MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC COVER SHEET PG 1

The MPAC Instruction	2 Total pages filed: 55				
3 COMMITTEE NAME		00015794			
	n Committee of the Texas Hospital Associ	ation	OFFICE USE ONLY		
			07/05/2024		
4 COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP			
	1108 Lavaca Ste 700				
Change of Address	Austin, TX 78701				
5 CAMPAIGN	MS/MRS/MR FIRST	MI	Date Hand-delivered or Date Postmarked		
TREASURER	Ms. Carrie		Receipt # Amount		
NAME					
			Date Processed		
	NICKNAME LAST Kroll	SUFF	Date Imaged		
	KIOII		Suc mayou		
6 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE)	; APT / SUITE #; CITY; S	TATE; ZIP CODE		
TREASURER STREET	1108 Lavaca, Suite 700	. , -			
ADDRESS					
(Residence or Business)	Austin, TX 78701				
7 CAMPAIGN	STREET ADDRESS OR PO BOX;	APT / SUITE #; CITY; S	STATE; ZIP CODE		
TREASURER MAILING	1108 Lavaca, Suite 700				
ADDRESS					
Change of Address	Austin, TX 78701				
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION			
TREASURER PHONE	(512) 465-1043				
	,				
9 REPORT TYPE	X Monthly	10th day after campaign	Dissolution (Attach PAC-DR)		
		L treasurer termination			
10 MONTHLY REPORT FILING	January 5 Apri	I 5 X July 5	October 5		
DEADLINE	February 5		November 5		
	March 5 Jun	e 5 September 5	December 5		
11 PERIOD	Month Day Year	Month	Day Year		
COVERED	05/26/2024	THROUGH 06/25	5/2024		
	•				
	GO TO PAGE 2				
Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V4.1.0.d378aba0					

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
The Political Action Con	nmittee of the Texas H	ospital Association	00015794	L.
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported The Honorable Cesar J. Blanco	o State Sena	ator
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLEI	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	15,198.33
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	5,483.21
CONTRIBUTION BALANCE	5. TOTAL POLITICAL C OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	163,400.99
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF 1 REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT	•			
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.		
		Ms. Ca	rrie Kroll	
		Signature of Ca	mpaign Treası	urer
AFFIX NOTARY	STAMP / SEAL ABOVE			
Sworn to and subscribed	before me, by the said	, tł	nis the	day
of	, 20, to certify v	vhich, witness my hand and seal of office.		
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title of offi	cer administering oath
Forms provided by Texas E	thics Commission	www.ethics.state.tx.us		Version V4.1.0.d378aba0

FORM MPAC

COVER SHEET PG 3 3 of 55

17 COMMITTE	(Ethics Commission Filers)						
The Politic	al Action Committee of the Texas Hospital Association	00015794					
19 SCHEDULE			SUBTOTAL AMOUNT				
	NAME OF SCHEDULE						
1. X		\$ 10,173.33					
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$				
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$				
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABC ORGANIZATION	R	\$				
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA LABOR ORGANIZATION	TION OR	\$				
6. X	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$ 825.00				
7. X	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$ 4,200.00				
8.	8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION						
9.	SCHEDULE E: LOANS		\$				
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	5	\$ 5,483.21				
11.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$				
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 CONTRIBUTIO	DNS	\$				
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$				

SUBTOTALS - MPAC

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 1/46 Rpt: 4/55	
2 FILER NAME			3 Filer ID (Ethics Commission File	lers)
The Political /	Action Committee of the Texas Hospital Association	n	00015794	
4 Date	5 Full name of contributor Out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
06/21/2024	Amador, Dolores (Ms.)			\$1.00
	6 Contributor address; City; State; Zip Code			
	Georgetown, TX 78633			
8 Principal occup	pation / Job title (See Instructions)	9 Employer (See Instructions	<u>ا</u> ٤)	
Claims Manag	ger	Texas Hospital Insuranc	e Exchange	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
06/18/2024	Ambrose, Ryan (Mr.)			\$20.50
l +	Contributor address; City; State; Zip Code			
	Houston, TX 77024			
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions	\$)	
Director Fede	eral and State Relations	Memorial Hermann Hea	lth System	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
06/21/2024	Andersen, Daniel (Mr.)			\$14.00
ľ	Contributor address; City; State; Zip Code			
	Georgetown, TX 78633			
	pation / Job title (See Instructions)	Employer (See Instructions		
VP Underwrit	ting & Business Development	Texas Hospital Insuranc	e Exchange	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
06/05/2024	Archibald, Norman (Mr.)			\$19.23
	Contributor address; City; State; Zip Code			
	Abilene, TX 79601			
	pation / Job title (See Instructions)	Employer (See Instructions		
Director Legis	slative and Public Policy	Hendrick Medical Cente	۲r	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
06/21/2024	Archibald, Norman (Mr.)			\$19.23
ľ	Contributor address; City; State; Zip Code			
	Abilene, TX 79601			
	pation / Job title (See Instructions)	Employer (See Instructions		
Director Legis	slative and Public Policy	Hendrick Medical Cente	۲	

	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 2/46 Rpt: 5/55	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	The Political	Action Committee of the Texas Hospital Association	1		00015794	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	06/12/2024	Bagchi, Sam (Dr.)				\$165.00
		6 Contributor address; City; State; Zip Code	6 Contributor address; City; State; Zip Code			
		Irving, TX 75038				
8	•		9 Employer (See Instructions	5)		
	EVP / Chief	Clinical Officer	CHRISTUS Health			
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	06/04/2024	Baker, Donald (Mr.)				\$2,000.00
		Contributor address; City; State; Zip Code				
		Nashville, TN 37215				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	President		Ardent Texas Division			
╞	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	06/17/2024	Ballew, Joel (Mr.)				\$41.50
		Contributor address; City; State; Zip Code				
		Arlington, TX 76011				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	VP Governm	nent & Community Affairs	Texas Health Resources	S		
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	06/21/2024	Banda, Jennifer (Ms.)				\$41.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	Senior VP A	dvocacy & Public Policy	Texas Hospital Associat	ior	1	
╞	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	06/05/2024	Baty, Krista (Ms.)				\$27.50
		Contributor address; City; State; Zip Code				
		Brownwood, TX 76801				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	Chief Admin	istrative Officer	Hendrick Medical Cente	r		
\vdash						

I The Instruction Guide explains how to complete this form.	
	Total pages Schedule A1: Sch: 3/46 Rpt: 6/55
2 FILER NAME 3 F	Filer ID (Ethics Commission Filers)
	00015794
	Amount of Contribution (\$)
06/21/2024 Baty, Krista (Ms.)	\$27.50
6 Contributor address; City; State; Zip Code	
Brownwood, TX 76801	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	
Chief Administrative Officer Hendrick Medical Center	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/21/2024 Beasley, Sharon (Ms.)	\$8.00
Contributor address; City; State; Zip Code	
Austin, TX 78701	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Sr Dir Governance & Exec Administration Texas Hospital Association	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/21/2024 Bell, Jeff (Mr.)	\$4.00
Contributor address; City; State; Zip Code	
Austin, TX 78701	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Manager Corporate Relations THA Foundation	
	Amount of Contribution (\$)
06/05/2024 Benham, Bradley (Mr.)	\$9.62
Contributor address; City; State; Zip Code	
Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Principal occupation / Job title (See Instructions) Employer (See Instructions) VP HMC Foundation Hendrick Medical Center	
Principal occupation / Job title (See Instructions) Employer (See Instructions) VP HMC Foundation Hendrick Medical Center Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions) VP HMC Foundation Hendrick Medical Center Date Full name of contributor out-of-state PAC (ID#:) 06/21/2024 Benham, Bradley (Mr.) A	Amount of Contribution (\$) \$9.62
Principal occupation / Job title (See Instructions) Employer (See Instructions) VP HMC Foundation Hendrick Medical Center Date Full name of contributor out-of-state PAC (ID#:)	
Principal occupation / Job title (See Instructions) Employer (See Instructions) VP HMC Foundation Hendrick Medical Center Date Full name of contributor out-of-state PAC (ID#:) 06/21/2024 Benham, Bradley (Mr.) A	
Principal occupation / Job title (See Instructions) Employer (See Instructions) VP HMC Foundation Hendrick Medical Center Date Full name of contributor out-of-state PAC (ID#:) 06/21/2024 Benham, Bradley (Mr.) A Contributor address; City; State; Zip Code Contributor A	
Principal occupation / Job title (See Instructions) Employer (See Instructions) VP HMC Foundation Hendrick Medical Center Date Full name of contributor out-of-state PAC (ID#:) 06/21/2024 Benham, Bradley (Mr.) A Contributor address; City; State; Zip Code Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Employer (See Instructions) VP HMC Foundation Hendrick Medical Center Date Full name of contributor out-of-state PAC (ID#:) 06/21/2024 Benham, Bradley (Mr.) A Contributor address; City; State; Zip Code Abilene, TX 79601 Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Principal occupation / Job title (See Instructions) Employer (See Instructions) VP HMC Foundation Hendrick Medical Center Date Full name of contributor out-of-state PAC (ID#:) 06/21/2024 Benham, Bradley (Mr.) Contributor address; City; State; Zip Code Abilene, TX 79601	

	The Instruction Guide explains how to complete this form.				Total pages Schedule A1: Sch: 4/46 Rpt: 7/55	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	The Political	Action Committee of the Texas Hospital Associatio	'n		00015794	,
4	Date	5 Full name of contributor Out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	06/05/2024	Bessent, Brian (Mr.)				\$32.50
		6 Contributor address; City; State; Zip Code				
		· · · · · · · · · · · · · · · · · · ·				
		Abilene, TX 79601				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	VP / Chief St	trategy & Experience Officer	Hendrick Medical Cente	er		
F	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	06/21/2024	Bessent, Brian (Mr.)				\$32.50
		Contributor address; City; State; Zip Code				
		Abilene, TX 79601				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	VP / Chief St	trategy & Experience Officer	Hendrick Medical Cente	er		
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	06/15/2024	Booth, Donny (Mr.)				\$41.67
		Contributor address; City; State; Zip Code				
		Andrews, TX 79714				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Chief Execut	live Officer	Permian Regional Medio	cal	Center	
	Date	Full name of contributor out-of-state PAC (ID#:_	·)		Amount of Contribution (\$)	
	06/05/2024	Bowden, Sherri (Ms.)				\$3.85
		Contributor address; City; State; Zip Code				
		Abilene, TX 79601				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Director Pulr	nonary Services	Hendrick Medical Cente	er		
	Date	Full name of contributor out-of-state PAC (ID#:_	<u>.</u>		Amount of Contribution (\$)	
	06/21/2024	Bowden, Sherri (Ms.)				\$3.85
		Contributor address; City; State; Zip Code				
		Abilene, TX 79601				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Director Pulr	nonary Services	Hendrick Medical Cente	er		

The Instru	ction Guide explains how to complete this f	orm.		Total pages Schedule A1: Sch: 5/46 Rpt: 8/55	
2 FILER NAME			3	Filer ID (Ethics Commission	Filers)
	Action Committee of the Texas Hospital Association			00015794	,
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
05/27/2024	Bradley, Denise (Ms.)				\$41.00
	6 Contributor address; City; State; Zip Code				
	Austin, TX 78701				
	pation / Job title (See Instructions)	9 Employer (See Instructions)	5)		
VP Marketin	g & Corporate Affairs	St. David's HealthCare			
Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
06/05/2024	Brockway, Toni (Ms.)				\$5.00
	Contributor address; City; State; Zip Code				
	Abilene, TX 79601				
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	5)		
Director of V	Vorkforce Dev	Hendrick Medical Center	r		
Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
06/21/2024	Brockway, Toni (Ms.)				\$5.00
	Contributor address; City; State; Zip Code				
	Abilene, TX 79601				
	pation / Job title (See Instructions)	Employer (See Instructions)			
Director of V	Vorkforce Dev	Hendrick Medical Center	r		
Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
06/05/2024	Broderick, Treva (Ms.)				\$4.81
	Contributor address; City; State; Zip Code				
	Abilene, TX 79601				
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	5)		
Assistant Vic	ce President Clinical Svs	Hendrick Medical Center	r		
Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
06/21/2024	Broderick, Treva (Ms.)				\$4.81
	Contributor address; City; State; Zip Code				
	Abilene, TX 79601				
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	5)		
Assistant Vid	ce President Clinical Svs	Hendrick Medical Center	r		

The Instru	ction Guide explains how to complete this f	orm.		Total pages Schedule A1: Sch: 6/46 Rpt: 9/55	
2 FILER NAME				Filer ID (Ethics Commissio	on Filers)
	Action Committee of the Texas Hospital Associatio	n		00015794	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
05/30/2024	Callender, David (Dr.)				\$1,750.00
	6 Contributor address; City; State; Zip Code		·		
	Houston, TX 77024				
8 Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	s)		
President		Memorial Hermann Hea	alth S	System	
Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
06/05/2024	Calvo, Raul (Mr.)				\$2.50
	Contributor address; City; State; Zip Code		·		
	Abilene, TX 79608				
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions			
Board Vice (Chair	Hendrick Medical Cente	er		
Date	Full name of contributor out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)	
06/21/2024	Calvo, Raul (Mr.)				\$2.50
	Contributor address; City; State; Zip Code		"		
	Abilene, TX 79608	-			
	upation / Job title (See Instructions)	Employer (See Instructions			
Board Vice (Chair	Hendrick Medical Cente	er		
Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
06/05/2024	Camacho, Precilla (Ms.)				\$3.85
	Contributor address; City; State; Zip Code		"		
	Abilene, TX 79601				
	pation / Job title (See Instructions)	Employer (See Instructions			
Nurse		Hendrick Medical Cente	er		
Date	Full name of contributor out-of-state PAC (ID#:)	Ī	Amount of Contribution (\$)	
06/21/2024	Camacho, Precilla (Ms.)				\$3.85
	Contributor address; City; State; Zip Code		1		
	Abilene, TX 79601				
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions			
Nurse		Hendrick Medical Cente	er		
		•			

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 7/46 Rpt: 10/55	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
		Action Committee of the Texas Hospital Association			00015794	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_		7	Amount of Contribution (\$)	
	06/05/2024	Canada, Kirk (Mr.)				\$30.00
		6 Contributor address; City; State; Zip Code				•
		Abilene, TX 79601				
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	L;)		
	•	ting Office / System VP	Hendrick Medical Cente			
╞	Date	Full name of contributor Out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	06/21/2024	Canada, Kirk (Mr.)	/			\$30.00
	00,22,222	Contributor address; City; State; Zip Code				+•
		CUltimbutor address, City, State, Lip Code				
		Abilene, TX 79601				
	Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	L;)		
		ting Office / System VP	Hendrick Medical Cente			
	Date	Full name of contributor Out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	06/05/2024	Casey, Mary (Ms.)	/			\$3.85
	• • • • • •	Contributor address; City; State; Zip Code				
		Abilene, TX 79601				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	;)		
	Healthcare F	Professional	Hendrick Medical Cente	r		
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	06/21/2024	Casey, Mary (Ms.)				\$3.85
	I	Contributor address; City; State; Zip Code				
		Abilene, TX 79601				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	;)		
	Healthcare F	Professional	Hendrick Medical Cente	r		
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	06/05/2024	Cates, Boyd (Mr.)				\$1.00
	I	Contributor address; City; State; Zip Code				
		Abilene, TX 79601				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Diagnostic T	echnologist	Hendrick Medical Cente	r		

The Instruction Guide explains how to complete this form. 1 Total pages Sched Sch: 8/46 Rpt: 11 2 FILER NAME 3 Filer ID (Ethics C The Delivited Action Committee of the Tempe Magnitud Accessibility	
	commission Filers)
The Political Action Committee of the Texas Hospital Association 00015794	
4 Date 5 Full name of contributor out-of-state PAC (ID#:) 7 Amount of Contribu	ution (\$)
06/21/2024 Cates, Boyd (Mr.)	\$1.00
6 Contributor address; City; State; Zip Code	
Abilene, TX 79601	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	
Diagnostic Technologist Hendrick Medical Center	
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution	ution (\$)
06/10/2024 Clevenger, Erin (Ms.)	\$14.59
Contributor address; City; State; Zip Code	
Port Lavaca, TX 77979	
Principal occupation / Job title (See Instructions)Employer (See Instructions)Interim CEO / CNO / Clinical Services AdministratorMemorial Medical Center	
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribu	
06/02/2024 Coleman, Shane (Mr.)	\$41.00
Contributor address; City; State; Zip Code	
Mineral Wells, TX 76067	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Chief Operating Officer Palo Pinto General Hospital	
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contributor	ution (\$)
06/12/2024 Collins, Chad (Mr.)	\$14.50
Contributor address; City; State; Zip Code	
Plano, TX 75093	
Principal occupation / Job title (See Instructions)Employer (See Instructions)Vice President OperationsTexas Health Presbyterian Hospital Plano	
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribu	
06/05/2024 Conger, Cody (Mr.)	\$4.00
Contributor address; City; State; Zip Code	
Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Health Director, Invasive Cardiology Hendrick Medical Center	

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 9/46 Rpt: 12/55
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	Action Committee of the Texas Hospital Association		00015794
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
06/21/2024			\$4.00
	6 Contributor address; City; State; Zip Code		
	Abilene, TX 79601		
8 Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	\$)
Health Direc	tor, Invasive Cardiology	Hendrick Medical Cente	۲
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/05/2024	Connell, Jessica (Ms.)		\$4.81
	Contributor address; City; State; Zip Code		1
	Brownwood, TX 76804		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)
Chief Nursin		Hendrick Medical Cente	۲ ۲
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/21/2024	Connell, Jessica (Ms.)	/	\$4.81
	Contributor address; City; State; Zip Code		
	Brownwood, TX 76804		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)
Chief Nursin	g Officer	Hendrick Medical Cente	۲
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/21/2024	Conner, Cecil (Mr.)		\$4.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78731		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	\$)
Risk Manage	ement Advisor	Texas Hospital Insuranc	e Exchange
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
06/05/2024	Contreras, Rosendo (Ms.)		\$1.93
	Contributor address; City; State; Zip Code		•
	Abilene, TX 79601		
Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ک)
	Safety, Infection Preventionist, Perf Improv	Hendrick Medical Cente	

	The Instru	ction Guide explains how to complete this fo	1	Total pages Schedule A1: Sch: 10/46 Rpt: 13/55		
2	FILER NAME			3	Filer ID (Ethics Commission I	Filers)
		Action Committee of the Texas Hospital Association			00015794	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	06/21/2024	Contreras, Rosendo (Ms.)				\$1.93
		6 Contributor address; City; State; Zip Code				
		Abilene, TX 79601				
Ļ	Dringing occu		Employer (See Instructions	<u> </u>		
ð	•	pation / Job title (See Instructions) Safety, Infection Preventionist, Perf Improv	9 Employer (See Instructions Hendrick Medical Cente	·		
				1 		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	06/21/2024	06/21/2024 Cook, Kenneth (Mr.) Contributor address; City; State; Zip Code				\$2.00
\vdash	Drinsipal acou	Austin, TX 78701	Employer (Cool Instructions			
	Principal occu IT Director	pation / Job title (See Instructions)	Employer (See Instructions THA Foundation	5)		
L						
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	±2.05
	06/05/2024 Cooper, David (Mr.)					\$3.85
	Contributor address; City; State; Zip Code Abilene, TX 79601					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	Lab Supervis		Hendrick Medical Cente			
⊨	Date	Full name of contributor Out-of-state PAC (ID#:			Amount of Contribution (\$)	
	06/21/2024	Cooper, David (Mr.)	/			\$3.85
	00/21/2024	Contributor address; City; State; Zip Code				\$0.00
		Contributor address, City, State, Zip Code				
		Abilene, TX 79601				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	Lab Supervis		Hendrick Medical Cente			
⊨	Date	Full name of contributor Out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	06/21/2024	Costilla, Nina (Ms.)			, under , or contraction (+,	\$2.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	.		
	Clinical Proje	ects Manager	THA Foundation			
1						

The Inst	ruction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 11/46 Rpt: 14/55	
2 FILER NAM	ЛЕ		3 Filer ID (Ethics Commission Filers	s)
The Politic	cal Action Committee of the Texas Hospital Associatio	วท	00015794	
4 Date	5 Full name of contributor out-of-state PAC (ID#:	:)	7 Amount of Contribution (\$)	
06/21/202				20.00
	6 Contributor address; City; State; Zip Code		1	
	Austin, TX 78701			
8 Principal of	ccupation / Job title (See Instructions)	9 Employer (See Instructions	s)	
VP Memb	er Solutions	Texas Hospital Associat	tion	
Date	Full name of contributor out-of-state PAC (ID#:	:)	Amount of Contribution (\$)	
06/21/202				20.00
			4	
				ļ
	Austin, TX 78701			
Principal of	ccupation / Job title (See Instructions)	Employer (See Instructions	<u>1</u> 3)	
Sr. Directe	or of Business Services	THA Foundation		
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	
05/30/202				25.00
			•	-
	Abilene, TX 79601			
Principal of	ccupation / Job title (See Instructions)	Employer (See Instructions	5)	
Trustee		Hendrick Medical Cente	۶r	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	
06/21/202				\$2.00
	Contributor address; City; State; Zip Code	!	4	
	Georgetown, TX 78633			
Principal or	ccupation / Job title (See Instructions)	Employer (See Instructions	۲ <u>ــــــــــــــــــــــــــــــــــــ</u>	
Accountin	ng Specialist	Texas Hospital Insuranc	ce Exchange	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	
06/21/202				20.00
	Contributor address; City; State; Zip Code		4	
	Georgetown, TX 78633			
Principal or	ccupation / Job title (See Instructions)	Employer (See Instructions	۲ ۶)	
Reception		Texas Hospital Insuranc		

The Instru	ction Guide explains how to complete this f	1	Total pages Schedule A1: Sch: 12/46 Rpt: 15/55		
2 FILER NAME			2	Filer ID (Ethics Commission	Filers)
	I Action Committee of the Texas Hospital Association	n	ľ	00015794	1111013)
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
05/30/2024	Davis, John (Mr.)				\$3.85
	6 Contributor address; City; State; Zip Code		1		
	Cuero, TX 77954	-			
-	upation / Job title (See Instructions)	9 Employer (See Instructions			
Director Car	rdiopulmonary	Cuero Regional Hospita	al		
Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
06/21/2024	Davis, John (Mr.)				\$7.70
	Contributor address; City; State; Zip Code		1		
	Cuero, TX 77954				
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)		
Director Car	rdiopulmonary	Cuero Regional Hospita	al		
Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
06/21/2024	De La Garza-Barone, Heather (Ms.)				\$2.00
	Contributor address; City; State; Zip Code		1		
	Austin, TX 78701				
-	upation / Job title (See Instructions)	Employer (See Instructions			
Associate G	eneral Counsel	Texas Hospital Associat	tior	1	
Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
05/30/2024	DeYoung, Peter (Dr.)				\$41.00
	Contributor address; City; State; Zip Code		1		
	Austin, TX 78758				
	upation / Job title (See Instructions)	Employer (See Instructions			
Chief Medic	al Officer	St Davids North Austin	Me	dical Center	
Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
06/05/2024	Dennis, Gregory (Mr.)				\$3.85
	Contributor address; City; State; Zip Code		1		
	Abilene, TX 79601				
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)		
Director Fac	cility Management	Hendrick Medical Cente	er		

The Instrue	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 13/46 Rpt: 16/55	
2 FILER NAME			3	Filer ID (Ethics Commission	Filers)
The Political	Action Committee of the Texas Hospital Association			00015794	-
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
06/21/2024	Dennis, Gregory (Mr.)				\$3.85
	6 Contributor address; City; State; Zip Code				
	Abilene, TX 79601	,			
	pation / Job title (See Instructions)	9 Employer (See Instructions)			
Director Haci	ility Management	Hendrick Medical Center	r		
Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
06/05/2024	06/05/2024 Devun, Sharn (Ms.)				\$3.85
	Contributor address; City; State; Zip Code				
	Abilana TV 70601				
Principal occu	Abilene, TX 79601 pation / Job title (See Instructions)	Employer (See Instructions)	<u> </u>		
	< Management	Hendrick Medical Center			
				Associated Contribution (4)	
Date 06/21/2024				Amount of Contribution (\$)	\$3.85
0012112024	Devun, Sharn (Ms.)				Ф Э.00
	Contributor address; City; State; Zip Code				
	Abilene, TX 79601				
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	.		
Director Risk	< Management	Hendrick Medical Center	r		
Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
06/05/2024	Donaway, Duane (Mr.)				\$1.93
	Contributor address; City; State; Zip Code				
	Abilene, TX 79601				
	pation / Job title (See Instructions)	Employer (See Instructions)			
Director Info	rmation Systems	Hendrick Medical Center	r		
Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
06/21/2024	Donaway, Duane (Mr.)				\$1.93
	Contributor address; City; State; Zip Code				
	Abilene, TX 79601				
Drincinal occu	pation / Job title (See Instructions)	Employer (See Instructions)	<u> </u>		
	rmation Systems	Hendrick Medical Center			
Director mag			-		

1 Total pages Schedule A1: Sch: 14/46 Rpt: 17/55
3 Filer ID (Ethics Commission Filers)
00015794
7 Amount of Contribution (\$)
\$2.00
ployer (See Instructions)
xas Hospital Association
) Amount of Contribution (\$)
\$7.50
ployer (See Instructions)
ndrick Medical Center
) Amount of Contribution (\$)
\$7.50
ployer (See Instructions)
ndrick Medical Center
) Amount of Contribution (\$)
ployer (See Instructions)
pployer (See Instructions) xas Hospital Association
xas Hospital Association
xas Hospital Association) Amount of Contribution (\$)
xas Hospital Association) Amount of Contribution (\$)
xas Hospital Association) Amount of Contribution (\$)
xas Hospital Association) Amount of Contribution (\$)
xas Hospital AssociationAmount of Contribution (\$)

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 15/46 Rpt: 18/55
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
The Political Action Committee of the Texas Hospital Association	00015794
4 Date 5 Full name of contributor out-of-state PAC (ID#:) 7 Amount of Contribution (\$)
06/05/2024 Escobar, Jaye (Ms.)	\$3.85
6 Contributor address; City; State; Zip Code	
Abilene, TX 79601	
	er (See Instructions)
Director of Correctional Health Hendric	k Medical Center
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)
06/21/2024 Escobar, Jaye (Ms.)	\$3.85
Contributor address; City; State; Zip Code	
Abilene, TX 79601	
	er (See Instructions)
Director of Correctional Health Hendric	k Medical Center
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)
06/21/2024 Eskew, Amy (Ms.)	\$14.00
Contributor address; City; State; Zip Code	
Austin, TX 78701	
Principal occupation / Job title (See Instructions) Employee	er (See Instructions)
President / CEO Texas H	Healthcare Trustees
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)
06/05/2024 Eurek, Andrew (Mr.)	\$4.00
Contributor address; City; State; Zip Code	
Abilene, TX 79601	
	er (See Instructions)
Director Financial Analysis Hendric	k Medical Center
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)
06/21/2024 Eurek, Andrew (Mr.)	\$4.00
Contributor address; City; State; Zip Code	
Abilene, TX 79601	
	er (See Instructions)
Director Financial Analysis Hendric	ck Medical Center

1 Total pages Schedule A1: Sch: 16/46 Rpt: 19/55 3 Filer ID (Ethics Commission Filers) 00015794) 7 Amount of Contribution (\$) \$4.0 Employer (See Instructions) Texas Hospital Association) Amount of Contribution (\$) \$9.6 Employer (See Instructions) Texas Hospital Association) Amount of Contribution (\$) \$9.6 Employer (See Instructions) Hendrick Medical Center) Amount of Contribution (\$)
00015794 7 Amount of Contribution (\$) \$4.0 Employer (See Instructions) Texas Hospital Association) Amount of Contribution (\$) \$9.6 Employer (See Instructions) Fermioner (See Instructions) Employer (See Instructions) Hendrick Medical Center) Amount of Contribution (\$)
00015794 7 Amount of Contribution (\$) \$4.0 Employer (See Instructions) Texas Hospital Association) Amount of Contribution (\$) \$9.6 Employer (See Instructions) Fermioner (See Instructions) Employer (See Instructions) Hendrick Medical Center) Amount of Contribution (\$)
\$4.0 Employer (See Instructions) Texas Hospital Association) Amount of Contribution (\$) \$9.6 Employer (See Instructions) Employer (See Instructions) Hendrick Medical Center) Amount of Contribution (\$)
\$4.0 Employer (See Instructions) Texas Hospital Association) Amount of Contribution (\$) \$9.6 Employer (See Instructions) Employer (See Instructions) Hendrick Medical Center) Amount of Contribution (\$)
Employer (See Instructions) Texas Hospital Association) Amount of Contribution (\$) \$9.6 Employer (See Instructions) Hendrick Medical Center) Amount of Contribution (\$)
Texas Hospital Association) Amount of Contribution (\$) \$9.6 Employer (See Instructions) Hendrick Medical Center) Amount of Contribution (\$)
Texas Hospital Association) Amount of Contribution (\$) \$9.6 Employer (See Instructions) Hendrick Medical Center) Amount of Contribution (\$)
Texas Hospital Association) Amount of Contribution (\$) \$9.6 Employer (See Instructions) Hendrick Medical Center) Amount of Contribution (\$)
Texas Hospital Association) Amount of Contribution (\$) \$9.6 Employer (See Instructions) Hendrick Medical Center) Amount of Contribution (\$)
Amount of Contribution (\$) \$9.6 Employer (See Instructions) Hendrick Medical Center Amount of Contribution (\$)
\$9.6 Employer (See Instructions) Hendrick Medical Center) Amount of Contribution (\$)
Employer (See Instructions) Hendrick Medical Center
Hendrick Medical Center) Amount of Contribution (\$)
Hendrick Medical Center) Amount of Contribution (\$)
Hendrick Medical Center) Amount of Contribution (\$)
Hendrick Medical Center) Amount of Contribution (\$)
Hendrick Medical Center) Amount of Contribution (\$)
) Amount of Contribution (\$)
\$9.6
Employer (See Instructions)
Hendrick Medical Center
) Amount of Contribution (\$)
\$20.5
3aylor Scott & White Medical Center - Pflugerville
) Amount of Contribution (\$)
\$84.0
Employer (See Instructions)
Hemphill County Hospital District
\$84. Employer (See Instructions)

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 17/46 Rpt: 20/55
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	Action Committee of the Texas Hospital Association	n	00015794
4 Date	5 Full name of contributor Out-of-state PAC (ID#:_		7 Amount of Contribution (\$)
06/21/2024	Frazier, Tess (Ms.)		\$20.
	6 Contributor address; City; State; Zip Code		
	Georgetown, TX 78633		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	\$)
President / C	CEO	Texas Hospital Insuranc	e Exchange
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/21/2024	Gaines, Cameron (Mr.)		\$2.
	Contributor address; City; State; Zip Code		
	Georgetown, TX 78633		
•	ipation / Job title (See Instructions)	Employer (See Instructions	
IT Support S	Specialist	Texas Hospital Insuranc	e Exchange
Date	Date Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
06/21/2024	Gette, Angela (Ms.)		\$2.
	Contributor address; City; State; Zip Code		1
	Georgetown, TX 78633		
	upation / Job title (See Instructions)	Employer (See Instructions	
Vice Preside	ent Claims	Texas Hospital Insuranc	-
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
06/05/2024	Gleitz, Stephen (Mr.)		\$4.
	Contributor address; City; State; Zip Code		
	Abilene, TX 79601		
Dringing ogg	upation / Job title (See Instructions)	Employer (See Instructions	
•	ger of Critical Care Unit	Hendrick Medical Cente	
Date 06/21/2024	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$) \$4.
00/21/2024	Gleitz, Stephen (Mr.)		ψ++. •
	Contributor address; City; State; Zip Code		
	Abilene, TX 79601		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
	Iger of Critical Care Unit	Hendrick Medical Cente	
			<u> </u>

The Instru	uction Guide explains how to complete this f	form.	1	Total pages Schedule A1: Sch: 18/46 Rpt: 21/55	
2 FILER NAME				Filer ID (Ethics Commission	n Filers)
The Politica	I Action Committee of the Texas Hospital Association	'n	1	00015794	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
06/21/2024					\$20.00
	6 Contributor address; City; State; Zip Code		1		
	Austin, TX 78701				
	upation / Job title (See Instructions)	9 Employer (See Instructions			
VP Advocad	cy / Public Policy	Texas Hospital Associat	tion		
Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Γ	Amount of Contribution (\$)	
06/05/2024	Goolsby, Emily (Ms.)				\$3.85
	Contributor address; City; State; Zip Code		1		
	Abilene, TX 79601				
	upation / Job title (See Instructions)	Employer (See Instructions			
Dir of the D	ept of Education and Professional Development	Hendrick Medical Cente	er		
Date	Full name of contributor out-of-state PAC (ID#:)	Ī	Amount of Contribution (\$)	
06/21/2024	Goolsby, Emily (Ms.)				\$3.85
	Contributor address; City; State; Zip Code		1		
	Abilene, TX 79601	1			
	upation / Job title (See Instructions)	Employer (See Instructions			
ים Dir ot trie	ept of Education and Professional Development	Hendrick Medical Cente			
Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
06/21/2024					\$2.00
	Contributor address; City; State; Zip Code				
	Austin, TX 78701				
Drincipal occ	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	st, AR & Association Management System	Texas Hospital Associat			
-		· · · · · ·			
Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	<u> </u>
06/05/2024					\$29.00
	Contributor address; City; State; Zip Code				
	Abilene, TX 79601				
Dringinglago	upation / Job title (See Instructions)	Employer (See Instructions			
	ent / Chief Nursing Officer	Employer (See Instructions Hendrick Medical Cente			
VICE FIESIC			51		

Th	ne Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Sch Sch: 19/46 Rpt		
2 FIL	ER NAME			3 Filer ID (Ethics	Commissio	n Filers)
Th	e Political	Action Committee of the Texas Hospital Association	า	00015794		
4 Da	ite	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contr	ibution (\$)	
06	/21/2024	Greenwood, Susan (Ms.)	······································			\$29.00
		6 Contributor address; City; State; Zip Code				
		Abilene, TX 79601				
8 Pri	ncipal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	1		
Vic	ce Preside	nt / Chief Nursing Officer	Hendrick Medical Center			
Da	te	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Amount of Contr	ibution (\$)	
	/21/2024	Haas, Mark (Mr.)	/			\$4.00
	/21/2024					φ4.00
		Contributor address; City; State; Zip Code				
	Georgetown, TX 78633					
Dri	ncinal occu	pation / Job title (See Instructions)	Employer (See Instructions			
	aff Accoun		Texas Hospital Insuranc			
					···· · · · · · · · · · · · · · · · · ·	
	Date Full name of contributor out-of-state PAC (ID#:) 06/05/2024 Hair, Donna (Ms.))	Amount of Contr	ibution (\$)	÷0.05
06,						\$3.85
	Contributor address; City; State; Zip Code					
		Brownwood, TX 76804				
		pation / Job title (See Instructions)	Employer (See Instructions			
	rector of M	arketing	Hendrick Medical Cente			-
Da	ite	Full name of contributor out-of-state PAC (ID#:)	Amount of Contr	ibution (\$)	
06	/21/2024	Hair, Donna (Ms.)				\$3.85
		Contributor address; City; State; Zip Code				
		Brownwood, TX 76804				
	•	pation / Job title (See Instructions)	Employer (See Instructions			
Dir	rector of M	arketing	Hendrick Medical Center			
Da	ite	Full name of contributor out-of-state PAC (ID#:)	Amount of Contr	ibution (\$)	
06	/16/2024	Hardaway, Jay (Mr.)				\$208.34
		Contributor address; City; State; Zip Code				
		Abilene, TX 79601				
Pri	ncipal occu	pation / Job title (See Instructions)	Employer (See Instructions	I		
Dir	rector Legi	islative & Public Policy	Hendrick Medical Center			

The Instru	iction Guide explains how to complete this f		Total pages Schedule A1: Sch: 20/46 Rpt: 23/55		
2 FILER NAME			3	Filer ID (Ethics Commission	1 Filers)
	l Action Committee of the Texas Hospital Association	n		00015794	,
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
06/05/2024	Harris, Erica (Ms.)				\$3.85
	6 Contributor address; City; State; Zip Code		·		
	Abilene, TX 79601				
8 Principal occ	upation / Job title (See Instructions)	9 Employer (See Instructions	s)		
Admissions	Director	Hendrick Medical Cente	er		
Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
06/21/2024					\$3.85
	Contributor address; City; State; Zip Code		·		
	Abilene, TX 79601				
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions	s)		
Admissions	Director	Hendrick Medical Cente	er		
Date	Date Full name of contributor out-of-state PAC (ID#:)			Amount of Contribution (\$)	
05/26/2024					\$83.00
	Contributor address; City; State; Zip Code		1		
	Nashville, TN 37203				
	upation / Job title (See Instructions)	Employer (See Instructions	s)		
Regional Vi	ce President / Behavioral Health	HCA Healthcare			
Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
06/21/2024	Hawkins, John (Mr.)				\$90.00
	Contributor address; City; State; Zip Code		1		
	Austin, TX 78701	<u> </u>	Ļ		
-	upation / Job title (See Instructions)	Employer (See Instructions			
President /		Texas Hospital Associat	tion		
Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
06/21/2024	Haynes, Ashley (Ms.)				\$20.00
	Contributor address; City; State; Zip Code]		
	Austin, TX 78701	<u> </u>	Ļ		
-	upation / Job title (See Instructions)	Employer (See Instructions			
Regional A	mbassador for Houston/East Texas	Texas Hospital Associat	tion		

The Instru	ction Guide explains how to complete this f	1	Total pages Schedule A1: Sch: 21/46 Rpt: 24/55		
2 FILER NAME			3	Filer ID (Ethics Commission	i Filers)
	Action Committee of the Texas Hospital Association		-	00015794	,
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
06/05/2024	Head, Courtney (Ms.)				\$9.62
	6 Contributor address; City; State; Zip Code				
	Abilene, TX 79601				
	ipation / Job title (See Instructions)	9 Employer (See Instructions			
Vice Preside	ent of Human Resources	Hendrick Medical Center	r		
Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
06/21/2024	Head, Courtney (Ms.)				\$9.62
	Contributor address; City; State; Zip Code				
	Abilene, TX 79601				
	upation / Job title (See Instructions)	Employer (See Instructions			
Vice Preside	ent of Human Resources	Hendrick Medical Center	r		
Date	Date Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	
06/07/2024	Henderson, John (Mr.)				\$83.00
	Contributor address; City; State; Zip Code				
	Dound Deck TV 70004				
Principal occu	Round Rock, TX 78664 upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
Principal occu President / C		TORCH	9		
				American for a tribution (A)	
Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	¢4 01
06/05/2024	Henry, Elizabeth (Ms.)				\$4.81
	Contributor address; City; State; Zip Code				
	Abilene, TX 79601				
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	<u>ן</u>		
-	se Management	Hendrick Medical Center			
Date				Amount of Contribution (\$)	
06/21/2024	Full name of contributor out-of-state PAC (ID#: Henry, Elizabeth (Ms.))		Amount of Contribution (\$)	\$4.81
00/21/2024	Contributor address; City; State; Zip Code				Ψ7.01
	Contributor address, City, State, Zip Code				
	Abilene, TX 79601				
Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions	;)		
	se Management	Hendrick Medical Center			

	The Instru	ction Guide explains how to complete this f	orm.		Total pages Schedule A1: Sch: 22/46 Rpt: 25/55	
2	FILER NAME			3	Filer ID (Ethics Commission	ı Filers)
		Action Committee of the Texas Hospital Association	n		00015794	,
4		5 Full name of contributor Out-of-state PAC (ID#:_			Amount of Contribution (\$)	
	06/21/2024	Hernandez, Janet (Ms.)	/	Ι.	Allount of Contribution (*)	\$8.34
	001211202-1					Ψ0.0-
		6 Contributor address; City; State; Zip Code				
l						
		Georgetown, TX 78633				
0	Dringinal occu		Employer (See Instructions			
ð	-	Ipation / Job title (See Instructions)	9 Employer (See Instructions			
	Accounting N	-	Texas Hospital Insuranc			
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	—
	06/05/2024	Hess, Heather (Ms.)				\$3.85
		Contributor address; City; State; Zip Code	,	1		
		Abilene, TX 79601				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Market Direc	stor	Hendrick Medical Cente	ər		
⊨	Date	Full name of contributor Out-of-state PAC (ID#:	<u> </u>	Τ	Amount of Contribution (\$)	
	06/21/2024	Hess, Heather (Ms.)	/		Allount of Contribution (+)	\$3.85
	001211232.					Ψ0.00
		Contributor address; City; State; Zip Code				
		Abilene, TX 79601				
<u> </u>	Drincinal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Market Direc		Hendrick Medical Cente			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	06/15/2024	Hillier, Robert (Mr.)				\$83.34
		Contributor address; City; State; Zip Code		1		
		Bellaire, TX 77401				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)		
	VP Public Po	olicy / Govt Relations	Harris Health System			
F	Date	Full name of contributor out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)	
	06/19/2024	Holcomb, Holly (Ms.)			· ·	\$50.00
		Contributor address; City; State; Zip Code		·		T
		Contributor address, only, state, zip code				
		Childress, TX 79201				
\vdash	Drincinal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Chief Execut		Childress Regional Med		Contor	
			Childress Regional moa	licu		

F	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 23/46 Rpt: 26/55	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
-		Action Committee of the Texas Hospital Association	n		00015794	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	06/13/2024	Holland, Brad (Mr.)				\$82.50
		6 Contributor address; City; State; Zip Code		1		
		Abilene, TX 79601	1			
8	-	upation / Job title (See Instructions)	9 Employer (See Instructions	;)		
	President / C	Chief Executive Officer	Hendrick Health			
	Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	06/25/2024	Honea, Michael (Mr.)				\$41.00
	Contributor address; City; State; Zip Code			1		
		Glen Rose, TX 76043				
	-	upation / Job title (See Instructions)	Employer (See Instructions			
	Chief Execut	tive Officer	Glen Rose Medical Cen	ter		
	Date)	Γ	Amount of Contribution (\$)	
	06/05/2024	Howard, Erica (Ms.)				\$3.85
		Contributor address; City; State; Zip Code		1		
		Abilene, TX 79601	t <u> </u>	L		
		upation / Job title (See Instructions)	Employer (See Instructions			
	System Dire	ector Benefits	Hendrick Medical Cente	r		
	Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	06/21/2024	Howard, Erica (Ms.)				\$3.85
		Contributor address; City; State; Zip Code		1		
		Abilene, TX 79601	<u> </u>	Ļ		
		upation / Job title (See Instructions)	Employer (See Instructions			
	System Dire	ector Benefits	Hendrick Medical Cente	r 		
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	06/21/2024	Hrncirik, Bobbye (Ms.)				\$83.00
		Contributor address; City; State; Zip Code				
		Lubbock, TX 79415	1			
		upation / Job title (See Instructions)	Employer (See Instructions			
	VP Supplem	nental Funding	University Medical Cent	er		

6 Contributor address; City; State; Zip Code Austin, TX 78701 9 8 Principal occupation / Job title (See Instructions) Vice President of Health IT Programs 9 Employer (See Instructions) THA Foundation Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 06/05/2024 Huffington, Mark (Mr.)	ers) \$2.00 \$4.81 \$4.81
2 FILER NAME The Political Action Committee of the Texas Hospital Association 3 Filer ID (Ethics Commission File 00015794 4 Date 06/21/2024 5 Full name of contributor	\$2.00
The Political Action Committee of the Texas Hospital Association 00015794 4 Date 5 Full name of contributor out-of-state PAC (ID#:	\$2.00
06/21/2024 Huff, Alexander (Mr.) 6 Contributor address; City; State; Zip Code Austin, TX 78701 Austin, TX 78701 8 Principal occupation / Job title (See Instructions) 9 Vice President of Health IT Programs THA Foundation Date Full name of contributor out-of-state PAC (ID#:	\$4.81
06/21/2024 Huff, Alexander (Mr.) 6 Contributor address; City; State; Zip Code Austin, TX 78701 Principal occupation / Job title (See Instructions) 7 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 7 Full name of contributor 06/05/2024 Full name of contributor 06/05/2024 Full name of contributor 06/05/2024 Octorributor address; City; State; Zip Code Abilene, TX 79601 Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) System Assistant Vice President Analytics Employer (See Instructions) System Assistant Vice President Analytics Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:	\$4.81
Austin, TX 78701 9 Employer (See Instructions) Vice President of Health IT Programs 9 Employer (See Instructions) THA Foundation Date Full name of contributor out-of-state PAC (ID#:) Huffington, Mark (Mr.) Amount of Contribution (\$) O6/05/2024 Full name of contributor address; City; State; Zip Code Amount of Contribution (\$) Principal occupation / Job title (See Instructions) System Assistant Vice President Analytics Employer (See Instructions) Hendrick Medical Center Date Full name of contributor out-of-state PAC (ID#:) Huffington, Mark (Mr.) Amount of Contribution (\$)	
Austin, TX 78701 9 Employer (See Instructions) Vice President of Health IT Programs 9 Employer (See Instructions) THA Foundation Date Full name of contributor out-of-state PAC (ID#:) Huffington, Mark (Mr.) Amount of Contribution (\$) O6/05/2024 Full name of contributor address; City; State; Zip Code Amount of Contribution (\$) Principal occupation / Job title (See Instructions) System Assistant Vice President Analytics Employer (See Instructions) Hendrick Medical Center Date Full name of contributor out-of-state PAC (ID#:) Huffington, Mark (Mr.) Amount of Contribution (\$)	
8 Principal occupation / Job title (See Instructions) Vice President of Health IT Programs 9 Employer (See Instructions) THA Foundation Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 06/05/2024 Huffington, Mark (Mr.) Contributor address; City; State; Zip Code Amount of Contribution (\$) Abilene, TX 79601 Employer (See Instructions) System Assistant Vice President Analytics Employer (See Instructions) Hendrick Medical Center Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 06/21/2024 Huffington, Mark (Mr.) out-of-state PAC (ID#:) Amount of Contribution (\$)	
8 Principal occupation / Job title (See Instructions) Vice President of Health IT Programs 9 Employer (See Instructions) THA Foundation Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 06/05/2024 Huffington, Mark (Mr.) Contributor address; City; State; Zip Code Amount of Contribution (\$) Abilene, TX 79601 Employer (See Instructions) System Assistant Vice President Analytics Employer (See Instructions) Hendrick Medical Center Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 06/21/2024 Huffington, Mark (Mr.) out-of-state PAC (ID#:) Amount of Contribution (\$)	
Vice President of Health IT Programs THA Foundation Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 06/05/2024 Huffington, Mark (Mr.) Contributor address; City; State; Zip Code Amount of Contribution (\$) Abilene, TX 79601 Employer (See Instructions) Employer (See Instructions) System Assistant Vice President Analytics Hendrick Medical Center Date Full name of contributor out-of-state PAC (ID#:) Date Full name of contributor out-of-state PAC (ID#:) 06/21/2024 Huffington, Mark (Mr.) Amount of Contribution (\$)	
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 06/05/2024 Huffington, Mark (Mr.) Contributor address; City; State; Zip Code Amount of Contribution (\$) Abilene, TX 79601 Abilene, TX 79601 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) System Assistant Vice President Analytics Hendrick Medical Center Date Full name of contributor out-of-state PAC (ID#:) 06/21/2024 Huffington, Mark (Mr.) Amount of Contribution (\$)	
06/05/2024 Huffington, Mark (Mr.) Contributor address; City; State; Zip Code Abilene, TX 79601 Principal occupation / Job title (See Instructions) System Assistant Vice President Analytics Date Full name of contributor O6/21/2024 Full name of contributor Understand Out-of-state PAC (ID#:) Amount of Contribution (\$)	
Contributor address; City; State; Zip Code Abilene, TX 79601 Principal occupation / Job title (See Instructions) System Assistant Vice President Analytics Date Full name of contributor 06/21/2024 Huffington, Mark (Mr.)	
Contributor address; City; State; Zip Code Abilene, TX 79601 Principal occupation / Job title (See Instructions) Employer (See Instructions) System Assistant Vice President Analytics Hendrick Medical Center Date Full name of contributor out-of-state PAC (ID#:) 06/21/2024 Huffington, Mark (Mr.)	\$4.81
Principal occupation / Job title (See Instructions) Employer (See Instructions) System Assistant Vice President Analytics Hendrick Medical Center Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 06/21/2024 Huffington, Mark (Mr.) Image: Contribution (S)	\$4.81
Principal occupation / Job title (See Instructions) Employer (See Instructions) System Assistant Vice President Analytics Hendrick Medical Center Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 06/21/2024 Huffington, Mark (Mr.) Image: Contribution (S)	\$4.81
Principal occupation / Job title (See Instructions) Employer (See Instructions) System Assistant Vice President Analytics Hendrick Medical Center Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 06/21/2024 Huffington, Mark (Mr.) Image: Contribution (S)	\$4.81
System Assistant Vice President Analytics Hendrick Medical Center Date Full name of contributor out-of-state PAC (ID#:) 06/21/2024 Huffington, Mark (Mr.)	\$4.81
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 06/21/2024 Huffington, Mark (Mr.)	\$4.81
06/21/2024 Huffington, Mark (Mr.)	\$4.81
	\$4.81
Contributor address; City; State; Zip Code	
Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
System Assistant Vice President Analytics Hendrick Medical Center	
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)	
06/05/2024 Hunnicutt, Craig (Mr.)	\$3.85
Contributor address; City; State; Zip Code	
Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Director Regional Services Hendrick Medical Center	
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)	
06/21/2024 Hunnicutt, Craig (Mr.)	\$3.85
Contributor address; City; State; Zip Code	
Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Employer (See Instructions) Director Regional Services Hendrick Medical Center	

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 25/46 Rpt: 28/55	
2 FILER NAME			3 Filer ID (Ethics Commission Filers	s)
The Political	Action Committee of the Texas Hospital Association		00015794	,
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
06/14/2024	Hurst, William (Mr.)		\$12	25.00
	6 Contributor address; City; State; Zip Code			
C. D. Linetary	Plano, TX 75075		、 、	
8 Principal occu President / (Ipation / Job title (See Instructions)	9 Employer (See Instructions) Patient Physician Netwo		
		Patient Physician Netwo		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	4
06/08/2024	Hurt-Deitch, Sally (Ms.)		\$14	5.84
	Contributor address; City; State; Zip Code			
	El Paso, TX 79932			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)		
	sident of Operations	Ascension Health)	
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of Contribution (\$)	
05/30/2024	Jackson, Olga (Ms.)			60.97
00/00/202	Contributor address; City; State; Zip Code		-	0.01
	Cuero, TX 77954			
	ipation / Job title (See Instructions)	Employer (See Instructions)	·	
Support Serv	vices	Cuero Regional Hospital	l	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
06/21/2024	Jackson, Olga (Ms.)		\$	51.94
	Contributor address; City; State; Zip Code			
	Cuero, TX 77954			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	<u> </u>	
Support Serv		Cuero Regional Hospital		
Date 06/21/2024	Full name of contributor out-of-state PAC (ID#: Jackson, Robin (Ms.))	Amount of Contribution (\$)	64.00
0012112027	· · ·		*	4.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78701			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))	
Vice Preside	ent Service Center	Texas Hospital Associat	ion	
		1		

6 Contributor address; City; State; Zip Code West Lake Hills, TX 78746	s) 1.00
The Political Action Committee of the Texas Hospital Association 00015794 Date 5 Full name of contributor out-of-state PAC (ID#:) 7 Amount of Contribution (\$) 06/20/2024 Jasper, Jerry (Mr.) 6 Contributor address; City; State; Zip Code 7 West Lake Hills, TX 78746 West Lake Hills, TX 78746 5 6	
The Political Action Committee of the Texas Hospital Association 00015794 Date 5 Full name of contributor out-of-state PAC (ID#:) 7 Amount of Contribution (\$) 06/20/2024 Jasper, Jerry (Mr.) 6 Contributor address; City; State; Zip Code 7 West Lake Hills, TX 78746 West Lake Hills, TX 78746 1 1	
06/20/2024 Jasper, Jerry (Mr.) 6 Contributor address; City; State; Zip Code West Lake Hills, TX 78746	1.00
06/20/2024 Jasper, Jerry (Mr.) 6 Contributor address; City; State; Zip Code West Lake Hills, TX 78746	1.00
6 Contributor address; City; State; Zip Code West Lake Hills, TX 78746	
West Lake Hills, TX 78746	
8Principal occupation / Job title (See Instructions)9Employer (See Instructions)	
Interim CEO The Hospital at Westlake Medical Center	
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)	
	20.00
Contributor address; City; State; Zip Code	
Austin, TX 78701	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	_
Member Ambassador Texas Hospital Association	
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)	
06/05/2024 Kelly, Tave (Ms.)	64.81
Contributor address; City; State; Zip Code	
Abilene, TX 79601	
Principal occupation / Job title (See Instructions)Employer (See Instructions)AVP Revenue CycleHendrick Medical Center	
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)	
06/21/2024 Kelly, Tave (Ms.)	64.81
Contributor address; City; State; Zip Code	
Contributor address; City; State; Zip Code	
Contributor address; City; State; Zip Code Abilene, TX 79601	
Contributor address; City; State; Zip Code Abilene, TX 79601 Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Contributor address; City; State; Zip Code Abilene, TX 79601 Principal occupation / Job title (See Instructions) AVP Revenue Cycle Employer (See Instructions) Hendrick Medical Center	
Contributor address; City; State; Zip Code Abilene, TX 79601 Principal occupation / Job title (See Instructions) AVP Revenue Cycle Date Full name of contributor Out-of-state PAC (ID#:) Amount of Contribution (\$)	
Contributor address; City; State; Zip Code Abilene, TX 79601 Principal occupation / Job title (See Instructions) AVP Revenue Cycle Date Full name of contributor Od/21/2024 Kendrick, Karen (Ms.)	20.00
Contributor address; City; State; Zip Code Abilene, TX 79601 Principal occupation / Job title (See Instructions) AVP Revenue Cycle Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)	.0.00
Contributor address; City; State; Zip Code Abilene, TX 79601 Principal occupation / Job title (See Instructions) AVP Revenue Cycle Date Full name of contributor Od/21/2024 Kendrick, Karen (Ms.)	20.00
Contributor address; City; State; Zip Code Abilene, TX 79601 Principal occupation / Job title (See Instructions) AVP Revenue Cycle Date Full name of contributor Od/21/2024 Kendrick, Karen (Ms.) Contributor address; City; State; Zip Code	20.00
Contributor address; City; State; Zip Code Abilene, TX 79601 Principal occupation / Job title (See Instructions) AVP Revenue Cycle Date Full name of contributor 06/21/2024 Kendrick, Karen (Ms.) Contributor address; City; State; Zip Code Austin, TX 78701	20.00
Contributor address; City; State; Zip Code Abilene, TX 79601 Principal occupation / Job title (See Instructions) AVP Revenue Cycle Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) Kendrick, Karen (Ms.) Contributor address; City; State; Zip Code Austin, TX 78701 Principal occupation / Job title (See Instructions) Employer (See Instructions) Bate Full name of contributor Out-of-state PAC (ID#:) Amount of Contribution (\$) Kendrick, Karen (Ms.) Contributor address; City; State; Zip Code Austin, TX 78701 Employer (See Instructions) Employer (See Instructions)	20.00
Contributor address; City; State; Zip Code Abilene, TX 79601 Principal occupation / Job title (See Instructions) AVP Revenue Cycle Date Full name of contributor Od/21/2024 Kendrick, Karen (Ms.) Contributor address; City; State; Zip Code Austin, TX 78701 Principal occupation / Job title (See Instructions) Employer (See Instructions) Hendrick Medical Center	20.00

The Instru	uction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 27/46 Rpt: 30/55	
2 FILER NAME			3 Filer ID (Ethics Commission Fil	lers)
	l Action Committee of the Texas Hospital Associatio	'n	00015794	
4 Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of Contribution (\$)	
06/12/2024	— —			\$83.00
	6 Contributor address; City; State; Zip Code			
	Fort Worth, TX 76104			
	upation / Job title (See Instructions)	9 Employer (See Instructions		
Chief Financ	cial Officer	Cook Children's Medica	I Center	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
06/10/2024	Kirkman, Leni (Ms.)			\$41.00
	Contributor address; City; State; Zip Code			
	Con Antonio TV 70220			
Dringing occ	upation / Job title (See Instructions)			
	upation / Job title (See Instructions) prp Communications & Mktg	Employer (See Instructions University Health	;)	
Date 06/21/2024	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	\$62.00
0012112024	- , (-)		•	\$02.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78701			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> \$)	
VP Advocac	cy / Pub Policy / Political Strategy	Texas Hospital Associat	tion	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
05/30/2024	Krupala, Judith (Ms.)			\$1.93
	Contributor address; City; State; Zip Code			
	Cuero, TX 77954	1		
-	upation / Job title (See Instructions)	Employer (See Instructions	•	
Chief Nursin		Cuero Regional Hospita		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	·
06/21/2024				\$3.86
	Contributor address; City; State; Zip Code			
	Cuero, TX 77954			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
Chief Nursin		Cuero Regional Hospita		

The Instru	iction Guide explains how to complete this f	iorm.	1	Total pages Schedule A1: Sch: 28/46 Rpt: 31/55	
2 FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	I Action Committee of the Texas Hospital Association			00015794	,
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
06/05/2024					\$12.50
	6 Contributor address; City; State; Zip Code				
	Abilene, TX 79606				
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions)	5)		
HMCS Chie	f Administrative Officer	Hendrick Medical Center	r		
Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
06/21/2024					\$12.50
	Contributor address; City; State; Zip Code				
	Abilene, TX 79606				
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	 ;)		
HMCS Chie	f Administrative Officer	Hendrick Medical Center	r		
Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
06/02/2024				• •	\$125.00
	Contributor address; City; State; Zip Code				
	Laredo, TX 78044				
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	5)		
Chief Execu	tive Officer	Laredo Medical Center			
Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
06/05/2024	Lee, Rachel (Ms.)				\$3.85
	Contributor address; City; State; Zip Code				
	Abilene, TX 79601				
	upation / Job title (See Instructions)	Employer (See Instructions)			
Dir Med Stat	ff Srvcs & Physician Recruitment	Hendrick Medical Center	r		
Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
06/21/2024	Lee, Rachel (Ms.)				\$3.85
	Contributor address; City; State; Zip Code				
	Abilene, TX 79601				
-	upation / Job title (See Instructions)	Employer (See Instructions)			
Dir Med Stat	ff Srvcs & Physician Recruitment	Hendrick Medical Center	r		

	The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 29/46 Rpt: 32/55	
2	FILER NAME			3 Filer ID (Ethics Commission Filers	3)
	The Political	Action Committee of the Texas Hospital Association	n	00015794	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
	06/21/2024	Lengal, Samantha (Ms.)			4.00
		6 Contributor address; City; State; Zip Code			
		Georgetown, TX 78633			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	;)	
	Underwriting) Coordinator	Texas Hospital Insuranc	e Exchange	
F	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
	06/21/2024	Liscano, Rosie (Ms.)			2.00
		Contributor address; City; State; Zip Code			
		Georgetown, TX 78633			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)	
	Senior Claim	ns Adj/Risk Mgmt Specialist	Texas Hospital Insuranc	e Exchange	
F	Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
	06/21/2024	Lopez, Cesar (Mr.)			0.00
		Contributor address; City; State; Zip Code			
		Austin, TX 78701			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)	
	VP Legal Aff	airs	Texas Hospital Associat	tion	
F	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
	06/05/2024	Lowery, James (Mr.)			3.85
		Contributor address; City; State; Zip Code			
		Abilene, TX 79601			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)	
	Director Man	naged Care	Hendrick Medical Cente	r	
F	Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
	06/21/2024	Lowery, James (Mr.)			3.85
		Contributor address; City; State; Zip Code			
		Abilene, TX 79601			
⊢	Principal occu	I Ipation / Job title (See Instructions)	Employer (See Instructions		
	Director Man	naged Care	Hendrick Medical Cente	r	
⊢					

_						
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 30/46 Rpt: 33/55	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
	The Political	Action Committee of the Texas Hospital Association			00015794	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	06/22/2024	Lozano, Marco (Mr.)				\$41.67
	I	6 Contributor address; City; State; Zip Code				
	I					
	I					
		Laredo, TX 78044				
8		ipation / Job title (See Instructions)	9 Employer (See Instructions)	;)		
	Chief Operat	ting Officer	Laredo Medical Center			
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	06/05/2024	McCollough, Kimberly (Ms.)				\$3.85
	Contributor address; City; State; Zip Code					
	I					
		Abilene, TX 79606				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	;)		
	Director of W	Vomen and Children Services	Hendrick Medical Center	r		
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	06/21/2024	McCollough, Kimberly (Ms.)				\$3.85
	1	Contributor address; City; State; Zip Code				
	I					
	I					
		Abilene, TX 79606				
		upation / Job title (See Instructions)	Employer (See Instructions)			
	Director of W	Vomen and Children Services	Hendrick Medical Center	r		
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	06/05/2024	McElrath, Pamela (Ms.)				\$4.00
	I	Contributor address; City; State; Zip Code	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	I					
	l					
		Abilene, TX 79601				
		upation / Job title (See Instructions)	Employer (See Instructions)			
	Registered N	lurse	Hendrick Medical Center	r		
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	06/21/2024	McElrath, Pamela (Ms.)				\$4.00
	I	Contributor address; City; State; Zip Code	,			
	I					
	l					
		Abilene, TX 79601				
		ipation / Job title (See Instructions)	Employer (See Instructions)			
	Registered N	lurse	Hendrick Medical Center	r		

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 31/46 Rpt: 34/55	
2	FILER NAME			3	Filer ID (Ethics Commission	ı Filers)
		Action Committee of the Texas Hospital Association	n	-	00015794	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	06/21/2024	Merrell, Angie (Ms.)				\$2.00
		6 Contributor address; City; State; Zip Code		1		
		-				
		Georgetown, TX 78633				
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	<u>.</u> 5)		
	THIE Vice P	resident of Risk Management	Texas Hospital Insuranc	ce l	Exchange	
F	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	06/01/2024	Mitchell, Kenneth (Dr.)				\$41.00
		Contributor address; City; State; Zip Code		ł		
		Austin, TX 78701				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)		
	SVP / Chief	Medical Officer	St. David's HealthCare			
⊢	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	<u></u>
	06/10/2024	Morales, Daniel (Mr.)				\$20.50
		Contributor address; City; State; Zip Code		ł		
		Houston, TX 77030				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Vice Preside	ent Government Affairs	Houston Methodist			
F	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	06/21/2024	Mundfrom, Jessie (Ms.)				\$2.00
		Contributor address; City; State; Zip Code		ł		
		Austin, TX 78701				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Manager of `	Virtual Education	THA Foundation			
F	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	06/05/2024	Murphy, Patrick (Mr.)				\$3.85
		Contributor address; City; State; Zip Code		1		
		Abilene, TX 79601				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Healthcare F	Professional	Hendrick Medical Cente	er		
⊢			<u> </u>			

The In	struction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 32/46 Rpt: 35/55
2 FILER N	AME		3 Filer ID (Ethics Commission Filers)
	itical Action Committee of the Texas Hospital Associatio	n	00015794
4 Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of Contribution (\$)
06/21/2		······································	\$3.85
	6 Contributor address; City; State; Zip Code		•
	Abilene, TX 79601		
8 Principa	occupation / Job title (See Instructions)	9 Employer (See Instructions	s)
Healthc	are Professional	Hendrick Medical Cente	er
Date	Full name of contributor out-of-state PAC (ID#:	•)	Amount of Contribution (\$)
06/21/2			\$82.00
	Contributor address; City; State; Zip Code		•
	Austin, TX 78701		
-	occupation / Job title (See Instructions)	5)	
Chief F	nancial Officer	Texas Hospital Associa	tion
Date)	Amount of Contribution (\$)
06/21/2	024 O'Neil, Jennifer (Ms.)		\$10.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78701		
· ·	occupation / Job title (See Instructions)	Employer (See Instructions Texas Hospital Associa	
	ve Administrative Manager		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/21/2			\$2.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78701		
Principa	occupation / Job title (See Instructions)	Employer (See Instructions	<u></u>
· ·	of Education	THA Foundation	>/
			Amount of Contribution (\$)
Date 06/20/2	Full name of contributor out-of-state PAC (ID#: 024 Parisi, James (Mr.))	Amount of Contribution (\$) \$41.50
00/20/2			ψητ.υυ
	Contributor address; City; State; Zip Code		
	The Woodlands, TX 77384		
Principa	occupation / Job title (See Instructions)	Employer (See Instructions	s)
-	xecutive Officer	CHI St Lukes Health - T	
_			

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 33/46 Rpt: 36/55	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	;)
	Action Committee of the Texas Hospital Association		00015794	,
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
06/21/2024	Porter, Lea Anne (Ms.)		\$2	2.00
	6 Contributor address; City; State; Zip Code			
	Austin, TX 78701			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	\$)	
VP Retireme	ent Plans	Texas Hospital Associat	tion Retirement Plan	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
06/05/2024	Preston, Deborah (Ms.)			5.00
	Contributor address; City; State; Zip Code			
	Abilene, TX 79601			
Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> \$)	
Director of P		Hendrick Medical Cente		
Date	· · · · · · · · · · · · · · · · · · ·	<u> </u>	Amount of Contribution (\$)	
06/21/2024	Full name of contributor out-of-state PAC (ID#: Preston, Deborah (Ms.))		5.00
00/21/2024			ψ- ·	5.00
Contributor address; City; State; Zip Code				
	Abilene, TX 79601			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
Director of P		Hendrick Medical Cente		
Date			Amount of Contribution (\$)	
06/14/2024	Full name of contributor out-of-state PAC (ID#: Qualls, Rustin (Mr.))	.,	0.50
00/14/2024			ψει	J.50
	Contributor address; City; State; Zip Code			
	Clifton, TX 76634			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
Director of O		Goodall-Witcher Health		
	· 			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	~ ~~
06/21/2024	Ramirez, Erika (Ms.)		\$∠	2.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78701			
-	ipation / Job title (See Instructions)	Employer (See Instructions		
Senior Direc	tor Health Policy	Texas Hospital Associat	tion	

	The Instru	ction Guide explains how to complete this f	orm.	1	Fotal pages Schedule A1: Sch: 34/46 Rpt: 37/55	
2	FILER NAME			3 F	Filer ID (Ethics Commission	n Filers)
		Action Committee of the Texas Hospital Association	n		00015794	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7 /	Amount of Contribution (\$)	
	06/21/2024	Ramirez, Lisa (Ms.)				\$4.00
		6 Contributor address; City; State; Zip Code		1		
		Austin, TX 78701				
8		upation / Job title (See Instructions)	9 Employer (See Instructions			
	Specialist		Texas Hospital Associat	tion		
	Date	Full name of contributor out-of-state PAC (ID#:)	/	Amount of Contribution (\$)	
	06/21/2024	Ressmann, Mitzi (Ms.)				\$62.00
		Contributor address; City; State; Zip Code		.		
		Austin, TX 78701				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)		
	Chief Operat	ting Officer	Texas Hospital Associat	tion		
F	Date	Full name of contributor out-of-state PAC (ID#:)	4	Amount of Contribution (\$)	
	06/12/2024	Rhea, Hanna (Ms.)				\$50.00
		Contributor address; City; State; Zip Code		·		
		Dallas, TX 75235				
		ipation / Job title (See Instructions)	Employer (See Instructions	s)		
	Research Sp	pecialist Government Relations	Children's Health			
F	Date	Full name of contributor out-of-state PAC (ID#:)	/	Amount of Contribution (\$)	
	06/15/2024	Richburg, Melanie (Dr.)				\$125.00
		Contributor address; City; State; Zip Code		·		
		Tahoka, TX 79373				
		upation / Job title (See Instructions)	Employer (See Instructions			
	Chief Execut	tive Officer	Lynn County Hospital Di	Distric	t	
Γ	Date	Full name of contributor out-of-state PAC (ID#:)	4	Amount of Contribution (\$)	
	06/05/2024	Richert, Ron (Mr.)				\$3.85
		Contributor address; City; State; Zip Code		"		
		Abilene, TX 79601				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)		
	Director of th	ne Health Club	Hendrick Medical Cente	er		

