FORM MPAC MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** Filer ID 2 Total pages filed: The MPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00015794 3 COMMITTEE NAME **OFFICE USE ONLY** The Political Action Committee of the Texas Hospital Association Date Received **ELECTRONICALLY FILED** 09/05/2024 COMMITTEE ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP **ADDRESS** 1108 Lavaca Ste 700 Change of Address Austin, TX 78701 Date Hand-delivered or Date Postmarked MS / MRS / MR **CAMPAIGN FIRST** MI **TREASURER** Receipt # Amount Carrie NAME Date Processed **NICKNAME SUFFIX** LAST Date Imaged Kroll CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 1108 Lavaca, Suite 700 STREET **ADDRESS** (Residence or Business) Austin, TX 78701 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** 1108 Lavaca, Suite 700 MAILING **ADDRESS** Change of Address Austin, TX 78701 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (512) 465-1043 REPORT TYPE 10th day after campaign X Monthly Dissolution (Attach PAC-DR) treasurer termination 10 MONTHLY January 5 April 5 July 5 October 5 REPORT FILING **DEADLINE** February 5 May 5 August 5 November 5 X September 5 December 5 March 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 07/26/2024 08/25/2024

GO TO PAGE 2

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 Co	mmittee of the Texas H	ospital Association	00015794	ļ.
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported The Honorable Trey Martinez F	Fischer State	e Representative
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	Measures (Describe by date and location of election and nature of issue.)	A. Supported B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLEI	IL CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	10,615.99
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	D POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	4,892.59
CONTRIBUTION BALANCE	5. TOTAL POLITICAL (OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	152,349.13
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT	<u> </u>		<u>'</u>	
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.	rjury, that the mation require	accompanying report is d to be reported by me
		Ms. Ca	rrie Kroll	
		Signature of Car	mpaign Treas	urer
AFFIX NOTAR	Y STAMP / SEAL ABOVE			
Sworn to and subscribe	d before me, by the said	, th	nis the	day
of	, 20, to certify \	which, witness my hand and seal of office.		
Signature of officer a	dministering oath	Printed name of officer administering oath	Title of offi	cer administering oath

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

					3 of 52
17 COI	MMITTE	EE NAME	18 Filer ID	(Eth	ics Commission Filers)
		cal Action Committee of the Texas Hospital Association	00015794		
		E SUBTOTALS SCHEDULE			SUBTOTAL AMOUNT
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	5,103.49
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOURGANIZATION	\$		
5.		\$			
6.	Х	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$	1,312.50
7.	Х	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$	4,200.00
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (ORGANIZATION	\$	
9.		SCHEDULE E: LOANS		\$	
10.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$	4,290.59
11.	X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	602.00
12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
13.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$	

	MONEI	ARY POLITICAL CONTRIBUTIO	N	IS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this fo	orr	n.	1	Total pages Schedule A1: Sch: 1/42 Rpt: 4/52	
2	FILER NAME The Political	Action Committee of the Texas Hospital Association			3	Filer ID (Ethics Commission 00015794	Filers)
4	Date 08/19/2024	5 Full name of contributor out-of-state PAC (ID#: Amador, Dolores (Ms.) 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$1.00
8	Principal occu Claims Mana		9	Employer (See Instructions Texas Hospital Insurance		Exchange	
	Date 08/19/2024	Full name of contributor out-of-state PAC (ID#:_Andersen, Daniel (Mr.) Contributor address; City; State; Zip Code Georgetown, TX 78633				Amount of Contribution (\$)	\$14.00
		pation / Job title (See Instructions) iting & Business Development		Employer (See Instructions Texas Hospital Insurance		Exchange	
	Date 08/12/2024	Full name of contributor out-of-state PAC (ID#:_ Bagchi, Sam (Dr.) Contributor address; City; State; Zip Code Irving, TX 75038)		Amount of Contribution (\$)	\$165.00
		pation / Job title (See Instructions) Clinical Officer		Employer (See Instructions CHRISTUS Health	<u> </u> 5)		
	Date 08/17/2024	Full name of contributor out-of-state PAC (ID#: Ballew, Joel (Mr.) Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$41.50
	•	Arlington, TX 76011 pation / Job title (See Instructions) nent & Community Affairs		Employer (See Instructions Texas Health Resources			
	Date 08/19/2024	Full name of contributor out-of-state PAC (ID#:				Amount of Contribution (\$)	\$41.00
	•	pation / Job title (See Instructions) dvocacy & Public Policy		Employer (See Instructions Texas Hospital Associat		1	
	35o. VI /	a. coacy a. acid. only		. 5.40 . 199ptal / 19900lal			

	MONEI	ARY POLITICAL CO	JNTRIBUTIO	NS .		SCHEDUL	E A1
	The Instru	ction Guide explains how t	o complete this for	rm.	1	Total pages Schedule A1: Sch: 2/42 Rpt: 5/52	
2	FILER NAME The Political	Action Committee of the Texas	Hospital Association		3	Filer ID (Ethics Commission 00015794	n Filers)
4	Date 08/14/2024	5 Full name of contributor Baty, Krista (Ms.)6 Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code)	7	Amount of Contribution (\$)	\$27.50
8		Brownwood, TX 76801 pation / Job title (See Instructions) istrative Officer	9	Employer (See Instructions Hendrick Medical Cente			
	Date 08/22/2024	Full name of contributor Baty, Krista (Ms.) Contributor address; City; State Brownwood, TX 76801	out-of-state PAC (ID#:e; Zip Code)		Amount of Contribution (\$)	\$27.50
	Principal occu Chief Admini	Employer (See Instructions Hendrick Medical Cente					
	Date 08/16/2024	Full name of contributor Baugh, Zelia (Ms.) Contributor address; City; State	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$350.00
	Principal occu EVP Behavio	Fort Worth, TX 76104 pation / Job title (See Instructions) or Health		Employer (See Instructions JPS Health Network	<u> </u> s)		
	Date 08/19/2024	Full name of contributor Beasley, Sharon (Ms.) Contributor address; City; State Austin, TX 78701				Amount of Contribution (\$)	\$8.00
	•	pation / Job title (See Instructions) nance & Exec Administration		Employer (See Instructions Texas Hospital Associate		1	
	Date 08/19/2024	Full name of contributor Bell, Jeff (Mr.) Contributor address; City; State Austin, TX 78701	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$4.00
		pation / Job title (See Instructions) rporate Relations		Employer (See Instructions THA Foundation	s)		

	MONET	ARY POLITICAL CONTRIBUT	ION	NS .		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete thi	s for	m.	1	Total pages Schedule A1: Sch: 3/42 Rpt: 6/52	
2	FILER NAME	A. 11. O. 11. 11. 11. 11. 11. 11. 11. 11.			3	Filer ID (Ethics Commission	n Filers)
		Action Committee of the Texas Hospital Associa			$oxed{oxed}$	00015794	
4	Date 08/14/2024	5 Full name of contributor out-of-state PAC (II Benham, Bradley (Mr.)	D#:)	7	Amount of Contribution (\$)	\$9.62
	00/14/2024	6 Contributor address; City; State; Zip Code					Ψ3.02
		Abilene, TX 79601					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	s)		
	VP HMC For	undation		Hendrick Medical Cente	er		
_	Date	Full name of contributor out-of-state PAC (II	D#:)		Amount of Contribution (\$)	
	08/22/2024	Benham, Bradley (Mr.)					\$9.62
		Contributor address; City; State; Zip Code			1		
		Abilene, TX 79601					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>. </u>		
	VP HMC For	undation		Hendrick Medical Cente	er		
	Date	Full name of contributor out-of-state PAC (II	D#:)	Π	Amount of Contribution (\$)	
	08/14/2024	Bessent, Brian (Mr.)					\$32.50
		Contributor address; City; State; Zip Code					
		Abilene, TX 79601					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	VP / Chief S	trategy & Experience Officer		Hendrick Medical Cente	er		
	Date	Full name of contributor out-of-state PAC (II	D#:)		Amount of Contribution (\$)	
	08/22/2024	Bessent, Brian (Mr.)					\$32.50
		Contributor address; City; State; Zip Code					
		Abilene, TX 79601					
	•	pation / Job title (See Instructions) trategy & Experience Officer		Employer (See Instructions Hendrick Medical Cente			
	Date	Full name of contributor ut-of-state PAC (II	D#:)		Amount of Contribution (\$)	
	08/15/2024	Booth, Donny (Mr.)					\$41.67
		Contributor address; City; State; Zip Code					
		Andrews, TX 79714					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Chief Execut	tive Officer		Permian Regional Medi	cal	Center	
	Chief Execut	tive Officer		Permian Regional Medi	cal	Center	

