

MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

**FORM MPAC
COVER SHEET PG 1**

The MPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00015794	2 Total pages filed: 55													
		OFFICE USE ONLY														
3 COMMITTEE NAME The Political Action Committee of the Texas Hospital Association			Date Received ELECTRONICALLY FILED 07/05/2024													
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP 1108 Lavaca Ste 700 Austin, TX 78701		Date Hand-delivered or Date Postmarked													
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Ms. Carrie		Receipt # Amount													
 NICKNAME LAST SUFFIX Kroll		Date Processed													
 NICKNAME LAST SUFFIX Kroll		Date Imaged													
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1108 Lavaca, Suite 700 Austin, TX 78701															
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1108 Lavaca, Suite 700 Austin, TX 78701															
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 465-1043															
9 REPORT TYPE	<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Dissolution (Attach PAC-DR)															
10 MONTHLY REPORT FILING DEADLINE	<table style="width:100%; border:none;"> <tr> <td><input type="checkbox"/> January 5</td> <td><input type="checkbox"/> April 5</td> <td><input checked="" type="checkbox"/> July 5</td> <td><input type="checkbox"/> October 5</td> </tr> <tr> <td><input type="checkbox"/> February 5</td> <td><input type="checkbox"/> May 5</td> <td><input type="checkbox"/> August 5</td> <td><input type="checkbox"/> November 5</td> </tr> <tr> <td><input type="checkbox"/> March 5</td> <td><input type="checkbox"/> June 5</td> <td><input type="checkbox"/> September 5</td> <td><input type="checkbox"/> December 5</td> </tr> </table>				<input type="checkbox"/> January 5	<input type="checkbox"/> April 5	<input checked="" type="checkbox"/> July 5	<input type="checkbox"/> October 5	<input type="checkbox"/> February 5	<input type="checkbox"/> May 5	<input type="checkbox"/> August 5	<input type="checkbox"/> November 5	<input type="checkbox"/> March 5	<input type="checkbox"/> June 5	<input type="checkbox"/> September 5	<input type="checkbox"/> December 5
<input type="checkbox"/> January 5	<input type="checkbox"/> April 5	<input checked="" type="checkbox"/> July 5	<input type="checkbox"/> October 5													
<input type="checkbox"/> February 5	<input type="checkbox"/> May 5	<input type="checkbox"/> August 5	<input type="checkbox"/> November 5													
<input type="checkbox"/> March 5	<input type="checkbox"/> June 5	<input type="checkbox"/> September 5	<input type="checkbox"/> December 5													
11 PERIOD COVERED	Month Day Year THROUGH Month Day Year 05/26/2024 06/25/2024															

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MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC
COVER SHEET PG 2

12 COMMITTEE NAME The Political Action Committee of the Texas Hospital Association	13 Filer ID (Ethics Commission Filers) 00015794
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14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported The Honorable Cesar J. Blanco State Senator
		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	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 15,198.33
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 5,483.21
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 163,400.99
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

16 AFFIDAVIT

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

Ms. Carrie Kroll
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

SUBTOTALS - MPAC

17 COMMITTEE NAME The Political Action Committee of the Texas Hospital Association		18 Filer ID (Ethics Commission Filers) 00015794
19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 10,173.33
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input checked="" type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$ 825.00
7.	<input checked="" type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$ 4,200.00
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 5,483.21
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/46 Rpt: 4/55
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 06/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amador, Dolores (Ms.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Georgetown, TX 78633	
8 Principal occupation / Job title (See Instructions) Claims Manager		9 Employer (See Instructions) Texas Hospital Insurance Exchange
Date 06/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ambrose, Ryan (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Houston, TX 77024	
Principal occupation / Job title (See Instructions) Director Federal and State Relations		Employer (See Instructions) Memorial Hermann Health System
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andersen, Daniel (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Georgetown, TX 78633	
Principal occupation / Job title (See Instructions) VP Underwriting & Business Development		Employer (See Instructions) Texas Hospital Insurance Exchange
Date 06/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Archibald, Norman (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Director Legislative and Public Policy		Employer (See Instructions) Hendrick Medical Center
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Archibald, Norman (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Director Legislative and Public Policy		Employer (See Instructions) Hendrick Medical Center

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/46 Rpt: 5/55
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 06/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bagchi, Sam (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Irving, TX 75038	
8 Principal occupation / Job title (See Instructions) EVP / Chief Clinical Officer		9 Employer (See Instructions) CHRISTUS Health
Date 06/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baker, Donald (Mr.)	Amount of Contribution (\$) \$2,000.00
	Contributor address; City; State; Zip Code Nashville, TN 37215	
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Ardent Texas Division
Date 06/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ballew, Joel (Mr.)	Amount of Contribution (\$) \$41.50
	Contributor address; City; State; Zip Code Arlington, TX 76011	
Principal occupation / Job title (See Instructions) VP Government & Community Affairs		Employer (See Instructions) Texas Health Resources
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Banda, Jennifer (Ms.)	Amount of Contribution (\$) \$41.00
	Contributor address; City; State; Zip Code Austin, TX 78701	
Principal occupation / Job title (See Instructions) Senior VP Advocacy & Public Policy		Employer (See Instructions) Texas Hospital Association
Date 06/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baty, Krista (Ms.)	Amount of Contribution (\$) \$27.50
	Contributor address; City; State; Zip Code Brownwood, TX 76801	
Principal occupation / Job title (See Instructions) Chief Administrative Officer		Employer (See Instructions) Hendrick Medical Center

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/46 Rpt: 6/55
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 06/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baty, Krista (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Brownwood, TX 76801	7 Amount of Contribution (\$) \$27.50
8 Principal occupation / Job title (See Instructions) Chief Administrative Officer		9 Employer (See Instructions) Hendrick Medical Center
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beasley, Sharon (Ms.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$8.00
Principal occupation / Job title (See Instructions) Sr Dir Governance & Exec Administration		Employer (See Instructions) Texas Hospital Association
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bell, Jeff (Mr.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Manager Corporate Relations		Employer (See Instructions) THA Foundation
Date 06/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Benham, Bradley (Mr.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$9.62
Principal occupation / Job title (See Instructions) VP HMC Foundation		Employer (See Instructions) Hendrick Medical Center
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Benham, Bradley (Mr.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$9.62
Principal occupation / Job title (See Instructions) VP HMC Foundation		Employer (See Instructions) Hendrick Medical Center

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/46 Rpt: 7/55
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 06/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bessent, Brian (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Abilene, TX 79601	7 Amount of Contribution (\$) \$32.50
8 Principal occupation / Job title (See Instructions) VP / Chief Strategy & Experience Officer		9 Employer (See Instructions) Hendrick Medical Center
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bessent, Brian (Mr.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$32.50
Principal occupation / Job title (See Instructions) VP / Chief Strategy & Experience Officer		Employer (See Instructions) Hendrick Medical Center
Date 06/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Booth, Donny (Mr.) <hr/> Contributor address; City; State; Zip Code Andrews, TX 79714	Amount of Contribution (\$) \$41.67
Principal occupation / Job title (See Instructions) Chief Executive Officer		Employer (See Instructions) Permian Regional Medical Center
Date 06/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bowden, Sherri (Ms.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$3.85
Principal occupation / Job title (See Instructions) Director Pulmonary Services		Employer (See Instructions) Hendrick Medical Center
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bowden, Sherri (Ms.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$3.85
Principal occupation / Job title (See Instructions) Director Pulmonary Services		Employer (See Instructions) Hendrick Medical Center

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/46 Rpt: 8/55
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 05/27/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bradley, Denise (Ms.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Austin, TX 78701	
8 Principal occupation / Job title (See Instructions) VP Marketing & Corporate Affairs		9 Employer (See Instructions) St. David's HealthCare
Date 06/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brockway, Toni (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Director of Workforce Dev		Employer (See Instructions) Hendrick Medical Center
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brockway, Toni (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Director of Workforce Dev		Employer (See Instructions) Hendrick Medical Center
Date 06/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Broderick, Treva (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Assistant Vice President Clinical Svs		Employer (See Instructions) Hendrick Medical Center
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Broderick, Treva (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Assistant Vice President Clinical Svs		Employer (See Instructions) Hendrick Medical Center

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/46 Rpt: 9/55
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 05/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Callender, David (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Houston, TX 77024	
8 Principal occupation / Job title (See Instructions) President		9 Employer (See Instructions) Memorial Hermann Health System
Date 06/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Calvo, Raul (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Abilene, TX 79608	
Principal occupation / Job title (See Instructions) Board Vice Chair		Employer (See Instructions) Hendrick Medical Center
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Calvo, Raul (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Abilene, TX 79608	
Principal occupation / Job title (See Instructions) Board Vice Chair		Employer (See Instructions) Hendrick Medical Center
Date 06/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Camacho, Precilla (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Nurse		Employer (See Instructions) Hendrick Medical Center
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Camacho, Precilla (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Nurse		Employer (See Instructions) Hendrick Medical Center

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/46 Rpt: 10/55
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 06/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Canada, Kirk (Mr.)	7 Amount of Contribution (\$) \$30.00
	6 Contributor address; City; State; Zip Code Abilene, TX 79601	
8 Principal occupation / Job title (See Instructions) Chief Operating Office / System VP		9 Employer (See Instructions) Hendrick Medical Center
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Canada, Kirk (Mr.)	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Chief Operating Office / System VP		Employer (See Instructions) Hendrick Medical Center
Date 06/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Casey, Mary (Ms.)	Amount of Contribution (\$) \$3.85
	Contributor address; City; State; Zip Code Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Healthcare Professional		Employer (See Instructions) Hendrick Medical Center
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Casey, Mary (Ms.)	Amount of Contribution (\$) \$3.85
	Contributor address; City; State; Zip Code Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Healthcare Professional		Employer (See Instructions) Hendrick Medical Center
Date 06/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cates, Boyd (Mr.)	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Diagnostic Technologist		Employer (See Instructions) Hendrick Medical Center

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/46 Rpt: 11/55
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 06/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cates, Boyd (Mr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Abilene, TX 79601	
8 Principal occupation / Job title (See Instructions) Diagnostic Technologist		9 Employer (See Instructions) Hendrick Medical Center
Date 06/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clevenger, Erin (Ms.)	Amount of Contribution (\$) \$14.59
	Contributor address; City; State; Zip Code Port Lavaca, TX 77979	
Principal occupation / Job title (See Instructions) Interim CEO / CNO / Clinical Services Administrator		Employer (See Instructions) Memorial Medical Center
Date 06/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coleman, Shane (Mr.)	Amount of Contribution (\$) \$41.00
	Contributor address; City; State; Zip Code Mineral Wells, TX 76067	
Principal occupation / Job title (See Instructions) Chief Operating Officer		Employer (See Instructions) Palo Pinto General Hospital
Date 06/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Collins, Chad (Mr.)	Amount of Contribution (\$) \$14.50
	Contributor address; City; State; Zip Code Plano, TX 75093	
Principal occupation / Job title (See Instructions) Vice President Operations		Employer (See Instructions) Texas Health Presbyterian Hospital Plano
Date 06/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Conger, Cody (Mr.)	Amount of Contribution (\$) \$4.00
	Contributor address; City; State; Zip Code Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Health Director, Invasive Cardiology		Employer (See Instructions) Hendrick Medical Center

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/46 Rpt: 12/55
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 06/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Conger, Cody (Mr.) 6 Contributor address; City; State; Zip Code Abilene, TX 79601	7 Amount of Contribution (\$) \$4.00
8 Principal occupation / Job title (See Instructions) Health Director, Invasive Cardiology		9 Employer (See Instructions) Hendrick Medical Center
Date 06/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Connell, Jessica (Ms.) Contributor address; City; State; Zip Code Brownwood, TX 76804	Amount of Contribution (\$) \$4.81
Principal occupation / Job title (See Instructions) Chief Nursing Officer		Employer (See Instructions) Hendrick Medical Center
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Connell, Jessica (Ms.) Contributor address; City; State; Zip Code Brownwood, TX 76804	Amount of Contribution (\$) \$4.81
Principal occupation / Job title (See Instructions) Chief Nursing Officer		Employer (See Instructions) Hendrick Medical Center
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Conner, Cecil (Mr.) Contributor address; City; State; Zip Code Austin, TX 78731	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Risk Management Advisor		Employer (See Instructions) Texas Hospital Insurance Exchange
Date 06/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contreras, Rosendo (Ms.) Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$1.93
Principal occupation / Job title (See Instructions) Dir Patient Safety, Infection Preventionist, Perf Improv		Employer (See Instructions) Hendrick Medical Center

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/46 Rpt: 13/55
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 06/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contreras, Rosendo (Ms.)	7 Amount of Contribution (\$) \$1.93
	6 Contributor address; City; State; Zip Code Abilene, TX 79601	
8 Principal occupation / Job title (See Instructions) Dir Patient Safety, Infection Preventionist, Perf Improv		9 Employer (See Instructions) Hendrick Medical Center
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cook, Kenneth (Mr.)	Amount of Contribution (\$) \$2.00
	Contributor address; City; State; Zip Code Austin, TX 78701	
Principal occupation / Job title (See Instructions) IT Director		Employer (See Instructions) THA Foundation
Date 06/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cooper, David (Mr.)	Amount of Contribution (\$) \$3.85
	Contributor address; City; State; Zip Code Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Lab Supervisor		Employer (See Instructions) Hendrick Medical Center
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cooper, David (Mr.)	Amount of Contribution (\$) \$3.85
	Contributor address; City; State; Zip Code Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Lab Supervisor		Employer (See Instructions) Hendrick Medical Center
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Costilla, Nina (Ms.)	Amount of Contribution (\$) \$2.00
	Contributor address; City; State; Zip Code Austin, TX 78701	
Principal occupation / Job title (See Instructions) Clinical Projects Manager		Employer (See Instructions) THA Foundation

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/46 Rpt: 14/55
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 06/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cotton, Corey (Mr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Austin, TX 78701	
8 Principal occupation / Job title (See Instructions) VP Member Solutions		9 Employer (See Instructions) Texas Hospital Association
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dale, Vicki (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78701	
Principal occupation / Job title (See Instructions) Sr. Director of Business Services		Employer (See Instructions) THA Foundation
Date 05/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Darden, Richard (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Trustee		Employer (See Instructions) Hendrick Medical Center
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davenport, Chad (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Georgetown, TX 78633	
Principal occupation / Job title (See Instructions) Accounting Specialist		Employer (See Instructions) Texas Hospital Insurance Exchange
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davila, Leslie (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Georgetown, TX 78633	
Principal occupation / Job title (See Instructions) Receptionist		Employer (See Instructions) Texas Hospital Insurance Exchange

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/46 Rpt: 15/55
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 05/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, John (Mr.)	7 Amount of Contribution (\$) \$3.85
6 Contributor address; City; State; Zip Code Cuero, TX 77954		
8 Principal occupation / Job title (See Instructions) Director Cardiopulmonary		9 Employer (See Instructions) Cuero Regional Hospital
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, John (Mr.)	Amount of Contribution (\$) \$7.70
Contributor address; City; State; Zip Code Cuero, TX 77954		
Principal occupation / Job title (See Instructions) Director Cardiopulmonary		Employer (See Instructions) Cuero Regional Hospital
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) De La Garza-Barone, Heather (Ms.)	Amount of Contribution (\$) \$2.00
Contributor address; City; State; Zip Code Austin, TX 78701		
Principal occupation / Job title (See Instructions) Associate General Counsel		Employer (See Instructions) Texas Hospital Association
Date 05/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeYoung, Peter (Dr.)	Amount of Contribution (\$) \$41.00
Contributor address; City; State; Zip Code Austin, TX 78758		
Principal occupation / Job title (See Instructions) Chief Medical Officer		Employer (See Instructions) St Davids North Austin Medical Center
Date 06/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dennis, Gregory (Mr.)	Amount of Contribution (\$) \$3.85
Contributor address; City; State; Zip Code Abilene, TX 79601		
Principal occupation / Job title (See Instructions) Director Facility Management		Employer (See Instructions) Hendrick Medical Center

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/46 Rpt: 16/55
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 06/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dennis, Gregory (Mr.)	7 Amount of Contribution (\$) \$3.85
	6 Contributor address; City; State; Zip Code Abilene, TX 79601	
8 Principal occupation / Job title (See Instructions) Director Facility Management		9 Employer (See Instructions) Hendrick Medical Center
Date 06/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Devun, Sharn (Ms.)	Amount of Contribution (\$) \$3.85
	Contributor address; City; State; Zip Code Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Director Risk Management		Employer (See Instructions) Hendrick Medical Center
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Devun, Sharn (Ms.)	Amount of Contribution (\$) \$3.85
	Contributor address; City; State; Zip Code Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Director Risk Management		Employer (See Instructions) Hendrick Medical Center
Date 06/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donaway, Duane (Mr.)	Amount of Contribution (\$) \$1.93
	Contributor address; City; State; Zip Code Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Director Information Systems		Employer (See Instructions) Hendrick Medical Center
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donaway, Duane (Mr.)	Amount of Contribution (\$) \$1.93
	Contributor address; City; State; Zip Code Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Director Information Systems		Employer (See Instructions) Hendrick Medical Center

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/46 Rpt: 17/55
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 06/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doyle, Rosalinda (Ms.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Austin, TX 78701	
8 Principal occupation / Job title (See Instructions) Payroll Administrator		9 Employer (See Instructions) Texas Hospital Association
Date 06/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Driskell, Jesiree (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Abilene, TX 79601	
Principal occupation / Job title (See Instructions) AVP Strategic Comms & Digital Expert		Employer (See Instructions) Hendrick Medical Center
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Driskell, Jesiree (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Abilene, TX 79601	
Principal occupation / Job title (See Instructions) AVP Strategic Comms & Digital Expert		Employer (See Instructions) Hendrick Medical Center
Date 06/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duncan, Cameron (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78701	
Principal occupation / Job title (See Instructions) VP Advocacy / Public Policy		Employer (See Instructions) Texas Hospital Association
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dupree, Anthony (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78701	
Principal occupation / Job title (See Instructions) Sr. Accounts Payable Specialist		Employer (See Instructions) Texas Hospital Association

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/46 Rpt: 18/55
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 06/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Escobar, Jaye (Ms.)	7 Amount of Contribution (\$) \$3.85
6 Contributor address; City; State; Zip Code Abilene, TX 79601		
8 Principal occupation / Job title (See Instructions) Director of Correctional Health		9 Employer (See Instructions) Hendrick Medical Center
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Escobar, Jaye (Ms.)	Amount of Contribution (\$) \$3.85
Contributor address; City; State; Zip Code Abilene, TX 79601		
Principal occupation / Job title (See Instructions) Director of Correctional Health		Employer (See Instructions) Hendrick Medical Center
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eskew, Amy (Ms.)	Amount of Contribution (\$) \$14.00
Contributor address; City; State; Zip Code Austin, TX 78701		
Principal occupation / Job title (See Instructions) President / CEO		Employer (See Instructions) Texas Healthcare Trustees
Date 06/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eurek, Andrew (Mr.)	Amount of Contribution (\$) \$4.00
Contributor address; City; State; Zip Code Abilene, TX 79601		
Principal occupation / Job title (See Instructions) Director Financial Analysis		Employer (See Instructions) Hendrick Medical Center
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eurek, Andrew (Mr.)	Amount of Contribution (\$) \$4.00
Contributor address; City; State; Zip Code Abilene, TX 79601		
Principal occupation / Job title (See Instructions) Director Financial Analysis		Employer (See Instructions) Hendrick Medical Center

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/46 Rpt: 19/55
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 06/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Felton, Chris (Mr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Austin, TX 78701	
8 Principal occupation / Job title (See Instructions) Regional Ambassador West Texas		9 Employer (See Instructions) Texas Hospital Association
Date 06/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ford, Christopher (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Abilene, TX 79601	
Principal occupation / Job title (See Instructions) AVP Support Services		Employer (See Instructions) Hendrick Medical Center
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ford, Christopher (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Abilene, TX 79601	
Principal occupation / Job title (See Instructions) AVP Support Services		Employer (See Instructions) Hendrick Medical Center
Date 06/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fox, Jay (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78701	
Principal occupation / Job title (See Instructions) President BSWH Austin Area		Employer (See Instructions) Baylor Scott & White Medical Center - Pflugerville
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Francis, Christy (Mrs.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Canadian, TX 79014	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Hemphill County Hospital District

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/46 Rpt: 20/55
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 06/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frazier, Tess (Ms.)	7 Amount of Contribution (\$) \$20.00
6 Contributor address; City; State; Zip Code Georgetown, TX 78633		
8 Principal occupation / Job title (See Instructions) President / CEO		9 Employer (See Instructions) Texas Hospital Insurance Exchange
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gaines, Cameron (Mr.)	Amount of Contribution (\$) \$2.00
Contributor address; City; State; Zip Code Georgetown, TX 78633		
Principal occupation / Job title (See Instructions) IT Support Specialist		Employer (See Instructions) Texas Hospital Insurance Exchange
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gette, Angela (Ms.)	Amount of Contribution (\$) \$2.00
Contributor address; City; State; Zip Code Georgetown, TX 78633		
Principal occupation / Job title (See Instructions) Vice President Claims		Employer (See Instructions) Texas Hospital Insurance Exchange
Date 06/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gleitz, Stephen (Mr.)	Amount of Contribution (\$) \$4.81
Contributor address; City; State; Zip Code Abilene, TX 79601		
Principal occupation / Job title (See Instructions) Nurse Manager of Critical Care Unit		Employer (See Instructions) Hendrick Medical Center
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gleitz, Stephen (Mr.)	Amount of Contribution (\$) \$4.81
Contributor address; City; State; Zip Code Abilene, TX 79601		
Principal occupation / Job title (See Instructions) Nurse Manager of Critical Care Unit		Employer (See Instructions) Hendrick Medical Center

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/46 Rpt: 21/55
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 06/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez, Sara (Ms.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Austin, TX 78701	
8 Principal occupation / Job title (See Instructions) VP Advocacy / Public Policy		9 Employer (See Instructions) Texas Hospital Association
Date 06/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goolsby, Emily (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Dir of the Dept of Education and Professional Development		Employer (See Instructions) Hendrick Medical Center
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goolsby, Emily (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Dir of the Dept of Education and Professional Development		Employer (See Instructions) Hendrick Medical Center
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gordon, Brittany (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78701	
Principal occupation / Job title (See Instructions) Sr Specialist, AR & Association Management System		Employer (See Instructions) Texas Hospital Association
Date 06/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greenwood, Susan (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Vice President / Chief Nursing Officer		Employer (See Instructions) Hendrick Medical Center

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/46 Rpt: 22/55
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 06/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greenwood, Susan (Ms.)	7 Amount of Contribution (\$) \$29.00
6 Contributor address; City; State; Zip Code Abilene, TX 79601		
8 Principal occupation / Job title (See Instructions) Vice President / Chief Nursing Officer		9 Employer (See Instructions) Hendrick Medical Center
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haas, Mark (Mr.)	Amount of Contribution (\$) \$4.00
Contributor address; City; State; Zip Code Georgetown, TX 78633		
Principal occupation / Job title (See Instructions) Staff Accountant		Employer (See Instructions) Texas Hospital Insurance Exchange
Date 06/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hair, Donna (Ms.)	Amount of Contribution (\$) \$3.85
Contributor address; City; State; Zip Code Brownwood, TX 76804		
Principal occupation / Job title (See Instructions) Director of Marketing		Employer (See Instructions) Hendrick Medical Center
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hair, Donna (Ms.)	Amount of Contribution (\$) \$3.85
Contributor address; City; State; Zip Code Brownwood, TX 76804		
Principal occupation / Job title (See Instructions) Director of Marketing		Employer (See Instructions) Hendrick Medical Center
Date 06/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hardaway, Jay (Mr.)	Amount of Contribution (\$) \$208.34
Contributor address; City; State; Zip Code Abilene, TX 79601		
Principal occupation / Job title (See Instructions) Director Legislative & Public Policy		Employer (See Instructions) Hendrick Medical Center

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/46 Rpt: 23/55
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 06/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Erica (Ms.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Abilene, TX 79601	
8 Principal occupation / Job title (See Instructions) Admissions Director		9 Employer (See Instructions) Hendrick Medical Center
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Erica (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Admissions Director		Employer (See Instructions) Hendrick Medical Center
Date 05/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hart, Brandy (Mrs.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Nashville, TN 37203	
Principal occupation / Job title (See Instructions) Regional Vice President / Behavioral Health		Employer (See Instructions) HCA Healthcare
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hawkins, John (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78701	
Principal occupation / Job title (See Instructions) President / CEO		Employer (See Instructions) Texas Hospital Association
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haynes, Ashley (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78701	
Principal occupation / Job title (See Instructions) Regional Ambassador for Houston/East Texas		Employer (See Instructions) Texas Hospital Association

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/46 Rpt: 24/55
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 06/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Head, Courtney (Ms.)	7 Amount of Contribution (\$) \$9.62
	6 Contributor address; City; State; Zip Code Abilene, TX 79601	
8 Principal occupation / Job title (See Instructions) Vice President of Human Resources		9 Employer (See Instructions) Hendrick Medical Center
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Head, Courtney (Ms.)	Amount of Contribution (\$) \$9.62
	Contributor address; City; State; Zip Code Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Vice President of Human Resources		Employer (See Instructions) Hendrick Medical Center
Date 06/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henderson, John (Mr.)	Amount of Contribution (\$) \$83.00
	Contributor address; City; State; Zip Code Round Rock, TX 78664	
Principal occupation / Job title (See Instructions) President / CEO		Employer (See Instructions) TORCH
Date 06/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henry, Elizabeth (Ms.)	Amount of Contribution (\$) \$4.81
	Contributor address; City; State; Zip Code Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Director Case Management		Employer (See Instructions) Hendrick Medical Center
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henry, Elizabeth (Ms.)	Amount of Contribution (\$) \$4.81
	Contributor address; City; State; Zip Code Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Director Case Management		Employer (See Instructions) Hendrick Medical Center

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/46 Rpt: 25/55
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 06/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez, Janet (Ms.)	7 Amount of Contribution (\$) \$8.34
6 Contributor address; City; State; Zip Code Georgetown, TX 78633		
8 Principal occupation / Job title (See Instructions) Accounting Manager		9 Employer (See Instructions) Texas Hospital Insurance Exchange
Date 06/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hess, Heather (Ms.)	Amount of Contribution (\$) \$3.85
Contributor address; City; State; Zip Code Abilene, TX 79601		
Principal occupation / Job title (See Instructions) Market Director		Employer (See Instructions) Hendrick Medical Center
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hess, Heather (Ms.)	Amount of Contribution (\$) \$3.85
Contributor address; City; State; Zip Code Abilene, TX 79601		
Principal occupation / Job title (See Instructions) Market Director		Employer (See Instructions) Hendrick Medical Center
Date 06/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hillier, Robert (Mr.)	Amount of Contribution (\$) \$83.34
Contributor address; City; State; Zip Code Bellaire, TX 77401		
Principal occupation / Job title (See Instructions) VP Public Policy / Govt Relations		Employer (See Instructions) Harris Health System
Date 06/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holcomb, Holly (Ms.)	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Childress, TX 79201		
Principal occupation / Job title (See Instructions) Chief Executive Officer		Employer (See Instructions) Childress Regional Medical Center

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 23/46 Rpt: 26/55
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 06/13/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holland, Brad (Mr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Abilene, TX 79601	
8 Principal occupation / Job title (See Instructions) President / Chief Executive Officer		9 Employer (See Instructions) Hendrick Health
Date 06/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Honea, Michael (Mr.)	Amount of Contribution (\$) \$41.00
	Contributor address; City; State; Zip Code Glen Rose, TX 76043	
Principal occupation / Job title (See Instructions) Chief Executive Officer		Employer (See Instructions) Glen Rose Medical Center
Date 06/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howard, Erica (Ms.)	Amount of Contribution (\$) \$3.85
	Contributor address; City; State; Zip Code Abilene, TX 79601	
Principal occupation / Job title (See Instructions) System Director Benefits		Employer (See Instructions) Hendrick Medical Center
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howard, Erica (Ms.)	Amount of Contribution (\$) \$3.85
	Contributor address; City; State; Zip Code Abilene, TX 79601	
Principal occupation / Job title (See Instructions) System Director Benefits		Employer (See Instructions) Hendrick Medical Center
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hrncirik, Bobbye (Ms.)	Amount of Contribution (\$) \$83.00
	Contributor address; City; State; Zip Code Lubbock, TX 79415	
Principal occupation / Job title (See Instructions) VP Supplemental Funding		Employer (See Instructions) University Medical Center

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 24/46 Rpt: 27/55
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 06/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Huff, Alexander (Mr.)	7 Amount of Contribution (\$) \$2.00
6 Contributor address; City; State; Zip Code Austin, TX 78701		
8 Principal occupation / Job title (See Instructions) Vice President of Health IT Programs		9 Employer (See Instructions) THA Foundation
Date 06/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Huffington, Mark (Mr.)	Amount of Contribution (\$) \$4.81
Contributor address; City; State; Zip Code Abilene, TX 79601		
Principal occupation / Job title (See Instructions) System Assistant Vice President Analytics		Employer (See Instructions) Hendrick Medical Center
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Huffington, Mark (Mr.)	Amount of Contribution (\$) \$4.81
Contributor address; City; State; Zip Code Abilene, TX 79601		
Principal occupation / Job title (See Instructions) System Assistant Vice President Analytics		Employer (See Instructions) Hendrick Medical Center
Date 06/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hunnicut, Craig (Mr.)	Amount of Contribution (\$) \$3.85
Contributor address; City; State; Zip Code Abilene, TX 79601		
Principal occupation / Job title (See Instructions) Director Regional Services		Employer (See Instructions) Hendrick Medical Center
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hunnicut, Craig (Mr.)	Amount of Contribution (\$) \$3.85
Contributor address; City; State; Zip Code Abilene, TX 79601		
Principal occupation / Job title (See Instructions) Director Regional Services		Employer (See Instructions) Hendrick Medical Center

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 25/46 Rpt: 28/55
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 06/14/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hurst, William (Mr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Plano, TX 75075	
8 Principal occupation / Job title (See Instructions) President / CEO		9 Employer (See Instructions) Patient Physician Network
Date 06/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hurt-Deitch, Sally (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code El Paso, TX 79932	
Principal occupation / Job title (See Instructions) Sr. Vice President of Operations		Employer (See Instructions) Ascension Health
Date 05/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Olga (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Cuero, TX 77954	
Principal occupation / Job title (See Instructions) Support Services		Employer (See Instructions) Cuero Regional Hospital
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Olga (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Cuero, TX 77954	
Principal occupation / Job title (See Instructions) Support Services		Employer (See Instructions) Cuero Regional Hospital
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Robin (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78701	
Principal occupation / Job title (See Instructions) Vice President Service Center		Employer (See Instructions) Texas Hospital Association

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 26/46 Rpt: 29/55
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 06/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jasper, Jerry (Mr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code West Lake Hills, TX 78746	
8 Principal occupation / Job title (See Instructions) Interim CEO		9 Employer (See Instructions) The Hospital at Westlake Medical Center
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Susan (Ms.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Austin, TX 78701	
Principal occupation / Job title (See Instructions) Member Ambassador		Employer (See Instructions) Texas Hospital Association
Date 06/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly, Tave (Ms.)	Amount of Contribution (\$) \$4.81
	Contributor address; City; State; Zip Code Abilene, TX 79601	
Principal occupation / Job title (See Instructions) AVP Revenue Cycle		Employer (See Instructions) Hendrick Medical Center
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly, Tave (Ms.)	Amount of Contribution (\$) \$4.81
	Contributor address; City; State; Zip Code Abilene, TX 79601	
Principal occupation / Job title (See Instructions) AVP Revenue Cycle		Employer (See Instructions) Hendrick Medical Center
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kendrick, Karen (Ms.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Austin, TX 78701	
Principal occupation / Job title (See Instructions) VP of Quality & Patient Safety		Employer (See Instructions) THA Foundation

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 27/46 Rpt: 30/55
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 06/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kimmel, Stephen (Mr.)	7 Amount of Contribution (\$) \$83.00
	6 Contributor address; City; State; Zip Code Fort Worth, TX 76104	
8 Principal occupation / Job title (See Instructions) Chief Financial Officer		9 Employer (See Instructions) Cook Children's Medical Center
Date 06/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kirkman, Leni (Ms.)	Amount of Contribution (\$) \$41.00
	Contributor address; City; State; Zip Code San Antonio, TX 78229	
Principal occupation / Job title (See Instructions) Exec VP Corp Communications & Mktg		Employer (See Instructions) University Health
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kroll, Carrie (Ms.)	Amount of Contribution (\$) \$62.00
	Contributor address; City; State; Zip Code Austin, TX 78701	
Principal occupation / Job title (See Instructions) VP Advocacy / Pub Policy / Political Strategy		Employer (See Instructions) Texas Hospital Association
Date 05/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krupala, Judith (Ms.)	Amount of Contribution (\$) \$1.93
	Contributor address; City; State; Zip Code Cuero, TX 77954	
Principal occupation / Job title (See Instructions) Chief Nursing Officer		Employer (See Instructions) Cuero Regional Hospital
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krupala, Judith (Ms.)	Amount of Contribution (\$) \$3.86
	Contributor address; City; State; Zip Code Cuero, TX 77954	
Principal occupation / Job title (See Instructions) Chief Nursing Officer		Employer (See Instructions) Cuero Regional Hospital

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 28/46 Rpt: 31/55
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 06/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lafrance, Judith (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Abilene, TX 79606	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) HMCS Chief Administrative Officer		9 Employer (See Instructions) Hendrick Medical Center
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lafrance, Judith (Ms.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79606	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) HMCS Chief Administrative Officer		Employer (See Instructions) Hendrick Medical Center
Date 06/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leal, Jorge (Mr.) <hr/> Contributor address; City; State; Zip Code Laredo, TX 78044	Amount of Contribution (\$) \$125.00
Principal occupation / Job title (See Instructions) Chief Executive Officer		Employer (See Instructions) Laredo Medical Center
Date 06/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee, Rachel (Ms.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$3.85
Principal occupation / Job title (See Instructions) Dir Med Staff Srvcs & Physician Recruitment		Employer (See Instructions) Hendrick Medical Center
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee, Rachel (Ms.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$3.85
Principal occupation / Job title (See Instructions) Dir Med Staff Srvcs & Physician Recruitment		Employer (See Instructions) Hendrick Medical Center

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 29/46 Rpt: 32/55
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 06/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lengal, Samantha (Ms.)	7 Amount of Contribution (\$) \$4.00
6 Contributor address; City; State; Zip Code Georgetown, TX 78633		
8 Principal occupation / Job title (See Instructions) Underwriting Coordinator		9 Employer (See Instructions) Texas Hospital Insurance Exchange
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Liscano, Rosie (Ms.)	Amount of Contribution (\$) \$2.00
Contributor address; City; State; Zip Code Georgetown, TX 78633		
Principal occupation / Job title (See Instructions) Senior Claims Adj/Risk Mgmt Specialist		Employer (See Instructions) Texas Hospital Insurance Exchange
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez, Cesar (Mr.)	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Austin, TX 78701		
Principal occupation / Job title (See Instructions) VP Legal Affairs		Employer (See Instructions) Texas Hospital Association
Date 06/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lowery, James (Mr.)	Amount of Contribution (\$) \$3.85
Contributor address; City; State; Zip Code Abilene, TX 79601		
Principal occupation / Job title (See Instructions) Director Managed Care		Employer (See Instructions) Hendrick Medical Center
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lowery, James (Mr.)	Amount of Contribution (\$) \$3.85
Contributor address; City; State; Zip Code Abilene, TX 79601		
Principal occupation / Job title (See Instructions) Director Managed Care		Employer (See Instructions) Hendrick Medical Center

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 30/46 Rpt: 33/55
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 06/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lozano, Marco (Mr.)	7 Amount of Contribution (\$) \$41.67
	6 Contributor address; City; State; Zip Code Laredo, TX 78044	
8 Principal occupation / Job title (See Instructions) Chief Operating Officer		9 Employer (See Instructions) Laredo Medical Center
Date 06/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCollough, Kimberly (Ms.)	Amount of Contribution (\$) \$3.85
	Contributor address; City; State; Zip Code Abilene, TX 79606	
Principal occupation / Job title (See Instructions) Director of Women and Children Services		Employer (See Instructions) Hendrick Medical Center
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCollough, Kimberly (Ms.)	Amount of Contribution (\$) \$3.85
	Contributor address; City; State; Zip Code Abilene, TX 79606	
Principal occupation / Job title (See Instructions) Director of Women and Children Services		Employer (See Instructions) Hendrick Medical Center
Date 06/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McElrath, Pamela (Ms.)	Amount of Contribution (\$) \$4.00
	Contributor address; City; State; Zip Code Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions) Hendrick Medical Center
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McElrath, Pamela (Ms.)	Amount of Contribution (\$) \$4.00
	Contributor address; City; State; Zip Code Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions) Hendrick Medical Center

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 31/46 Rpt: 34/55
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 06/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Merrell, Angie (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Georgetown, TX 78633	7 Amount of Contribution (\$) \$2.00
8 Principal occupation / Job title (See Instructions) THE Vice President of Risk Management		9 Employer (See Instructions) Texas Hospital Insurance Exchange
Date 06/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mitchell, Kenneth (Dr.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$41.00
Principal occupation / Job title (See Instructions) SVP / Chief Medical Officer		Employer (See Instructions) St. David's HealthCare
Date 06/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morales, Daniel (Mr.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77030	Amount of Contribution (\$) \$20.50
Principal occupation / Job title (See Instructions) Vice President Government Affairs		Employer (See Instructions) Houston Methodist
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mundfrom, Jessie (Ms.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Manager of Virtual Education		Employer (See Instructions) THA Foundation
Date 06/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murphy, Patrick (Mr.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$3.85
Principal occupation / Job title (See Instructions) Healthcare Professional		Employer (See Instructions) Hendrick Medical Center

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 32/46 Rpt: 35/55
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 06/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murphy, Patrick (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Abilene, TX 79601	7 Amount of Contribution (\$) \$3.85
8 Principal occupation / Job title (See Instructions) Healthcare Professional		9 Employer (See Instructions) Hendrick Medical Center
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neiger, David (Mr.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$82.00
Principal occupation / Job title (See Instructions) Chief Financial Officer		Employer (See Instructions) Texas Hospital Association
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Neil, Jennifer (Ms.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Executive Administrative Manager		Employer (See Instructions) Texas Hospital Association
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pargac, Ann (Ms.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Director of Education		Employer (See Instructions) THA Foundation
Date 06/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parisi, James (Mr.) <hr/> Contributor address; City; State; Zip Code The Woodlands, TX 77384	Amount of Contribution (\$) \$41.50
Principal occupation / Job title (See Instructions) Chief Executive Officer		Employer (See Instructions) CHI St Lukes Health - The Woodlands Hospital

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 33/46 Rpt: 36/55
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 06/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Porter, Lea Anne (Ms.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Austin, TX 78701	
8 Principal occupation / Job title (See Instructions) VP Retirement Plans		9 Employer (See Instructions) Texas Hospital Association Retirement Plan
Date 06/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Preston, Deborah (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Director of Pharmacy		Employer (See Instructions) Hendrick Medical Center
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Preston, Deborah (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Director of Pharmacy		Employer (See Instructions) Hendrick Medical Center
Date 06/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Qualls, Rustin (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Clifton, TX 76634	
Principal occupation / Job title (See Instructions) Director of Operations		Employer (See Instructions) Goodall-Witcher Healthcare
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramirez, Erika (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78701	
Principal occupation / Job title (See Instructions) Senior Director Health Policy		Employer (See Instructions) Texas Hospital Association

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 34/46 Rpt: 37/55
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 06/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramirez, Lisa (Ms.)	7 Amount of Contribution (\$) \$4.00
	6 Contributor address; City; State; Zip Code Austin, TX 78701	
8 Principal occupation / Job title (See Instructions) Specialist		9 Employer (See Instructions) Texas Hospital Association
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ressmann, Mitzi (Ms.)	Amount of Contribution (\$) \$62.00
	Contributor address; City; State; Zip Code Austin, TX 78701	
Principal occupation / Job title (See Instructions) Chief Operating Officer		Employer (See Instructions) Texas Hospital Association
Date 06/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rhea, Hanna (Ms.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Dallas, TX 75235	
Principal occupation / Job title (See Instructions) Research Specialist Government Relations		Employer (See Instructions) Children's Health
Date 06/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richburg, Melanie (Dr.)	Amount of Contribution (\$) \$125.00
	Contributor address; City; State; Zip Code Tahoka, TX 79373	
Principal occupation / Job title (See Instructions) Chief Executive Officer		Employer (See Instructions) Lynn County Hospital District
Date 06/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richert, Ron (Mr.)	Amount of Contribution (\$) \$3.85
	Contributor address; City; State; Zip Code Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Director of the Health Club		Employer (See Instructions) Hendrick Medical Center

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 35/46 Rpt: 38/55
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 06/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richert, Ron (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Abilene, TX 79601	7 Amount of Contribution (\$) \$3.85
8 Principal occupation / Job title (See Instructions) Director of the Health Club		9 Employer (See Instructions) Hendrick Medical Center
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rios, Amy (Ms.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Dir Marketing & Strategic Communications		Employer (See Instructions) Texas Hospital Association
Date 06/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robicheaux, James (Mr.) <hr/> Contributor address; City; State; Zip Code Bay City, TX 77414	Amount of Contribution (\$) \$42.00
Principal occupation / Job title (See Instructions) Chief Executive Officer		Employer (See Instructions) Matagorda Regional Medical Center
Date 06/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Tracee (Ms.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$3.85
Principal occupation / Job title (See Instructions) Director of Quality		Employer (See Instructions) Hendrick Medical Center
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Tracee (Ms.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$3.85
Principal occupation / Job title (See Instructions) Director of Quality		Employer (See Instructions) Hendrick Medical Center

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 36/46 Rpt: 39/55
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 06/08/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saenz, Iris (Ms.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Houston, TX 77024	
8 Principal occupation / Job title (See Instructions) Manager Public Policy & Community Benefit		9 Employer (See Instructions) Memorial Hermann Health System
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Safarik, Paulina (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78701	
Principal occupation / Job title (See Instructions) Senior Director of Human Resources		Employer (See Instructions) Texas Hospital Association
Date 06/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schmidt, Timothy (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Dir Property / Facility Management		Employer (See Instructions) Hendrick Medical Center
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schmidt, Timothy (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Dir Property / Facility Management		Employer (See Instructions) Hendrick Medical Center
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shea, Patrick (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Georgetown, TX 78633	
Principal occupation / Job title (See Instructions) Risk Management Coordinator		Employer (See Instructions) Texas Hospital Insurance Exchange

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 37/46 Rpt: 40/55
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 06/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sipes, Michael (Mr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Austin, TX 78701	
8 Principal occupation / Job title (See Instructions) Legal Services Specialist		9 Employer (See Instructions) Texas Hospital Association
Date 06/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Andrew (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code San Antonio, TX 78229	
Principal occupation / Job title (See Instructions) Exec Dir Govmnt Relations & Public Policy		Employer (See Instructions) University Health
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, John (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78701	
Principal occupation / Job title (See Instructions) Director Data & Technology		Employer (See Instructions) THA Foundation
Date 06/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Speckels, Donna (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Director Hendrick HouseCalls		Employer (See Instructions) Hendrick Medical Center
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Speckels, Donna (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Director Hendrick HouseCalls		Employer (See Instructions) Hendrick Medical Center

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 38/46 Rpt: 41/55
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 06/07/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Speer, Gena (Ms.)	7 Amount of Contribution (\$) \$14.50
	6 Contributor address; City; State; Zip Code Breckenridge, TX 76424	
8 Principal occupation / Job title (See Instructions) Chief Nursing Officer		9 Employer (See Instructions) Stephens Memorial Hospital
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Srubar, Linda (Mrs.)	Amount of Contribution (\$) \$3.00
	Contributor address; City; State; Zip Code Georgetown, TX 78633	
Principal occupation / Job title (See Instructions) Executive Assistant		Employer (See Instructions) Texas Hospital Association
Date 06/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stafford, Steven (Mr.)	Amount of Contribution (\$) \$3.85
	Contributor address; City; State; Zip Code Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Director Hendrick Clinic		Employer (See Instructions) Hendrick Medical Center
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stafford, Steven (Mr.)	Amount of Contribution (\$) \$3.85
	Contributor address; City; State; Zip Code Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Director Hendrick Clinic		Employer (See Instructions) Hendrick Medical Center
Date 06/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephenson, David (Mr.)	Amount of Contribution (\$) \$9.62
	Contributor address; City; State; Zip Code Abilene, TX 79601	
Principal occupation / Job title (See Instructions) System VP Hendrick Clinic & Anesthesia Network		Employer (See Instructions) Hendrick Medical Center

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 39/46 Rpt: 42/55
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 06/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephenson, David (Mr.)	7 Amount of Contribution (\$) \$9.62
6 Contributor address; City; State; Zip Code Abilene, TX 79601		
8 Principal occupation / Job title (See Instructions) System VP Hendrick Clinic & Anesthesia Network		9 Employer (See Instructions) Hendrick Medical Center
Date 06/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stevens, Michelle (Ms.)	Amount of Contribution (\$) \$41.67
Contributor address; City; State; Zip Code Haskell, TX 79521		
Principal occupation / Job title (See Instructions) Chief Executive Officer		Employer (See Instructions) Haskell Memorial Hospital
Date 05/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Clay (Mr.)	Amount of Contribution (\$) \$20.50
Contributor address; City; State; Zip Code Lubbock, TX 79410		
Principal occupation / Job title (See Instructions) Chief Operating Officer		Employer (See Instructions) Covenant Childrens Hospital
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Wendy (Ms.)	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Austin, TX 78701		
Principal occupation / Job title (See Instructions) Mgr Advocacy / Pub Policy / HOSPAC		Employer (See Instructions) Texas Hospital Association
Date 05/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tiffin, Laura (Ms.)	Amount of Contribution (\$) \$1.00
Contributor address; City; State; Zip Code Cuero, TX 77954		
Principal occupation / Job title (See Instructions) Business Office Manager		Employer (See Instructions) Cuero Regional Hospital

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 40/46 Rpt: 43/55
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 06/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tiffin, Laura (Ms.)	7 Amount of Contribution (\$) \$2.00
6 Contributor address; City; State; Zip Code Cuero, TX 77954		
8 Principal occupation / Job title (See Instructions) Business Office Manager		9 Employer (See Instructions) Cuero Regional Hospital
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trevino, Judy (Ms.)	Amount of Contribution (\$) \$4.00
Contributor address; City; State; Zip Code Austin, TX 78701		
Principal occupation / Job title (See Instructions) Vice President Finance		Employer (See Instructions) Texas Hospital Association
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trout, Judith (Ms.)	Amount of Contribution (\$) \$2.00
Contributor address; City; State; Zip Code Austin, TX 78701		
Principal occupation / Job title (See Instructions) Healthcare Data Analyst		Employer (See Instructions) THA Foundation
Date 06/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tucek, Karen (Ms.)	Amount of Contribution (\$) \$3.85
Contributor address; City; State; Zip Code Abilene, TX 79601		
Principal occupation / Job title (See Instructions) Director, Hospice		Employer (See Instructions) Hendrick Medical Center
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tucek, Karen (Ms.)	Amount of Contribution (\$) \$3.85
Contributor address; City; State; Zip Code Abilene, TX 79601		
Principal occupation / Job title (See Instructions) Director, Hospice		Employer (See Instructions) Hendrick Medical Center

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 41/46 Rpt: 44/55
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 06/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turner, Matt (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78701	7 Amount of Contribution (\$) \$2.00
8 Principal occupation / Job title (See Instructions) Senior Director Quality & Payment		9 Employer (See Instructions) Texas Hospital Association
Date 06/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Underwood, Ashley (Ms.) <hr/> Contributor address; City; State; Zip Code Lampasas, TX 76550	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Administrator		Employer (See Instructions) AdventHealth Rollins Brook
Date 06/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vidrine, Amanda (Ms.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$3.85
Principal occupation / Job title (See Instructions) Quality & Regulatory Manager		Employer (See Instructions) Hendrick Medical Center
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vidrine, Amanda (Ms.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$3.85
Principal occupation / Job title (See Instructions) Quality & Regulatory Manager		Employer (See Instructions) Hendrick Medical Center
Date 06/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wade, Susan (Ms.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Abilene Market COO		Employer (See Instructions) Hendrick Medical Center

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 42/46 Rpt: 45/55
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 06/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wade, Susan (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Abilene, TX 79601	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Abilene Market COO		9 Employer (See Instructions) Hendrick Medical Center
Date 06/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wagner, Angela (Ms.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$3.85
Principal occupation / Job title (See Instructions) Healthcare Professional		Employer (See Instructions) Hendrick Medical Center
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wagner, Angela (Ms.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$3.85
Principal occupation / Job title (See Instructions) Healthcare Professional		Employer (See Instructions) Hendrick Medical Center
Date 06/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walker, Robert (Mr.) <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219	Amount of Contribution (\$) \$2,000.00
Principal occupation / Job title (See Instructions) Chief Executive Officer / President		Employer (See Instructions) Scottish Rite For Children
Date 06/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wallschlaeger, Erich (Mr.) <hr/> Contributor address; City; State; Zip Code Brownwood, TX 76804	Amount of Contribution (\$) \$9.62
Principal occupation / Job title (See Instructions) Chief Financial Officer		Employer (See Instructions) Hendrick Medical Center

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 43/46 Rpt: 46/55
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 06/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wallschlaeger, Erich (Mr.)	7 Amount of Contribution (\$) \$9.62
6 Contributor address; City; State; Zip Code Brownwood, TX 76804		
8 Principal occupation / Job title (See Instructions) Chief Financial Officer		9 Employer (See Instructions) Hendrick Medical Center
Date 06/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walzer, Cheryl (Ms.)	Amount of Contribution (\$) \$3.85
Contributor address; City; State; Zip Code Abilene, TX 79601		
Principal occupation / Job title (See Instructions) Director of Medsurg / Tele		Employer (See Instructions) Hendrick Medical Center
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walzer, Cheryl (Ms.)	Amount of Contribution (\$) \$3.85
Contributor address; City; State; Zip Code Abilene, TX 79601		
Principal occupation / Job title (See Instructions) Director of Medsurg / Tele		Employer (See Instructions) Hendrick Medical Center
Date 06/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warner, Freddy (Mr.)	Amount of Contribution (\$) \$145.50
Contributor address; City; State; Zip Code Houston, TX 77024		
Principal occupation / Job title (See Instructions) Chief Government Relations Officer		Employer (See Instructions) Memorial Hermann Health System
Date 06/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Waters, Amber (Ms.)	Amount of Contribution (\$) \$3.85
Contributor address; City; State; Zip Code Abilene, TX 79601		
Principal occupation / Job title (See Instructions) Director of Admissions		Employer (See Instructions) Hendrick Medical Center

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 44/46 Rpt: 47/55
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 06/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Waters, Amber (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Abilene, TX 79601	7 Amount of Contribution (\$) \$3.85
8 Principal occupation / Job title (See Instructions) Director of Admissions		9 Employer (See Instructions) Hendrick Medical Center
Date 06/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weller, Meghan (Ms.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Director of Government Relations		Employer (See Instructions) HCA Healthcare-Central & West Texas Division
Date 06/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wharton, Elisha (Ms.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$3.85
Principal occupation / Job title (See Instructions) Sr Practice Manager		Employer (See Instructions) Hendrick Medical Center
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wharton, Elisha (Ms.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$3.85
Principal occupation / Job title (See Instructions) Sr Practice Manager		Employer (See Instructions) Hendrick Medical Center
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Carrie (Ms.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Chief Communications Officer		Employer (See Instructions) Texas Hospital Association

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 45/46 Rpt: 48/55
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 06/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Patty (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78701	7 Amount of Contribution (\$) \$2.00
8 Principal occupation / Job title (See Instructions) Relationship Manager - Business Services		9 Employer (See Instructions) THA Foundation
Date 05/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Willmann, Adam (Mr.) <hr/> Contributor address; City; State; Zip Code Clifton, TX 76634	Amount of Contribution (\$) \$62.50
Principal occupation / Job title (See Instructions) President / CEO		Employer (See Instructions) Goodall-Witcher Healthcare
Date 06/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Willson, Megan (Mr.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$4.81
Principal occupation / Job title (See Instructions) Healthcare Professional		Employer (See Instructions) Hendrick Medical Center
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Megan (Ms.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$4.81
Principal occupation / Job title (See Instructions) Abilene Market Director PAT/PreOp/PACU		Employer (See Instructions) Hendrick Medical Center
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wohleb, Stephen (Mr.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$41.00
Principal occupation / Job title (See Instructions) General Counsel		Employer (See Instructions) Texas Hospital Association

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 46/46 Rpt: 49/55
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 06/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wood, Adam (Mr.)	7 Amount of Contribution (\$) \$4.81
	6 Contributor address; City; State; Zip Code Abilene, TX 79601	
8 Principal occupation / Job title (See Instructions) System Assistant Vice President Supply Chain		9 Employer (See Instructions) Hendrick Medical Center
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wood, Adam (Mr.)	Amount of Contribution (\$) \$4.81
	Contributor address; City; State; Zip Code Abilene, TX 79601	
Principal occupation / Job title (See Instructions) System Assistant Vice President Supply Chain		Employer (See Instructions) Hendrick Medical Center
Date 06/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yancey, Janay (Ms.)	Amount of Contribution (\$) \$29.00
	Contributor address; City; State; Zip Code Woodville, TX 75979	
Principal occupation / Job title (See Instructions) Chief Operating Officer		Employer (See Instructions) Tyler County Hospital
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zamarron, Ignacio (Mr.)	Amount of Contribution (\$) \$83.34
	Contributor address; City; State; Zip Code Austin, TX 78701	
Principal occupation / Job title (See Instructions) Senior Vice President / CFO		Employer (See Instructions) Texas Hospital Association

MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C3

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C3: Sch: 1/1 Rpt: 50/55
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 05/31/2024	5 Corporation / Labor Organization name Texas Hospital Association	6 Amount (\$) 825.00

NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE **C4**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C4: Sch: 1/1 Rpt: 51/55
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 06/25/2024	5 Corporation / Labor Organization name Texas Hospital Association	6 Amount (\$) 4,200.00

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/4 Rpt: 52/55	2 FILER NAME The Political Action Committee of the Texas Hospital	3 Filer ID (Ethics Commission Filers) 00015794
4 Date 06/14/2024	5 Payee name Cesar Blanco Campaign	
6 Amount (\$) \$5,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 929 El Paso, TX 79946	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 06/03/2024	Candidate/Officeholder name Frost Bank	
Amount (\$) \$19.95 <input type="checkbox"/> Expenditure from corporate funds	Office sought PO Box 1727 Austin, TX 78767	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 06/03/2024	Candidate/Officeholder name Frost Bank	
Amount (\$) \$83.53 <input type="checkbox"/> Expenditure from corporate funds	Office sought PO Box 1727 Austin, TX 78767	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/4 Rpt: 53/55	2 FILER NAME The Political Action Committee of the Texas Hospital	3 Filer ID (Ethics Commission Filers) 00015794
4 Date 06/04/2024	5 Payee name Frost Bank	
6 Amount (\$) \$56.35 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 1727 Austin, TX 78767	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 05/28/2024	Candidate/Officeholder name Stripe	
Amount (\$) \$316.63 <input type="checkbox"/> Expenditure from corporate funds	Office sought 354 Oyster Point Blvd South San Francisco, CA 94080	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing fees for processing multiple credit card contributions 5/28-6/24/24
Office held		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 05/28/2024	Candidate/Officeholder name Stripe	
Amount (\$) \$0.21 <input type="checkbox"/> Expenditure from corporate funds	Office sought 354 Oyster Point Blvd South San Francisco, CA 94080	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fees
Office held		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/4 Rpt: 54/55	2 FILER NAME The Political Action Committee of the Texas Hospital	3 Filer ID (Ethics Commission Filers) 00015794
4 Date 06/06/2024	5 Payee name Stripe	
6 Amount (\$) \$0.63 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 354 Oyster Point Blvd South San Francisco, CA 94080	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 06/12/2024	Candidate/Officeholder name Payee name Stripe	
Amount (\$) \$1.60 <input type="checkbox"/> Expenditure from corporate funds	Office sought Payee address; City; State; Zip Code 354 Oyster Point Blvd South San Francisco, CA 94080	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 06/13/2024	Candidate/Officeholder name Payee name Stripe	
Amount (\$) \$0.42 <input type="checkbox"/> Expenditure from corporate funds	Office sought Payee address; City; State; Zip Code 354 Oyster Point Blvd South San Francisco, CA 94080	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/4 Rpt: 55/55	2 FILER NAME The Political Action Committee of the Texas Hospital	3 Filer ID (Ethics Commission Filers) 00015794
4 Date 06/14/2024	5 Payee name Stripe	
6 Amount (\$) \$0.15 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 354 Oyster Point Blvd South San Francisco, CA 94080	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 06/20/2024	Candidate/Officeholder name Payee name Stripe	
Amount (\$) \$3.07 <input type="checkbox"/> Expenditure from corporate funds	Office sought Payee address; City; State; Zip Code 354 Oyster Point Blvd South San Francisco, CA 94080	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fees
Office held		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 06/24/2024	Candidate/Officeholder name Payee name Stripe	
Amount (\$) \$0.67 <input type="checkbox"/> Expenditure from corporate funds	Office sought Payee address; City; State; Zip Code 354 Oyster Point Blvd South San Francisco, CA 94080	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fees
Office held		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		