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 35/46 Rpt: 38/55	
2 FILER NAME			3 Filer ID (Ethics Commission File	ers)
The Political	Action Committee of the Texas Hospital Association		00015794	,
4 Date	5 Full name of contributor Out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
06/21/2024	Richert, Ron (Mr.)			\$3.85
	6 Contributor address; City; State; Zip Code			
	Abilene, TX 79601			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	\$)	
Director of the	ne Health Club	Hendrick Medical Cente	۲	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
06/21/2024	Rios, Amy (Ms.)			\$2.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78701			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	\$)	
Dir Marketin	g & Strategic Communications	Texas Hospital Associat	tion	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
06/10/2024	Robicheaux, James (Mr.)		\$	642.00
	Contributor address; City; State; Zip Code			
	Bay City, TX 77414			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	3)	
Chief Execu	tive Officer	Matagorda Regional Me	dical Center	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
06/05/2024	Robinson, Tracee (Ms.)			\$3.85
	Contributor address; City; State; Zip Code			
	Abilene, TX 79601			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	3)	
Director of Q	Juality	Hendrick Medical Cente	۲	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
06/21/2024	Robinson, Tracee (Ms.)			\$3.85
	Contributor address; City; State; Zip Code			
	Abilene, TX 79601			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	\$)	
Director of Q	Juality	Hendrick Medical Cente	۲	
		•		

	The Instru	ction Guide explains how to complete this f	form.	1	Total pages Schedule A1: Sch: 36/46 Rpt: 39/55	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
		Action Committee of the Texas Hospital Association	n		00015794	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	06/08/2024	Saenz, Iris (Ms.)				\$20.50
		6 Contributor address; City; State; Zip Code		1		
		Houston, TX 77024				
8		pation / Job title (See Instructions)	9 Employer (See Instructions			
	Manager Pu	blic Policy & Community Benefit	Memorial Hermann Hea	lth	System	
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	06/21/2024	Safarik, Paulina (Ms.)				\$2.00
		Contributor address; City; State; Zip Code		1		
		Austin, TX 78701	1			
		pation / Job title (See Instructions)	Employer (See Instructions			
	Senior Direc	tor of Human Resources	Texas Hospital Associat	tior	1	
	Date)	Γ	Amount of Contribution (\$)	
	06/05/2024	Schmidt, Timothy (Mr.)				\$3.85
		Contributor address; City; State; Zip Code		1		
	D : :	Abilene, TX 79601		ŕ		
		pation / Job title (See Instructions)	Employer (See Instructions Hendrick Medical Cente			
		/ Facility Management		। न		
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	÷2.05
	06/21/2024	Schmidt, Timothy (Mr.)				\$3.85
		Contributor address; City; State; Zip Code				
		Abilene, TX 79601				
\vdash	Dringing occu		Employer (See Instructions			
		pation / Job title (See Instructions) / Facility Management	Employer (See Instructions Hendrick Medical Cente			
				יי ד		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	# 2.00
	06/21/2024	Shea, Patrick (Mr.)				\$2.00
		Contributor address; City; State; Zip Code				
		Georgetown, TX 78633				
\vdash	Drincinal occu	pation / Job title (See Instructions)	Employer (See Instructions	$\overline{\Gamma}$		
		ement Coordinator	Texas Hospital Insurance		Evehande	
	Risk Manage					

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 37/46 Rpt: 40/55	
2	FILER NAME			3	Filer ID (Ethics Commission	i Filers)
	The Political	Action Committee of the Texas Hospital Association			00015794	
4	Date	5 Full name of contributor Out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	06/21/2024	Sipes, Michael (Mr.)				\$2.00
		6 Contributor address; City; State; Zip Code				
		Austin, TX 78701				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	;)		
	Legal Servic	es Specialist	Texas Hospital Associat	ior	ı	
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	06/19/2024	Smith, Andrew (Mr.)				\$83.34
		Contributor address; City; State; Zip Code				
		San Antonio, TX 78229				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	Exec Dir Go	vmnt Relations & Public Policy	University Health			
F	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	06/21/2024	Smith, John (Mr.)				\$1.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	Director Data	a & Technology	THA Foundation			
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	06/05/2024	Speckels, Donna (Ms.)				\$3.85
		Contributor address; City; State; Zip Code				
		Abilene, TX 79601				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	Director Hen	drick HouseCalls	Hendrick Medical Cente	r		
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	06/21/2024	Speckels, Donna (Ms.)				\$3.85
	Contributor address; City; State; Zip Code					
		Abilene, TX 79601				
Γ	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	Director Hen	drick HouseCalls	Hendrick Medical Cente	r		
			1			
1						

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 38/46 Rpt: 41/55
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	Action Committee of the Texas Hospital Association		00015794
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
06/07/2024	Speer, Gena (Ms.)		\$14.
	6 Contributor address; City; State; Zip Code		
	Breckenridge, TX 76424		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions)	;) ;)
Chief Nursin	ig Officer	Stephens Memorial Hos	pital
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
06/21/2024	Srubar, Linda (Mrs.)		\$3.0
	Contributor address; City; State; Zip Code		
	Georgetown, TX 78633		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))
Executive A	ssistant	Texas Hospital Associat	ion
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/05/2024	Stafford, Steven (Mr.)		\$3.1
	Contributor address; City; State; Zip Code		
	Abilene, TX 79601		
	upation / Job title (See Instructions)	Employer (See Instructions)	,
Director Her	Idrick Clinic	Hendrick Medical Center	r
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/21/2024	Stafford, Steven (Mr.)		\$3.
	Contributor address; City; State; Zip Code		
	Abilene, TX 79601		
	upation / Job title (See Instructions)	Employer (See Instructions)	
Director Her		Hendrick Medical Center	r
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
06/05/2024	Stephenson, David (Mr.)		\$9.
	Contributor address; City; State; Zip Code		
	Abilene, TX 79601		
-	upation / Job title (See Instructions)	Employer (See Instructions)	
System VP	Hendrick Clinic & Anesthesia Network	Hendrick Medical Center	r
		<u> </u>	

The Instru	uction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 39/46 Rpt: 42/55	
2 FILER NAME			3 Filer ID (Ethics Commission Filers	s)
	l Action Committee of the Texas Hospital Association	'n	00015794	-,
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
06/21/2024				9.62
	6 Contributor address; City; State; Zip Code			
	Abilene, TX 79601			
	upation / Job title (See Instructions)	9 Employer (See Instructions		
System VP	Hendrick Clinic & Anesthesia Network	Hendrick Medical Cente	۶r	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
06/16/2024	Stevens, Michelle (Ms.)		\$4	1.67
	Contributor address; City; State; Zip Code			
	Haskell, TX 79521			
	upation / Job title (See Instructions)	Employer (See Instructions		
Chief Execu		Haskell Memorial Hospi	tal	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
05/26/2024	Taylor, Clay (Mr.)		\$2	20.50
	Contributor address; City; State; Zip Code			
	Lubbock, TX 79410	1		
	upation / Job title (See Instructions)	Employer (See Instructions	,	
Chief Opera		Covenant Childrens Hos		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	_
06/21/2024	Thomas, Wendy (Ms.)		\$1	L0.00
	Contributor address; City; State; Zip Code		1	
	Austin, TX 78701			
	upation / Job title (See Instructions)	Employer (See Instructions	,	
Mgr Auvoca	acy / Pub Policy / HOSPAC	Texas Hospital Associat		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2024			\$	51.00
	Contributor address; City; State; Zip Code			
	Cuero, TX 77954	1		
	upation / Job title (See Instructions)	Employer (See Instructions		
Business Or	ffice Manager	Cuero Regional Hospita	d	

The Instru	ction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 40/46 Rpt: 43/55
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	Action Committee of the Texas Hospital Association	'n	00015794
4 Date	5 Full name of contributor out-of-state PAC (ID#:_		7 Amount of Contribution (\$)
06/21/2024	Tiffin, Laura (Ms.)		\$2.0
	6 Contributor address; City; State; Zip Code		
	Cuero, TX 77954		
	upation / Job title (See Instructions)	9 Employer (See Instructions	
Business Of	ffice Manager	Cuero Regional Hospita	al
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/21/2024	Trevino, Judy (Ms.)		\$4.
	Contributor address; City; State; Zip Code		
	Austin, TX 78701		
	upation / Job title (See Instructions)	Employer (See Instructions	,
Vice Preside	ent Finance	Texas Hospital Associat	ation
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/21/2024	Trout, Judith (Ms.)		\$2.0
	Contributor address; City; State; Zip Code		
	Austin, TX 78701		
	upation / Job title (See Instructions)	Employer (See Instructions	s)
Healthcare L	Data Analyst	THA Foundation	
Date	Full name of contributor Out-of-state PAC (ID#:_)	Amount of Contribution (\$)
06/05/2024	Tucek, Karen (Ms.)		
	Contributor address; City; State; Zip Code		
Dringing loogu	Abilene, TX 79601		->
	upation / Job title (See Instructions)	Employer (See Instructions Hendrick Medical Cente	,
Director, Hos	·		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/21/2024	Tucek, Karen (Ms.)		
	Contributor address; City; State; Zip Code		
	Abilene, TX 79601		
Dringing occu		Employer (See Instructions	
Director, Hos	upation / Job title (See Instructions)	Employer (See Instructions Hendrick Medical Cente	
			31

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 41/46 Rpt: 44/55	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
		I Action Committee of the Texas Hospital Association			00015794	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	06/21/2024	Turner, Matt (Mr.)				\$2.00
		6 Contributor address; City; State; Zip Code		1		
		Austin, TX 78701				
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Senior Direc	ctor Quality & Payment	Texas Hospital Associat	tion	I	
F	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	06/10/2024	Underwood, Ashley (Ms.)				\$100.00
		Contributor address; City; State; Zip Code		•		
		Lampasas, TX 76550				
⊢	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Administrato	pr -	AdventHealth Rollins Bro	rool	<	
⊨	Date	Full name of contributor Out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	06/05/2024	Vidrine, Amanda (Ms.)	,			\$3.85
		Contributor address; City; State; Zip Code		•		·
		Abilene, TX 79601				
\vdash	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Quality & Re	egulatory Manager	Hendrick Medical Cente	er		
⊨	Date	Full name of contributor Out-of-state PAC (ID#:)	Π	Amount of Contribution (\$)	
	06/21/2024	Vidrine, Amanda (Ms.)	, İ			\$3.85
	00,21,202	Contributor address; City; State; Zip Code		•		+0.0-
		Continuation address, City, State, Lip Code				
		Abilene, TX 79601				
\vdash	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 3)		
	•	egulatory Manager	Hendrick Medical Center			
⊨	Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u>	Π	Amount of Contribution (\$)	
	06/05/2024	Wade, Susan (Ms.)	,			\$15.00
	00,00,212	Contributor address; City; State; Zip Code		•		*=*
		Contributor address, City, State, Zip Code				
		Abilene, TX 79601				
\vdash	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Abilene Marl		Hendrick Medical Center			
\vdash						

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 42/46 Rpt: 45/55	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	The Political	Action Committee of the Texas Hospital Association	n		00015794	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	06/21/2024	Wade, Susan (Ms.)				\$15.00
		6 Contributor address; City; State; Zip Code				
		Abilene, TX 79601				
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	;)		
	Abilene Mar	ket COO	Hendrick Medical Cente	r		
╞	Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u>	Γ	Amount of Contribution (\$)	
	06/05/2024	Wagner, Angela (Ms.)				\$3.85
		Abilene, TX 79601				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	ـــــــــــــــــــــــــــــــــــــ		
	Healthcare F	Professional	Hendrick Medical Cente	r		
╞	Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u>	Γ	Amount of Contribution (\$)	
	06/21/2024	Wagner, Angela (Ms.)			· · · · · · · · · · · · · · · · · · ·	\$3.85
		Contributor address; City; State; Zip Code				-
		Abilene, TX 79601				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	;)		
	Healthcare F	Professional	Hendrick Medical Cente	r		
⊨	Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	06/11/2024	Walker, Robert (Mr.)				\$2,000.00
		Contributor address; City; State; Zip Code				
		Dallas, TX 75219				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	;)		
	Chief Execut	tive Officer / President	Scottish Rite For Childre	en		
╞	Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	06/05/2024	Wallschlaeger, Erich (Mr.)				\$9.62
		Contributor address; City; State; Zip Code				
		Brownwood, TX 76804				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	;)		
	Chief Financ	sial Officer	Hendrick Medical Cente	r		
⊢			<u> </u>			

The Political Action Committee of the Texas Hospital Association 00015794						
The Political Action Committee of the Texas Hospital Association 00015794 4 Date 5 Full name of contributor out-of-state PAC (D#	The Instruc	tion Guide explains how to complete this f	orm.	1		
The Political Action Committee of the Texas Hospital Association 00015794 4 Date 5 Full name of contributor out-of-state PAC (10)::::::::::::::::::::::::::::::::::::	2 FILER NAME			3	•	n Filers)
06/21/2024 Wallschlaeger, Erich (Mr.) \$9.62 6 Contributor address; City: State: 2ip Code \$9.62 8 Principal occupation / Job title (See Instructions) \$1 Chief Financial Officer Out-of-state PAC (Do:	The Political /	Action Committee of the Texas Hospital Associatior	n			-
6 Contributor address; City, State; Zip Code B Brownwood, TX 76804 3 Principal occupation / Job title (See Instructions) Chief Financial Officer Pull name of contributor Date Full name of contributor 06/05/2024 Full name of contributor Principal occupation / Job title (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Director of MedSurg / Tele Hendrick Medical Center Date Full name of contributor out-of-state PAC (Der	4 Date !	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
6 Contributor address; City; State; Zip Code 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Chief Financial Officer Pull name of contributor	06/21/2024					\$9.62
3 Principal occupation / Job title (See Instructions) Chief Financial Officer 9 Employer (See Instructions) Hendrick Medical Center Date 06/05/2024 Full name of contributor out-of-state PAC (Det) Amount of Contribution (\$) \$3.85 Officer Walzer, Chenyl (Ms.) Contributor address; City; State; Zip Code Amount of Contribution (\$) \$3.85 Principal occupation / Job title (See Instructions) Director of Medsurg / Tele Employer (See Instructions) Hendrick Medical Center Amount of Contribution (\$) \$3.85 Date Full name of contributor out-of-state PAC (Det) Amount of Contribution (\$) \$3.85 O6/21/2024 Full name of contributor out-of-state PAC (Det) Amount of Contribution (\$) \$3.85 Director of Medsurg / Tele Employer (See Instructions) Hendrick Medical Center Amount of Contribution (\$) \$3.85 Director of Medsurg / Tele Out-of-state PAC (Det) Amount of Contribution (\$) \$145.50 Deate Full name of contributor out-of-state PAC (Det) Amount of Contribution (\$) \$145.50 Deate Fuel name of contributor out-of-state PAC (Det) Amount of Contribution (\$) \$145.50 Of/20/2024 Fuel name of	- T			1		
3 Principal occupation / Job title (See Instructions) Chief Financial Officer 9 Employer (See Instructions) Hendrick Medical Center Date 06/05/2024 Full name of contributor out-of-state PAC (Det) Amount of Contribution (\$) \$3.85 Officer Walzer, Chenyl (Ms.) Contributor address; City; State; Zip Code Amount of Contribution (\$) \$3.85 Principal occupation / Job title (See Instructions) Director of Medsurg / Tele Employer (See Instructions) Hendrick Medical Center Amount of Contribution (\$) \$3.85 Date Full name of contributor out-of-state PAC (Det) Amount of Contribution (\$) \$3.85 O6/21/2024 Full name of contributor out-of-state PAC (Det) Amount of Contribution (\$) \$3.85 Director of Medsurg / Tele Employer (See Instructions) Hendrick Medical Center Amount of Contribution (\$) \$3.85 Director of Medsurg / Tele Out-of-state PAC (Det) Amount of Contribution (\$) \$145.50 Deate Full name of contributor out-of-state PAC (Det) Amount of Contribution (\$) \$145.50 Deate Fuel name of contributor out-of-state PAC (Det) Amount of Contribution (\$) \$145.50 Of/20/2024 Fuel name of						
3 Principal occupation / Job title (See Instructions) Chief Financial Officer 9 Employer (See Instructions) Hendrick Medical Center Date 06/05/2024 Full name of contributor out-of-state PAC (Det) Amount of Contribution (\$) \$3.85 Officer Walzer, Chenyl (Ms.) Contributor address; City; State; Zip Code Amount of Contribution (\$) \$3.85 Principal occupation / Job title (See Instructions) Director of Medsurg / Tele Employer (See Instructions) Hendrick Medical Center Amount of Contribution (\$) \$3.85 Date Full name of contributor out-of-state PAC (Det) Amount of Contribution (\$) \$3.85 O6/21/2024 Full name of contributor out-of-state PAC (Det) Amount of Contribution (\$) \$3.85 Director of Medsurg / Tele Employer (See Instructions) Hendrick Medical Center Amount of Contribution (\$) \$3.85 Director of Medsurg / Tele Out-of-state PAC (Det) Amount of Contribution (\$) \$145.50 Deate Full name of contributor out-of-state PAC (Det) Amount of Contribution (\$) \$145.50 Deate Fuel name of contributor out-of-state PAC (Det) Amount of Contribution (\$) \$145.50 Of/20/2024 Fuel name of						
Chief Financial Officer Hendrick Medical Center Date Full name of contributor out-of-state PAC (ID#) Amount of Contribution (\$) 06/05/2024 Watzer, Cheryl (Ms.) \$3.85 Contributor address: City, State; Zip Code Abilene, TX 79601 Principal occupation / Job title (See Instructions) Employer (See Instructions) Director of Medsurg / Tele Amount of Contribution (\$) S3.85 Contributor address: City, State; Zip Code Amount of Contribution (\$) 06/21/2024 Full name of contributor out-of-state PAC (ID#) Amount of Contribution (\$) 9 Full name of contributor out-of-state PAC (ID#) Amount of Contribution (\$) 9 Full name of contributor out-of-state PAC (ID#) Amount of Contribution (\$) 9 Full name of contributor out-of-state PAC (ID#) Amount of Contribution (\$) 06/20/2024 Full name of contributor out-of-state PAC (ID#) Amount of Contribution (\$) 06/20/2024 Full name of contributor out-of-state PAC (ID#) Amount of Contribution (\$) 06/20/2024 Full name of contributor out-of-state PAC (ID#) Amount of Contributi						
Date Full name of contributor out-of-state PAC (IDE Amount of Contribution (\$) 06/05/2024 Walzer, Cheryl (Ms.) \$3.85 Contributor address; City; State; Zip Code Amount of Contribution (\$) \$3.85 Principal occupation / Job title (See Instructions) Employer (See Instructions) Hendrick Medical Center Date Full name of contributor out-of-state PAC (IDE Amount of Contribution (\$) 06/21/2024 Walzer, Cheryl (Ms.) Amount of Contribution (\$) \$3.85 Of/21/2024 Walzer, Cheryl (Ms.) Amount of Contribution (\$) \$3.85 Of/21/2024 Walzer, Cheryl (Ms.) Employer (See Instructions) \$3.85 Director of Medsurg / Tele Hendrick Medical Center \$3.85 Director of Medsurg / Tele Hendrick Medical Center \$3.85 Director of Medsurg / Tele Warrer, Freddy (Mr.) Amount of Contribution (\$) 06/20/2024 Full name of contributor out-of-state PAC (IDE Amount of Contribution (\$) 06/20/2024 Houston, TX 77024 Employer (See Instructions) \$145.50 Ofice Memorial Hermann Health System Amount of Contribution (\$) \$3.85 Date <t< td=""><td></td><td></td><td></td><td></td><td></td><td> </td></t<>						
06/05/2024 Walzer, Cheryl (Ms.) \$3.85 Contributor address; City; State; Zip Code Abilene, TX 79601 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Abilene, TX 79601 Amount of Contribution (\$) \$3.85 Contributor address; City; State; Zip Code Amount of Contribution (\$) \$3.85 Contributor address; City; State; Zip Code Amount of Contribution (\$) \$3.85 Contributor address; City; State; Zip Code Amount of Contribution (\$) \$3.85 Director of Medsurg / Tele Employer (See Instructions) \$3.85 Director of Medsurg / Tele Hendrick Medical Center \$3.85 Date Full name of contributor out-of-state PAC (ID#:	Chief Financia	al Officer	Hendrick Medical Cente	er		
Contributor address: City; State; Zip Code Abilene, TX 79601 Principal occupation / Job title (See Instructions) Director of Medsurg / Tele Date 66/21/2024 Walzer, Cheryl (Ms.) Contributor address: City; State; Zip Code Abilene, TX 79601 Principal occupation / Job title (See Instructions) Director of Medsurg / Tele Abilene, TX 79601 Principal occupation / Job title (See Instructions) Director of Medsurg / Tele Date O6/20/2024 Full name of contributor Out-of-state PAC (ID#:		Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
Contributor address; City; State; Zip Code Abilene, TX 79601 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor	06/05/2024					\$3.85
Principal occupation / Job title (See Instructions) Employer (See Instructions) Director of Medsurg / Tele Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/21/2024 Walzer, Cheryl (Ms.) S3.85 Contributor address; City, State; Zip Code Amount of Contributions) \$3.85 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$3.85 Director of Medsurg / Tele Employer (See Instructions) \$3.85 Director of Medsurg / Tele Employer (See Instructions) \$3.85 Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/20/2024 Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/20/2024 Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/20/2024 Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) \$3.85 Contributor address; City, State; Zip Code Amount of Contribution (\$) \$3.85 Ob/05/2024 Full name of contributor out-of-state PAC (ID#: Amount of Contrib				1		
Principal occupation / Job title (See Instructions) Employer (See Instructions) Director of Medsurg / Tele Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/21/2024 Walzer, Cheryl (Ms.) S3.85 Contributor address; City, State; Zip Code Amount of Contributions) \$3.85 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$3.85 Director of Medsurg / Tele Employer (See Instructions) \$3.85 Director of Medsurg / Tele Employer (See Instructions) \$3.85 Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/20/2024 Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/20/2024 Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/20/2024 Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) \$3.85 Contributor address; City, State; Zip Code Amount of Contribution (\$) \$3.85 Ob/05/2024 Full name of contributor out-of-state PAC (ID#: Amount of Contrib						
Principal occupation / Job title (See Instructions) Employer (See Instructions) Director of Medsurg / Tele Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/21/2024 Walzer, Cheryl (Ms.) S3.85 Contributor address; City, State; Zip Code Amount of Contributions) \$3.85 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$3.85 Director of Medsurg / Tele Employer (See Instructions) \$3.85 Director of Medsurg / Tele Employer (See Instructions) \$3.85 Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/20/2024 Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/20/2024 Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/20/2024 Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) \$3.85 Contributor address; City, State; Zip Code Amount of Contribution (\$) \$3.85 Ob/05/2024 Full name of contributor out-of-state PAC (ID#: Amount of Contrib						
Director of Medsurg / Tele Hendrick Medical Center Date Full name of contributor out-of-state PAC (IDR:) Amount of Contribution (\$) 06/21/2024 Walzer, Cheryl (Ms.) \$3.85 Contributor address; City, State; Zip Code Amount of Contribution (\$) \$3.85 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (IDR:) Amount of Contribution (\$) 06/20/2024 Full name of contributor out-of-state PAC (IDR:) Amount of Contribution (\$) 06/20/2024 Full name of contributor out-of-state PAC (IDR:) Amount of Contribution (\$) 06/20/2024 Full name of contributor out-of-state PAC (IDR:) Amount of Contribution (\$) 06/05/2024 Full name of contributor out-of-state PAC (IDR:) Amount of Contribution (\$) 06/05/2024 Full name of contributor out-of-state PAC (IDR:) Amount of Contribution (\$) 06/05/2024 Full name of contributor out-of-state PAC (IDR:) Amount of Contribution (\$) \$3.85 06/05/2024 Full name of contributor out-of-state PAC (IDR:)				Ĺ		
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 06/21/2024 Walzer, Cheryl (Ms.) \$3.85 Contributor address; City; State; Zip Code Abilene, TX 79601 Principal occupation / Job title (See Instructions) Employer (See Instructions) Director of Medsurg / Tele Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) S145.50 O6/20/2024 Warner, Freddy (Mr.) Amount of Contribution (\$) Contributor address; City; State; Zip Code Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Contributor address; City; State; Zip Code Memorial Hermann Health System Date Full name of contributor out-of-state PAC (ID#:) Principal occupation / Job title (See Instructions) Employer (See Instructions) Chief Government Relations Officer Memorial Hermann Health System Date Full name of contributor out-of-state PAC (ID#:) 06/05/2024 Full name of contributor out-of-state PAC (ID#:) 06/05/2024 Full name of contributor s3						
06/21/2024 Walzer, Cheryl (Ms.) \$3.85 Contributor address; City; State; Zip Code Abilene, TX 79601 Principal occupation / Job title (See Instructions) Employer (See Instructions) Director of Medsurg / Tele Hendrick Medical Center Date Full name of contributor out-of-state PAC (ID#;				*I T		
Contributor address; City; State; Zip Code Abilene, TX 79601 Principal occupation / Job title (See Instructions) Director of Medsurg / Tele Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 06/20/2024 Warner, Freddy (Mr.) Contributor address; City; State; Zip Code Houston, TX 77024 Principal occupation / Job title (See Instructions) Chief Government Relations Officer Date Full name of contributor out-of-state PAC (ID#: Principal occupation / Job title (See Instructions) Employer (See Instructions) Chief Government Relations Officer Memorial Hermann Health System Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$3.85 Contributor address; City; State; Zip Code Amount of Contribution (\$) 06/05/2024 Waters, Amber (Ms.) \$3.85 Contributor address; City; State; Zip Code Amount of Contribution (\$) Abilene, TX 79601 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions))		Amount of Contribution (\$)	÷0.05
Abilene, TX 79601 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Director of Medsurg / Tele Hendrick Medical Center Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 06/20/2024 Warner, Freddy (Mr.) \$145.50 Contributor address; City, State; Zip Code Full name of contributor \$145.50 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$145.50 Chief Governmet Relations Officer Memorial Hermann Health System Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 06/05/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 06/05/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 06/05/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 06/05/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 06/05/2024 Full name of contributor poit-of-state PAC (ID#:)	06/21/2024					\$3.85
Principal occupation / Job title (See Instructions) Employer (See Instructions) Director of Medsurg / Tele Hendrick Medical Center Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 06/20/2024 Warner, Freddy (Mr.) Contributor address; City; State; Zip Code Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) \$145.50 Chief Government Relations Officer Memorial Hermann Health System Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 06/05/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 06/05/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 06/05/2024 Full name of contributor s3.85 \$3.85 Contributor address; City; State; Zip Code Abilene, TX 79601 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) \$3.85		Contributor address; City; State; Zip Code				
Principal occupation / Job title (See Instructions) Employer (See Instructions) Director of Medsurg / Tele Hendrick Medical Center Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 06/20/2024 Warner, Freddy (Mr.) Contributor address; City; State; Zip Code Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) \$145.50 Chief Government Relations Officer Memorial Hermann Health System Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 06/05/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 06/05/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 06/05/2024 Full name of contributor s3.85 \$3.85 Contributor address; City; State; Zip Code Abilene, TX 79601 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) \$3.85						
Director of Medsurg / Tele Hendrick Medical Center Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 06/20/2024 Warner, Freddy (Mr.) \$145.50 Contributor address; City; State; Zip Code Full name of contributor \$145.50 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 06/05/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 06/05/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 06/05/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 06/05/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) Abilene, TX 79601 Employer (See Instructions) Employer (See Instructions) \$3.85		Abilene, TX 79601				
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 06/20/2024 Warner, Freddy (Mr.) \$145.50 Contributor address; City; State; Zip Code Houston, TX 77024 Principal occupation / Job title (See Instructions) Employer (See Instructions) Chief Government Relations Officer Memorial Hermann Health System Date Full name of contributor out-of-state PAC (ID#:) 06/05/2024 Full name of contributor out-of-state PAC (ID#:) 06/05/2024 Full name of contributor out-of-state PAC (ID#:) Abilene, TX 79601 Amount of Contribution (\$) \$3.85 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$3.85	Principal occup	pation / Job title (See Instructions)	Employer (See Instructions	5)		
06/20/2024 Warner, Freddy (Mr.) \$145.50 Contributor address; City; State; Zip Code Houston, TX 77024 Principal occupation / Job title (See Instructions) Employer (See Instructions) Chief Government Relations Officer Memorial Hermann Health System Date Full name of contributor out-of-state PAC (ID#:) 06/05/2024 Waters, Amber (Ms.) Amount of Contribution (\$) 06/05/2024 Waters, Amber (Ms.) \$3.85 Contributor address; City; State; Zip Code Abilene, TX 79601 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) \$3.85	Director of Me	edsurg / Tele	Hendrick Medical Cente	er		
Contributor address; City; State; Zip Code Houston, TX 77024 Principal occupation / Job title (See Instructions) Chief Government Relations Officer Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) Waters, Amber (Ms.) Contributor address; City; State; Zip Code Abilene, TX 79601 Principal occupation / Job title (See Instructions) Employer (See Instructions) Memorial Hermann Health S3.85	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
Houston, TX 77024 Principal occupation / Job title (See Instructions) Chief Government Relations Officer Date Full name of contributor Od/05/2024 Waters, Amber (Ms.) Contributor address; City; State; Zip Code Abilene, TX 79601 Principal occupation / Job title (See Instructions) Employer (See Instructions) Memorial Hermann Health System	06/20/2024	Warner, Freddy (Mr.)				\$145.50
Principal occupation / Job title (See Instructions) Employer (See Instructions) Chief Government Relations Officer Memorial Hermann Health System Date Full name of contributor out-of-state PAC (ID#:) 06/05/2024 Waters, Amber (Ms.) Amount of Contribution (\$) Contributor address; City; State; Zip Code \$3.85 Abilene, TX 79601 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions)	ľ	Contributor address; City; State; Zip Code		1		
Principal occupation / Job title (See Instructions) Employer (See Instructions) Chief Government Relations Officer Memorial Hermann Health System Date Full name of contributor out-of-state PAC (ID#:) 06/05/2024 Waters, Amber (Ms.) Amount of Contribution (\$) Contributor address; City; State; Zip Code \$3.85 Abilene, TX 79601 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions)						
Principal occupation / Job title (See Instructions) Employer (See Instructions) Chief Government Relations Officer Memorial Hermann Health System Date Full name of contributor out-of-state PAC (ID#:) 06/05/2024 Waters, Amber (Ms.) Amount of Contribution (\$) Contributor address; City; State; Zip Code \$3.85 Abilene, TX 79601 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions)						
Chief Government Relations Officer Memorial Hermann Health System Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 06/05/2024 Waters, Amber (Ms.) \$3.85 Contributor address; City; State; Zip Code Abilene, TX 79601 Principal occupation / Job title (See Instructions) Employer (See Instructions)						
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 06/05/2024 Waters, Amber (Ms.) \$3.85 Contributor address; City; State; Zip Code Abilene, TX 79601 Principal occupation / Job title (See Instructions) Employer (See Instructions)					_	
06/05/2024 Waters, Amber (Ms.) \$3.85 Contributor address; City; State; Zip Code Abilene, TX 79601 Principal occupation / Job title (See Instructions) Employer (See Instructions)	Chief Governi	ment Relations Officer	Memorial Hermann Hea	lth	System	
Contributor address; City; State; Zip Code Abilene, TX 79601 Principal occupation / Job title (See Instructions) Employer (See Instructions))	Γ	Amount of Contribution (\$)	
Abilene, TX 79601 Principal occupation / Job title (See Instructions) Employer (See Instructions)	06/05/2024	Waters, Amber (Ms.)]		\$3.85
Principal occupation / Job title (See Instructions) Employer (See Instructions)		Contributor address; City; State; Zip Code		1		
Principal occupation / Job title (See Instructions) Employer (See Instructions)						
Principal occupation / Job title (See Instructions) Employer (See Instructions)		At:				
				Ĺ		
		Imissions		91		

The Instruction Guide explains how to complete this for	m.	1 Total pages Schedule A1: Sch: 44/46 Rpt: 47/55
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
The Political Action Committee of the Texas Hospital Association		00015794
4 Date 5 Full name of contributor Out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
06/21/2024 Waters, Amber (Ms.)		\$3.85
6 Contributor address; City; State; Zip Code		
Abilene, TX 79601		
	Employer (See Instructions)	
Director of Admissions	Hendrick Medical Center	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/07/2024 Weller, Meghan (Ms.)		\$50.00
Contributor address; City; State; Zip Code		
Austin, TX 78701		
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	
Director of Government Relations	HCA Healthcare-Central	& West Texas Division
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/05/2024 Wharton, Elisha (Ms.)		\$3.85
Contributor address; City; State; Zip Code		
Abilana TV 70601		
Abilene, TX 79601		
Principal occupation / Job title (See Instructions) Sr Practice Manager	Employer (See Instructions) Hendrick Medical Center	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/21/2024 Wharton, Elisha (Ms.)		\$3.85
Contributor address; City; State; Zip Code		
Abilene, TX 79601		
Principal occupation / Job title (See Instructions)	Employer (See Instructions))
Sr Practice Manager	Hendrick Medical Center	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/21/2024 Williams, Carrie (Ms.))	\$20.00
Contributor address; City; State; Zip Code		*- ····
Austin, TX 78701		
Principal occupation / Job title (See Instructions)	Employer (See Instructions))
Chief Communications Officer	Texas Hospital Associati	

	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 45/46 Rpt: 48/55	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
		Action Committee of the Texas Hospital Association			00015794	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	06/21/2024	Williams, Patty (Ms.)				\$2.00
	1	6 Contributor address; City; State; Zip Code		1		
	ļ					
		Austin, TX 78701				
8	•		9 Employer (See Instructions	5)		
	Relationship	Manager - Business Services	THA Foundation			
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	05/26/2024	Willmann, Adam (Mr.)				\$62.50
	ļ	Contributor address; City; State; Zip Code		1		
	ļ					
		Clifton, TX 76634				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	President / C	EO	Goodall-Witcher Healtho	car	е	
⊨	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	06/05/2024	Willson, Megan (Mr.)				\$4.81
	ļ	Contributor address; City; State; Zip Code		1		
	ļ					
		Abilene, TX 79601				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Healthcare P	rofessional	Hendrick Medical Cente	er		
⊨	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	06/21/2024	Wilson, Megan (Ms.)			• •	\$4.81
	-	Contributor address; City; State; Zip Code		1		
		Abilene, TX 79601				
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Abilene Marl	ket Director PAT/PreOp/PACU	Hendrick Medical Cente	er		
╞	Date	Full name of contributor Out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	06/21/2024	Wohleb, Stephen (Mr.)				\$41.00
		Contributor address; City; State; Zip Code		1		
	ļ					
		Austin, TX 78701				
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	General Cou		Texas Hospital Associat		١	
\vdash						

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: Sch: 46/46 Rpt: 49/55
2 FILER NA	ME		3 Filer ID (Ethics Commission Filers)
	ical Action Committee of the Texas Hospital Associatio	3 Filer ID (Ethics Commission Filers) 00015794	
4 Date	5 Full name of contributor Out-of-state PAC (ID#:	7 Amount of Contribution (\$)	
06/05/20	06/05/2024 Wood, Adam (Mr.)		\$4.81
	6 Contributor address; City; State; Zip Code		
	Abilene, TX 79601		
8 Principal	occupation / Job title (See Instructions)	9 Employer (See Instructions	5)
System /	Assistant Vice President Supply Chain	Hendrick Medical Cente	er
Deta	Full name of contributor Out-of-state PAC (ID#:		Amount of Contribution (\$)
Date)	Amount of Contribution (\$)
06/21/20			\$4.81
	Contributor address; City; State; Zip Code Abilene, TX 79601		
Principal	occupation / Job title (See Instructions)	Employer (See Instructions	5)
System /	Assistant Vice President Supply Chain	Hendrick Medical Cente	er
		\ \	Amount of Contribution (\$)
Date)	Amount of Contribution (\$)
06/09/20	24 Yancey, Janay (Ms.)		\$29.00
Dringing	Woodville, TX 75979	Employer (See Instructions	
· ·	erating Officer		>)
Chiel Op		Tyler County Hospital	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/21/20	24 Zamarron, Ignacio (Mr.)		\$83.34
	Contributor address; City; State; Zip Code		
	Austin, TX 78701		
Principal	occupation / Job title (See Instructions)	Employer (See Instructions	
	ice President / CFO	Texas Hospital Associat	
Jenior v		Texas nospital Associa	

MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C3

	The Instruction Guide explains how to complete this form.			1	1 Total pages Schedule C3: Sch: 1/1 Rpt: 50/55	
2	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 (\$)	
	05/31/2024		Texas Hospital Association		825.0	00

NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C4

	The Instruction Guide explains how to complete this form.			1	Total pages S Sch: 1/1 Rp	Schedule C4: t: 51/55	
2	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 (\$)		
	06/25/2024		Texas Hospital Association			4,20	0.00

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reinbursement Fees Office Overhead/Rental Expense Food//Beverage Expense Polling Expense - Gift/Awards/Memorials Expense Printing Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
Sch: 1/4 Rpt: 52/55	The Political Action Committee of the Texas Hospital	00015794		
4 Date	5 Payee name			
06/14/2024	Cesar Blanco Campaign			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$5,000.00	PO Box 929			
Expenditure from corporate funds	El Paso, TX 79946			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense		
	Candidate/Officeholder/Political Committee			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought	Office held		
Date	Payee name			
06/03/2024	Frost Bank			
Amount (\$)	Payee address; City; State; Zip Code			
\$19.95	PO Box 1727			
Expenditure from corporate funds	Austin, TX 78767			
PURPOSE OF EXPENDITURE	Check if Austin,	outside of Texas. Complete Schedule T. TX, officeholder living expense Processing Fees		
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Office held Office held Office held				
Date	Payee name			
06/03/2024	Frost Bank			
Amount (\$)	Payee address; City; State; Zip Code			
\$83.53	PO Box 1727			
Expenditure from corporate funds	Austin, TX 78767			
PURPOSE OF EXPENDITURE	Check if Austin,	butside of Texas. Complete Schedule T. TX, officeholder living expense Processing Fees		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held		

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense - Gift/Awards/Memorials Expense Printing Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
Sch: 2/4 Rpt: 53/55	The Political Action Committee of the Texas Hospital	00015794		
4 Date	5 Payee name			
06/04/2024	Frost Bank			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$56.35	PO Box 1727			
Expenditure from corporate funds	Austin, TX 78767			
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense		
		rocessing Fees		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought	Office held		
Date	Payee name			
05/28/2024	Stripe			
Amount (\$)	Payee address; City; State; Zip Code			
\$316.63	354 Oyster Point Blvd			
Expenditure from corporate funds	South San Francisco, CA 94080			
PURPOSE OF EXPENDITURE	Check if Austin,	outside of Texas. Complete Schedule T. TX, officeholder living expense es for processing multiple credit card 5/28-6/24/24		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held		
Date	Payee name			
05/28/2024	Stripe			
Amount (\$)	Payee address; City; State; Zip Code			
\$0.21	354 Oyster Point Blvd			
\$0.21				
Expenditure from corporate funds	South San Francisco, CA 94080			
PURPOSE OF EXPENDITURE	Check if Austin,	outside of Texas. Complete Schedule T. TX, officeholder living expense rocessing Fees		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held		

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting 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: 3/4 Rpt: 54/55	The Political Action Committee of the Texas Hospital 00015794			
4 Date	5 Payee name			
06/06/2024	Stripe			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$0.63	354 Oyster Point Blvd			
Expenditure from corporate funds	South San Francisco, CA 94080			
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.			
	Credit Card Processing Fees			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
06/12/2024	Stripe			
Amount (\$)	Payee address; City; State; Zip Code			
\$1.60	354 Oyster Point Blvd			
Expenditure from corporate funds	South San Francisco, CA 94080			
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Credit Card Processing Fees 			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
06/13/2024	Stripe			
Amount (\$)	Payee address; City; State; Zip Code			
\$0.42	354 Oyster Point Blvd			
Expenditure from corporate funds	South San Francisco, CA 94080			
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Credit Card Processing Fees 			
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held			

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District Glft/Awards/Memorials Expense Printing Expense Travel Out of District			
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
Sch: 4/4 Rpt: 55/55	The Political Action Committee of the Texas Hospital 00015794			
4 Date	5 Payee name			
06/14/2024	Stripe			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$0.15	354 Oyster Point Blvd			
Expenditure from corporate funds	South San Francisco, CA 94080			
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. Check if Austin, TX, officeholder living expense			
	Credit Card Processing Fees			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
06/20/2024	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 EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Credit Card Processing Fees 			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
06/24/2024	Stripe			
Amount (\$)	Payee address; City; State; Zip Code			
\$0.67	354 Oyster Point Blvd			
Expenditure from corporate funds	South San Francisco, CA 94080			
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Credit Card Processing Fees 			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held			