	MONET	ARY POLITICAL (CONTRIBUTIO	N _	S		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	rn	n.	1	Total pages Schedule A1: Sch: 4/42 Rpt: 7/52	
2	FILER NAME The Political	Action Committee of the Texa	as Hospital Association			3	Filer ID (Ethics Commission 00015794	Filers)
4	Date 08/14/2024	5 Full name of contributor Bowden, Sherri (Ms.)6 Contributor address; City; St	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$3.85
		Abilene, TX 79601						
8		pation / Job title (See Instructions monary Services	s) <u> </u>	9	Employer (See Instructions Hendrick Medical Cente			
	Date 08/22/2024	Full name of contributor Bowden, Sherri (Ms.) Contributor address; City; Si	out-of-state PAC (ID#: ate; Zip Code				Amount of Contribution (\$)	\$3.85
	Dringing Loggy	Abilene, TX 79601	<u> </u>		Employer (See Instructions	<u></u>		
		pation / Job title (See Instructions nonary Services	5)		Employer (See Instructions Hendrick Medical Center			
	Date 08/14/2024	Full name of contributor Brockway, Toni (Ms.) Contributor address; City; Si	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
		Abilene, TX 79601						
		pation / Job title (See Instructions /orkforce Dev	(3)		Employer (See Instructions Hendrick Medical Cente			
	Date 08/22/2024	Full name of contributor Brockway, Toni (Ms.) Contributor address; City; Si Abilene, TX 79601					Amount of Contribution (\$)	\$5.00
	•	pation / Job title (See Instructions /orkforce Dev	5)		Employer (See Instructions Hendrick Medical Cente			
	Date 08/14/2024	Full name of contributor Broderick, Treva (Ms.) Contributor address; City; Si Abilene, TX 79601)	•	Amount of Contribution (\$)	\$4.81
	•	pation / Job title (See Instructions ce President Clinical Svs	5)		Employer (See Instructions Hendrick Medical Cente			
	. soouth vic	S. 100.00.11 Omnout Ovo				•		

	MONET	ARY POLITICAL CONTRIBUT	ΓΙΟΝ	IS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete th	is for	m.	1	Total pages Schedule A1: Sch: 5/42 Rpt: 8/52	
2	FILER NAME The Political	Action Committee of the Texas Hospital Associa	ation		3	Filer ID (Ethics Commission 00015794	Filers)
4	Date 08/22/2024	 5 Full name of contributor out-of-state PAC (Broderick, Treva (Ms.) 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$4.81
_		Abilene, TX 79601	-		_		
8	•	pation / Job title (See Instructions) ce President Clinical Svs	9	Employer (See Instructions Hendrick Medical Cente			
	Date 08/14/2024	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$2.50
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Board Vice C	,		Hendrick Medical Cente			
	Date 08/22/2024	Full name of contributor out-of-state PAC (Calvo, Raul (Mr.) Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$2.50
		Abilene, TX 79608					
	Principal occu Board Vice C	pation / Job title (See Instructions) Chair		Employer (See Instructions Hendrick Medical Cente			
	Date 08/14/2024	Full name of contributor out-of-state PAC (Camacho, Precilla (Ms.) Contributor address; City; State; Zip Code Abilene, TX 79601)		Amount of Contribution (\$)	\$3.85
	Principal occu Senior Direc	pation / Job title (See Instructions)		Employer (See Instructions Hendrick Medical Cente			
	Date 08/22/2024	Full name of contributor out-of-state PAC (Camacho, Precilla (Ms.) Contributor address; City; State; Zip Code Abilene, TX 79601	I			Amount of Contribution (\$)	\$3.85
	•	pation / Job title (See Instructions)		Employer (See Instructions Hendrick Medical Cente			
	Senior Direc	tor ivarally		TIETIUTICK WIEUICAI CETILE	-		

	MONET	ARY POLITICAL CONTRIBUT	ΓΙΟΝ	IS		SCHEDULI	E A1
	The Instruc	ction Guide explains how to complete th	is for	m.	1	Total pages Schedule A1: Sch: 6/42 Rpt: 9/52	
2	FILER NAME The Political	Action Committee of the Texas Hospital Associa	ation		3	Filer ID (Ethics Commission 00015794	n Filers)
4	Date 08/14/2024	 5 Full name of contributor out-of-state PAC (I Canada, Kirk (Mr.) 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$30.00
_	Delicalization	Abilene, TX 79601	- 10	Faralagae (Octobration	<u></u>		
8	•	pation / Job title (See Instructions) ting Office / System VP	9	Employer (See Instructions Hendrick Medical Cente			
	Date 08/22/2024	Full name of contributor				Amount of Contribution (\$)	\$30.00
	Principal occu	Abilene, TX 79601 pation / Job title (See Instructions)		Employer (See Instructions	·/		
			Hendrick Medical Cente				
	Date 08/14/2024	Full name of contributor out-of-state PAC (I Cates, Boyd (Mr.) Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$1.00
		Abilene, TX 79601					
	Principal occu Diagnostic T	pation / Job title (See Instructions) echnologist		Employer (See Instructions Hendrick Medical Center	•		
	Date 08/22/2024	Full name of contributor out-of-state PAC (I Cates, Boyd (Mr.) Contributor address; City; State; Zip Code Abilene, TX 79601)		Amount of Contribution (\$)	\$1.00
	Principal occu Diagnostic T	pation / Job title (See Instructions) echnologist		Employer (See Instructions Hendrick Medical Center			
	Date 08/10/2024	Full name of contributor out-of-state PAC (I Clevenger, Erin (Ms.) Contributor address; City; State; Zip Code Port Lavaca, TX 77979				Amount of Contribution (\$)	\$14.59
	•	pation / Job title (See Instructions) / CNO / Clinical Srvc Administrator		Employer (See Instructions Memorial Medical Cente			
		, 5.15 / Girinati Gree / turninguator					

	MONET	ARY POLITICAL C	ONTRIBUTIO	JN 5	SCHEDULE A1	
	The Instru	ction Guide explains how	to complete this fo	orm.	1 Total pages Schedule A1: Sch: 7/42 Rpt: 10/52	
2	FILER NAME The Political	Action Committee of the Texa	as Hospital Association	1	3 Filer ID (Ethics Commission Filers) 00015794	
4	Date 08/18/2024	5 Full name of contributor Collins, Chad (Mr.)6 Contributor address; City; St			7 Amount of Contribution (\$) \$14.	50
		Plano, TX 75093				
8		pation / Job title (See Instructions)	9 Employer (See Instructions		
	Vice Preside	nt Operations		Texas Health Presbyteri	rian Hospital Plano	
	Date 08/14/2024	Full name of contributor Conger, Cody (Mr.) Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code		Amount of Contribution (\$) \$4.6	00
		Abilene, TX 79601				
	·	pation / Job title (See Instructions tor, Invasive Cardiology)	Employer (See Instructions Hendrick Medical Cente		
	Date					_
	08/22/2024	Full name of contributor Conger, Cody (Mr.) Contributor address; City; St	out-of-state PAC (ID#:_		Amount of Contribution (\$) \$4.	00
		Abilene, TX 79601				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)	
	Health Direc	tor, Invasive Cardiology		Hendrick Medical Cente	er	
	Date 08/14/2024	Full name of contributor Connell, Jessica (Ms.) Contributor address; City; St Brownwood, TX 76804			Amount of Contribution (\$) \$4.6	31
	Principal occu Chief Nursin	pation / Job title (See Instructions g Officer)	Employer (See Instructions Hendrick Medical Cente		
	Date 08/22/2024	Full name of contributor Connell, Jessica (Ms.) Contributor address; City; St Brownwood, TX 76804	out-of-state PAC (ID#:_)	Amount of Contribution (\$) \$4.6	31
	•	pation / Job title (See Instructions)	Employer (See Instructions		
	Chief Nursin	g Officer		Hendrick Medical Cente	er 	

	MONET	ARY POLITICAL CONTRIBUTION	ΟN	IS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this 1	or	m.	1	Total pages Schedule A1: Sch: 8/42 Rpt: 11/52	
2	FILER NAME The Political	Action Committee of the Texas Hospital Associatio	n		3	Filer ID (Ethics Commission 00015794	Filers)
4	Date 08/19/2024	 Full name of contributor out-of-state PAC (ID#:_Conner, Cecil (Mr.) Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$4.00
		Austin, TX 78731					
8		pation / Job title (See Instructions) ement Advisor	9	Employer (See Instructions Texas Hospital Insurand	-	Exchange	
	Date 08/14/2024	Full name of contributor out-of-state PAC (ID#:_ Contreras, Rosendo (Ms.) Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$1.93
	Principal occu	Abilene, TX 79601 pation / Job title (See Instructions)	_	Employer (See Instructions	;) 		
	•	Safety, Infection Preventionist, Perf Improv		Hendrick Medical Cente			
	Date 08/22/2024	Full name of contributor out-of-state PAC (ID#:_ Contreras, Rosendo (Ms.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$1.93
		Abilene, TX 79601					
		pation / Job title (See Instructions) safety, Infection Preventionist, Perf Improv		Employer (See Instructions Hendrick Medical Center			
	Date 08/19/2024	Full name of contributor out-of-state PAC (ID#:_ Cook, Kenneth (Mr.) Contributor address; City; State; Zip Code Austin, TX 78701)		Amount of Contribution (\$)	\$2.00
	Principal occu IT Director	pation / Job title (See Instructions)		Employer (See Instructions THA Foundation	5)		
	Date 08/14/2024	Full name of contributor out-of-state PAC (ID#:_Cooper, David (Mr.) Contributor address; City; State; Zip Code Abilene, TX 79601				Amount of Contribution (\$)	\$3.85
	Principal occu Lab Supervis	pation / Job title (See Instructions)		Employer (See Instructions Hendrick Medical Cente			
			1		•		

	MONET	ARY POLITICAL CONT	RIBUTION	S		SCHEDULI	■ A1
	The Instru	ction Guide explains how to con	nplete this form	n.	1	Total pages Schedule A1: Sch: 9/42 Rpt: 12/52	
2	FILER NAME The Political	Action Committee of the Texas Hospi	tal Association		3	Filer ID (Ethics Commission 00015794	Filers)
4	Date 08/22/2024	Cooper, David (Mr.)	-state PAC (ID#:)	7	Amount of Contribution (\$)	\$3.85
_		Abilene, TX 79601			_		
8	Principal occu Lab Supervis	pation / Job title (See Instructions) sor	9	Employer (See Instructions Hendrick Medical Cente			
	Date 08/19/2024	Full name of contributor out-of Costilla, Nina (Ms.) Contributor address; City; State; Zip C)	•	Amount of Contribution (\$)	\$2.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)		Employer (See Instructions	;) 		
	•	ects Manager		THA Foundation	,,		
	Date 08/19/2024	Full name of contributor out-of Cotton, Corey (Mr.) Contributor address; City; State; Zip C	-state PAC (ID#:)		Amount of Contribution (\$)	\$20.00
		Austin, TX 78701					
	Principal occu VP Member	pation / Job title (See Instructions) Solutions		Employer (See Instructions Texas Hospital Associate	•	1	
	Date 08/19/2024	Dale, Vicki (Ms.))		Amount of Contribution (\$)	\$20.00
	•	pation / Job title (See Instructions) f Business Services		Employer (See Instructions THA Foundation	5)		
	Date 08/19/2024	Davenport, Chad (Mr.))		Amount of Contribution (\$)	\$2.00
	Principal occu Accounting S	pation / Job title (See Instructions)		Employer (See Instructions Texas Hospital Insurance		Evchange	
	, tooounung c	- Poorunot		Toxus Hospital Historian)	-Aonango	

	MONEI	ARY POLITICAL CONTRIBUTION	<u>יי</u>	15		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	or	m.	1	Total pages Schedule A1: Sch: 10/42 Rpt: 13/52	
2	FILER NAME The Political	Action Committee of the Texas Hospital Association	n		3	Filer ID (Ethics Commission 00015794	Filers)
4	Date 08/19/2024	 5 Full name of contributor out-of-state PAC (ID#:_Davila, Leslie (Ms.) 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$20.00
8	Principal occu	Georgetown, TX 78633 pation / Job title (See Instructions)	9	Employer (See Instructions	 - s)		
	Receptionist			Texas Hospital Insuranc	e I	Exchange	
	Date 08/07/2024	Full name of contributor out-of-state PAC (ID#:_ Davis, John (Mr.) Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$3.85
		Cuero, TX 77954	_				
				Employer (See Instructions Cuero Regional Hospita			
		<u> </u>		Cuero Regional Hospita	.ı		
	Date 08/19/2024	Full name of contributor out-of-state PAC (ID#:_ De La Garza-Barone, Heather (Ms.) Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$2.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	_	Employer (See Instructions	·,		
		eneral Counsel		Texas Hospital Associat		1	
	Date 07/30/2024	Full name of contributor out-of-state PAC (ID#:_ DeYoung, Peter (Dr.) Contributor address; City; State; Zip Code Austin, TX 78758)		Amount of Contribution (\$)	\$41.00
	Principal occu Chief Medica	pation / Job title (See Instructions) al Officer		Employer (See Instructions St Davids North Austin N		dical Center	
	Date 08/14/2024	Full name of contributor out-of-state PAC (ID#:_ Dennis, Gregory (Mr.) Contributor address; City; State; Zip Code Abilene, TX 79601)		Amount of Contribution (\$)	\$3.85
		pation / Job title (See Instructions)		Employer (See Instructions			
	Director Faci	lity Management		Hendrick Medical Cente	r		

	MONET	ARY POLITICAL CONTRIBU	TION	IS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete tl	his for	m.	1	Total pages Schedule A1: Sch: 11/42 Rpt: 14/52	
2	FILER NAME The Political	Action Committee of the Texas Hospital Assoc	ciation		3	Filer ID (Ethics Commission 00015794	Filers)
4	Date 08/22/2024	 Full name of contributor out-of-state PAC Dennis, Gregory (Mr.) Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$3.85
_		Abilene, TX 79601	1_		<u></u>		
8	•	pation / Job title (See Instructions) ility Management	9	Employer (See Instructions Hendrick Medical Cente			
	Date 08/14/2024	Full name of contributor out-of-state PAC Devun, Sharn (Ms.) Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$3.85
	Dringing agg	Abilene, TX 79601		Employer (Coo Instructions	<u></u>		
	•	pation / Job title (See Instructions) Management		Employer (See Instructions Hendrick Medical Cente			
	Date 08/22/2024	Full name of contributor out-of-state PAC Devun, Sharn (Ms.) Contributor address; City; State; Zip Code	(ID#:)		Amount of Contribution (\$)	\$3.85
		Abilene, TX 79601					
		pation / Job title (See Instructions) c Management		Employer (See Instructions Hendrick Medical Cente			
	Date 08/14/2024	Full name of contributor out-of-state PAC Donaway, Duane (Mr.) Contributor address; City; State; Zip Code Abilene, TX 79601			•	Amount of Contribution (\$)	\$1.93
	•	pation / Job title (See Instructions) rmation Systems		Employer (See Instructions Hendrick Medical Cente	•		
	Date 08/22/2024	Full name of contributor out-of-state PAC Donaway, Duane (Mr.) Contributor address; City; State; Zip Code Abilene, TX 79601	(ID#:)	•	Amount of Contribution (\$)	\$1.93
	•	pation / Job title (See Instructions) rmation Systems		Employer (See Instructions Hendrick Medical Cente			
	233337 1110				-		

	MONET	ARY POLITICAL CONTRIBU	JTION	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete	this for	n.	1	Total pages Schedule A1: Sch: 12/42 Rpt: 15/52	
2	FILER NAME The Political	Action Committee of the Texas Hospital Asso	ociation		3	Filer ID (Ethics Commission 00015794	Filers)
4	Date 08/19/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$2.00
_	<u> </u>	Austin, TX 78701	la la	5 1 (0 1 : :	<u></u>		
8	Principal occu Payroll Admi	pation / Job title (See Instructions) inistrator	9	Employer (See Instructions Texas Hospital Associat		1	
	Date 08/14/2024	Full name of contributor	C (ID#:			Amount of Contribution (\$)	\$7.50
		Abilene, TX 79601			_		
	•	pation / Job title (See Instructions) ic Comms & Digital Expert		Employer (See Instructions Hendrick Medical Cente			
	Date 08/22/2024	Full name of contributor out-of-state PAI Driskell, Jesiree (Ms.) Contributor address; City; State; Zip Code	C (ID#:)		Amount of Contribution (\$)	\$7.50
		Abilene, TX 79601					
		pation / Job title (See Instructions) ic Comms & Digital Expert		Employer (See Instructions Hendrick Medical Cente			
	Date 08/19/2024	Full name of contributor out-of-state PAGE Dupree, Anthony (Mr.) Contributor address; City; State; Zip Code Austin, TX 78701	-			Amount of Contribution (\$)	\$4.00
	•	pation / Job title (See Instructions) Payable Specialist		Employer (See Instructions Texas Hospital Associate		1	
	Date 08/14/2024	Full name of contributor out-of-state PAGEScobar, Jaye (Ms.) Contributor address; City; State; Zip Code Abilene, TX 79601	C (ID#:)		Amount of Contribution (\$)	\$3.85
	•	pation / Job title (See Instructions) Correctional Health		Employer (See Instructions Hendrick Medical Cente			
			<u> </u>				

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDULE	E A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Fotal pages Schedule A1: Sch: 13/42 Rpt: 16/52	
2	FILER NAME The Political	Action Committee of the Texas	s Hospital Association		1	Filer ID (Ethics Commission 00015794	Filers)
4	Date 08/22/2024	Full name of contributor Escobar, Jaye (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#:		7 /	Amount of Contribution (\$)	\$3.85
		Abilene, TX 79601					
8		upation / Job title (See Instructions) Correctional Health	9	9 Employer (See Instructions Hendrick Medical Cente			
	Date 08/19/2024	Full name of contributor Eskew, Amy (Ms.) Contributor address; City; Sta Austin, TX 78701	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$14.00
		upation / Job title (See Instructions)		Employer (See Instructions			
L	President / C	Full name of contributor	out-of-state PAC (ID#:	Texas Healthcare Trusto	_	Amount of Contribution (\$)	
	08/14/2024	Eurek, Andrew (Mr.) Contributor address; City; Sta	<u> </u>			anount of Community	\$4.00
_		Abilene, TX 79601	——————————————————————————————————————		Ĺ		
	•	upation / Job title (See Instructions) ancial Analysis		Employer (See Instructions Hendrick Medical Cente			
	Date 08/22/2024	Full name of contributor Eurek, Andrew (Mr.) Contributor address; City; Sta Abilene, TX 79601	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$4.00
	•	upation / Job title (See Instructions) ancial Analysis		Employer (See Instructions Hendrick Medical Cente			
	Date 08/19/2024	Full name of contributor [Felton, Chris (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#:)	A 	Amount of Contribution (\$)	\$4.00
		upation / Job title (See Instructions)		Employer (See Instructions			
	Regional Am	nbassador West Texas		Texas Hospital Associat	tion		

N	MONET	ARY POLITICAL CONTRIBUTI	ON	NS .		SCHEDULE	■ A1
Т	he Instru	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 14/42 Rpt: 17/52	
	FILER NAME	Action Committee of the Toyon Heavital Accessital	ion		3	Filer ID (Ethics Commission	Filers)
		Action Committee of the Texas Hospital Associati			L	00015794	
	Pate 08/14/2024	5 Full name of contributor ☐ out-of-state PAC (ID# Ford, Christopher (Mr.)	#:)	7	Amount of Contribution (\$)	\$9.62
Ū	10/14/2024	6 Contributor address; City; State; Zip Code					Ψ3.02
		Abilene, TX 79601					
8 P	rincipal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	<u></u>		
А	AVP Suppor	t Services		Hendrick Medical Cente	er		
	Pate	Full name of contributor out-of-state PAC (ID#	#:)	Π	Amount of Contribution (\$)	
0	8/22/2024	Ford, Christopher (Mr.)					\$9.62
		Contributor address; City; State; Zip Code			1		
		Abilono TV 70601					
	Principal occu	Abilene, TX 79601 pation / Job title (See Instructions)	$\overline{}$	Employer (See Instructions	-, 		
	VP Suppor			Hendrick Medical Cente			
	Date		<u>.</u>		Т	Amount of Contribution (\$)	
)8/14/2024	Full name of contributor out-of-state PAC (ID#	⁺			Amount of Contribution (\$)	\$20.50
							,
		Austin, TX 78701					
P	Principal occu	pation / Job title (See Instructions)	\top	Employer (See Instructions	<u> </u>		
Р	resident BS	SWH Austin Area		Baylor Scott & White Me	-	cal Center - Pflugerville	
D	Date	Full name of contributor out-of-state PAC (ID#	#:)	Т	Amount of Contribution (\$)	
0	8/19/2024	Frazier, Tess (Ms.)					\$20.00
		Contributor address; City; State; Zip Code			1		
		Georgetown, TX 78633					
	Principal occu	pation / Job title (See Instructions)	_	Employer (See Instructions	;) 		
	President / C	'		Texas Hospital Insurance	-	Exchange	
D	Date	Full name of contributor out-of-state PAC (ID#	<u> </u>		Τ	Amount of Contribution (\$)	
	8/19/2024	Gaines, Cameron (Mr.)				(+)	\$2.00
		Contributor address; City; State; Zip Code			1		
_		Georgetown, TX 78633	_		Ĺ		
	rincipal occu T Support S	pation / Job title (See Instructions)		Employer (See Instructions		Evchange	
- 1	- Support S	precialist		Texas Hospital Insurand	JE 1		

	MONET	ARY POLITICAL CON	ITRIBUTION	S		SCHEDUL	E A1
	The Instru	ction Guide explains how to c	omplete this form	n.	I	l pages Schedule A1: : 15/42 Rpt: 18/52	
2	FILER NAME The Political	Action Committee of the Texas Ho	spital Association		l	ID (Ethics Commission 15794	n Filers)
4	Date 08/19/2024	5 Full name of contributor	ut-of-state PAC (ID#:)	7 Amo	ount of Contribution (\$)	\$2.00
		Georgetown, TX 78633					
8	Principal occu Vice Preside	pation / Job title (See Instructions) ent Claims	9	Employer (See Instructions Texas Hospital Insuranc	•	ange	
	Date 08/14/2024	Full name of contributor on Gleitz, Stephen (Mr.) Contributor address; City; State; Z	ut-of-state PAC (ID#:		Amo	ount of Contribution (\$)	\$4.81
	Principal occu	Abilene, TX 79601 pation / Job title (See Instructions)		Employer (See Instructions	s)		
		ger of Critical Care Unit		Hendrick Medical Cente			
	Date 08/22/2024	Full name of contributor on Gleitz, Stephen (Mr.) Contributor address; City; State; Z	ut-of-state PAC (ID#:)	Amo	ount of Contribution (\$)	\$4.81
		Abilene, TX 79601					
		pation / Job title (See Instructions) ger of Critical Care Unit		Employer (See Instructions Hendrick Medical Cente			
	Date 08/19/2024	Full name of contributor on Gonzalez, Sara (Ms.) Contributor address; City; State; Z Austin, TX 78701	ut-of-state PAC (ID#: ip Code		Amo	ount of Contribution (\$)	\$20.00
	•	pation / Job title (See Instructions) y / Public Policy		Employer (See Instructions Texas Hospital Associat	•		
	Date 08/14/2024	Full name of contributor on Goolsby, Emily (Ms.) Contributor address; City; State; Z Abilene, TX 79601	ut-of-state PAC (ID#:		Amo	ount of Contribution (\$)	\$3.85
		pation / Job title (See Instructions) pt of Education and Professional D	evelopment	Employer (See Instructions Hendrick Medical Cente			
			, ,				

	MONEI	ARY POLITICAL CONTRIBUTION	יוע	V 5		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this t	or	m.	1	Total pages Schedule A1: Sch: 16/42 Rpt: 19/52	
2	FILER NAME The Political	Action Committee of the Texas Hospital Associatio	n		3	Filer ID (Ethics Commission 00015794	Filers)
4	Date 08/22/2024	 Full name of contributor out-of-state PAC (ID#: Goolsby, Emily (Ms.) Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$3.85
		Abilene, TX 79601	_				
8	Dir of the De	pation / Job title (See Instructions) pt of Education and Professional Development	9	Employer (See Instructions Hendrick Medical Cente			
	Date 08/19/2024	Full name of contributor out-of-state PAC (ID#: Gordon, Brittanny (Ms.) Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$2.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Sr Specialist	r, AR & Association Management System		Texas Hospital Associat	ior	1	
	Date 08/14/2024	Full name of contributor out-of-state PAC (ID#:_ Greenwood, Susan (Ms.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$29.00
		Abilene, TX 79601	_				
		pation / Job title (See Instructions) ent / Chief Nursing Officer		Employer (See Instructions Hendrick Medical Cente			
	Date 08/22/2024	Full name of contributor out-of-state PAC (ID#: Greenwood, Susan (Ms.) Contributor address; City; State; Zip Code Abilene, TX 79601				Amount of Contribution (\$)	\$29.00
	·	pation / Job title (See Instructions) ent / Chief Nursing Officer		Employer (See Instructions Hendrick Medical Cente			
	Date 08/19/2024	Full name of contributor out-of-state PAC (ID#:_Haas, Mark (Mr.) Contributor address; City; State; Zip Code Georgetown, TX 78633				Amount of Contribution (\$)	\$4.00
		pation / Job title (See Instructions)		Employer (See Instructions	•	-vahansa	
	Staff Accoun	nam	<u> </u>	Texas Hospital Insuranc	e E	-xcnange	

	MONET	ARY POLITICAL CONTR	IBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to comp	lete this forr	n.	1	Total pages Schedule A1: Sch: 17/42 Rpt: 20/52	
2	FILER NAME The Political	Action Committee of the Texas Hospital	Association		3	Filer ID (Ethics Commissio 00015794	n Filers)
4	Date 08/14/2024	Hair, Donna (Ms.)	ate PAC (ID#:)	7	Amount of Contribution (\$)	\$3.85
_	Dringing Lagra	Brownwood, TX 76804	lo.	Frankston (Cookstants)	_		
8	Director of M	pation / Job title (See Instructions) larketing	9	Employer (See Instructions Hendrick Medical Cente			
	Date 08/22/2024	Hair, Donna (Ms.) Contributor address; City; State; Zip Cod)		Amount of Contribution (\$)	\$3.85
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Director of M	larketing		Hendrick Medical Cente	r		
	Date 08/16/2024	Full name of contributor out-of-state Hardaway, Jay (Mr.) Contributor address; City; State; Zip Cod	ate PAC (ID#:)		Amount of Contribution (\$)	\$208.34
	5	Abilene, TX 79601	<u> </u>	- I (0 I i ii	Ĺ		
		pation / Job title (See Instructions) islative & Public Policy		Employer (See Instructions Hendrick Health	5)		
	Date 08/14/2024	Harris, Erica (Ms.))		Amount of Contribution (\$)	\$3.85
	Principal occu Admissions I	pation / Job title (See Instructions) Director		Employer (See Instructions Hendrick Medical Cente			
	Date 08/22/2024	Harris, Erica (Ms.))		Amount of Contribution (\$)	\$3.85
	Principal occu Admissions I	pation / Job title (See Instructions)		Employer (See Instructions Hendrick Medical Cente			
	AUTIISSIUTIS I	DIIGUU		TIGHTHE MEDICAL CENTE	1		

	MONET	ARY POLITICAL CONTRI	BUTION	S		SCHEDULI	■ A1
	The Instruc	ction Guide explains how to compl	ete this for	n.	1	Total pages Schedule A1: Sch: 18/42 Rpt: 21/52	
2	FILER NAME The Political	Action Committee of the Texas Hospital A	Association		3	Filer ID (Ethics Commission 00015794	Filers)
4	Date 07/26/2024	Hart, Brandy (Mrs.)	e PAC (ID#:)	7	Amount of Contribution (\$)	\$83.00
_		Nashville, TN 37203	1-		_		
8	•	pation / Job title (See Instructions) se President / Behavioral Health	9	Employer (See Instructions HCA Healthcare	5)		
	Date 08/19/2024	Full name of contributor out-of-stat Hawkins, John (Mr.) Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$90.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)		Employer (See Instructions	;) 		
	President / C			Texas Hospital Associati		1	
	Date 08/19/2024	Full name of contributor out-of-stat Haynes, Ashley (Ms.) Contributor address; City; State; Zip Code	e PAC (ID#:)		Amount of Contribution (\$)	\$20.00
		Austin, TX 78701					
		pation / Job title (See Instructions) nbassador East Texas		Employer (See Instructions Texas Hospital Associate	•	1	
	Date 08/14/2024	Head, Courtney (Ms.))	•	Amount of Contribution (\$)	\$9.62
	·	pation / Job title (See Instructions) ent of Human Resources		Employer (See Instructions Hendrick Medical Cente	•		
	Date 08/22/2024	Head, Courtney (Ms.))		Amount of Contribution (\$)	\$9.62
	•	pation / Job title (See Instructions)		Employer (See Instructions Hendrick Medical Cente			
	vice i reside	o. Haman Rosouroes		Tonanak Wedical Cente			

	MONET	ARY POLITICAL CONTRIE	BUTION	IS		SCHEDULE	A1
	The Instru	ction Guide explains how to complet	te this for	n.	1	Total pages Schedule A1: Sch: 19/42 Rpt: 22/52	
2	FILER NAME The Political	Action Committee of the Texas Hospital As	ssociation		3	Filer ID (Ethics Commission 00015794	Filers)
4	Date 08/14/2024	 5 Full name of contributor out-of-state Henry, Elizabeth (Ms.) 6 Contributor address; City; State; Zip Code 	PAC (ID#:)	7	Amount of Contribution (\$)	\$4.81
		Abilene, TX 79601					
8	•	pation / Job title (See Instructions) e Management	9	Employer (See Instructions Hendrick Medical Cente			
	Date 08/22/2024	Full name of contributor)		Amount of Contribution (\$)	\$4.81
	Deinsinal assu	Abilene, TX 79601		Franksian (Cook batwatian	<u></u>		
	•	pation / Job title (See Instructions) e Management		Employer (See Instructions Hendrick Medical Cente			
	Date 08/19/2024	Full name of contributor out-of-state Hernandez, Janet (Ms.) Contributor address; City; State; Zip Code	PAC (ID#:)		Amount of Contribution (\$)	\$8.34
		Georgetown, TX 78633					
	Principal occu Accounting N	pation / Job title (See Instructions) Manager		Employer (See Instructions Texas Hospital Insurance	′	Exchange	
	Date 08/14/2024	Full name of contributor out-of-state Hess, Heather (Ms.) Contributor address; City; State; Zip Code Abilene, TX 79601)		Amount of Contribution (\$)	\$3.85
	Principal occu Market Direc	pation / Job title (See Instructions) ctor		Employer (See Instructions Hendrick Medical Cente	•		
	Date 08/22/2024	Full name of contributor out-of-state Hess, Heather (Ms.) Contributor address; City; State; Zip Code Abilene, TX 79601	PAC (ID#:)		Amount of Contribution (\$)	\$3.85
	Principal occu Market Direc	pation / Job title (See Instructions)		Employer (See Instructions Hendrick Medical Cente			
	WAIKEL DIIEC	ALOI		TIETIUTICK WEUICAI CETILE	:1		

	MONET	ARY POLITICAL CONTRI	IBUTION	N 3		SCHEDULE	A1
	The Instru	ction Guide explains how to compl	ete this for	m.	1	Total pages Schedule A1: Sch: 20/42 Rpt: 23/52	
2	FILER NAME The Political	Action Committee of the Texas Hospital	Association		3	Filer ID (Ethics Commission 00015794	Filers)
4	Date 08/15/2024	Hillier, Robert (Mr.))	7	Amount of Contribution (\$)	\$83.34
		Bellaire, TX 77401					
8	•	pation / Job title (See Instructions) Dlicy / Govt Relations	9	Employer (See Instructions Harris Health System	5)		
	Date 08/19/2024	Full name of contributor out-of-star Holcomb, Holly (Ms.) Contributor address; City; State; Zip Code Childress, TX 79201	te PAC (ID#:			Amount of Contribution (\$)	\$50.00
	Principal occu Chief Execut	pation / Job title (See Instructions)		Employer (See Instructions Childress Regional Med		l Center	
	Date 08/25/2024	Full name of contributor out-of-state Honea, Michael (Mr.) Contributor address; City; State; Zip Code	te PAC (ID#:)		Amount of Contribution (\$)	\$41.00
	Principal occu	Glen Rose, TX 76043 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	Chief Execut	tive Officer		Glen Rose Medical Cen	ter		
	Date 08/14/2024	Howard, Erica (Ms.)				Amount of Contribution (\$)	\$3.85
	Principal occu System Dire	Abilene, TX 79601 pation / Job title (See Instructions) ctor Benefits		Employer (See Instructions Hendrick Medical Cente	•		
	Date 08/22/2024)		Amount of Contribution (\$)	\$3.85
	Principal occu System Dire	pation / Job title (See Instructions) ctor Benefits		Employer (See Instructions Hendrick Medical Cente			
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	MONET	ARY POLITICAL CONTRIBU	JTION	IS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete	this for	n.	1	Total pages Schedule A1: Sch: 21/42 Rpt: 24/52	
2	FILER NAME The Political	Action Committee of the Texas Hospital Asso	ociation		3	Filer ID (Ethics Commission 00015794	Filers)
4	Date 08/21/2024	 Full name of contributor out-of-state PAGE Hrncirik, Bobbye (Ms.) Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$83.00
_	<u> </u>	Lubbock, TX 79415	la la	5 1 (0 1 1 1	<u></u>		
8	•	pation / Job title (See Instructions) ental Funding	9	Employer (See Instructions University Medical Cent	′		
	Date 08/19/2024	Full name of contributor				Amount of Contribution (\$)	\$2.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)		Employer (See Instructions	-, 		
	•	ent of Health IT Programs		THA Foundation	',		
	Date 08/14/2024	Full name of contributor out-of-state PAGE Huffington, Mark (Mr.) Contributor address; City; State; Zip Code	C (ID#:)		Amount of Contribution (\$)	\$4.81
		Abilene, TX 79601					
	•	pation / Job title (See Instructions) stant Vice President Analytics		Employer (See Instructions Hendrick Medical Cente			
	Date 08/22/2024	Full name of contributor out-of-state PAGE Huffington, Mark (Mr.) Contributor address; City; State; Zip Code Abilene, TX 79601)		Amount of Contribution (\$)	\$4.81
	•	pation / Job title (See Instructions) stant Vice President Analytics		Employer (See Instructions Hendrick Medical Cente			
	Date 08/14/2024	Full name of contributor out-of-state PAGE Hunnicutt, Craig (Mr.) Contributor address; City; State; Zip Code Abilene, TX 79601	C (ID#:			Amount of Contribution (\$)	\$3.85
	•	pation / Job title (See Instructions) ijonal Services		Employer (See Instructions Hendrick Medical Cente			
	Director reg	, o		TOTALISK MICUICAL COLLE	•		

	MONET	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how t	o complete this forr	n.	1	Total pages Schedule A1: Sch: 22/42 Rpt: 25/52	
2	FILER NAME The Political	Action Committee of the Texas	Hospital Association		3	Filer ID (Ethics Commission 00015794	n Filers)
4	Date 08/22/2024	5 Full name of contributor Hunnicutt, Craig (Mr.)6 Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code		7	Amount of Contribution (\$)	\$3.85
_	Deirectional	Abilene, TX 79601	- Io	Foundation (Construction			
8		pation / Job title (See Instructions) ional Services	9	Employer (See Instructions Hendrick Medical Cente			
	Date 08/08/2024	Full name of contributor Hurt-Deitch, Sally (Ms.) Contributor address; City; State	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$291.67
	Principal occu	El Paso, TX 79932 pation / Job title (See Instructions)		Employer (See Instructions	;) 		
	•	sident of Operations		Ascension Health	"		
	Date 08/07/2024	Full name of contributor Jackson, Olga (Ms.) Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code		•	Amount of Contribution (\$)	\$0.97
		Cuero, TX 77954					
	Principal occu Support Serv	pation / Job title (See Instructions) vices		Employer (See Instructions Cuero Regional Hospita	•		
	Date 08/19/2024	Full name of contributor Jackson, Robin (Ms.) Contributor address; City; State Austin, TX 78701				Amount of Contribution (\$)	\$4.00
	·	pation / Job title (See Instructions) nt Service Center		Employer (See Instructions Texas Hospital Associat	•	1	
	Date 08/19/2024	Full name of contributor Jones, Susan (Ms.) Contributor address; City; State Austin, TX 78701	out-of-state PAC (ID#:e; Zip Code)		Amount of Contribution (\$)	\$20.00
	Principal occu Member Aml	pation / Job title (See Instructions)		Employer (See Instructions Texas Hospital Associat		1	
				. 5.00		•	

	MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1			
	The Instruc	ction Guide explains how to complete this fo	or	m.	1	Total pages Schedule A1: Sch: 23/42 Rpt: 26/52	
2	FILER NAME The Political	Action Committee of the Texas Hospital Association	1		3	Filer ID (Ethics Commission 00015794	Filers)
4	Date 08/14/2024	 5 Full name of contributor out-of-state PAC (ID#:_ Kelly, Tave (Ms.) 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$4.81
8	Principal occu	· · · · · · · · · · · · · · · · · · ·	9	Employer (See Instructions Hendrick Medical Cente			
	Date 08/22/2024	Full name of contributor out-of-state PAC (ID#:_Kelly, Tave (Ms.) Contributor address; City; State; Zip Code Abilene, TX 79601)		Amount of Contribution (\$)	\$4.81
	AVP Revenu	pation / Job title (See Instructions) ie Cycle		Employer (See Instructions Hendrick Medical Cente			
	Date 08/19/2024	Full name of contributor out-of-state PAC (ID#:_Kendrick, Karen (Ms.) Contributor address; City; State; Zip Code Austin, TX 78701)		Amount of Contribution (\$)	\$20.00
		pation / Job title (See Instructions) Patient Safety		Employer (See Instructions THA Foundation	<u> </u>		
	Date 08/12/2024	Full name of contributor out-of-state PAC (ID#:_Kimmel, Stephen (Mr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$83.00
	Principal occu Chief Financ	Fort Worth, TX 76104 pation / Job title (See Instructions) ial Officer		Employer (See Instructions Cook Children's Medica		enter	
	Date 08/10/2024	Full name of contributor out-of-state PAC (ID#:_ Kirkman, Leni (Ms.) Contributor address; City; State; Zip Code San Antonio, TX 78229				Amount of Contribution (\$)	\$41.00
		pation / Job title (See Instructions) rp Communications & Mktg		Employer (See Instructions University Health	5)		
		·		,			

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instruc	ction Guide explains how to complete	e this for	n.	1	Total pages Schedule A1: Sch: 24/42 Rpt: 27/52		
2	FILER NAME The Political	Action Committee of the Texas Hospital Ass	sociation		3	Filer ID (Ethics Commission 00015794	n Filers)	
4	Date 08/07/2024	 Full name of contributor out-of-state P Koonsman, Martin (Dr.) Contributor address; City; State; Zip Code 	,)	7	Amount of Contribution (\$)	\$175.00	
_	Deinsinal assu	Dallas, TX 75265	10	Franksian (Cook batwatian	<u></u>			
8	Chief Medica	pation / Job title (See Instructions) al Officer	9	Employer (See Instructions Methodist Health System				
	Date 08/19/2024	Full name of contributor out-of-state P Kroll, Carrie (Ms.) Contributor address; City; State; Zip Code	PAC (ID#:)		Amount of Contribution (\$)	\$62.00	
	Dringing aggr	Austin, TX 78701 pation / Job title (See Instructions)		Employer (See Instructions	<u>''</u>			
	•	y / Pub Policy / Political Strategy		Texas Hospital Associa		1		
	Date 08/07/2024	Full name of contributor out-of-state P Krupala, Judith (Ms.) Contributor address; City; State; Zip Code	PAC (ID#:		•	Amount of Contribution (\$)	\$1.93	
		Cuero, TX 77954						
	Principal occu Chief Nursin	pation / Job title (See Instructions) g Officer		Employer (See Instructions Cuero Regional Hospita	•			
	Date 08/14/2024	Full name of contributor out-of-state P Lafrance, Judith (Ms.) Contributor address; City; State; Zip Code Abilene, TX 79606)	•	Amount of Contribution (\$)	\$12.50	
	•	pation / Job title (See Instructions) Administrative Officer		Employer (See Instructions Hendrick Medical Cente	•			
	Date 08/22/2024	Full name of contributor out-of-state P Lafrance, Judith (Ms.) Contributor address; City; State; Zip Code Abilene, TX 79606				Amount of Contribution (\$)	\$12.50	
	•	pation / Job title (See Instructions) Administrative Officer		Employer (See Instructions Hendrick Medical Cente				
	. IIVIOO OIIICI	, a.m. sudave Onioci						

	MONET	ARY POLITICAL CONTRIBUTION	JNS		SCHEDULI	E A1
	The Instruc	ction Guide explains how to complete this f	form.	1	Total pages Schedule A1: Sch: 25/42 Rpt: 28/52	
2	FILER NAME The Political	Action Committee of the Texas Hospital Associatio	n	3	Filer ID (Ethics Commission 00015794	ı Filers)
4	Date 08/02/2024	 Full name of contributor out-of-state PAC (ID#:_Leal, Jorge (Mr.) Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$125.00
		Laredo, TX 78044				
8	Principal occu Chief Execut	pation / Job title (See Instructions) tive Officer	Employer (See Instructions Laredo Medical Center	5)		
	Date 08/14/2024	Full name of contributor out-of-state PAC (ID#:_ Lee, Rachel (Ms.) Contributor address; City; State; Zip Code Abilene, TX 79601			Amount of Contribution (\$)	\$3.85
	·	pation / Job title (See Instructions)	Employer (See Instructions			
	Dir Med Staf	f Srvcs & Physician Recruitment	Hendrick Medical Cente	r		
	Date 08/22/2024	Full name of contributor out-of-state PAC (ID#:_ Lee, Rachel (Ms.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$3.85
		Abilene, TX 79601				
		pation / Job title (See Instructions) ff Srvcs & Physician Recruitment	Employer (See Instructions Hendrick Medical Cente			
	Date 08/19/2024	Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$4.00
	•	Georgetown, TX 78633 pation / Job title (See Instructions)	Employer (See Instructions	•		
		Coordinator	Texas Hospital Insuranc	ce		
	Date 08/19/2024	Full name of contributor out-of-state PAC (ID#:_ Liscano, Rosie (Ms.) Contributor address; City; State; Zip Code Georgetown, TX 78633			Amount of Contribution (\$)	\$2.00
		pation / Job title (See Instructions)	Employer (See Instructions			
	Senior Claim	ns Adj/Risk Mgmt Specialist	Texas Hospital Insuranc	ce I	Exchange	

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDULE	A1
	The Instruc	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 26/42 Rpt: 29/52	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
		Action Committee of the Texa	s Hospital Association		L	00015794	
4	Date 08/19/2024	5 Full name of contributor Lopez, Cesar (Mr.)6 Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code)	7	Amount of Contribution (\$)	\$20.00
		Austin, TX 78701					
8	Principal occu	pation / Job title (See Instructions)	[9	Employer (See Instructions	<u>L</u> S)		
	Attorney & C			Texas Hospital Associat		1	
	Date	Full name of contributor	aut of ctoto BAC (ID#:		Т	Amount of Contribution (\$)	
	08/14/2024	Lowery, James (Mr.)	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$3.85
		Contributor address; City; Sta	ıte; Zip Code				
		Abilene, TX 79601					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>. </u>		
Director Managed Care He		Hendrick Medical Cente	er				
	Date	Full name of contributor	out-of-state PAC (ID#:)	Π	Amount of Contribution (\$)	
	08/22/2024	Lowery, James (Mr.)	_ `	,		, ,	\$3.85
		Contributor address; City; Sta	ıte; Zip Code		•		
		Abilene, TX 79601					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Director Man	naged Care		Hendrick Medical Cente	er		
	Date	Full name of contributor	out-of-state PAC (ID#:)	Г	Amount of Contribution (\$)	
	08/22/2024	Lozano, Marco (Mr.) Contributor address; City; Sta	ite; Zip Code		•		\$41.67
		Laredo, TX 78044	<u> </u>				
	Principal occu Laredo Medi	pation / Job title (See Instructions) cal Center		Employer (See Instructions Laredo Medical Center	5)		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	08/14/2024	McCollough, Kimberly (Ms	.)				\$3.85
		Contributor address; City; Sta Abilene, TX 79606	ıte; Zip Code				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Director of W	omen and Children Services		Hendrick Medical Cente	er		

2 FILEI The 4 Date 08/2. 8 Princ Direc Date 08/1.	R NAME Political 22/2024 Sipal occupator of W	Action Guide explains how to complete this for Action Committee of the Texas Hospital Association 5 Full name of contributor)	3 7	Total pages Schedule A1: Sch: 27/42 Rpt: 30/52 Filer ID (Ethics Commission 00015794 Amount of Contribution (\$)	\$3.85
The 4 Date 08/2. 8 Princ Direc Date 08/1. Princ Regi Date	Political 22/2024 Cipal occur ctor of W 24/2024	5 Full name of contributor out-of-state PAC (ID#:	Hendrick Medical Cente	7 s)	00015794 Amount of Contribution (\$)	\$3.85
8 Princ Direct Date 08/1. Princ Regi Date	cipal occur ctor of W	5 Full name of contributor out-of-state PAC (ID#:	Hendrick Medical Cente	s)	Amount of Contribution (\$)	
8 Princ Direct Date 08/1.	cipal occur	McCollough, Kimberly (Ms.) 6 Contributor address; City; State; Zip Code Abilene, TX 79606 pation / Job title (See Instructions) /omen and Children Services Full name of contributor	Hendrick Medical Cente	s)		\$3.85
8 Prince Direct Date 08/1- Prince Regi Date	cipal occu ctor of W .4/2024	6 Contributor address; City; State; Zip Code Abilene, TX 79606 pation / Job title (See Instructions) /omen and Children Services Full name of contributor	Hendrick Medical Cente		Amount of Contribution (\$)	
Date Date Date Date	.4/2024	pation / Job title (See Instructions) /omen and Children Services Full name of contributor	Hendrick Medical Cente		Amount of Contribution (\$)	\$4.00
Date Date Date Date	.4/2024	Full name of contributor out-of-state PAC (ID#: McElrath, Pamela (Ms.) Contributor address; City; State; Zip Code Abilene, TX 79601 pation / Job title (See Instructions)	Hendrick Medical Cente		Amount of Contribution (\$)	\$4.00
Princ Regi	4/2024	Full name of contributor out-of-state PAC (ID#:		er T	Amount of Contribution (\$)	\$4.00
Princ Regi	.4/2024 cipal occu	McElrath, Pamela (Ms.) Contributor address; City; State; Zip Code Abilene, TX 79601 pation / Job title (See Instructions)	Employer (See Instructions		Amount of Contribution (\$)	\$4.00
Princ Regi Date	cipal occu	Contributor address; City; State; Zip Code Abilene, TX 79601 pation / Job title (See Instructions)	Employer (See Instructions			\$4.00
Regi Date	•	Abilene, TX 79601 pation / Job title (See Instructions)	Employer (See Instructions			
Regi Date	•	pation / Job title (See Instructions)	Employer (See Instructions			
Regi Date	•	` '	Employer (See Instructions			
Date	ictarad N					
	istered iv	nurse	Hendrick Medical Cente	er		
08/2	!	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	22/2024	McElrath, Pamela (Ms.)				\$4.00
		Contributor address; City; State; Zip Code				
		Abilene, TX 79601				
		pation / Job title (See Instructions)	Employer (See Instructions			
Regi	istered N	Jurse	Hendrick Medical Cente	er		
Date		Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
08/1	.9/2024	Merrell, Angie (Ms.)				\$2.00
		Contributor address; City; State; Zip Code				
		Georgetown, TX 78633				
		pation / Job title (See Instructions)	Employer (See Instructions	•		
THIE	E Vice Pi	resident of Risk Management	Texas Hospital Insurand	ce I	Exchange	
Date		Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
08/0	1/2024	Mitchell, Kenneth (Dr.)				\$41.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78701				
Princ	sinal again	pation / Job title (See Instructions)	Employer (See Instructions	s)		
SVP	lipai occu	Medical Officer	St. David's HealthCare			

