commissio 00015794	n Filers)
4	Date 05/24/2024	 Full name of contributor out-of-state PA Williams, Patty (Ms.) Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$2.00
_	Deire sin al acces	Austin, TX 78701	- 10	Faralassa (Osas lastassatisas			
8	•	pation / Job title (See Instructions) Manager - Business Services	9	Employer (See Instructions THA Foundation	5)		
	Date 05/20/2024	Full name of contributor out-of-state PA Williams, Shelton (Mr.) Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$41.00
	Deire sin al access	Laredo, TX 78044	Ī	Faralassa (Osas kastasatisas			
	Chief Execut	pation / Job title (See Instructions) tive Officer		Employer (See Instructions Laredo Medical Center	5)		
	Date 04/29/2024	Full name of contributor out-of-state PA Williams, Sheri (Ms.) Contributor address; City; State; Zip Code	.C (ID#:		•	Amount of Contribution (\$)	\$175.00
		Seguin, TX 78155			L		
	Chief Operat	pation / Job title (See Instructions) ting Officer		Employer (See Instructions Guadalupe Regional Me		cal Ctr	
	Date 04/26/2024	Full name of contributor out-of-state PA Willmann, Adam (Mr.) Contributor address; City; State; Zip Code Clifton, TX 76634)		Amount of Contribution (\$)	\$62.50
	Principal occu President / C	pation / Job title (See Instructions)		Employer (See Instructions Goodall-Witcher Health		е	
	Date 05/08/2024	Full name of contributor out-of-state PA Willson, Megan (Mr.) Contributor address; City; State; Zip Code Abilene, TX 79601			•	Amount of Contribution (\$)	\$4.81
	Principal occu Healthcare P	pation / Job title (See Instructions)		Employer (See Instructions Hendrick Medical Cente			
	. iodiiiodic F	Totostorial					

	MONET	ARY POLITICAL CON	NTRIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to c	omplete this for	m.	1	Total pages Schedule A1: Sch: 64/65 Rpt: 70/80	
2	FILER NAME The Political	Action Committee of the Texas Ho	spital Association		3	Filer ID (Ethics Commission 00015794	Filers)
4	Date 05/22/2024	5 Full name of contributor on Willson, Megan (Mr.)	ut-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$4.81
_	Dringing! aggs	Abilene, TX 79601	lo.	Employer (Con Instructions	<u></u>		
8	Healthcare P	pation / Job title (See Instructions) Professional	9	Employer (See Instructions Hendrick Medical Cente			
	Date 04/29/2024	Wohleb, Stephen (Mr.) Contributor address; City; State; Z				Amount of Contribution (\$)	\$41.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)		Employer (See Instructions	 ;)		
	General Cou	insel		Texas Hospital Associat		1	
	Date 05/24/2024	Full name of contributor on Wohleb, Stephen (Mr.) Contributor address; City; State; Z	ut-of-state PAC (ID#: ip Code			Amount of Contribution (\$)	\$41.00
		Austin, TX 78701					
	Principal occu General Cou	pation / Job title (See Instructions) Insel		Employer (See Instructions Texas Hospital Associat	•	1	
	Date 05/08/2024	Full name of contributor on the second of th				Amount of Contribution (\$)	\$4.81
	•	pation / Job title (See Instructions) stant Vice President Supply Chain		Employer (See Instructions Hendrick Medical Cente			
	Date 05/22/2024	Wood, Adam (Mr.)				Amount of Contribution (\$)	\$4.81
	•	pation / Job title (See Instructions) stant Vice President Supply Chain		Employer (See Instructions Hendrick Medical Cente			
	System Assi	Canal vice i resident Supply Chair			•		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 65/65 Rpt: 71/80	
2	FILER NAME The Political	Action Committee of the Texas Hospital Association	1	3	Filer ID (Ethics Commission 00015794	n Filers)
4	Date 05/12/2024	5 Full name of contributor out-of-state PAC (ID#:_ Wren, Jason (Mr.) 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$500.00
		Decatur, TX 76234				
8	Principal occu Chief Execu	pation / Job title (See Instructions) tive Officer	9 Employer (See Instructions Medical City Decatur	5)		
	Date 05/09/2024	Full name of contributor out-of-state PAC (ID#:_Yancey, Janay (Ms.) Contributor address; City; State; Zip Code		•	Amount of Contribution (\$)	\$29.00
	Principal occu	Woodville, TX 75979 upation / Job title (See Instructions)	Employer (See Instructions	<u>''</u>		
	Chief Opera		Tyler County Hospital	·)		
	Date 04/29/2024	Full name of contributor out-of-state PAC (ID#:_ Zamarron, Ignacio (Mr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$83.34
		Austin, TX 78701				
		pation / Job title (See Instructions) President / CFO	Employer (See Instructions Texas Hospital Associat		1	
	Date 05/24/2024	Full name of contributor out-of-state PAC (ID#:_Zamarron, Ignacio (Mr.) Contributor address; City; State; Zip Code Austin, TX 78701)		Amount of Contribution (\$)	\$83.34
	•	pation / Job title (See Instructions)	Employer (See Instructions		1	
	Senior Vice	President / CFO	Texas Hospital Associat	tior		

MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C3

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

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

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commit Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	
Sch: 1/6 Rpt: 74/80	The Political Action Committee of the Texas Hospital 00015794
4 Date	5 Payee name
05/03/2024	Ann Johnson Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$3,000.00	PO Box 56386
Expenditure from corporate funds	Houston, TX 77256
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaign contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
05/03/2024	Armando Walle Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$4,000.00	4826 Hollybrook Lane
Expenditure from corporate funds	Houston, TX 77039
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By Contributions/Donations Made By Contributions/Donations Made By
EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
05/02/2024	Frost Bank
Amount (\$)	Payee address; City; State; Zip Code
\$53.35	PO Box 1727
Ψ00.00	··
Expenditure from	Auctin TV 70767
corporate funds	Austin, TX 78767
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Credit Card Processing Fees
	2.5a., 5a. 2 . 15555511g 1 555
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made E Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 3/6 Rpt: 76/80	The Political Action Committee of the Texas Hospital 00015794
4 Date	5 Payee name
05/10/2024	Hyatt Dallas
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$607.62	300 Reunion Blvd
Expenditure from corporate funds	Dallas, TX 75207
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	In kind: lodging for candidate meet & greet event
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
05/10/2024	Jimmy Blacklock Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	P O Box 1588
Expenditure from corporate funds	Austin, TX 78765
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee
	Campaign continuation
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
04/26/2024	Justice Jane Bland Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	P O Box 217
Ψ <u>1,</u> 000.00	1 G BOX 211
Expenditure from corporate funds	Austin, TX 78767
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Forms provided by Tayas F	thics Commission www.athics.state.tv.us Varsion V/A 1.0 d278aha0

SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 4/6 Rpt: 77/80	2 FILER NAME The Political Action Committee of the Texas Hospital 3 Filer ID (Ethics Commission Filers) 00015794
4 Date	5 Payee name
05/03/2024	Lacey Hull Campaign
6 Amount (\$) \$2,000.00	7 Payee address; City; State; Zip Code PO Box 19231
Ψ2,000.00	1 O BOX 13231
Expenditure from corporate funds	Houston, TX 77724
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Campaign contribution
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Data	
Date	Payee name
04/26/2024	Stripe
Amount (\$)	Payee address; City; State; Zip Code
\$855.41	354 Oyster Point Blvd
- Funanditura from	
Expenditure from corporate funds	South San Francisco, CA 94080
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Processing fees for processing multiple credit card contributions 4/26-5/24/24
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiorare to benefit C/O	
Date	Payee name
05/06/2024	Stripe
Amount (\$)	Payee address; City; State; Zip Code
\$0.63	354 Oyster Point Blvd
Expenditure from corporate funds	South San Francisco, CA 94080
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Cradit Cord Processing Foos
	Credit Card Processing Fees
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 5/6 Rpt: 78/80	The Political Action Committee of the Texas Hospital 00015794
4 Date	5 Payee name
05/13/2024	Stripe
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2.18	354 Oyster Point Blvd
— Foresaditus from	
Expenditure from corporate funds	South San Francisco, CA 94080
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Credit Card Processing Fees
	Ground State 1 1000000111g 1 0000
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	H
Date	Payee name
05/20/2024	Stripe
Amount (\$)	Payee address; City; State; Zip Code
\$3.07	354 Oyster Point Blvd
Expenditure from corporate funds	South San Francisco, CA 94080
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Credit Card Processing Fees
	Credit Card Frocessing Fees
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
05/22/2024	Stripe
Amount (\$)	Payee address; City; State; Zip Code
\$0.67	354 Oyster Point Blvd
φ0.07	334 Oyster Form Bivu
Expenditure from corporate funds	South San Francisco, CA 94080
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Credit Cord Processing Food
	Credit Card Processing Fees
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Frinting Expense Frinting Expense Traver Out of District OTHER (enter a category not listed above)
•	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 6/6 Rpt: 79/80	The Political Action Committee of the Texas Hospital 00015794
4 Date	5 Payee name
05/03/2024	Suleman Lalani Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,500.00	PO Box 6514
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Expenditure from corporate funds	Houston, TX 77265
<u> </u>	1
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made Ry (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Campaign contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
05/10/2024	The Austin Club
Amount (\$)	Payee address; City; State; Zip Code
\$137.92	110 East 9th St
Expenditure from	
corporate funds	Austin, TX 78701
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	In kind: candidate fundraiser
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
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UNPAID INCURRED OBLIGATIONS SCHEDULE F2 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F2: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 1/1 Rpt: 80/80 The Political Action Committee of the Texas Hospital 00015794 \$ TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS 5 Date Payee name 05/15/2024 Atchley & Associates LLP Amount (\$) Payee address; State; Zip Code \$825.00 1105 La Posada Dr Expenditure from Х Austin, TX 78752 corporate funds TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Accounting/Banking **EXPENDITURE** Check if Austin, TX, officeholder living expense PAC accounting and reporting services 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH