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) 2 Total pages filed: 00015794 66							
3 COMMITTEE NAME			OFFICE USE ONLY				
The Political Actio	n Committee of the Texas Hospital Associ	ation					
			Date Received				
			ELECTRONICALLY FILED				
			08/02/2024				
4 COMMITTEE	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP					
ADDRESS	1108 Lavaca Ste 700						
Change of Addres	^s Austin, TX 78701		Date Hand-delivered or Date Postmarked				
5 CAMPAIGN	MS / MRS / MR FIRST	MI					
TREASURER	Ms. Carrie		Receipt # Amount				
NAME							
			Date Processed				
	NICKNAME LAST	SUF	ΞIX				
	Kroll		Date Imaged				
6 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE)	; APT / SUITE #; CITY; S	STATE; ZIP CODE				
TREASURER STREET	1108 Lavaca, Suite 700						
ADDRESS							
(Residence or Business)	Austin, TX 78701						
7 CAMPAIGN TREASURER	STREET ADDRESS OR PO BOX;	APT / SUITE #; CITY;	STATE; ZIP CODE				
MAILING	1108 Lavaca, Suite 700						
ADDRESS							
Change of Addres	^s Austin, TX 78701						
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION					
TREASURER	(512) 465 1042						
PHONE	(512) 465-1043						
9 REPORT TYPE		10th day after campaign					
	X Monthly	treasurer termination	Dissolution (Attach PAC-DR)				
10 MONTHLY							
REPORT FILING	January 5 Apri	l 5 🛛 🗌 July 5	October 5				
DEADLINE							
	February 5 May	x August 5	November 5				
	March 5 Jun	e 5 September 5	December 5				
11 PERIOD COVERED	Month Day Year	THROUGH Mont	,				
	06/26/2024	07/2	5/2024				
	GO	TO PAGE 2					
Forms provided by Te	xas Ethics Commission www.e	thics.state.tx.us	Version V4.1.0.48da51f7				

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
The Political Action Cor	nmittee of the Texas H		0001579	4
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLEI	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	10,763.59
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	1,553.54
CONTRIBUTION BALANCE	5. TOTAL POLITICAL C OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	150,147.80
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF 1 REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT				
		I swear, or affirm, under penalty of pe true and correct and includes all inforr under Title 15, Election Code.	rjury, that the nation require	accompanying report is ed to be reported by me
		Ms. Ca	rrie Kroll	
		Signature of Car	mpaign Treas	urer
AFFIX NOTARY	STAMP / SEAL ABOVE			
Sworn to and subscribed	before me, by the said	, tł	nis the	day
of	_, 20, to certify v	which, witness my hand and seal of office.		
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title of of	icer administering oath
Forms provided by Texas E	thics Commission	www.ethics.state.tx.us		Version V4.1.0.48da51f7

FORM MPAC

COVER SHEET PG 3 3 of 66

17 COMMIT	(Ethics Commission Filers)						
	The Political Action Committee of the Texas Hospital Association 00015794						
	LE SUBTOTALS = SCHEDULE		SUBTOTAL AMOUNT				
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 6,563.59				
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$				
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$				
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABC ORGANIZATION	R	\$				
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA LABOR ORGANIZATION	ATION OR	\$				
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$				
7. X	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$ 4,200.00				
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (ORGANIZATION	\$				
9.	SCHEDULE E: LOANS		\$				
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$ 241.04				
11. X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 1,312.50				
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$				
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$				
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$				
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$				
			·				

SUBTOTALS - MPAC

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 1/57 Rpt: 4/66	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	The Political	Action Committee of the Texas Hospital Association	ı		00015794	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	07/19/2024	Amador, Dolores (Ms.)				\$1.00
		6 Contributor address; City; State; Zip Code		1		
		Georgetown, TX 78633				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Claims Mana	ager	Texas Hospital Insuranc	ce l	Exchange	
⊨	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	07/18/2024	Ambrose, Ryan (Mr.)	/			\$20.50
		Contributor address; City; State; Zip Code		•		
		Contributor address, City, State, Zip Code				
		Houston, TX 77024				
-	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> د)		
	•	eral and State Relations	Memorial Hermann Hea		System	
⊢				T	-	
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	¢14.00
	07/19/2024					\$14.00
		Contributor address; City; State; Zip Code				
		Georgetown, TX 78633				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
		ting & Business Development	Texas Hospital Insuranc		Exchange	
⊢	Date	Full name of contributor Out-of-state PAC (ID#:	<u> </u>	Г	Amount of Contribution (\$)	
	07/12/2024	Bagchi, Sam (Dr.))			\$165.00
	01112/2024					\$100.00
		Contributor address; City; State; Zip Code				
		Irving, TX 75038				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
		Clinical Officer	CHRISTUS Health			
F	Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	07/16/2024	Ballew, Joel (Mr.)				\$41.50
				1		
		Arlington, TX 76011				
F	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
I	VP Governm	ent & Community Affairs	Texas Health Resource	S		
⊢			I			
1						

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 2/57 Rpt: 5/66	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
	The Political	Action Committee of the Texas Hospital Association			00015794	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_		7	Amount of Contribution (\$)	
	07/19/2024	Banda, Jennifer (Ms.)			· · · · · · · · · · · · · · · · · · ·	\$41.00
	0.,					Ŧ ·= · ·
		Austin, TX 78701				
8	Principal occu	I pation / Job title (See Instructions)	9 Employer (See Instructions	1 5)		
		dvocacy & Public Policy	Texas Hospital Associat		ı	
╞	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	06/28/2024	Baty, Krista (Ms.)	/		, uncant of contraction (,	\$27.50
	00,20.202	Contributor address; City; State; Zip Code				T- · · - ·
		Culturbulor address, City, State, Lip Code				
		Brownwood, TN 76801				
\vdash	Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions	1 5)		
		istrative Officer	Hendrick Medical Cente			
⊨	Date	Full name of contributor Out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	07/18/2024	Baty, Krista (Ms.)	/		/ (f)	\$27.50
	0.,20.222	Contributor address; City; State; Zip Code				T- · · - ·
		Brownwood, TX 76801				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Chief Admini	istrative Officer	Hendrick Medical Cente	er		
╞	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	07/25/2024	Baty, Krista (Ms.)				\$27.50
		Contributor address; City; State; Zip Code				
		Brownwood, TX 76801				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Chief Admini	istrative Officer	Hendrick Medical Cente	er		
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	07/19/2024	Beasley, Sharon (Ms.)				\$8.00
		Contributor address; City; State; Zip Code		1		
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Sr Dir Gover	nance & Exec Administration	Texas Hospital Associat	tior	ı	

	The Instru	ction Guide explains how to complete this f	form.	1	Total pages Schedule A1: Sch: 3/57 Rpt: 6/66	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
		Action Committee of the Texas Hospital Association			00015794	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	07/19/2024	Bell, Jeff (Mr.)				\$4.00
		6 Contributor address; City; State; Zip Code				
		Austin TV 70701				
Ļ	Dringing occu	Austin, TX 78701 Ipation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>		
°	•	rporate Relations	THA Foundation)		
	_					
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	÷0.00
	06/28/2024	Benham, Bradley (Mr.)				\$9.62
		Contributor address; City; State; Zip Code				
		Abilene, TX 79601				
\vdash	Dringing occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	VP HMC Fou		Hendrick Medical Center			
╞				I 		
	Date)		Amount of Contribution (\$)	#0.C0
	07/18/2024	Benham, Bradley (Mr.)				\$9.62
		Contributor address; City; State; Zip Code				
		Abilene, TX 79601				
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	VP HMC For	undation	Hendrick Medical Center	r		
⊨	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	07/25/2024	Benham, Bradley (Mr.)				\$9.62
		Contributor address; City; State; Zip Code				
		Abilene, TX 79601				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	VP HMC Fou	undation	Hendrick Medical Center	r		
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	06/28/2024	Bessent, Brian (Mr.)				\$32.50
		Contributor address; City; State; Zip Code				
		Abilene, TX 79601				
		pation / Job title (See Instructions)	Employer (See Instructions)		
	VP / Chief St	trategy & Experience Officer	Hendrick Medical Center	r		

	The Instru	ction Guide explains how to complete this f	form.	1	Total pages Schedule A1: Sch: 4/57 Rpt: 7/66	
2	FILER NAME			3	Filer ID (Ethics Commission	ı Filers)
	The Political	Action Committee of the Texas Hospital Associatio	n		00015794	
4	Date	5 Full name of contributor out-of-state PAC (ID#:		7	Amount of Contribution (\$)	
	07/18/2024	Bessent, Brian (Mr.)			······································	\$32.50
		6 Contributor address; City; State; Zip Code				
	I					
	I					
	I	Abilene, TX 79601				
8	Principal occu	I Ipation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u> 5)		
	•	trategy & Experience Officer	Hendrick Medical Cente			
⊨	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	07/25/2024	Bessent, Brian (Mr.)	,			\$32.50
	01720.2.2	Contributor address; City; State; Zip Code				45- 1 - 1
	I					
	I					
	I	Abilene, TX 79601				
\vdash	Principal occu	I Ipation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
		trategy & Experience Officer	Hendrick Medical Cente			
⊨	Date	Full name of contributor Out-of-state PAC (ID#:])		Amount of Contribution (\$)	
	07/15/2024	Booth, Donny (Mr.)			······································	\$41.67
	-	Contributor address; City; State; Zip Code				
	I					
	I					
		Andrews, TX 79714				
Γ	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	Chief Execut	tive Officer	Permian Regional Medio	cal	Center	
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	06/28/2024	Bowden, Sherri (Ms.)				\$3.85
		Contributor address; City; State; Zip Code				
	I					
	I					
		Abilene, TX 79601				
		upation / Job title (See Instructions)	Employer (See Instructions			
	Director Pulr	monary Services	Hendrick Medical Cente	r		
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	07/18/2024	Bowden, Sherri (Ms.)				\$3.85
	I	Contributor address; City; State; Zip Code		1		
	I					
		Abilene, TX 79601				
		ipation / Job title (See Instructions)	Employer (See Instructions			
	Director Puir	monary Services	Hendrick Medical Cente	r		

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 5/57 Rpt: 8/66	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	The Political	Action Committee of the Texas Hospital Association	n		00015794	ŕ
4	Date	5 Full name of contributor Out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	07/25/2024	Bowden, Sherri (Ms.)				\$3.85
		6 Contributor address; City; State; Zip Code				
		· · · · · · · · · · · · · · · · · · ·				
		Abilene, TX 79601				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Director Pulr	nonary Services	Hendrick Medical Cente	r		
⊨	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	06/28/2024	Bradshaw, Pamela (Dr.)	/			\$250.00
		Contributor address; City; State; Zip Code				
		San Angelo, TX 76902				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	CNO & COC)	Shannon Medical Cente	r		
⊨	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	06/28/2024	Brockway, Toni (Ms.)				\$5.00
		Contributor address; City; State; Zip Code				-
		Abilene, TX 79601				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Director of W	/orkforce Dev	Hendrick Medical Cente	r		
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	07/18/2024	Brockway, Toni (Ms.)				\$5.00
		Contributor address; City; State; Zip Code				
		Abilene, TX 79601				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Director of W	/orkforce Dev	Hendrick Medical Cente	r		
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	07/25/2024	Brockway, Toni (Ms.)				\$5.00
		Contributor address; City; State; Zip Code				
		Abilene, TX 79601				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Director of W	/orkforce Dev	Hendrick Medical Cente	r		
⊢			1			
I						

	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 6/57 Rpt: 9/66	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
		Action Committee of the Texas Hospital Association	1	-	00015794	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	06/28/2024	Broderick, Treva (Ms.)				\$4.81
		6 Contributor address; City; State; Zip Code				
		Abilene, TX 79601				
8			9 Employer (See Instructions			
	Assistant Vic	ce President Clinical Svs	Hendrick Medical Cente	r		
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	07/18/2024	Broderick, Treva (Ms.)				\$4.81
		Contributor address; City; State; Zip Code				
		Abilene, TX 79601				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Assistant Vic	ce President Clinical Svs	Hendrick Medical Cente	r		
⊨	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	07/25/2024	Broderick, Treva (Ms.)				\$4.81
		Contributor address; City; State; Zip Code				
		Abilene, TX 79601				
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Assistant Vic	ce President Clinical Svs	Hendrick Medical Cente	r		
⊨	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	06/28/2024	Calvo, Raul (Mr.)			• -	\$2.50
		Contributor address; City; State; Zip Code				
		Abilene, TX 79608				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Board Vice C	Chair	Hendrick Medical Cente	r		
⊢	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	07/18/2024	Calvo, Raul (Mr.)				\$2.50
		Contributor address; City; State; Zip Code				·
		Abilene, TX 79608				
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Board Vice C		Hendrick Medical Cente			
\vdash						

The Instruction Guide explains how to complete this form, 1 Total pages Schedule A1: Sch: 7/57 Rpt: 10/66 2 FILER NAME The Political Action Committee of the Texas Hospital Association 3 Filer ID (Ethics Commission Filers) 00015734 4 Dete 07/25/2024 5 Full name of contributor 0 cal-disate PAC (DP: Calvo, Raul (Mr.) 7 Amount of Contribution (S) 6 Contributor address; City: State: Zip Code 7 Amount of Contribution (S) 7 Amount of Contribution (S) 8 Principal occupation / Job tife (See Instructions) Board Vice Chair 9 Employer (See Instructions) Hendrick Medical Center Amount of Contribution (S) 8 Deficience Full name of contributor 0 cal-distate PAC (DE: Canancho, Precilla (Ms.) Amount of Contribution (S) 9 Contributor address; City: State: Zip Code Amount of Contribution (S) S3.85 06/28/2024 Full name of contributor (Abilene, TX 79601 Employer (See Instructions) Hendrick Medical Center Date 07/18/2024 Full name of contributor (Abilene, TX 79601 Imployer (See Instructions) Hendrick Medical Center Date 07/25/2024 Full name of contributor (Abilene, TX 79601 Employer (See Instructions) Hendrick Medical Center Date 07/25/2024 Full name of contributor (Canancho, Precilla (Ms.) (Contributor address; City: State; Zip Code Amount of Contribution (S) (S3.85 Date 08/28/2024 Full name of c						
2 FLER NAME 3 Filer ID (Elitics Commission Filers) 4 Date 5 Full name of contributor out-of-state PAC (DF,	The Instrue	ction Guide explains how to complete this f	orm.	1		
The Political Action Committee of the Texas Hospital Association 00015794 4 Date 5 Full name of contribution	2 FILER NAME			3	-	Filers)
4 Date 5 Full name of contributor out-ot-state PAC (DD:::::::::::::::::::::::::::::::::::			n			1
07/25/2024 Calvo, Raul (Mr.) \$2.50 6 Contributor address; City; State; Zip Code Abilene, TX 79608 7 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Cannacho, Precilia (Ms.) Cannacho, Precilia (Ms.) Amount of Contribution (\$) Virse Full name of contributor out-of-state PAC (Dir; Amount of Contribution (\$) 06/28/2024 Cannacho, Precilia (Ms.) Employer (See Instructions) Hendrick Medical Center Principal occupation / Job title (See Instructions) Hendrick Medical Center Amount of Contribution (\$) \$3.85 07/18/2024 Full name of contributor out-of-state PAC (Dir; Amount of Contribution (\$) \$3.85 07/18/2024 Full name of contributor out-of-state PAC (Dir; Amount of Contribution (\$) \$3.85 07/25/2024 Full name of contributor out-of-state PAC (Dir; Amount of Contribution (\$) \$3.85 07/25/2024 Full name of contributor out-of-state PAC (Dir; Amount of Contribution (\$) \$3.85 07/25/2024 Full name of contributor out-of-state PAC (Dir; Amount of Contribution (\$) \$3.85 06/28/2024		· ·		7	Amount of Contribution (\$)	
6 Contributor address; City; State; Zip Code Abilene, TX 79608 Principal occupation / Job title (See Instructions) Board Vice Chair Pull name of contributor out of state PAC (ID#	07/25/2024	Calvo, Raul (Mr.)				\$2.50
Abilene, TX 79608 Principal occupation / Job title (See Instructions) Board Vice Chair Employer (See Instructions) Hendrick Medical Center Amount of Contribution (\$) \$3.85 Date 06/28/2024 Full name of contributor Camacho, Precilia (MS.) Amount of Contribution (\$) \$3.85 Oriflay Abilene, TX 79601 Employer (See Instructions) Nurse Amount of Contribution (\$) \$3.85 Oriflay Contributor address; City; State: Zip Code Amount of Contribution (\$) \$3.85 Oriflay Full name of contributor Camacho, Precilia (Ms.) Employer (See Instructions) Hendrick Medical Center Amount of Contribution (\$) Oriflay Camacho, Precilia (Ms.) Employer (See Instructions) Hendrick Medical Center Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Nurse Employer (See Instructions) Hendrick Medical Center Amount of Contribution (\$) Date Full name of contributor Abilene, TX 79601 cut-of-state PAC (ID# Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Nurse Employer (See Instructions) Hendrick Medical Center Amount of Contribution (\$) Ori/25/2024 Full name of contributor or out-of-state PAC (ID# Amount of Contribution (\$) \$30.00 <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td></t<>						
8 Principal occupation / Job title (See Instructions) Board Vice Chair 9 Employer (See Instructions) Hendrick Medical Center Date 06/28/2024 Full name of contributor out-of-state PAC (Dor) Camacho, Precilla (Ms.) Amount of Contribution (\$) S3.85 Contributor address; City; State; Zip Code Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Nurse Employer (See Instructions) Hendrick Medical Center Date 07/18/2024 Full name of contributor out-of-state PAC (Dor) Camacho, Precilla (Ms.) Amount of Contribution (\$) 07/18/2024 Full name of contributor out-of-state PAC (Dor) Camacho, Precilla (Ms.) Amount of Contribution (\$) 07/18/2024 Full name of contributor out-of-state PAC (Dor) Contributor address; City; State; Zip Code Amount of Contribution (\$) 07/125/2024 Full name of contributor out-of-state PAC (Dor) Camacho, Precilla (Ms.) Amount of Contribution (\$) 07/25/2024 Full name of contributor out-of-state PAC (Dor) Camacho, Precilla (Ms.) Amount of Contribution (\$) 07/25/2024 Full name of contributor out-of-state PAC (Dor) Camacho, Precilla (Ms.) Amount of Contribution (\$) 06/28/2024 Full name of contributor out-of-state PAC (Dor) Canada						
8 Principal occupation / Job title (See Instructions) Board Vice Chair 9 Employer (See Instructions) Hendrick Medical Center Date 06/28/2024 Full name of contributor out-of-state PAC (Dor) Camacho, Precilla (Ms.) Amount of Contribution (\$) S3.85 Contributor address; City; State; Zip Code Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Nurse Employer (See Instructions) Hendrick Medical Center Date 07/18/2024 Full name of contributor out-of-state PAC (Dor) Camacho, Precilla (Ms.) Amount of Contribution (\$) 07/18/2024 Full name of contributor out-of-state PAC (Dor) Camacho, Precilla (Ms.) Amount of Contribution (\$) 07/18/2024 Full name of contributor out-of-state PAC (Dor) Contributor address; City; State; Zip Code Amount of Contribution (\$) 07/125/2024 Full name of contributor out-of-state PAC (Dor) Camacho, Precilla (Ms.) Amount of Contribution (\$) 07/25/2024 Full name of contributor out-of-state PAC (Dor) Camacho, Precilla (Ms.) Amount of Contribution (\$) 07/25/2024 Full name of contributor out-of-state PAC (Dor) Camacho, Precilla (Ms.) Amount of Contribution (\$) 06/28/2024 Full name of contributor out-of-state PAC (Dor) Canada						
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Contributor address; City; State; Zip Code Abilene, TX 79601 Principal occupation / Job title (See Instructions) Employer (See Instructions) Nurse Full name of contributor	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
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Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 06/28/2024 Canada, Kirk (Mr.) \$30.00 Contributor address; City; State; Zip Code Abilene, TX 79601 Principal occupation / Job title (See Instructions) Employer (See Instructions)		pation / Job title (See Instructions)				
06/28/2024 Canada, Kirk (Mr.) \$30.00 Contributor address; City; State; Zip Code Abilene, TX 79601 Principal occupation / Job title (See Instructions) Employer (See Instructions)				' 		
Contributor address; City; State; Zip Code Abilene, TX 79601 Principal occupation / Job title (See Instructions) Employer (See Instructions))		Amount of Contribution (\$)	¢20.00
Abilene, TX 79601 Principal occupation / Job title (See Instructions) Employer (See Instructions)	06/28/2024					\$30.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)		Contributor address; City; State; Zip Code				
Principal occupation / Job title (See Instructions) Employer (See Instructions)						
		Abilene, TX 79601				
	Principal occu		Employer (See Instructions	I;)		
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The Instruc	ction Guide explains how to complete this f	form.	1	Total pages Schedule A1: Sch: 8/57 Rpt: 11/66	
2 FILER NAME			3	Filer ID (Ethics Commission	ı Filers)
	Action Committee of the Texas Hospital Association	'n		00015794	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
07/18/2024	Canada, Kirk (Mr.)				\$30.00
	6 Contributor address; City; State; Zip Code		1		
	Abilene, TX 79601				
8 Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	5)		
Chief Operat	ting Office / System VP	Hendrick Medical Cente	۶r		
Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
07/25/2024	Canada, Kirk (Mr.)				\$30.00
	Contributor address; City; State; Zip Code		1		
	Abilene, TX 79601				
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
Chief Operat	ting Office / System VP	Hendrick Medical Cente	er		
Date	Full name of contributor Out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
06/28/2024	Casarez, Joe (Mr.)				\$50.00
	Contributor address; City; State; Zip Code		•		• -
	Austin, TX 78701				
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)		
Senior Coord	dinator	Texas Hospital Associat	tior	n	
Date	Full name of contributor Out-of-state PAC (ID#:	<u> </u>)	Γ	Amount of Contribution (\$)	
06/28/2024	Casey, Mary (Ms.)				\$3.85
	Contributor address; City; State; Zip Code		ł		Ŧ = · = -
	CUltinbutor address, City, State, Zip Code				
	Abilene, TX 79601				
Principal occu	Ipation / Job title (See Instructions)	Employer (See Instructions	L		
Healthcare P		Hendrick Medical Cente			
			<u> </u>	Amount of Contribution (\$)	
Date 07/25/2024	Full name of contributor out-of-state PAC (ID#: Casey, Mary (Ms.))		Amount of Contribution (\$)	\$3.85
0112512024					φ0.00
	Contributor address; City; State; Zip Code				
	Abilene, TX 79601				
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions			
Healthcare P		Hendrick Medical Cente			

The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 9/57 Rpt: 12/66	
2 FILER NAME			3	Filer ID (Ethics Commission	Filers)
	Action Committee of the Texas Hospital Association	n		00015794	
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
06/28/2024	Cates, Boyd (Mr.)				\$1.00
	6 Contributor address; City; State; Zip Code		1		
	Abilene, TX 79601				
-	ipation / Job title (See Instructions)	9 Employer (See Instructions			
Diagnostic T	echnologist	Hendrick Medical Cente	er		
Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
07/18/2024	Cates, Boyd (Mr.)				\$1.00
	Contributor address; City; State; Zip Code		1		
	Abilene, TX 79601				
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions			
Diagnostic T	echnologist	Hendrick Medical Cente	r		
Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
07/25/2024	Cates, Boyd (Mr.)				\$1.00
	Contributor address; City; State; Zip Code		1		
	Abilene, TX 79601				
-	upation / Job title (See Instructions)	Employer (See Instructions			
Diagnostic T	echnologist	Hendrick Medical Cente	er		
Date	Full name of contributor out-of-state PAC (ID#:)	Ē	Amount of Contribution (\$)	
07/10/2024	Clevenger, Erin (Ms.)				\$29.17
	Contributor address; City; State; Zip Code		1		
	Port Lavaca, TX 77979				
-	upation / Job title (See Instructions)	Employer (See Instructions			
Interim CEO) / CNO / Clinical Srvc Administrator	Memorial Medical Cente	er		
Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
07/02/2024	Coleman, Shane (Mr.)				\$41.00
	Contributor address; City; State; Zip Code		1		
	Mineral Wells, TX 76067				
-	ipation / Job title (See Instructions)	Employer (See Instructions			
Chief Operat	ting Officer	Palo Pinto General Hosp	pita	al	
		<u></u>			

The Instru	ction Guide explains how to complete this f	iorm.		Total pages Schedule A1: Sch: 10/57 Rpt: 13/66	
2 FILER NAME				Filer ID (Ethics Commission	Filers)
	I Action Committee of the Texas Hospital Association			00015794	,
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7,	Amount of Contribution (\$)	
07/12/2024	Collins, Chad (Mr.)				\$14.50
	6 Contributor address; City; State; Zip Code		1		
	Plano, TX 75093				
	upation / Job title (See Instructions)	9 Employer (See Instructions)			
Vice Preside	ent Operations	Texas Health Presbyteri	ian F	Hospital Plano	
Date	Full name of contributor out-of-state PAC (ID#:)	<u> </u>	Amount of Contribution (\$)	
06/28/2024	Conger, Cody (Mr.)				\$4.00
	Contributor address; City; State; Zip Code		1		
	Abilene, TX 79601				
	upation / Job title (See Instructions)	Employer (See Instructions)			
Health Direc	ctor, Invasive Cardiology	Hendrick Medical Center	÷r		
Date	Full name of contributor out-of-state PAC (ID#:)	Ţ	Amount of Contribution (\$)	
07/18/2024	Conger, Cody (Mr.)				\$4.00
	Contributor address; City; State; Zip Code				
	Abilene, TX 79601				
Drincinal occu	apation / Job title (See Instructions)	Employer (See Instructions)			
	ctor, Invasive Cardiology	Hendrick Medical Center			
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Date	Full name of contributor out-of-state PAC (ID#:)	'	Amount of Contribution (\$)	ቀ4 00
07/25/2024	Conger, Cody (Mr.)				\$4.00
	Contributor address; City; State; Zip Code				
	Abilene, TX 79601				
Principal occl	upation / Job title (See Instructions)	Employer (See Instructions)	<u> </u>		
	ctor, Invasive Cardiology	Hendrick Medical Center			
Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	T	Amount of Contribution (\$)	
06/28/2024	Connell, Jessica (Ms.)	/			\$4.81
	Contributor address; City; State; Zip Code		-		Ŧ · -
	Brownwood, TX 76804				
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	5)		
Chief Nursin	ıg Officer	Hendrick Medical Center	er		

The Instru	ction Guide explains how to complete this f	^f orm.	1 Total pages Schedule A1: Sch: 11/57 Rpt: 14/66	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
	Action Committee of the Texas Hospital Association		00015794	
4 Date 07/18/2024			7 Amount of Contribution (\$)\$4.	.81
	Brownwood, TX 76804			
8 Principal occu Chief Nursin	ipation / Job title (See Instructions) ig Officer	9 Employer (See Instructions) Hendrick Medical Center		
Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u>	Amount of Contribution (\$)	
07/25/2024	Connell, Jessica (Ms.)	/		.81
UTIZUIZUZA			\ 	.01
	Contributor address; City; State; Zip Code			
	Brownwood, TX 76804			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))	
Chief Nursin		Hendrick Medical Center		
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of Contribution (\$)	
07/19/2024	Conner, Cecil (Mr.)	/		l.00
0111312024			Ψ	.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78731			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions))	
Risk Manage	ement Advisor	Texas Hospital Insuranc	e Exchange	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
06/28/2024	Contreras, Rosendo (Ms.)		\$1	93
	Contributor address; City; State; Zip Code			
	Abilene, TX 79601		-	
	Ipation / Job title (See Instructions)	Employer (See Instructions)		
Dir Patient S	Safety, Infection Preventionist, Perf Improv	Hendrick Medical Center	r	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
07/18/2024	Contreras, Rosendo (Ms.)		\$1.	93
	Contributor address; City; State; Zip Code			
	Abilene, TX 79601			
Principal occu	Ipation / Job title (See Instructions)	Employer (See Instructions))	
	Safety, Infection Preventionist, Perf Improv	Hendrick Medical Center		
		1		

The Instru	iction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 12/57 Rpt: 15/66	
			Ļ	-	
2 FILER NAME			3	Filer ID (Ethics Commission	Filers)
	I Action Committee of the Texas Hospital Association		L	00015794	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
07/25/2024					\$1.93
	6 Contributor address; City; State; Zip Code		1		
	Abilene, TX 79601	-			
	upation / Job title (See Instructions)	9 Employer (See Instructions			
Dir Patient S	Safety, Infection Preventionist, Perf Improv	Hendrick Medical Cente	۶r		
Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
07/19/2024					\$2.00
	Contributor address; City; State; Zip Code	,	ł		
	Austin, TX 78701				
Principal occı	upation / Job title (See Instructions)	Employer (See Instructions	<u>∟</u> 3)		
IT Director		THA Foundation			
Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
06/28/2024		/		/ inicant of contaisence. (+,	\$3.85
00,20,20	Contributor address; City; State; Zip Code		•		Ψς
	Collinuitor autress, City, State, Zip Code				
	Abilene, TX 79601				
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>ار</u> ج)		
Lab Supervi		Hendrick Medical Cente			
			<u> </u>	tt -f Operatribution (Φ)	
Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	* 2 05
07/18/2024	Cooper, David (Mr.)				\$3.85
	Contributor address; City; State; Zip Code				
	Abilence TV 70601				
	Abilene, TX 79601		ŕ		
	upation / Job title (See Instructions)	Employer (See Instructions			
Lab Supervi	.sor	Hendrick Medical Cente	r=		
Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
07/25/2024	Cooper, David (Mr.)				\$3.85
	Contributor address; City; State; Zip Code		1		
	Abilene, TX 79601				
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)		
Lab Supervi	ísor	Hendrick Medical Cente	er		
		1			

The Instruction Guide	e explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 13/57 Rpt: 16/66	
2 FILER NAME	FILER NAME			
	mittee of the Texas Hospital Associatio	in	3 Filer ID (Ethics Commission Filers) 00015794	
4 Date 5 Full name	e of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
07/19/2024 Costilla,	Nina (Ms.)		\$2.00	
6 Contributo	or address; City; State; Zip Code	,	1	
Austin, T		1		
8 Principal occupation / Job tit		9 Employer (See Instructions	3)	
Clinical Projects Manage		THA Foundation		
	e of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
I	Corey (Mr.)		\$20.00	
Contributo	or address; City; State; Zip Code]	
Austin, T				
Principal occupation / Job tit VP Member Solutions	le (See Instructions)	Employer (See Instructions Texas Hospital Associat		
		· ·		
)	Amount of Contribution (\$)	
07/19/2024 Dale, Vic			\$20.00	
Contributo	or address; City; State; Zip Code			
Austin, T	⁻ X 78701			
Principal occupation / Job tit		Employer (See Instructions	<u>ا</u> ۶)	
Sr Director of Business S	ervices	THA Foundation		
Date Full name	e of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
07/19/2024 Davenpo	ort, Chad (Mr.)		\$2.00	
	or address; City; State; Zip Code		1	
Georgeto	own, TX 78633			
Principal occupation / Job tit	le (See Instructions)	Employer (See Instructions		
Accounting Specialist		Texas Hospital Insuranc	ce Exchange	
Date Full name	e of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
07/19/2024 Davila, L	eslie (Ms.)		\$20.00	
Contributo	Contributor address; City; State; Zip Code			
	own, TX 78633			
Principal occupation / Job tit	le (See Instructions)	Employer (See Instructions		
Receptionist		Texas Hospital Insuranc	ce Exchange	

The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 14/57 Rpt: 17/66	
2 FILER NAME	2 FILER NAME			Filer ID (Ethics Commission	Filers)
	The Political Action Committee of the Texas Hospital Association			00015794	T liers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
07/03/2024	Davis, John (Mr.)				\$3.85
İ	6 Contributor address; City; State; Zip Code		1		
	Cuero, TX 77954				
8 Principal occup	pation / Job title (See Instructions)	9 Employer (See Instructions	<u>ا</u> ج)		
Director Card		Cuero Regional Hospita			
Date)	Γ	Amount of Contribution (\$)	
07/18/2024	Full name of contributor out-of-state PAC (ID#: Davis, John (Mr.))			\$3.85
0771072024					ψ3.05
	Contributor address; City; State; Zip Code				
	Cuero, TX 77954				
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
Director Card		Cuero Regional Hospita			
Date	Full name of contributor out-of-state PAC (ID#:)	Г	Amount of Contribution (\$)	
07/19/2024	De La Garza-Barone, Heather (Ms.)				\$2.00
ŀ	Contributor address; City; State; Zip Code		1		
	· · · · · · · · · · · · · · · · · · ·				
	Austin, TX 78701				
	pation / Job title (See Instructions)	Employer (See Instructions			
Associate Ge	eneral Counsel	Texas Hospital Associat	tion		
Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
06/28/2024	DeYoung, Peter (Dr.)				\$41.00
Ï	Contributor address; City; State; Zip Code		1		
Driveles	Austin, TX 78758				
Chief Medica	pation / Job title (See Instructions)	Employer (See Instructions St Davids North Austin I		diaal Contor	
		St Davius North Austin I			
Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	*0 05
06/28/2024	06/28/2024 Dennis, Gregory (Mr.)				\$3.85
	Contributor address; City; State; Zip Code				
	Abilene, TX 79601				
Principal occur	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	lity Management	Hendrick Medical Cente			
Director r doi	ity management				

The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 15/57 Rpt: 18/66	
2 FILER NAME			3	Filer ID (Ethics Commission	Filers)
	Action Committee of the Texas Hospital Association			00015794	1 11010)
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
07/18/2024	Dennis, Gregory (Mr.)				\$3.85
	6 Contributor address; City; State; Zip Code				
	Abilene, TX 79601	I			
	pation / Job title (See Instructions)	9 Employer (See Instructions)			
Director Faci	ility Management	Hendrick Medical Center	r —		
Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	_
07/25/2024	Dennis, Gregory (Mr.)				\$3.85
	Contributor address; City; State; Zip Code				
	Abilana TV 70601				
Principal occur	Abilene, TX 79601 pation / Job title (See Instructions)	Employer (See Instructions)			
	ility Management	Hendrick Medical Center			
			—	A	
Date 06/28/2024	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$3.85
00/20/2024	Devun, Sharn (Ms.)				40.00
	Contributor address; City; State; Zip Code				
	Abilene, TX 79601				
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	;)		
Director Risk	Management	Hendrick Medical Center	r		
Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
07/18/2024	Devun, Sharn (Ms.)				\$3.85
	Contributor address; City; State; Zip Code				
	Abilene, TX 79601		Ļ		
	pation / Job title (See Instructions)	Employer (See Instructions)			
Director Risk	<pre></pre>	Hendrick Medical Center	r		
Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
07/25/2024	Devun, Sharn (Ms.)				\$3.85
	Contributor address; City; State; Zip Code				
	Abilene, TX 79601				
Principal occur	pation / Job title (See Instructions)	Employer (See Instructions			
	< Management	Employer (See Instructions) Hendrick Medical Center			
DIECTOLINI			<u> </u>		

The Instru	iction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 16/57 Rpt: 19/66	
2 FILER NAME			3	Filer ID (Ethics Commission I	Filers)
	I Action Committee of the Texas Hospital Association	n		00015794	
4 Date	5 Full name of contributor Out-of-state PAC (ID#:		7	Amount of Contribution (\$)	
06/28/2024	Donaway, Duane (Mr.)				\$1.93
	6 Contributor address; City; State; Zip Code				
	Abilene, TX 79601				
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	s)		
Director Info	ormation Systems	Hendrick Medical Cente	ər		
Date	Full name of contributor out-of-state PAC (ID#:)	Г	Amount of Contribution (\$)	
07/18/2024	Donaway, Duane (Mr.)				\$1.93
	Contributor address; City; State; Zip Code				
	Abilene, TX 79601				
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)		
Director Info	ormation Systems	Hendrick Medical Cente	er		
Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
07/25/2024	Donaway, Duane (Mr.)				\$1.93
	Contributor address; City; State; Zip Code		1		
	Abilene, TX 79601				
	upation / Job title (See Instructions)	Employer (See Instructions			
Director Info	ormation Systems	Hendrick Medical Cente	er		
Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
07/19/2024	Doyle, Rosalinda (Ms.)				\$2.00
	Contributor address; City; State; Zip Code	,	1		
	Austin, TX 78701				
	upation / Job title (See Instructions)	Employer (See Instructions			
Payroll Adm	inistrator	Texas Hospital Associat	tior	۱	
Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
06/28/2024	Driskell, Jesiree (Ms.)				\$7.50
	Contributor address; City; State; Zip Code				
		-			
AVP Strateg	jic Comms & Digital Expert	Hendrick Medical Cente	÷r		
	Abilene, TX 79601 upation / Job title (See Instructions) gic Comms & Digital Expert	Employer (See Instructions Hendrick Medical Cente			

	The Instru	ction Guide explains how to complete this f	Total pages Schedule A1: Sch: 17/57 Rpt: 20/66			
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
		Action Committee of the Texas Hospital Association	ı		00015794	
4	Date	5 Full name of contributor Dut-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	07/18/2024	Driskell, Jesiree (Ms.)				\$7.50
		6 Contributor address; City; State; Zip Code		1		
		Abilene, TX 79601				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	;)		
	AVP Strateg	ic Comms & Digital Expert	Hendrick Medical Cente	r		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	07/25/2024	Driskell, Jesiree (Ms.)				\$7.50
		Contributor address; City; State; Zip Code				
		Abilene, TX 79601				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	AVP Strateg	ic Comms & Digital Expert	Hendrick Medical Cente	r		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	07/19/2024	Dupree, Anthony (Mr.)				\$4.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	Sr. Accounts	Payable Specialist	Texas Hospital Associat	tior	1	
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	06/28/2024	Escobar, Jaye (Ms.)				\$3.85
		Contributor address; City; State; Zip Code				
		Abilene, TX 79601				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Director of C	correctional Health	Hendrick Medical Cente	r		
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	07/18/2024	Escobar, Jaye (Ms.)				\$3.85
	Contributor address; City; State; Zip Code					
		Abilene, TX 79601				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions			
		Correctional Health	Hendrick Medical Cente			
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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 18/57 Rpt: 21/66	
2	FILER NAME			3	Filer ID (Ethics Commission	ו Filers)
		I Action Committee of the Texas Hospital Association	n	ľ	00015794	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	07/25/2024	Escobar, Jaye (Ms.)				\$3.85
		6 Contributor address; City; State; Zip Code				
		Abilene, TX 79601				
8	-	upation / Job title (See Instructions)	9 Employer (See Instructions			
	Director of C	Correctional Health	Hendrick Medical Cente	r		
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	07/19/2024	Eskew, Amy (Ms.)				\$14.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78701	_			
		upation / Job title (See Instructions)	Employer (See Instructions			
	President / C)EO	Texas Healthcare Truste	ees	<u> </u>	
	Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	06/28/2024	Eurek, Andrew (Mr.)				\$4.00
		Contributor address; City; State; Zip Code				
		Abilene, TX 79601				
		upation / Job title (See Instructions)	Employer (See Instructions			
	Director Fina	ancial Analysis	Hendrick Medical Cente	r		
	Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	07/18/2024	Eurek, Andrew (Mr.)				\$4.00
		Contributor address; City; State; Zip Code	ļ			
		Abilene, TX 79601	1	Ļ		
		upation / Job title (See Instructions)	Employer (See Instructions			
		ancial Analysis	Hendrick Medical Cente	r 		
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	07/25/2024	Eurek, Andrew (Mr.)				\$4.00
	Contributor address; City; State; Zip Code					
		Abilene, TX 79601	1 <u> </u>	Ĺ		
		upation / Job title (See Instructions)	Employer (See Instructions			
		ancial Analysis	Hendrick Medical Cente	r		

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 19/57 Rpt: 22/66	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
		Action Committee of the Texas Hospital Association			00015794	-
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	07/19/2024	Felton, Chris (Mr.)				\$4.00
		6 Contributor address; City; State; Zip Code				
		Austin, TX 78701				
8		pation / Job title (See Instructions)	9 Employer (See Instructions			
	Regional Arr	nbassador West Texas	Texas Hospital Associat	tior	1	
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	06/28/2024	Ford, Christopher (Mr.)				\$9.62
		Contributor address; City; State; Zip Code				
		Abilana TV 70601				
\vdash	Dringing occu	Abilene, TX 79601	Employer (See Instructions	<u> </u>		
	AVP Suppor	pation / Job title (See Instructions) t Services	Hendrick Medical Center	·		
╞				' 		
	Date 07/18/2024	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$9.62
	0111012024	Ford, Christopher (Mr.)				⊅ 9.0∠
		Contributor address; City; State; Zip Code				
		Abilene, TX 79601				
┢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	.		
	AVP Suppor	t Services	Hendrick Medical Center	r		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	07/25/2024	Ford, Christopher (Mr.)				\$9.62
		Contributor address; City; State; Zip Code				
		Abilene, TX 79601				
		pation / Job title (See Instructions)	Employer (See Instructions			
	AVP Suppor		Hendrick Medical Cente	r		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	± =-
	07/14/2024	Fox, Jay (Mr.)				\$20.50
		Contributor address; City; State; Zip Code				
		Austin, TX 78701				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> נ)		
		SWH Austin Area	Baylor Scott & White Me		cal Center - Pflugerville	
⊢						

	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 20/57 Rpt: 23/66	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	The Political	Action Committee of the Texas Hospital Association	on			00015794	,
4	Date	5 Full name of contributor Out-of-state PAC (ID#	<i>t</i> :)	7	Amount of Contribution (\$)	
	07/03/2024	Francis, Christy (Mrs.)					\$84.00
		6 Contributor address; City; State; Zip Code					
		Canadian, TX 79014					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u>		
	Retired			Hemphill County Hospit	al [District	
⊨	Date	Full name of contributor out-of-state PAC (ID#)		Amount of Contribution (\$)	
	07/19/2024	Frazier, Tess (Ms.)	·)			\$20.00
	0112012021	Contributor address; City; State; Zip Code					¢20.00
		Contributor address, City, State, Zip Code					
		Georgetown, TX 78633					
⊢	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)		
	President / C			Texas Hospital Insuranc		Exchange	
╞	Date	Full name of contributor Out-of-state PAC (ID#			<u> </u>	Amount of Contribution (\$)	
	07/19/2024	Gaines, Cameron (Mr.)	·:)			\$2.00
	0111312027	Contributor address; City; State; Zip Code					Ψ2.00
		Contributor address, City, State, Zip Code					
		Georgetown, TN 78633					
⊢	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>ا</u> چ)		
	IT Support S	pecialist		Texas Hospital Insuranc	e E	Exchange	
⊨	Date	Full name of contributor out-of-state PAC (ID#)		Amount of Contribution (\$)	
	07/22/2024	Garcia, Janet (Ms.)					\$500.00
		Contributor address; City; State; Zip Code					
		Killeen, TX 76549					
	Principal occu	pation / Job title (See Instructions)	Τ	Employer (See Instructions	<u>ا</u> چ)		
	Director of F	inance		AdventHealth Central T	exa	S	
⊨	Date	Full name of contributor out-of-state PAC (ID#)	Γ	Amount of Contribution (\$)	
	07/19/2024	Gette, Angela (Ms.)	•				\$2.00
		Contributor address; City; State; Zip Code					·
		Georgetown, TX 78633					
⊢	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)		
	Vice Preside			Texas Hospital Insuranc		Exchange	
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The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 21/57 Rpt: 24/66	
2 FILER NAME			3	Filer ID (Ethics Commission	Filers)
	Action Committee of the Texas Hospital Association			00015794	,
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
06/28/2024	Gleitz, Stephen (Mr.)				\$4.81
	6 Contributor address; City; State; Zip Code		\cdot		
	Abilene, TX 79601				
8 Principal occup	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
Nurse Manag	ger of Critical Care Unit	Hendrick Medical Center	er		
Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
07/18/2024	Gleitz, Stephen (Mr.)				\$4.81
	Contributor address; City; State; Zip Code				
	Abilene, TX 79601				
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions	S)		
Nurse Manag	ger of Critical Care Unit	Hendrick Medical Center	er		
Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
07/25/2024	Gleitz, Stephen (Mr.)				\$4.81
ľ	Contributor address; City; State; Zip Code		1		
	Abilene, TX 79601				
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions	5)		
Nurse Manag	ger of Critical Care Unit	Hendrick Medical Center	er		
Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
07/19/2024	Gonzalez, Sara (Ms.)				\$20.00
	Contributor address; City; State; Zip Code		1		
	Austin, TX 78701				
	pation / Job title (See Instructions)	Employer (See Instructions			
VP Advocacy	/ / Public Policy	Texas Hospital Associat	tion		
Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
06/28/2024	Goolsby, Emily (Ms.)				\$3.85
	Contributor address; City; State; Zip Code		1		
	Abilene, TX 79601				
	pation / Job title (See Instructions)	Employer (See Instructions			
Dir of the Dep	pt of Education and Professional Development	Hendrick Medical Center	er		

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 22/57 Rpt: 25/66	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
	The Political	Action Committee of the Texas Hospital Association	ı		00015794	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_		7	Amount of Contribution (\$)	
	07/18/2024	Goolsby, Emily (Ms.)	/			\$3.85
		6 Contributor address; City; State; Zip Code				
		Abilene, TX 79601				
8	Principal occu	I pation / Job title (See Instructions)	9 Employer (See Instructions	 ;)		
		pt of Education and Professional Development	Hendrick Medical Cente			
⊨	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	07/25/2024	Goolsby, Emily (Ms.)	/			\$3.85
	0172072024					\$0.00
		Contributor address; City; State; Zip Code				
		Abilene, TX 79601				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
		pt of Education and Professional Development	Hendrick Medical Cente			
⊨	Date		\ \		Amount of Contribution (\$)	
	07/19/2024	Full name of contributor out-of-state PAC (ID#: Gordon, Brittanny (Ms.))		Amount of Contribution (\$)	\$2.00
	01113/2024					Ψ2.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	•	, AR & Association Management System	Texas Hospital Associat		1	
⊢	Date	Full name of contributor Out-of-state PAC (ID#:			Amount of Contribution (\$)	
	06/28/2024	Greenwood, Susan (Ms.))			\$29.00
	00/20/2024	· · ·				Ψ23.00
		Contributor address; City; State; Zip Code				
		Abilene, TX 79601				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
		ent / Chief Nursing Officer	Hendrick Medical Cente			
⊢	Date		\ \	<u> </u>	Amount of Contribution (\$)	
	07/18/2024	Full name of contributor out-of-state PAC (ID#: Greenwood, Susan (Ms.))		Amount of Contribution (\$)	\$29.00
	01/10/2024	· · ·				Ψ20.00
		Contributor address; City; State; Zip Code				
		Abilene, TX 79601				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	L;)		
		nt / Chief Nursing Officer	Hendrick Medical Cente			
⊢				-		

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 23/57 Rpt: 26/66	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
		I Action Committee of the Texas Hospital Association	n		00015794	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	07/25/2024	7/25/2024 Greenwood, Susan (Ms.)				\$29.00
		6 Contributor address; City; State; Zip Code		1		
		Abilene, TX 79601				
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	ட ;)		
	Vice Preside	ent / Chief Nursing Officer	Hendrick Medical Cente	r		
⊨	Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	07/19/2024	Haas, Mark (Mr.)				\$4.00
		Contributor address; City; State; Zip Code				·
		Contributor address, City, State, Zip Code				
		Georgetown, TX 78633				
⊢	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	上 5)		
	Staff Accoun		Texas Hospital Insuranc		Exchange	
╞	Date	Full name of contributor Out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	06/28/2024	Hair, Donna (Ms.)	,			\$3.85
	00,20,212	Contributor address; City; State; Zip Code				+• ·•·
		Brownwood, TX 76804				
⊢	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ن)		
	Director of N	larketing	Hendrick Medical Cente	r		
⊨	Date	Full name of contributor Out-of-state PAC (ID#:	<u> </u>	Γ	Amount of Contribution (\$)	
	07/18/2024	Hair, Donna (Ms.)				\$3.85
	•••==	Contributor address; City; State; Zip Code				• -
		Contributor address, Ory, State, Zip Code				
		Brownwood, TX 76804				
\vdash	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> چ)		
	Director of N		Hendrick Medical Cente			
⊨	Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	07/25/2024	Hair, Donna (Ms.)				\$3.85
		Contributor address; City; State; Zip Code		1		
		Brownwood, TX 76804				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	ـــــــــــــــــــــــــــــــــــــ		
	Director of N	/larketing	Hendrick Medical Cente	r		
⊢			<u> </u>			

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The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 24/57 Rpt: 27/66	
2 FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Action Committee of the Texas Hospital Association			00015794	,
4 Date	5 Full name of contributor out-of-state PAC (ID#:_		7	Amount of Contribution (\$)	
07/16/2024	Hardaway, Jay (Mr.)	/			\$208.34
	6 Contributor address; City; State; Zip Code				
	Abilene, TX 79601				
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	5)		
Director Leg	islative & Public Policy	Hendrick Health			
Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
06/28/2024	Harris, Erica (Ms.)				\$3.85
	Contributor address; City; State; Zip Code				
	Abilene, TX 79601				
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)		
Admissions I	Director	Hendrick Medical Center	r		
Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
07/18/2024	Harris, Erica (Ms.)				\$3.85
	Contributor address; City; State; Zip Code				
	Abilene, TX 79601				
	upation / Job title (See Instructions)	Employer (See Instructions			
Admissions I	Director	Hendrick Medical Cente	r		
Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
07/25/2024	Harris, Erica (Ms.)				\$3.85
	Contributor address; City; State; Zip Code				
	Abilana TV 70601				
Dringingloggy	Abilene, TX 79601	Employer (Cao Instructions			
Admissions I	upation / Job title (See Instructions)	Employer (See Instructions Hendrick Medical Center	·		
			-		
Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	÷20.00
06/26/2024	Hart, Brandy (Mrs.)				\$83.00
	Contributor address; City; State; Zip Code				
	Nashville, TX 37203				
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u>		
	ce President / Behavioral Health	HCA Healthcare	9		

The Instruct	tion Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 25/57 Rpt: 28/66	
2 FILER NAME			3 Filer ID (Ethics Commission Fi	ilers)
	Action Committee of the Texas Hospital Association		00015794	
4 Date 5	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
07/19/2024	Hawkins, John (Mr.)			\$90.00
	6 Contributor address; City; State; Zip Code			
L	Austin, TX 78701			
		9 Employer (See Instructions)		
President / CE		Texas Hospital Associati		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
07/19/2024	Haynes, Ashley (Ms.)			\$20.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78701			
Principal occup	ation / Job title (See Instructions)	Employer (See Instructions)		
	passador East Texas	Texas Hospital Association		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
06/28/2024	Head, Courtney (Ms.)	/		\$9.62
··	Contributor address; City; State; Zip Code			
	Abilene, TX 79601			
	ation / Job title (See Instructions)	Employer (See Instructions)		
Vice Presiden	it of Human Resources	Hendrick Medical Center		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
07/18/2024	Head, Courtney (Ms.)			\$9.62
	Contributor address; City; State; Zip Code			
	Contributor address, City, State, Zip Code			
Principal occup	Abilene, TX 79601	Employer (See Instructions)		
		Employer (See Instructions) Hendrick Medical Center		
Vice Presiden	Abilene, TX 79601 ation / Job title (See Instructions) at of Human Resources			
Vice Presiden Date	Abilene, TX 79601 ation / Job title (See Instructions) at of Human Resources Full name of contributor out-of-state PAC (ID#:			\$9.62
Vice Presiden	Abilene, TX 79601 ation / Job title (See Instructions) at of Human Resources Full name of contributor Out-of-state PAC (ID#:_ Head, Courtney (Ms.)			\$9.62
Vice Presiden Date	Abilene, TX 79601 ation / Job title (See Instructions) at of Human Resources Full name of contributor out-of-state PAC (ID#:			\$9.62
Vice Presiden Date	Abilene, TX 79601 ation / Job title (See Instructions) at of Human Resources Full name of contributor Out-of-state PAC (ID#:_ Head, Courtney (Ms.)			\$9.62
Vice Presiden Date	Abilene, TX 79601 ation / Job title (See Instructions) at of Human Resources Full name of contributor Out-of-state PAC (ID#:_ Head, Courtney (Ms.)			\$9.62
Vice Presiden Date 07/25/2024	Abilene, TX 79601 ation / Job title (See Instructions) at of Human Resources Full name of contributor out-of-state PAC (ID#:_ Head, Courtney (Ms.) Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$9.62

	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 26/57 Rpt: 29/66	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	The Political	Action Committee of the Texas Hospital Associatio	n		00015794	,
4	Date	5 Full name of contributor Out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	07/03/2024	Head, Howard (Mr.)	/			\$100.00
	01,00,2021			ł		+_00.00
		Contributor address, City, State, Zip Code				
		Childress, TX 79201				
8	Principal occu	I pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>		
	Chairman		Childress Regional Med		l Center	
⊢	Date	Full name of contributor out-of-state PAC (ID#:		Г	Amount of Contribution (\$)	
	06/28/2024	Henry, Elizabeth (Ms.))		Amount of Contribution (\$)	\$4.81
	00/20/2024					Ψ 4 .01
		Contributor address; City; State; Zip Code				
		Abilene, TX 79601				
⊢	Princinal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> د)		
		e Management	Hendrick Medical Cente			
⊢				T	Amount of Contribution (ft)	
	Date 07/18/2024)		Amount of Contribution (\$)	\$4.81
	07/10/2024					Φ4.01
		Contributor address; City; State; Zip Code				
		Abilene, TX 79601				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
		e Management	Hendrick Medical Cente			
⊢	Date	Full name of contributor out-of-state PAC (ID#:)	Г	Amount of Contribution (\$)	
	07/25/2024	Henry, Elizabeth (Ms.))			\$4.81
	0112012024					Ψ4.01
		Contributor address; City; State; Zip Code				
		Abilene, TX 79601				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ج)		
		e Management	Hendrick Medical Cente			
⊢	Date			<u> </u>	Amount of Contribution (\$)	
	07/19/2024	Full name of contributor out-of-state PAC (ID#: Hernandez, Janet (Ms.))		Amount of Contribution (\$)	\$8.34
	01119/2024					ψ0.54
		Contributor address; City; State; Zip Code				
		Georgetown, TX 78633				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u>		
I	Accounting N		Texas Hospital Insurand		Exchange	
⊢	, looounung r	na lagoi			Lionango	
1						

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 27/57 Rpt: 30/66	
2	FILER NAME			3	Filer ID (Ethics Commission	ı Filers)
		Action Committee of the Texas Hospital Association	n		00015794	
4		5 Full name of contributor out-of-state PAC (ID#:_		7	Amount of Contribution (\$)	
	06/28/2024 Hess, Heather (Ms.)			Ι.		\$3.85
	001201202-1					Ψ0.00
		6 Contributor address; City; State; Zip Code				
		Abilene, TX 79601				
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u> 5)		
	Market Direc		Hendrick Medical Cente			
	Date	Full name of contributor out-of-state PAC (ID#:		<u> </u>	Amount of Contribution (\$)	
	Dale 07/18/2024	Hess, Heather (Ms.))			\$3.85
	0111012024					φο.υυ
		Contributor address; City; State; Zip Code				
		Abilene, TX 79601				
┝	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> יי		
	Market Direc		Hendrick Medical Cente			
╞				<u>,</u>		
	Date)		Amount of Contribution (\$)	ቀጋ በር
	07/25/2024	Hess, Heather (Ms.)				\$3.85
		Contributor address; City; State; Zip Code				
		Abilene, TX 79601				
\vdash	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ו)		
	Market Direc		Hendrick Medical Cente			
╞					Amount of Contribution (¢)	
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	Φ02 24
	07/15/2024	Hillier, Robert (Mr.)				\$83.34
		Contributor address; City; State; Zip Code				
		Bellaire, TX 77401				
\vdash	Dringinal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	-	olicy / Govt Relations	Harris Health System	9		
╘				-		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	* 50.00
	07/19/2024	Holcomb, Holly (Ms.)				\$50.00
		Contributor address; City; State; Zip Code				
	D : :	Childress, TX 79201		Ĺ		
		upation / Job title (See Instructions)	Employer (See Instructions		10	
	Chief Execu		Childress Regional Med	ICc	al Center	

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 28/57 Rpt: 31/66	
2	FILER NAME			3	Filer ID (Ethics Commission	i Filers)
	The Political	Action Committee of the Texas Hospital Association	ı		00015794	
4	Date	5 Full name of contributor Out-of-state PAC (ID#:_		7	Amount of Contribution (\$)	
	07/25/2024	Honea, Michael (Mr.)		·	Allount of Continuation (+,	\$41.00
	011201202-1					Ψ-1.00
		6 Contributor address; City; State; Zip Code				
		Glen Rose, TX 76043				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u> 5)		
	Chief Execut		Glen Rose Medical Cen			
╞	Date			Γ	Amount of Contribution (\$)	
	Dale 06/28/2024	Full name of contributor out-of-state PAC (ID#: Howard, Erica (Ms.))			\$3.85
	00/20/2024					φο.υυ
		Contributor address; City; State; Zip Code				
		Abilene, TX 79601				
┡	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	 :)		
	System Dire		Hendrick Medical Cente			
╞	-			T	Amount of Contribution (ft)	
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	ቀጋ ዐር
	07/18/2024	Howard, Erica (Ms.)				\$3.85
		Contributor address; City; State; Zip Code				
		Abilene, TX 79601				
\vdash	Dringing occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	System Dire		Hendrick Medical Cente			
	-					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	07/25/2024	Howard, Erica (Ms.)				\$3.85
		Contributor address; City; State; Zip Code				
		Abilene, TX 79601				
		pation / Job title (See Instructions)	Employer (See Instructions			
	System Dire	ctor Benefits	Hendrick Medical Cente	r		
Γ	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	07/21/2024	Hrncirik, Bobbye (Ms.)				\$83.00
		Contributor address; City; State; Zip Code		1		
		Lubbock, TX 79415				
		pation / Job title (See Instructions)	Employer (See Instructions			
	VP Supplem	ental Funding	University Medical Center	er		

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 29/57 Rpt: 32/66	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
		Action Committee of the Texas Hospital Association			00015794	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	07/19/2024	Huff, Alexander (Mr.)				\$2.00
		6 Contributor address; City; State; Zip Code				
		Austin, TX 78701				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Vice Preside	ent of Health IT Programs	THA Foundation			
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	06/28/2024	Huffington, Mark (Mr.)				\$4.81
		Contributor address; City; State; Zip Code				
		Abilene, TX 79601				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	System Assi	stant Vice President Analytics	Hendrick Medical Cente	r		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	07/18/2024	Huffington, Mark (Mr.)				\$4.81
		Contributor address; City; State; Zip Code				
		Abilene, TX 79601				
	-	pation / Job title (See Instructions)	Employer (See Instructions			
	System Assi	stant Vice President Analytics	Hendrick Medical Cente	r		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	07/25/2024	Huffington, Mark (Mr.)				\$4.81
		Contributor address; City; State; Zip Code				
		Abilene, TX 79601				
	•	pation / Job title (See Instructions)	Employer (See Instructions			
	System Assi	stant Vice President Analytics	Hendrick Medical Cente	r		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	06/28/2024	Hunnicutt, Craig (Mr.)				\$3.85
		Contributor address; City; State; Zip Code				
		Abilana TV 70601				
\vdash	Duin singl oppu	Abilene, TX 79601	Encloser (Cas Instructions	Ĺ		
		pation / Job title (See Instructions)	Employer (See Instructions Hendrick Medical Cente			
		jional Services		ľ		

The Political Action Committee of the Texas Hospital Association 00015794 4 Date 5 Full name of contributor out-of-state PAC (ID#:) 7 Amount of Contribution (\$) 07/18/2024 Hunnicutt, Craig (Mr.) 6 Contributor address; City; State; Zip Code 7 Amount of Contribution (\$) 6 Contributor address; City; State; Zip Code Abilene, TX 79601 9 Employer (See Instructions) Hendrick Medical Center 8 Principal occupation / Job title (See Instructions) Director Regional Services 9 Employer (See Instructions) Hendrick Medical Center Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)						
The Political Action Committee of the Texas Hospital Association 00015794 4 Date 5 Full name of contributor oxe/of state PAC (D#	The Instru	ction Guide explains how to complete this f	form.	1		
The Political Action Committee of the Texas Hospital Association 00015794 4 Date 5 Full name of contributor or out-of-state PAC (Direction) 7 Amount of Contribution (S) 0718/2024 6 Contributor address; City; State; Zip Code 7 Amount of Contribution (S) 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Amount of Contribution (S) Date Full name of contributor out-of-state PAC (Direction) Amount of Contribution (S) 07/25/2024 Full name of contributor out-of-state PAC (Direction) Amount of Contribution (S) 07/25/2024 Full name of contributor out-of-state PAC (Direction) Amount of Contribution (S) 07/25/2024 Full name of contributor out-of-state PAC (Direction) Amount of Contribution (S) 07/25/2024 Full name of contributor out-of-state PAC (Direction) Amount of Contribution (S) 07/25/2024 Full name of contributor out-of-state PAC (Direction) Amount of Contribution (S) 07/26/2024 Full name of contributor out-of-state PAC (Direction) Amount of Contribution (S) 07/26/2024 Full name of contributor out-of-state PAC (Direction) Amount of Contribution (S) 07/08/2024 Full name of contribut	2 FILER NAME			3	Filer ID (Ethics Commission	n Filers)
071/8/2024 Hunnicutt, Craig (Mr.) S3.85 6 Contributor address: City: State: Zip Code S3.85 7 Abilene, TX 79601 Principal occupation / Job title (See Instructions) Prestident Date Full name of contributor out-of-state PAC (Dir. Amount of Contribution (S) 07/25/2024 Full name of contributor out-of-state PAC (Dir. Amount of Contribution (S) 07/25/2024 Full name of contributor out-of-state PAC (Dir. Amount of Contribution (S) 07/25/2024 Full name of contributor out-of-state PAC (Dir. Amount of Contribution (S) 07/25/2024 Full name of contributor out-of-state PAC (Dir. Amount of Contribution (S) 07/25/2024 Full name of contributor out-of-state PAC (Dir. Amount of Contribution (S) 07/14/2024 Full name of contributor out-of-state PAC (Dir. Amount of Contribution (S) 07/08/2024 Full name of contributor out-of-state PAC (Dir. Amount of Contribution (S) 07/08/2024 Full name of contributor out-of-state PAC (Dir. Amount of Contribution (S) 07/08/2024 Full name of contributor out-of-state PAC (Dir. Amount of Contribution (S)	The Political	I Action Committee of the Texas Hospital Associatio	n			
07/18/2024 Hunnicutt, Craig (Mr.) \$3.85 6 Contributor address; City; State; Zip Code \$3.85 7 Abilene, TX 79601 9 Employer (See Instructions) Hendrick Medical Center Date Full name of contributor out-ot-state PAC (IDE; Abilene, TX 79601 Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Difector Regional Services Hunnicutt, Craig (Mr.) Amount of Contribution (\$) \$3.85 Difector Regional Services Employer (See Instructions) Difector Regional Services Hendrick Medical Center Date Full name of contributor out-of-state PAC (IDE; Or) Amount of Contribution (\$) \$125.00 07/14/2024 Full name of contributor out-of-state PAC (IDE; Principal occupation / Job title (See Instructions) Employer (See Instructions) \$125.00 Principal occupation / Job title (See Instructions) Patient Physician Network \$125.00 Principal occupation / Job title (See Instructions) Patient Physician Network \$145.84 07/08/2024 Full name of contributor out-of-state PAC (IDE; Or) Amount of Contribution (\$) \$145.84 07/08/2024 Full name of contr	4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
6 Contributor address; City, State; Zip Code Abilene, TX 79601 Principal occupation / Job title (See Instructions) Director Regional Services P Employer (See Instructions) Date Full name of contributor 07/25/2024 Hunnicutt, Craig (Mr.) Contributor address; City, State; Zip Code Amount of Contribution (S) 07/25/2024 Hunnicutt, Craig (Mr.) Contributor address; City, State; Zip Code Amount of Contribution (S) Director Regional Services Employer (See Instructions) Director Regional Services Hendrick Medical Center Date Full name of contributor out-of-state PAC (ID# 07/14/2024 Full name of contributor out-of-state PAC (ID# Principal occupation / Job title (See Instructions) Employer (See Instructions) President / CEO Patient Physician Network Date Full name of contributor out-of-state PAC (ID# 07/08/2024 Full name of contributors) Employer (See Instructions) President / CEO Patient Physician Network S145.84 07/08/2024 Full name of contributor out-of-state PAC (ID# Amount of Contribution (S) 07/08/2024 F	07/18/2024					\$3.85
Abilene, TX 79601 Abilene, TX 79601 8 Principal occupation / Job title (See Instructions) Director Regional Services 9 Employer (See Instructions) Hendrick Medical Center Date 07/25/2024 Full name of contributor address; City, State, Zip Code Abilene, TX 79601 Amount of Contribution (S) S3.85 Principal occupation / Job title (See Instructions) Director Regional Services Employer (See Instructions) Hendrick Medical Center Date 07/14/2024 Full name of contributor or out-of-state PAC (ID#						
8 Principal occupation / Job title (See Instructions) Director Regional Services 9 Employer (See Instructions) Hendrick Medical Center Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (S) \$3.85 07/25/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (S) \$3.85 07/25/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (S) \$3.85 07/25/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (S) \$3.85 07/12/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (S) \$125.00 07/14/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (S) \$125.00 07/14/2024 Full name of contributor out-of-state PAC (ID#:) Patient Physician Network \$145.84 Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (S) \$145.84 07/08/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (S) \$145.84 Date Full name of contributor						
8 Principal occupation / Job title (See Instructions) Director Regional Services 9 Employer (See Instructions) Hendrick Medical Center Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (S) \$3.85 07/25/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (S) \$3.85 07/25/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (S) \$3.85 07/25/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (S) \$3.85 07/12/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (S) \$125.00 07/14/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (S) \$125.00 07/14/2024 Full name of contributor out-of-state PAC (ID#:) Patient Physician Network \$145.84 Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (S) \$145.84 07/08/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (S) \$145.84 Date Full name of contributor						
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Date Full name of contributor out-of-state PAC (ID#	-		9 Employer (See Instructions	5)		
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Contributor address; City; State; Zip Code Abilene, TX 79601 Principal occupation / Job title (See Instructions) Director Regional Services Date 7/14/2024 Hurst, William (Mr.) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Plano, TX 75075 Principal occupation / Job title (See Instructions) President / CEO Date Full name of contributor Out-of-state PAC (ID#:	Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>		Amount of Contribution (\$)	
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Director Regional Services Hendrick Medical Center Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 07/14/2024 Hurst, William (Mr.) \$125.00 Contributor address; City; State; Zip Code Contributor address; City; State; Zip Code Amount of Contribution (\$) Plano, TX 75075 Employer (See Instructions) Patient Physician Network President / CEO Patient Physician Network Date Full name of contributor out-of-state PAC (ID#:		Abilene, TX 79601				
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Contributor address; City; State; Zip Code Plano, TX 75075 Principal occupation / Job title (See Instructions) President / CEO Date Full name of contributor 07/08/2024 Hurt-Deitch, Sally (Ms.) Contributor address; City; State; Zip Code El Paso, TX 79932 Principal occupation / Job title (See Instructions) Sr. Vice President of Operations Date Full name of contributor out-of-state PAC (ID#: Contributor address; City; State; Zip Code El Paso, TX 79932 Principal occupation / Job title (See Instructions) Sr. Vice President of Operations Ascension Health Date Full name of contributor O7/03/2024 Full name of contributor Jackson, Olga (Ms.) Amount of Contribution (\$) Contributor address; City; State; Zip Code Amount of Contribution (\$) Contributor address; City; State; Zip Code Amount of Contribution (\$) Q7/03/2024 Full name of contributor Out-of-state PAC (ID#: Cuero, TX 77954 Employer (See Instructions) Principal occupation / Job title (See Instructions) <td< td=""><td>Date</td><td>Full name of contributor out-of-state PAC (ID#:</td><td>)</td><td></td><td>Amount of Contribution (\$)</td><td></td></td<>	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
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Cuero, TX 77954 Principal occupation / Job title (See Instructions) Employer (See Instructions)	07/03/2024					\$0.97
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	The Instru	ction Guide explains how to complete this f	iorm.	1	Total pages Schedule A1: Sch: 31/57 Rpt: 34/66	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	The Political	Action Committee of the Texas Hospital Association	n		00015794	·
4	Date	5 Full name of contributor out-of-state PAC (ID#:_		7	Amount of Contribution (\$)	
	07/18/2024					\$0.97
		6 Contributor address; City; State; Zip Code				
		Cuero, TX 77954				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>		
	Support Serv	vices	Cuero Regional Hospita	al		
⊨	Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u>)	Г	Amount of Contribution (\$)	
	07/19/2024	Jackson, Robin (Ms.)	/		(1)	\$4.00
	0.,_0	Contributor address; City; State; Zip Code		1		Ŧ ··· - ·
		CUltinution address, City, State, Zip Code				
		Austin, TX 78701				
⊢	Principal occu	I Ipation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Vice Preside	ent Service Center	Texas Hospital Associat		ı	
⊨	Date	Full name of contributor Out-of-state PAC (ID#:	l)	Г	Amount of Contribution (\$)	
	07/20/2024	Jasper, Jerry (Mr.)	/		Allount of Continention (+)	\$41.00
	01720.2.2	Contributor address; City; State; Zip Code		1		* ·- ···
		Contributor address, City, State, Eip Code				
		West Lake Hills, TX 78746				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Interim CEO		The Hospital at Westlak	ke N	Medical Center	
⊨	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	07/03/2024	Johnston, Jim (Mr.)				\$100.00
		Contributor address; City; State; Zip Code		1		
		· · · · · · · · · · · · · · · · · · ·				
		Dallas, TX 75265				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	President- M	IHS Foundation	Methodist Health Syster	m		
⊨	Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	07/19/2024	Jones, Susan (Ms.)				\$20.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78701				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)		
	Member Am	bassador	Texas Hospital Associat	tior	ı	
1						

	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 32/57 Rpt: 35/66	
2	FILER NAME			3	Filer ID (Ethics Commission	ı Filers)
		Action Committee of the Texas Hospital Association	วท		00015794	
4	Date	5 Full name of contributor out-of-state PAC (ID#:		7	Amount of Contribution (\$)	
	06/28/2024					\$4.81
	l	6 Contributor address; City; State; Zip Code		1		
	I					
	I					
		Abilene, TX 79601	-			
8		ipation / Job title (See Instructions)	9 Employer (See Instructions			
	AVP Revenu	le Cycle	Hendrick Medical Cente	r.		
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	07/18/2024	Kelly, Tave (Ms.)				\$4.81
	l	Contributor address; City; State; Zip Code				
	I					
	I	Abilana TV 70601				
	Dringingl occu	Abilene, TX 79601 Ipation / Job title (See Instructions)	Employer (See Instructions	$\sum_{i=1}^{n}$		
	AVP Revenu		Hendrick Medical Cente			
╞		-		- 		
	Date	Full name of contributor out-of-state PAC (ID#:	:)		Amount of Contribution (\$)	\$4.81
	07/25/2024	Kelly, Tave (Ms.)				Φ4.01
	I	Contributor address; City; State; Zip Code				
	I					
	l	Abilene, TX 79601				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	AVP Revenu	Je Cycle	Hendrick Medical Cente	۲		
F	Date	Full name of contributor out-of-state PAC (ID#:	<u>.</u>)	Γ	Amount of Contribution (\$)	
	07/19/2024	Kendrick, Karen (Ms.)				\$20.00
	1	Contributor address; City; State; Zip Code		1		
	I					
	I					
		Austin, TX 78701	<u> </u>	Ļ		
		Ipation / Job title (See Instructions)	Employer (See Instructions	;)		
		& Patient Safety	THA Foundation	—		
	Date	Full name of contributor out-of-state PAC (ID#:	:)		Amount of Contribution (\$)	+
	07/12/2024	Kimmel, Stephen (Mr.)				\$83.00
	I	Contributor address; City; State; Zip Code				
	I					
		Fort Worth, TX 76104				
-	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	<u>ل</u>		
	Chief Financ		Cook Children's Medica		enter	
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	The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 33/57 Rpt: 36/66	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
		Action Committee of the Texas Hospital Association	n		00015794	-
4	Date	5 Full name of contributor out-of-state PAC (ID#:_		7	Amount of Contribution (\$)	
	07/10/2024	Kirkman, Leni (Ms.)			···· · · ·	\$41.00
		6 Contributor address; City; State; Zip Code				
		San Antonio, TX 78229				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
		rp Communications & Mktg	University Health			
╞	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	07/19/2024	Kroll, Carrie (Ms.)	/		, and an e e e e e e e e e e e e e e e e e e	\$62.00
	01120.222	Contributor address; City; State; Zip Code		-		**-
		Contributor address, City, State, Zip Code				
		Austin, TX 78701				
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	VP Advocac	y / Pub Policy / Political Strategy	Texas Hospital Associat		ı	
⊨	Date	Full name of contributor Out-of-state PAC (ID#:	<u> </u>		Amount of Contribution (\$)	
	07/03/2024	Krupala, Judith (Ms.)			···· · · ·	\$1.93
		Contributor address; City; State; Zip Code				
		Cuero, TX 77954				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Chief Nursin	g Officer	Cuero Regional Hospita	l		
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	07/18/2024	Krupala, Judith (Ms.)				\$1.93
		Contributor address; City; State; Zip Code		1		
		Cuero, TX 77954				
		pation / Job title (See Instructions)	Employer (See Instructions			
	Chief Nursin	g Officer	Cuero Regional Hospita	ιI		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	06/28/2024	Lafrance, Judith (Ms.)				\$12.50
	Contributor address; City; State; Zip Code			1		
		Abilene, TX 79606				
		pation / Job title (See Instructions)	Employer (See Instructions			
	HMCS Chief	f Administrative Officer	Hendrick Medical Cente	er		

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 34/57 Rpt: 37/66	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	The Political	Action Committee of the Texas Hospital Association			00015794	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	07/18/2024	Lafrance, Judith (Ms.)			• •	\$12.50
		6 Contributor address; City; State; Zip Code				
		Abilene, TX 79606				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	L;)		
	HMCS Chief	f Administrative Officer	Hendrick Medical Cente			
╞	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	07/25/2024	Lafrance, Judith (Ms.)			,	\$12.50
	0.,	Contributor address; City; State; Zip Code				·
		Contributor address, City, State, Zip Code				
		Abilene, TX 79606				
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	L;)		
		f Administrative Officer	Hendrick Medical Cente			
⊨	Date	Full name of contributor Out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	07/02/2024	Leal, Jorge (Mr.)			,	\$125.00
	0.,0	Contributor address; City; State; Zip Code				+ -
		Laredo, TX 78044				
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Chief Execut	tive Officer	Laredo Medical Center			
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	06/28/2024	Lee, Rachel (Ms.)				\$3.85
		Contributor address; City; State; Zip Code				
		Abilene, TX 79601				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	Dir Med Staf	ff Srvcs & Physician Recruitment	Hendrick Medical Cente	r		
F	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	07/18/2024	Lee, Rachel (Ms.)				\$3.85
		Contributor address; City; State; Zip Code				
		Abilene, TX 79601				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Dir Med Staf	ff Srvcs & Physician Recruitment	Hendrick Medical Cente	r		
\square						

The	Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 35/57 Rpt: 38/66	
2 FILEF				12	Filer ID (Ethics Commission	n Eilors)
		Action Committee of the Texas Hospital Association	ı		00015794	in File(s)
4 Date		5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
07/25	5/2024	Lee, Rachel (Ms.)				\$3.85
		6 Contributor address; City; State; Zip Code		1		
		Abilene, TX 79601				
	•	pation / Job title (See Instructions)	9 Employer (See Instructions			
Dir N	/led Stat	f Srvcs & Physician Recruitment	Hendrick Medical Cente	er		
Date		Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
07/19	9/2024	Lengal, Samantha (Ms.)				\$4.00
		Contributor address; City; State; Zip Code				
		Georgetown, TX 78633	— · · · · · · · · · · · · · · · · · · ·	Ĺ		
	•	pation / Job title (See Instructions)	Employer (See Instructions		Typhongo	
		Coordinator	Texas Hospital Insuranc			
Date		—)		Amount of Contribution (\$)	
06/28	8/2024	Lightfoot, Lance (Mr.)				\$500.00
		Contributor address; City; State; Zip Code				
		Houston, TX 77030				
Princi	ipal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
SVP	/ Gener	al Counsel	Texas Children's Hospit	al		
Date		Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
07/19	9/2024	Liscano, Rosie (Ms.)				\$2.00
		Contributor address; City; State; Zip Code				
		Georgetown, TX 78633				
		pation / Job title (See Instructions)	Employer (See Instructions			
Senie	or Claim	ns Adj/Risk Mgmt Specialist	Texas Hospital Insuranc	ce	Exchange	
Date		Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
07/19	9/2024	Lopez, Cesar (Mr.)				\$20.00
		Contributor address; City; State; Zip Code		1		
		Austin, TX 78701				
		pation / Job title (See Instructions)	Employer (See Instructions			
VP L	egal Aff	airs	Texas Hospital Associat	tior	1	

The Instruction	on Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 36/57 Rpt: 39/66	
2 FILER NAME			3	Filer ID (Ethics Commission	Filers)
	ction Committee of the Texas Hospital Association			00015794	,
4 Date 5	Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
06/28/2024	Lowery, James (Mr.)				\$3.85
6	Contributor address; City; State; Zip Code				
	• · · ·				
	Abilene, TX 79601				
		9 Employer (See Instructions)			
Director Manag		Hendrick Medical Center	r		
Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
07/18/2024	Lowery, James (Mr.)				\$3.85
	Contributor address; City; State; Zip Code				
	Abilene, TX 79601				
Principal occupat	tion / Job title (See Instructions)	Employer (See Instructions)	.)		
Director Manag		Hendrick Medical Center			
Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
07/25/2024	Lowery, James (Mr.)	/			\$3.85
	Contributor address; City; State; Zip Code				TU · · · ·
	Abilene, TX 79601				
	tion / Job title (See Instructions)	Employer (See Instructions)			
Director Manag	ed Care	Hendrick Medical Center	r		
Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
07/22/2024	Lozano, Marco (Mr.)				\$41.67
	Contributor address; City; State; Zip Code				
	Laredo, TX 78044				
Principal occupat	tion / Job title (See Instructions)	Employer (See Instructions)	.)		
Chief Operating		Laredo Medical Center	')		
Date	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	
06/28/2024	McCollough, Kimberly (Ms.)	/		Allount of Contribution (4)	\$3.85
	Contributor address; City; State; Zip Code				·
	Abilene, TX 79606				
	tion / Job title (See Instructions)	Employer (See Instructions)			
Director of Won	men and Children Services	Hendrick Medical Center	r		

The Instru	iction Guide explains how to complete this f	form.	1	Total pages Schedule A1: Sch: 37/57 Rpt: 40/66	
2 FILER NAME			3	Filer ID (Ethics Commission	Filers)
	I Action Committee of the Texas Hospital Association			00015794	,
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
07/18/2024	McCollough, Kimberly (Ms.)				\$3.85
	6 Contributor address; City; State; Zip Code				
	Abilene, TX 79606				
	upation / Job title (See Instructions)	9 Employer (See Instructions			
Director of V	Nomen and Children Services	Hendrick Medical Center	r		
Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
07/25/2024	McCollough, Kimberly (Ms.)				\$3.85
	Contributor address; City; State; Zip Code				ļ
					ļ
	Abilene TV 70000				
Dringing oog	Abilene, TX 79606				
	upation / Job title (See Instructions) Nomen and Children Services	Employer (See Instructions Hendrick Medical Center			
			י —		
Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	¢4 00
06/28/2024	McElrath, Pamela (Ms.)				\$4.00
	Contributor address; City; State; Zip Code				
	Abilene, TX 79601				
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	ـــــــــــــــــــــــــــــــــــــ		
Registered N	Nurse	Hendrick Medical Center	۰r		
Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	<u> </u>
07/18/2024	McElrath, Pamela (Ms.)				\$4.00
	Contributor address; City; State; Zip Code				
	Abilene, TX 79601				
	upation / Job title (See Instructions)	Employer (See Instructions			
Registered N	Nurse	Hendrick Medical Cente	r		
Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
07/25/2024	McElrath, Pamela (Ms.)				\$4.00
	Contributor address; City; State; Zip Code				
	Abilana TV 70601				
Dringing oog	Abilene, TX 79601				
	upation / Job title (See Instructions)	Employer (See Instructions Hendrick Medical Center			
Registered N					

<u> </u>						
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 38/57 Rpt: 41/66	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
-		I Action Committee of the Texas Hospital Association	n		00015794	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	07/19/2024	Merrell, Angie (Ms.)	!			\$2.00
		6 Contributor address; City; State; Zip Code		1		
			,			
			,			
		Georgetown, TX 78633				
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions			
	THIE Vice P	President of Risk Management	Texas Hospital Insuranc	ce	Exchange	
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	07/01/2024	Mitchell, Kenneth (Dr.)	,			\$41.00
		Contributor address; City; State; Zip Code		1		
		Austin, TX 78701	,			
\vdash	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	SVP / Chief	Medical Officer	St. David's HealthCare			
⊨	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	07/10/2024	Morales, Daniel (Mr.)	/		/	\$20.50
	0.,_0	Contributor address; City; State; Zip Code		ł		T-
		Contributor address, City, State, Zip Code	,			
			,			
		Houston, TX 77030	1			
\vdash	Principal occu	Jupation / Job title (See Instructions)	Employer (See Instructions	<u>∟</u> 3)		
	-	ent Government Affairs	Houston Methodist			
╞	Date	Full name of contributor Out-of-state PAC (ID#:	<u> </u>)	Π	Amount of Contribution (\$)	
	07/19/2024	Mundfrom, Jessie (Ms.)	/		Amount of Contribution (+)	\$2.00
	01110,202.		!	ł		Ψ2.00
		Contributor address; City; State; Zip Code	,			
			,			
		Austin, TX 78701	1			
⊢	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>ال</u>		
		Virtual Education	THA Foundation	''		
╞				—	Amount of Contribution (\$)	
	Date 06/28/2024)		Amount of Contribution (\$)	\$3.85
	00/20/2024	Murphy, Patrick (Mr.)				Φ Ο.Ου
		Contributor address; City; State; Zip Code	,			
			1			
		Abilana TV 70601	,			
\vdash	Dringing oog	Abilene, TX 79601				
		upation / Job title (See Instructions)	Employer (See Instructions			
	Healthcare F	rotessionai	Hendrick Medical Cente	÷I		

The Instruction Gui	ide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 39/57 Rpt: 42/66	
2 FILER NAME			3	Filer ID (Ethics Commission	n Filers)
The Political Action Co	mmittee of the Texas Hospital Association	ı		00015794	,
	me of contributor out-of-state PAC (ID#:		7	Amount of Contribution (\$)	
07/18/2024 Murph	y, Patrick (Mr.)				\$3.85
	utor address; City; State; Zip Code				
	,,				
Abilen	e, TX 79601				
8 Principal occupation / Job	title (See Instructions)	9 Employer (See Instructions	5)		
Healthcare Professiona	al	Hendrick Medical Cente	er		
Date Full nai	me of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
07/25/2024 Murph	y, Patrick (Mr.)				\$3.85
	utor address; City; State; Zip Code				
Abilen	e, TX 79601				
Principal occupation / Job	title (See Instructions)	Employer (See Instructions	5)		
Healthcare Professiona	al	Hendrick Medical Cente	er		
Date Full na	me of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
07/19/2024 Neiger	r, David (Mr.)				\$82.00
	utor address; City; State; Zip Code				
	,,				
Austin	, TX 78701				
Principal occupation / Job	title (See Instructions)	Employer (See Instructions	5)		
Sr Vice President / Chi	ef Financial Officer	Texas Hospital Associat	tior	l	
Date Full na	me of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
07/19/2024 O'Neil	, Jennifer (Ms.)				\$10.00
Contrib	utor address; City; State; Zip Code		1		
Austin	, TX 78701				
Principal occupation / Job	· · · · ·	Employer (See Instructions			
Executive Administrativ	ve Manager	Texas Hospital Associat	tior	1	
Date Full nai	me of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
07/19/2024 Parga	c, Ann (Ms.)				\$2.00
Contrib	utor address; City; State; Zip Code		1		
Austin	, TX 78701				
Principal occupation / Job	title (See Instructions)	Employer (See Instructions	5)		
Director of Education		THA Foundation			

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 40/57 Rpt: 43/66
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
The Political	Action Committee of the Texas Hospital Association	'n	00015794
4 Date	5 Full name of contributor Out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
07/20/2024	Parisi, James (Mr.)		\$41.5
	6 Contributor address; City; State; Zip Code	,	
	The Woodlands, TX 77384		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	<u>ا</u> ٤)
Chief Execut	tive Officer	CHI St Lukes Health - T	he Woodlands Hospital
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
07/19/2024	Porter, Lea Anne (Ms.)		\$2.0
	Contributor address; City; State; Zip Code		
	Austin, TX 78701		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> کا
VP Retireme	ent Plans	Texas Hospital Associat	tion Retirement Plan
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
06/28/2024	Preston, Deborah (Ms.)	/	\$5.0
	Contributor address; City; State; Zip Code	,	
	Abilene, TX 79601		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	3)
Director of P	'harmacy	Hendrick Medical Cente	۲
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
07/18/2024	Preston, Deborah (Ms.)		\$5.0
	Contributor address; City; State; Zip Code		
	Abilene, TX 79601		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	3)
Director of P	'harmacy	Hendrick Medical Cente	۲
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
07/25/2024	Preston, Deborah (Ms.)		\$5.0
	Contributor address; City; State; Zip Code		
	Abilene, TX 79601		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	3)
Director of P	harmacy	Hendrick Medical Cente	r

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The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 41/57 Rpt: 44/66	
2 FILER NAME			3 Filer ID (Ethics Commission	ı Filers)
The Political	Action Committee of the Texas Hospital Association	n	00015794	
4 Date	5 Full name of contributor Out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
07/14/2024	Qualls, Rustin (Mr.)			\$20.50
	6 Contributor address; City; State; Zip Code		1	
		I		
		I		
	Clifton, TX 76634			
-	upation / Job title (See Instructions)	9 Employer (See Instructions		
Director of C)perations	Goodall-Witcher Healtho	care	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
07/19/2024	Ramirez, Erika (Ms.)			\$2.00
	Contributor address; City; State; Zip Code	1	1	
		I		
		I		
	Austin, TX 78701			
	upation / Job title (See Instructions)	Employer (See Instructions		
	ctor Health Policy	Texas Hospital Associat	1	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
07/19/2024	Ramirez, Lisa (Ms.)			\$4.00
	Contributor address; City; State; Zip Code			
		I		
	Austin, TX 78701			
	upation / Job title (See Instructions)	Employer (See Instructions		
Specialist		Texas Hospital Associat	tion	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
07/19/2024	Ressmann, Mitzi (Ms.)			\$62.00
	Contributor address; City; State; Zip Code	1	1	
		I		
		I		
	Austin, TX 78701			
	upation / Job title (See Instructions)	Employer (See Instructions		
Chief Opera		Texas Hospital Associat		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	-
07/15/2024	Richburg, Melanie (Dr.)			\$125.00
	Contributor address; City; State; Zip Code			
	Tahoka, TX 79373			
Dringing occu		Employer (See Instruction)	<u> </u>	
Principal occu Chief Execu	upation / Job title (See Instructions) itive Officer	Employer (See Instructions Lynn County Hospital D		

The Instruct	tion Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 42/57 Rpt: 45/66	
2 FILER NAME			3 Filer ID (Ethics Commission File	ers)
	Action Committee of the Texas Hospital Association		00015794	
4 Date 5	5 Full name of contributor Out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
06/28/2024	Richert, Ron (Mr.)			\$3.85
e	6 Contributor address; City; State; Zip Code			
	Abilene, TX 79601			
		9 Employer (See Instructions)		
Director of the	Health Club	Hendrick Medical Center	ſ	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
07/18/2024	Richert, Ron (Mr.)			\$3.85
l. I.	Contributor address; City; State; Zip Code			
	Abilene, TX 79601			
	ation / Job title (See Instructions)	Employer (See Instructions)		
Director of the		Hendrick Medical Center		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
07/25/2024	Richert, Ron (Mr.)			\$3.85
	Contributor address; City; State; Zip Code			
	Abilene, TX 79601			
Principal occupa	Abilene, TX 79601 ation / Job title (See Instructions)	Employer (See Instructions))	
Principal occupa Director of the	ation / Job title (See Instructions)	Employer (See Instructions) Hendrick Medical Center		
	ation / Job title (See Instructions)			
Director of the	ation / Job title (See Instructions) e Health Club		r	\$2.00
Director of the Date	ation / Job title (See Instructions) e Health Club Full name of contributor out-of-state PAC (ID#:		r	\$2.00
Director of the Date	ation / Job title (See Instructions) e Health Club Full name of contributor out-of-state PAC (ID#:_ Rios, Amy (Ms.)		r	\$2.00
Director of the Date	ation / Job title (See Instructions) e Health Club Full name of contributor out-of-state PAC (ID#:_ Rios, Amy (Ms.) Contributor address; City; State; Zip Code		r	\$2.00
Director of the Date 07/19/2024	ation / Job title (See Instructions) Health Club Full name of contributor out-of-state PAC (ID#:_ Rios, Amy (Ms.) Contributor address; City; State; Zip Code Austin, TX 78701	Hendrick Medical Center	Amount of Contribution (\$)	\$2.00
Director of the Date 07/19/2024	ation / Job title (See Instructions) e Health Club Full name of contributor out-of-state PAC (ID#:_ Rios, Amy (Ms.) Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$2.00
Director of the Date 07/19/2024	ation / Job title (See Instructions) Health Club Full name of contributor out-of-state PAC (ID#:_ Rios, Amy (Ms.) Contributor address; City; State; Zip Code Austin, TX 78701 ation / Job title (See Instructions) & Strategic Communications	Hendrick Medical Center	Amount of Contribution (\$))	\$2.00
Director of the Date 07/19/2024	ation / Job title (See Instructions) Health Club Full name of contributor out-of-state PAC (ID#:_ Rios, Amy (Ms.) Contributor address; City; State; Zip Code Austin, TX 78701 ation / Job title (See Instructions) & Strategic Communications	Hendrick Medical Center	Amount of Contribution (\$) Amount of Contribution (\$) Amount of Contribution (\$)	\$2.00
Director of the Date 07/19/2024	ation / Job title (See Instructions) Health Club Full name of contributor out-of-state PAC (ID#:_ Rios, Amy (Ms.) Contributor address; City; State; Zip Code Austin, TX 78701 ation / Job title (See Instructions) & Strategic Communications Full name of contributor out-of-state PAC (ID#:_ Robicheaux, James (Mr.)	Hendrick Medical Center	Amount of Contribution (\$) Amount of Contribution (\$) Amount of Contribution (\$)	
Director of the Date 07/19/2024	ation / Job title (See Instructions) e Health Club Full name of contributor	Hendrick Medical Center	Amount of Contribution (\$) Amount of Contribution (\$) Amount of Contribution (\$)	
Director of the Date 07/19/2024	ation / Job title (See Instructions) Health Club Full name of contributor out-of-state PAC (ID#:_ Rios, Amy (Ms.) Contributor address; City; State; Zip Code Austin, TX 78701 ation / Job title (See Instructions) & Strategic Communications Full name of contributor out-of-state PAC (ID#:_ Robicheaux, James (Mr.)	Hendrick Medical Center	Amount of Contribution (\$) Amount of Contribution (\$) Amount of Contribution (\$)	
Director of the Date 07/19/2024	ation / Job title (See Instructions) Health Club Full name of contributor out-of-state PAC (ID#:_ Rios, Amy (Ms.) Contributor address; City; State; Zip Code Austin, TX 78701 ation / Job title (See Instructions) & Strategic Communications Full name of contributor out-of-state PAC (ID#:_ Robicheaux, James (Mr.)	Hendrick Medical Center	Amount of Contribution (\$) Amount of Contribution (\$) Amount of Contribution (\$)	
Director of the Date 07/19/2024	ation / Job title (See Instructions) e Health Club Full name of contributor	Hendrick Medical Center	Amount of Contribution (\$)) ion Amount of Contribution (\$)	

The Instruction Guide explains how to complete this form. Sch: 4357 Rpt: 46/66 2 FLER NAME 3 Fair ID (Ethica Commistion Filers) The Political Action Committee of the Texas Hospital Association 00015794 4 Date 5 Full name of contributor				1	Total pages Schedule A1:	
The Political Action Committee of the Texas Hospital Association 00015794 4 Date 5 Full name of contributor out-of-state PAC (D#	The Instruc	ction Guide explains how to complete this t	orm.			
4 Date S Full name of contribution out-of state PAC (D#	2 FILER NAME					n Filers)
06/28/2024 Robinson, Tracee (Ms.) \$3.85 6 Contributor address; City; State; Zip Code Abilene, TX 79601 8 Principal occupation / Job title (See Instructions) P Employer (See Instructions) Date Full name of contributor out-of-state PAC (Dir: 07/18/2024 Full name of contributor out-of-state PAC (Dir: Abilene, TX 79601 Amount of Contribution (\$) \$3.85 07/18/2024 Full name of contributor out-of-state PAC (Dir: Abilene, TX 79601 Employer (See Instructions) Hendrick Medical Center Date Full name of contributor out-of-state PAC (Dir:	The Political	Action Committee of the Texas Hospital Association	า		00015794	
6 Contributor address; City; State; Zip Code Abilene, TX 79601 9 8 Principal occupation / Job title (See Instructions) Date Full name of contributor 07/18/2024 Robinson, Tracee (Ms.) Contributor address; City; State; Zip Code Amount of Contribution (\$) 97/18/2024 Full name of contributor 07/18/2024 Fold name of contributor 07/18/2024 Fold name of contributor 07/18/2024 Full name of contributor 0 Out-state PAC (to#) Principal occupation / Job title (See Instructions) Director of Quality Hendrick Medical Center Date Full name of contributor 07/25/2024 Full name of contributor Abilene, TX 79601 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructione) Director of Quality Amount of Contributor (\$) S3.85 Contributor address; City; State; Zip Code Amount of Contribution (\$) Oliceyar, NA 76374 Anount of Contribution (\$) \$100.00 Oney, TX 76374 Employer (See Instructions) Amount of Contribution (\$) Oli)	7	Amount of Contribution (\$)	
6 Contributor address; City; State; Zip Code Abilene, TX 79601 9 Employer (See Instructions) Director of Quality Pull name of contributor oxt-ot-state PAC (IDI::	06/28/2024					\$3.85
8 Principal occupation / Job title (See Instructions) Director of Quality 9 Employer (See Instructions) Hendrick Medical Center Date Full name of contributor out-of-state PAC (DB*) Amount of Contribution (S) \$3.85 07/18/2024 Full name of contributor out-of-state PAC (DB*) Amount of Contribution (S) \$3.85 07/18/2024 Full name of contributor out-of-state PAC (DB*) Amount of Contribution (S) \$3.85 Director of Quality Employer (See Instructions) Employer (See Instructions) Hendrick Medical Center Date Full name of contributor out-of-state PAC (DB*) Amount of Contribution (S) \$3.85 07/25/2024 Full name of contributor out-of-state PAC (DB*) Amount of Contribution (S) \$3.85 Director of Quality Employer (See Instructions) Employer (See Instructions) \$3.85 Director of Quality Rogers, Ronald (Mr.) Contributor address; City; State; Zip Code]		
8 Principal occupation / Job title (See Instructions) Director of Quality 9 Employer (See Instructions) Hendrick Medical Center Date Full name of contributor out-of-state PAC (Dor- Contributor address; City; State; Zip Code Amount of Contribution (\$) \$3.85 07/18/2024 Full name of contributor out-of-state PAC (Dor- Contributor address; City; State; Zip Code Amount of Contribution (\$) \$3.85 07/18/2024 Full name of contributor out-of-state PAC (Dor- Contributor address; City; State; Zip Code Amount of Contribution (\$) \$3.85 07/25/2024 Full name of contributor out-of-state PAC (Dor- Contributor address; City; State; Zip Code Amount of Contribution (\$) \$3.85 07/25/2024 Full name of contributor out-of-state PAC (Dor- Contributor address; City; State; Zip Code Amount of Contribution (\$) \$3.85 Director of Quality Employer (See Instructions) Hendrick Medical Center Amount of Contribution (\$) \$100.00 06/28/2024 Full name of contributor out-of-state PAC (Dor- Othey, TX 76374 Amount of Contribution (\$) \$100.00 01/08/2024 Full name of contributor out-of-state PAC (Dor- Othey, TX 76374 Amount of Contribution (\$) \$20.50 07/08/2024 Full name of contributor out-of-sta						
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Principal occupation / Job title (See Instructions) Director of Quality Employer (See Instructions) Hendrick Medical Center Date Full name of contributor out-of-state PAC (ID#:						
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Contributor address; City; State; Zip Code Abilene, TX 79601 Principal occupation / Job title (See Instructions) Director of Quality Date 6/28/2024 Rogers, Ronald (Mr.) Contributor address; City; State; Zip Code Olney, TX 76374 Principal occupation / Job title (See Instructions) Trustee Date Olney, TX 76374 Principal occupation / Job title (See Instructions) Trustee Date Saenz, Iris (Ms.) Contributor address; City; State; Zip Code Houston, TX 77024 Principal occupation / Job title (See Instructions) Trustee Date Full name of contributor Out-of-state PAC (ID#: Of/08/2024 Saenz, Iris (Ms.) Contributor address; City; State; Zip Code Houston, TX 77024 Principal occupation / Job title (See Instructions) Employer (See Instructions) Contributor address; City; State; Zip Code Houston, TX 77024	Date	Full name of contributor out-of-state PAC (ID#:)	T	Amount of Contribution (\$)	
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Principal occupation / Job title (See Instructions) Employer (See Instructions) Director of Quality Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 06/28/2024 Rogers, Ronald (Mr.) Contributor address; City; State; Zip Code Amount of Contribution (\$) 06/28/2024 Olney, TX 76374 Employer (See Instructions) \$100.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$100.00 Trustee Olney Hamilton Hospital Olney Hamilton Hospital Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 07/08/2024 Saenz, Iris (Ms.) contributor address; City; State; Zip Code						
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06/28/2024 Rogers, Ronald (Mr.) \$100.00 Contributor address; City; State; Zip Code 0 0lney, TX 76374 Employer (See Instructions) 0lney, TX 76374 Olney the full name of contributor 0 direy, TX 76374 Olney, TX 76374 Principal occupation / Job title (See Instructions) Employer (See Instructions) 0 direy Out-of-state PAC (ID#:) 0 direy Saenz, Iris (Ms.) 0 direy Saenz, Iris (Ms.) Contributor address; City; State; Zip Code Amount of Contribution (\$) Houston, TX 77024 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions)	-				Amount of Contribution (\$)	
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Olney, TX 76374 Principal occupation / Job title (See Instructions) Trustee Employer (See Instructions) Olney Hamilton Hospital Date Full name of contributor on out-of-state PAC (ID#:) Amount of Contribution (\$) Saenz, Iris (Ms.) 07/08/2024 Saenz, Iris (Ms.) \$20.50 Contributor address; City; State; Zip Code Houston, TX 77024 Principal occupation / Job title (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions)	00/20/2021			·		\$100.00
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Principal occupation / Job title (See Instructions) Employer (See Instructions) Trustee Olney Hamilton Hospital Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 07/08/2024 Saenz, Iris (Ms.) \$20.50 Contributor address; City; State; Zip Code Houston, TX 77024 Principal occupation / Job title (See Instructions) Employer (See Instructions)						
Trustee Olney Hamilton Hospital Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 07/08/2024 Saenz, Iris (Ms.)		Olney, TX 76374				
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 07/08/2024 Saenz, Iris (Ms.) \$20.50 Contributor address; City; State; Zip Code Houston, TX 77024 Principal occupation / Job title (See Instructions) Employer (See Instructions)	Principal occu	pation / Job title (See Instructions)				
07/08/2024 Saenz, Iris (Ms.) \$20.50 Contributor address; City; State; Zip Code Houston, TX 77024 Principal occupation / Job title (See Instructions) Employer (See Instructions)	Trustee		Olney Hamilton Hospita	al		
Contributor address; City; State; Zip Code Houston, TX 77024 Principal occupation / Job title (See Instructions) Employer (See Instructions)	Date	Full name of contributor out-of-state PAC (ID#:)	T	Amount of Contribution (\$)	
Houston, TX 77024 Principal occupation / Job title (See Instructions) Employer (See Instructions)	07/08/2024	Saenz, Iris (Ms.)				\$20.50
Principal occupation / Job title (See Instructions) Employer (See Instructions)		Contributor address; City; State; Zip Code		1		
Principal occupation / Job title (See Instructions) Employer (See Instructions)						
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					System	

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 44/57 Rpt: 47/66
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	I Action Committee of the Texas Hospital Association	n	00015794
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
07/19/2024	Safarik, Paulina (Ms.)		\$2.00
	6 Contributor address; City; State; Zip Code		1
- · · ·	Austin, TX 78701	1 /2	
	upation / Job title (See Instructions)	9 Employer (See Instructions	
Senior Direc	ctor of Human Resources	Texas Hospital Associat	tion
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
06/28/2024	Schmidt, Timothy (Mr.)		\$3.85
	Contributor address; City; State; Zip Code		1
	Abilene, TX 79601		
•	upation / Job title (See Instructions)	Employer (See Instructions	
Dir Property	/ Facility Management	Hendrick Medical Cente	۶r
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
07/18/2024	Schmidt, Timothy (Mr.)		\$3.85
	Contributor address; City; State; Zip Code		1
	Abilene, TX 79601		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)
Dir Property	/ Facility Management	Hendrick Medical Cente	şr
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
07/25/2024	Schmidt, Timothy (Mr.)		\$3.85
	Contributor address; City; State; Zip Code		1
	Abilene, TX 79601		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	δ)
Dir Property	/ Facility Management	Hendrick Medical Cente	er
Date	Full name of contributor Out-of-state PAC (ID#:_)	Amount of Contribution (\$)
07/19/2024	Shea, Patrick (Mr.)	/	\$2.00
-	Contributor address; City; State; Zip Code		•
	Georgetown, TX 78633		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	1s)
	ement Coordinator	Texas Hospital Insuranc	
-			

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 45/57 Rpt: 48/66
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
The Political Action Committee of the Texas Hospital Association	00015794
4 Date 5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
07/09/2024 Sheppard, Faye (Ms.)	\$100.00
6 Contributor address; City; State; Zip Code	
Cuero, TX 77954	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instruction	is)
Vice Chairman Cuero Regional Hospita	al
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
07/19/2024 Sipes, Michael (Mr.)	\$2.00
Contributor address; City; State; Zip Code	
Austin, TX 78701	
Principal occupation / Job title (See Instructions) Employer (See Instruction	
Legal Services Specialist Texas Hospital Associa	ation
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
07/19/2024 Smith, Andrew (Mr.)	\$83.34
Contributor address; City; State; Zip Code	
San Antonio, TX 78229	
Principal occupation / Job title (See Instructions)Employer (See InstructionExec Dir Govmnt Relations & Public PolicyUniversity Health	IS)
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
07/19/2024 Smith, John (Mr.)	\$1.00
Contributor address; City; State; Zip Code	
Austin, TX 78701	
Principal occupation / Job title (See Instructions) Employer (See Instruction	
Director Data & Technology THA Foundation	15)
Date Full name of contributor out-of-state PAC (ID#:)	
	Amount of Contribution (\$)
06/28/2024 Speckels, Donna (Ms.)	Amount of Contribution (\$)
06/28/2024 Speckels, Donna (Ms.)	
06/28/2024 Speckels, Donna (Ms.) Contributor address; City; State; Zip Code	
06/28/2024 Speckels, Donna (Ms.) Contributor address; City; State; Zip Code Abilene, TX 79601	\$3.85
06/28/2024 Speckels, Donna (Ms.) Contributor address; City; State; Zip Code Abilene, TX 79601 Principal occupation / Job title (See Instructions) Employer (See Instruction)	\$3.85
06/28/2024 Speckels, Donna (Ms.) Contributor address; City; State; Zip Code Abilene, TX 79601	\$3.85

The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 46/57 Rpt: 49/66	
2 FILER NAME			3	Filer ID (Ethics Commission	ı Filers)
	Action Committee of the Texas Hospital Association	n		00015794	,
	5 Full name of contributor out-of-state PAC (ID#:_		7	Amount of Contribution (\$)	
07/18/2024	Speckels, Donna (Ms.)			- · ·	\$3.85
	6 Contributor address; City; State; Zip Code		1		
	Abilene, TX 79601				
8 Principal occup	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
Director Hend	drick HouseCalls	Hendrick Medical Cente	er		
Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
07/25/2024	Speckels, Donna (Ms.)				\$3.85
	Contributor address; City; State; Zip Code		1		
	Abilene, TX 79601				
	pation / Job title (See Instructions)	Employer (See Instructions			
Director Hend	drick HouseCalls	Hendrick Medical Cente	er		
Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
07/07/2024	Speer, Gena (Ms.)				\$14.50
	Contributor address; City; State; Zip Code		1		
	Breckenridge, TX 76424	1			
	pation / Job title (See Instructions)	Employer (See Instructions		. 1	
Chief Nursing	J Officer	Stephens Memorial Hos	spit		
Date	Full name of contributor out-of-state PAC (ID#:)]	Amount of Contribution (\$)	_
07/19/2024	Srubar, Linda (Mrs.)				\$3.00
	Contributor address; City; State; Zip Code]		
	Occurrentering TV 70600				
Dringingloggur	Georgetown, TX 78633				
Executive As	pation / Job title (See Instructions)	Employer (See Instructions Texas Hospital Associat		_	
Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	÷- 05
06/28/2024	Stafford, Steven (Mr.)				\$3.85
	Contributor address; City; State; Zip Code				
	Abilene, TX 79601				
Dringing occur	pation / Job title (See Instructions)	Employer (See Instructions	$\sum_{i=1}^{n}$		
Director Hend	· · · ·	Employer (See Instructions Hendrick Medical Cente			
Director rien			л —		

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The Instru	uction Guide explains how to complete this f	form.	1	Total pages Schedule A1: Sch: 47/57 Rpt: 50/66	
2 FILER NAME			3	Filer ID (Ethics Commission	Filers)
	- Il Action Committee of the Texas Hospital Association		ľ	00015794	T licity
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
07/18/2024	Stafford, Steven (Mr.)				\$3.85
	6 Contributor address; City; State; Zip Code		1		
	Abilene, TX 79601				
Principal occi	upation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>		
	ndrick Clinic	Hendrick Medical Center			
			- -		
Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	<u> </u>
07/25/2024					\$3.85
	Contributor address; City; State; Zip Code				I
	Abilene, TX 79601				
Principal occi	upation / Job title (See Instructions)	Employer (See Instructions	<u>ال</u> ۱		
-	ndrick Clinic	Hendrick Medical Center			
Date	Full name of contributor out-of-state PAC (ID#:_		_	Amount of Contribution (\$)	
Date 06/28/2024		/			\$9.62
00/20/202 .	Contributor address; City; State; Zip Code				Ψ0.02
	Continuutor address, City, State, Zip Code				
	Abilene, TX 79601				
Principal occi	upation / Job title (See Instructions)	Employer (See Instructions	<u>لــــــــــــــــــــــــــــــــــــ</u>		
Former Emp		Hendrick Medical Cente			
Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
07/18/2024					\$9.62
	Contributor address; City; State; Zip Code		ł		-
	Abilene, TX 79601				
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)		
Former Emp	ployee	Hendrick Medical Center	٢		
Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
07/25/2024	Stephenson, David (Mr.)				\$9.62
	Contributor address; City; State; Zip Code		1		
	Abilene, TX 79601				
-	upation / Job title (See Instructions)	Employer (See Instructions			
Former Emp	ployee	Hendrick Medical Center	r.		

The Instruction Guide explains how to complete this form. 1 Total pages Schedu Sch: 48/57 Rpt: 5: 2 FILER NAME 3 Filer ID (Ethics Color 00015794) 4 Date 5 Full name of contributor out-of-state PAC (ID#:) 7 07/16/2024 5 Full name of contributor address; City; State; Zip Code 7 Amount of Contribut 8 Principal occupation / Job title (See Instructions) Chief Executive Officer 9 Employer (See Instructions) Haskell Memorial Hospital Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribut	1/66 ommission Filers)
The Political Action Committee of the Texas Hospital Association 00015794 4 Date 5 Full name of contributor out-of-state PAC (ID#:) 07/16/2024 5 Evens, Michelle (Ms.) 6 Contributor address; City; State; Zip Code Haskell, TX 79521 8 Principal occuration / Job title (See Instructions) Chief Executive Officer 9 Employer (See Instructions) Haskell Memorial Hospital	tion (\$)
The Political Action Committee of the Texas Hospital Association 00015794 4 Date 5 Full name of contributor out-of-state PAC (ID#:) 07/16/2024 5 Evens, Michelle (Ms.) 7 Amount of Contribut 6 Contributor address; City; State; Zip Code Haskell, TX 79521 8 Principal occuration / Job title (See Instructions) Chief Executive Officer 9 Employer (See Instructions) Haskell Memorial Hospital	tion (\$)
4 Date 5 Full name of contributor out-of-state PAC (ID#:) 7 Amount of Contributor 07/16/2024 5 Full name of contributor out-of-state PAC (ID#:) 7 Amount of Contributor 6 Contributor address; City; State; Zip Code Haskell, TX 79521 Full name of contributor 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Principal cocupation / Job title (See Instructions) 9 Employer (See Instructions) Chief Executive Officer Haskell Memorial Hospital Hospital	
07/16/2024 Stevens, Michelle (Ms.) 6 Contributor address; City; State; Zip Code Haskell, TX 79521 Haskell, TX 79521 8 Principal occupation / Job title (See Instructions) Chief Executive Officer 9 Employer (See Instructions) Haskell Memorial Hospital	
6 Contributor address; City; State; Zip Code Haskell, TX 79521 Haskell, TX 79521 8 Principal occupation / Job title (See Instructions) Chief Executive Officer 9 Employer (See Instructions) Haskell Memorial Hospital	
B Principal occupation / Job title (See Instructions) Chief Executive Officer 9 Employer (See Instructions) Haskell Memorial Hospital	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Chief Executive Officer Haskell Memorial Hospital	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Chief Executive Officer Haskell Memorial Hospital	
Chief Executive Officer Haskell Memorial Hospital	
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribut	
	tion (\$)
07/25/2024 Swindle, Patrick (Mr.)	\$500.00
Contributor address; City; State; Zip Code	
Harker Heights, TX 76548	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Chief Executive Officer Seton Medical Center Harker Heights	
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribut	
06/26/2024 Taylor, Clay (Mr.)	\$20.50
Contributor address; City; State; Zip Code	
Lubbock, TX 79410	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Chief Operating Officer Covenant Childrens Hospital	
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribut	
07/18/2024 Thomas, Wendy (Ms.)	\$25.00
Contributor address; City; State; Zip Code	
Austin, TX 78701	
Principal occupation / Job title (See Instructions) Employer (See Instructions) Mar Advocacy / Pub Policy / HOSPAC	
Mgr Advocacy / Pub Policy / HOSPAC Texas Hospital Association	
Date Full name of contributor Image: out-of-state PAC (ID#:) Amount of Contribut	
	\$10.00
07/19/2024 Thomas, Wendy (Ms.)	
07/19/2024 Thomas, Wendy (Ms.) Contributor address; City; State; Zip Code	
Contributor address; City; State; Zip Code	
Contributor address; City; State; Zip Code Austin, TX 78701	
Contributor address; City; State; Zip Code	

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The Instru	uction Guide explains how to complete this f	iorm.	1	Total pages Schedule A1: Sch: 49/57 Rpt: 52/66	
2 FILER NAME			3	Filer ID (Ethics Commission	Filers)
The Politica	l Action Committee of the Texas Hospital Association	n		00015794	
4 Date	5 Full name of contributor out-of-state PAC (ID#:_		7	Amount of Contribution (\$)	
07/03/2024					\$1.00
-	6 Contributor address; City; State; Zip Code		-		-
		ļ			
	Cuero, TX 77954				
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>		
	ffice Manager	Cuero Regional Hospita			
Date	Full name of contributor out-of-state PAC (ID#:		Τ	Amount of Contribution (\$)	
07/18/2024				Amount of Continue of Con	\$1.00
011-2	Contributor address; City; State; Zip Code		-		
	CUITIBUTOR address, City, State, 210 South	ļ			I
	Cuero, TX 77954				I
Principal occı	upation / Job title (See Instructions)	Employer (See Instructions	⊥ s)		
-	ffice Manager	Cuero Regional Hospita			
Date	Full name of contributor out-of-state PAC (ID#:_		Τ	Amount of Contribution (\$)	
07/19/2024					\$4.00
-	Contributor address; City; State; Zip Code		-		-
		ļ			
	Austin, TX 78701				
Principal occı	upation / Job title (See Instructions)	Employer (See Instructions	s)		
Vice Preside	ent Finance	Texas Hospital Associat	tion	I	
Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	<u></u>
07/19/2024					\$2.00
l	Contributor address; City; State; Zip Code		•		
1		ļ			
1					
l	Austin, TX 78701				
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)		
Healthcare [Data Analyst	THA Foundation			
Date	Full name of contributor out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)	
06/28/2024	Tucek, Karen (Ms.)				\$3.85
l	Contributor address; City; State; Zip Code		1		
	Abilene, TX 79601				
Principal occı	upation / Job title (See Instructions)	Employer (See Instructions	s)		
Director, Ho	spice	Hendrick Medical Cente	er		
1					

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The Instru	uction Guide explains how to complete this f	form.	1	Total pages Schedule A1: Sch: 50/57 Rpt: 53/66	
2 FILER NAME			3	Filer ID (Ethics Commission	Filers)
	l Action Committee of the Texas Hospital Association	n		00015794	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
07/18/2024	Tucek, Karen (Ms.)				\$3.85
	6 Contributor address; City; State; Zip Code		1		
	Abilene, TX 79601				
	upation / Job title (See Instructions)	9 Employer (See Instructions			_
Director, Ho	ispice	Hendrick Medical Cente	er		
Date	Full name of contributor out-of-state PAC (ID#:)	Ī	Amount of Contribution (\$)	
07/25/2024					\$3.85
	Contributor address; City; State; Zip Code		1		
	Abilene, TX 79601				
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions	s)		
Director, Ho	ispice	Hendrick Medical Cente	er		
Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
07/19/2024	— —				\$2.00
	Contributor address; City; State; Zip Code		·		
	Austin, TX 78701				
	upation / Job title (See Instructions)	Employer (See Instructions	s)		
Senior Direc	ctor Quality & Payment	Texas Hospital Associat	tion		
Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
06/28/2024	Vidrine, Amanda (Ms.)				\$3.85
	Contributor address; City; State; Zip Code		·		
	Abilene, TX 79601				
	upation / Job title (See Instructions)	Employer (See Instructions	s)		
Quality & R	egulatory Manager	Hendrick Medical Cente	er		
Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
07/18/2024	Vidrine, Amanda (Ms.)				\$3.85
	Contributor address; City; State; Zip Code		1		
	Abilene, TX 79601				
Principal occi	upation / Job title (See Instructions)	Employer (See Instructions	s)		
Quality & R	egulatory Manager	Hendrick Medical Cente	er		

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 51/57 Rpt: 54/66	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
		I Action Committee of the Texas Hospital Association	n		00015794	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:		7	Amount of Contribution (\$)	
	07/25/2024	Vidrine, Amanda (Ms.)				\$3.85
		6 Contributor address; City; State; Zip Code				
		Abilene, TX 79601				
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	;)		
	Quality & Re	egulatory Manager	Hendrick Medical Cente	r		
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	06/28/2024	Wade, Susan (Ms.)				\$15.00
		Contributor address; City; State; Zip Code				
		Abilene, TX 79601				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	;)		
	Abilene Marl	ket COO	Hendrick Medical Cente	r		
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	07/18/2024	Wade, Susan (Ms.)				\$15.00
		Contributor address; City; State; Zip Code				
		-				
		Abilene, TX 79601				
		upation / Job title (See Instructions)	Employer (See Instructions			
	Abilene Marl	ket COO	Hendrick Medical Cente	r		
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	07/25/2024	Wade, Susan (Ms.)				\$15.00
		Contributor address; City; State; Zip Code				
		Abilene, TX 79601				
	-	upation / Job title (See Instructions)	Employer (See Instructions			<u> </u>
	Abilene Marl	ket COO	Hendrick Medical Cente	r		
F	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	06/28/2024	Wagner, Angela (Ms.)				\$3.85
	Contributor address; City; State; Zip Code					
		Abilene, TX 79601				
		upation / Job title (See Instructions)	Employer (See Instructions			
	Healthcare F	Professional	Hendrick Medical Cente	r		

The Instru	iction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 52/57 Rpt: 55/66	
2 FILER NAME			2	Filer ID (Ethics Commission	Filore)
	: I Action Committee of the Texas Hospital Associatior		J	00015794	Fileisj
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
07/18/2024	Wagner, Angela (Ms.)				\$3.85
	6 Contributor address; City; State; Zip Code				
	Abilene, TX 79601				
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions)	;)		
Healthcare F	Professional	Hendrick Medical Center	r		
Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
07/25/2024	Wagner, Angela (Ms.)				\$3.85
	Abilene, TX 79601				
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	;)		
Healthcare F	Professional	Hendrick Medical Center	r		
Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
06/28/2024	Wallschlaeger, Erich (Mr.)				\$9.62
	Contributor address; City; State; Zip Code				
	Brownwood, TX 76804				
-	upation / Job title (See Instructions)	Employer (See Instructions)			
Chief Financ	cial Officer	Hendrick Medical Center	r		
Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
07/18/2024	Wallschlaeger, Erich (Mr.)				\$9.62
	Contributor address; City; State; Zip Code				
	Brownwood, TX 76804				
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	;)		
Chief Financ	cial Officer	Hendrick Medical Center	r		
Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
07/25/2024	Wallschlaeger, Erich (Mr.)				\$9.62
	Contributor address; City; State; Zip Code				
	Brownwood, TX 76804				
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	;)		
Chief Financ	cial Officer	Hendrick Medical Center	r		
		<u> </u>			

The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 53/57 Rpt: 56/66	
2 FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	I Action Committee of the Texas Hospital Association	n	-	00015794	11,
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
06/28/2024	Walzer, Cheryl (Ms.)				\$3.85
	6 Contributor address; City; State; Zip Code		1		
	Abilene, TX 79601				
-	upation / Job title (See Instructions)	9 Employer (See Instructions			
Director of N	Aedsurg / Tele	Hendrick Medical Cente	r		
Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
07/18/2024	Walzer, Cheryl (Ms.)				\$3.85
	Contributor address; City; State; Zip Code				
	Abilene, TX 79601	1			
	upation / Job title (See Instructions)	Employer (See Instructions			
Director of N	Nedsurg / Tele	Hendrick Medical Cente	r		
Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
07/25/2024	Walzer, Cheryl (Ms.)				\$3.85
	Contributor address; City; State; Zip Code				
Dringing Loop	Abilene, TX 79601		ŕ		
	upation / Job title (See Instructions) /Iedsurg / Tele	Employer (See Instructions Hendrick Medical Cente			
	-		ו ד		
Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	÷
07/20/2024	Warner, Freddy (Mr.)				\$145.50
	Contributor address; City; State; Zip Code				
	Houston, TX 77024				
Drincinal occu	upation / Job title (See Instructions)	Employer (See Instructions	$\sum_{i=1}^{n}$		
	mment Relations Officer	Memorial Hermann Hea		Svetem	
			101		
Date	Full name of contributor out-of-state PAC (ID#:))		Amount of Contribution (\$)	40.0 5
06/28/2024	06/28/2024 Waters, Amber (Ms.)				\$3.85
	Contributor address; City; State; Zip Code				
	Abilene, TX 79601				
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>ר</u>		
Director of A		Hendrick Medical Cente			

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 54/57 Rpt: 57/66	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
		Action Committee of the Texas Hospital Association	n		00015794	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	07/18/2024	Waters, Amber (Ms.)				\$3.85
		6 Contributor address; City; State; Zip Code				
		Abilene, TX 79601				
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Director of A	dmissions	Hendrick Medical Cente	r		
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	07/25/2024	Waters, Amber (Ms.)				\$3.85
		Contributor address; City; State; Zip Code				
		Abilene, TX 79601				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Director of A	dmissions	Hendrick Medical Cente	r		
╞	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	07/18/2024	Watson, Mackenzie (Ms.)			······································	\$25.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78701				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	. 5)		
	Advocacy Co	oordinator	Texas Hospital Associat	tior	ı	
⊨	Date	Full name of contributor Out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	06/28/2024	Wharton, Elisha (Ms.)	/		,	\$3.85
	00,20,212	Contributor address; City; State; Zip Code				Ŧ
		Culturbutor audress, City, State, Lip Code				
		Abilene, TX 79601				
\vdash	Principal occu	I Ipation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
	Sr Practice N	Manager	Hendrick Medical Cente			
⊨	Date	Full name of contributor Out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	07/18/2024	Wharton, Elisha (Ms.)	/		,	\$3.85
		Contributor address; City; State; Zip Code				·
		Abilene, TX 79601				
	Principal occu	I Ipation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> چ)		
	Sr Practice N		Hendrick Medical Cente			
\vdash			<u> </u>			

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The Instru	uction Guide explains how to complete this f	form.		Total pages Schedule A1: Sch: 55/57 Rpt: 58/66	
2 FILER NAME	Ē		_	Filer ID (Ethics Commission	ו Filers)
	al Action Committee of the Texas Hospital Associatio	'n		00015794	·
4 Date	5 Full name of contributor out-of-state PAC (ID#:		7	Amount of Contribution (\$)	
07/25/2024				• •	\$3.85
	6 Contributor address; City; State; Zip Code		·		
	Abilene, TX 79601				
8 Principal occ	cupation / Job title (See Instructions)	9 Employer (See Instructions	s)		
Sr Practice	Manager	Hendrick Medical Cente	er		
Date	Full name of contributor out-of-state PAC (ID#:)	Ι	Amount of Contribution (\$)	
07/19/2024	Williams, Carrie (Ms.)				\$20.00
	Contributor address; City; State; Zip Code		·		
	Austin, TX 78701				
Principal occ	cupation / Job title (See Instructions)	Employer (See Instructions	s)		
Chief Comr	munications Officer	Texas Hospital Associat	tion		
Date	Full name of contributor out-of-state PAC (ID#:_)	Τ	Amount of Contribution (\$)	
07/19/2024	Williams, Patty (Ms.)				\$2.00
	Contributor address; City; State; Zip Code		"		
	Austin, TX 78701				
-	cupation / Job title (See Instructions)	Employer (See Instructions	s)		
Relationshi	ip Manager Business Srvcs	THA Foundation			
Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
06/26/2024	Willmann, Adam (Mr.)				\$62.50
	Contributor address; City; State; Zip Code		1		
	Clifton, TX 76634		<u> </u>		
·	cupation / Job title (See Instructions)	Employer (See Instructions			
President /	CEO	Goodall-Witcher Healtho	care	, ,	
Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
06/28/2024					\$4.81
	Contributor address; City; State; Zip Code]		
	Abilene, TX 79601		Ļ		
-	cupation / Job title (See Instructions)	Employer (See Instructions			
Healthcare	Professional	Hendrick Medical Cente	er		

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 56/57 Rpt: 59/66	
2 FILER NAME			3 Filer ID (Ethics Commission Filers	5)
	Action Committee of the Texas Hospital Association		00015794	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
07/18/2024	Willson, Megan (Mr.)		\$4	4.81
	6 Contributor address; City; State; Zip Code			
	Abilene, TX 79601			
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions))	
Healthcare F	Professional	Hendrick Medical Center	r	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
07/25/2024	Willson, Megan (Mr.)			4.81
			I	
	Abilene, TX 79601			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))	
Healthcare F		Hendrick Medical Center		
Date				
Date 07/19/2024	Full name of contributor out-of-state PAC (ID#: Wohleb, Stephen (Mr.)	/	Amount of Contribution (\$)	1.00
0111912024			ψ	1.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78701			
Dringing occu			<u>, </u>	
General Cou	upation / Job title (See Instructions)	Employer (See Instructions) Texas Hospital Associati		
General Cou				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
06/28/2024	Wood, Adam (Mr.)		\$4	4.81
	Contributor address; City; State; Zip Code			
	Abilene, TX 79601	,]		
	upation / Job title (See Instructions)	Employer (See Instructions)	·	
System Assi	istant Vice President Supply Chain	Hendrick Medical Center	۲	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
07/18/2024	Wood, Adam (Mr.)		\$4	4.81
	Contributor address; City; State; Zip Code			
	Abilene, TX 79601			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))	
System Assi	istant Vice President Supply Chain	Hendrick Medical Center	r	

	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 57/57 Rpt: 60/66	
2	FILER NAME			3	Filer ID (Ethics Commission F	ilers)
	The Political	Action Committee of the Texas Hospital Association	1		00015794	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	07/25/2024	Wood, Adam (Mr.)				\$4.81
		6 Contributor address; City; State; Zip Code		1		
		Abilene, TX 79601				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	System Ass	stant Vice President Supply Chain	Hendrick Medical Cente	er		
⊨	Date	Full name of contributor Out-of-state PAC (ID#:)	Г	Amount of Contribution (\$)	
	07/09/2024	Yancey, Janay (Ms.))		, incant of Continuation (+)	\$29.00
	0.70072021	Contributor address; City; State; Zip Code				+20100
		Contributor address, City, State, Zip Code				
		Woodville, TX 75979				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	Chief Opera		Tyler County Hospital	-)		
	-	-		Г	Amount of Contribution (\$)	
	Date 07/19/2024)		Amount of Contribution (\$)	¢02.24
	0771972024					\$83.34
		Contributor address; City; State; Zip Code				
		Austin, TX 78701				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u>		
	Retired CFC		Texas Hospital Associat			
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NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C4

	The Instruction Guide explains how to complete this form.			1	Total pages S Sch: 1/1 Rp	Schedule C4: t: 61/66	
2	FILER NAME		3	Filer ID	(Ethics Commission Filers)		
	The Political Action Committee of the Texas Hospital Association			00015794			
4	Date	5	Corporation / Labor Organization name	6	Amount (\$)		
	07/25/2024		Texas Hospital Association			4,200	0.00

EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment							
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)						
Sch: 1/4 Rpt: 62/66	The Political Action Committee of the Texas Hospital 00015794						
4 Date 07/02/2024	5 Payee name Frost Bank						
6 Amount (\$) \$52.10 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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Credit Card Processing Fees 						
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held						
Date	Payee name						
07/03/2024	Frost Bank						
Amount (\$)	Payee address; City; State; Zip Code						
\$19.95	PO Box 1727						
Expenditure from corporate funds	Austin, TX 78767						
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Credit Card Processing Fees 						
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held						
Date	Payee name						
07/03/2024	Frost Bank						
Amount (\$) \$81.26	Payee address; City; State; Zip Code PO Box 1727						
Expenditure from corporate funds	Austin, TX 78767						
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Credit Card Processing Fees 						
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held						

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment						
1 Total pages Schedule F1:						
Sch: 2/4 Rpt: 63/66	The Political Action Committee of the Texas Hospital 00015794					
4 Date 06/26/2024	5 Payee name Stripe					
6 Amount (\$) \$80.77	7 Payee address; City; State; Zip Code 354 Oyster Point Blvd					
Expenditure from corporate funds	South San Francisco, CA 94080					
8 PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Processing fees for processing multiple credit card contributions 6/26-7/25/24 					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held					
Date	Payee name					
06/26/2024	Stripe					
Amount (\$)	Payee address; City; State; Zip Code					
\$0.21	354 Oyster Point Blvd					
Expenditure from corporate funds	South San Francisco, CA 94080					
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Credit Card Processing Fees 					
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held					
Date	Payee name					
07/05/2024	Stripe					
Amount (\$)	Payee address; City; State; Zip Code					
\$0.63	354 Oyster Point Blvd					
Expenditure from corporate funds	South San Francisco, CA 94080					
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Credit Card Processing Fees 					
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held					

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment						
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)					
Sch: 3/4 Rpt: 64/66	The Political Action Committee of the Texas Hospital 00015794					
4 Date	5 Payee name					
07/12/2024	Stripe					
6 Amount (\$) \$1.60	7 Payee address; City; State; Zip Code 354 Oyster Point Blvd					
Expenditure from corporate funds	South San Francisco, CA 94080					
8 PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Credit Card Processing Fees 					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought Office held					
Date	Payee name					
07/15/2024	Stripe					
Amount (\$)	Payee address; City; State; Zip Code					
\$0.72	354 Oyster Point Blvd					
Expenditure from corporate funds	South San Francisco, CA 94080					
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Credit Card Processing Fees 					
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held					
Date	Payee name					
07/17/2024	Stripe					
Amount (\$) \$0.63	Payee address; City; State; Zip Code 354 Oyster Point Blvd					
Expenditure from corporate funds	South San Francisco, CA 94080					
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Credit Card Processing Fees 					
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held					

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment						
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)					
Sch: 4/4 Rpt: 65/66	The Political Action Committee of the Texas Hospital 00015794					
4 Date 07/18/2024	5 Payee name Stripe					
6 Amount (\$) \$2.29	\$2.29 354 Oyster Point Blvd					
corporate funds	South San Francisco, CA 94080					
8 PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Credit Card Processing Fees 					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held					
Date	Payee name					
07/22/2024	Stripe					
Amount (\$) \$0.67						
Expenditure from corporate funds	South San Francisco, CA 94080					
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Credit Card Processing Fees 					
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held					
Date	Payee name					
07/24/2024	Stripe					
Amount (\$) \$0.21						
Expenditure from corporate funds	South San Francisco, CA 94080					
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Credit Card Processing Fees 					
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH						

UNPAID INCU	RRED OBLIGATIONS	SCHEDULE F2		
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica		t Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1 Total pages Schedule F2: Sch: 1/1 Rpt: 66/66	Total pages Schedule F2: 2 FILER NAME Sch: 1/1 Rpt: 66/66 The Political Action Committee of the Texas Hospital			
⁴ TOTAL OF UNITEMI	ZED UNPAID INCURRED OBLIGATIONS	\$		
5 Date 06/26/2024	6 Payee name Atchley & Associates LLP	•		
7 Amount (\$) \$780.00	 8 Payee address; City; State; Zip Code 1105 La Posada Dr Austin, TX 78752 			
9 TYPE OF EXPENDITURE	X Political Non-Political			
10 PURPOSE OF EXPENDITURE		el outside of Texas. Complete Schedule T. atin, TX, officeholder living expense nting and reporting services		
11 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held		
Date 07/23/2024	Payee name Atchley & Associates LLP			
Amount (\$) \$532.50	Payee address; City; State; Zip Code 1105 La Posada Dr			
Expenditure from corporate funds	Austin, TX 78752			
TYPE OF EXPENDITURE	X Political Non-Political			
PURPOSE OF EXPENDITURE		rel outside of Texas. Complete Schedule T. atin, TX, officeholder living expense nting and reporting services		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held		