	MONET	ARY POLITICAL CONTRIE	BUTION	IS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to comple	te this for	n.	1	Total pages Schedule A1: Sch: 28/42 Rpt: 31/52	
2	FILER NAME The Political	Action Committee of the Texas Hospital As	ssociation		3	Filer ID (Ethics Commission 00015794	Filers)
4	Date 08/10/2024	 Full name of contributor out-of-state Morales, Daniel (Mr.) Contributor address; City; State; Zip Code 	PAC (ID#:)	7	Amount of Contribution (\$)	\$20.50
_		Houston, TX 77030	1-				
8		pation / Job title (See Instructions) nt Government Affairs	9	Employer (See Instructions Houston Methodist Hos		ıl	
	Date 08/19/2024	Full name of contributor	-)	•	Amount of Contribution (\$)	\$2.00
	Principal occur	Austin, TX 78701 pation / Job title (See Instructions)		Employer (See Instructions	z)		
		Virtual Education		THA Foundation	۶)		
	Date 08/14/2024	Full name of contributor out-of-state Murphy, Patrick (Mr.) Contributor address; City; State; Zip Code	PAC (ID#:)		Amount of Contribution (\$)	\$3.85
		Abilene, TX 79601					
	Principal occu Healthcare P	pation / Job title (See Instructions) Professional		Employer (See Instructions Hendrick Medical Center			
	Date 08/22/2024	Murphy, Patrick (Mr.)	PAC (ID#:)	•	Amount of Contribution (\$)	\$3.85
	Principal occu Healthcare P	pation / Job title (See Instructions) Professional		Employer (See Instructions Hendrick Medical Center			
	Date 08/19/2024	Full name of contributor out-of-state Neiger, David (Mr.) Contributor address; City; State; Zip Code Austin, TX 78701)	•	Amount of Contribution (\$)	\$82.00
		pation / Job title (See Instructions) ident / Chief Financial Officer		Employer (See Instructions Texas Hospital Associa		1	
	2. 1.00 1 100	C					

	MONET	ARY POLITICAL C	ONTRIBUTION	IS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this for	m.	1	ges Schedule A1: /42 Rpt: 32/52	
2	FILER NAME The Political	Action Committee of the Texas	s Hospital Association		3 Filer ID 0001579	(Ethics Commission 94	n Filers)
4	Date 08/19/2024	5 Full name of contributor [O'Neil, Jennifer (Ms.)6 Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)	7 Amount o	of Contribution (\$)	\$10.00
		Austin, TX 78701					
8		pation / Job title (See Instructions) dministrative Manager	9	Employer (See Instructions Texas Hospital Associat	•		
	Date 08/03/2024	Full name of contributor Olson, Jessica (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code		Amount o	of Contribution (\$)	\$500.00
	Principal occu	Dallas, TX 75246 pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Sr Vice Pres	ident Government Affairs		Baylor Scott & White He	ealth		
	Date 08/19/2024	Full name of contributor Pargac, Ann (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)	Amount o	of Contribution (\$)	\$2.00
		Austin, TX 78701					
	Principal occu Director of E	pation / Job title (See Instructions) ducation		Employer (See Instructions THA Foundation	s)		
	Date 08/19/2024	Full name of contributor Porter, Lea Anne (Ms.) Contributor address; City; Sta Austin, TX 78701)	Amount o	of Contribution (\$)	\$2.00
	Principal occu VP Retireme	pation / Job title (See Instructions) ent Plans		Employer (See Instructions Texas Hospital Associate	•	ent Plan	
	Date 08/14/2024	Full name of contributor Preston, Deborah (Ms.) Contributor address; City; Sta Abilene, TX 79601	out-of-state PAC (ID#: te; Zip Code)	Amount o	of Contribution (\$)	\$5.00
	Principal occu Director of P	pation / Job title (See Instructions) harmacy		Employer (See Instructions Hendrick Medical Cente			

	MONET	ARY POLITICAL C	ONTRIBUTION	S		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this forr	n.	1	l pages Schedule A1: : 30/42 Rpt: 33/52	
2	FILER NAME The Political	Action Committee of the Texas	s Hospital Association			ID (Ethics Commission 15794	n Filers)
4	Date 08/22/2024	5 Full name of contributor Preston, Deborah (Ms.)6 Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code		7 Amo	unt of Contribution (\$)	\$5.00
		Abilene, TX 79601					
8	Principal occu Director of P	pation / Job title (See Instructions) harmacy	9	Employer (See Instructions Hendrick Medical Cente			
	Date 08/14/2024	Full name of contributor [Qualls, Rustin (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#:		Amo	unt of Contribution (\$)	\$20.50
	Principal occu	Clifton, TX 76634 pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Director of O	perations		Goodall-Witcher Health	care		
	Date 08/19/2024	Full name of contributor Ramirez, Erika (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code)	Amo	unt of Contribution (\$)	\$2.00
		Austin, TX 78701					
		pation / Job title (See Instructions) tor Health Policy		Employer (See Instructions Texas Hospital Associat			
	Date 08/19/2024	Full name of contributor Ramirez, Lisa (Ms.) Contributor address; City; Sta Austin, TX 78701	out-of-state PAC (ID#:)	Amo	unt of Contribution (\$)	\$4.00
	Principal occu Specialist	pation / Job title (See Instructions)		Employer (See Instructions Texas Hospital Associat	,		
	Date 08/19/2024	Full name of contributor Ressmann, Mitzi (Ms.) Contributor address; City; Sta Austin, TX 78701	out-of-state PAC (ID#:)	Amo	unt of Contribution (\$)	\$62.00
	Principal occu Chief Operat	pation / Job title (See Instructions) ting Officer		Employer (See Instructions Texas Hospital Associat			
				,			

	MONET	ARY POLITICAL CONTRI	BUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to comple	ete this forr	n.	1	Total pages Schedule A1: Sch: 31/42 Rpt: 34/52	
2	FILER NAME The Political	Action Committee of the Texas Hospital A	Association		3	Filer ID (Ethics Commission 00015794	n Filers)
4	Date 08/15/2024	Richburg, Melanie (Dr.)	e PAC (ID#:)	7	Amount of Contribution (\$)	\$125.00
_	Dringing! aggs	Tahoka, TX 79373	lo.	Employer (Con Instructions	<u></u>		
0	Chief Execut	pation / Job title (See Instructions) tive Officer	9	Employer (See Instructions Lynn County Hospital D	′	ict	
	Date 08/14/2024	Richert, Ron (Mr.)				Amount of Contribution (\$)	\$3.85
	Principal occu	Abilene, TX 79601 pation / Job title (See Instructions)		Employer (See Instructions	;) 		
	·	ne Health Club		Hendrick Medical Cente			
	Date 08/22/2024	Full name of contributor out-of-state Richert, Ron (Mr.) Contributor address; City; State; Zip Code	e PAC (ID#:)		Amount of Contribution (\$)	\$3.85
		Abilene, TX 79601					
		pation / Job title (See Instructions) ne Health Club		Employer (See Instructions Hendrick Medical Center	•		
	Date 08/19/2024	Rios, Amy (Ms.))	•	Amount of Contribution (\$)	\$2.00
		pation / Job title (See Instructions) g & Strategic Communications		Employer (See Instructions Texas Hospital Associate		1	
	Date 08/10/2024	Full name of contributor out-of-state Robicheaux, James (Mr.) Contributor address; City; State; Zip Code Bay City, TX 77414	e PAC (ID#:)	•	Amount of Contribution (\$)	\$42.00
	Principal occu Chief Execut	pation / Job title (See Instructions)		Employer (See Instructions Matagorda Regional Me		al Center	
	Silici Excoul			aagoraa regionai Me		A. John	

MONEI	ARY POLITICAL CONTRIBUTION		SCHEDULE A1		
The Instruc	ction Guide explains how to complete this for	m.	1	Total pages Schedule A1: Sch: 32/42 Rpt: 35/52	
2 FILER NAME			3	Filer ID (Ethics Commission	Filers)
	Action Committee of the Texas Hospital Association		L	00015794	
4 Date 08/14/2024	Full name of contributor out-of-state PAC (ID#: Robinson, Tracee (Ms.))	7	Amount of Contribution (\$)	\$3.85
00/14/2024	6 Contributor address; City; State; Zip Code				Ψ0.00
	Abilene, TX 79601				
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
Director of Q	uality	Hendrick Medical Cente	r		
Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
08/22/2024	Robinson, Tracee (Ms.)				\$3.85
	Contributor address; City; State; Zip Code				
	Abilene, TX 79601				
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
Director of Q		Hendrick Medical Cente			
Date	Full name of contributor)	Π	Amount of Contribution (\$)	
08/08/2024	Saenz, Iris (Ms.)	,		()	\$20.50
	Contributor address; City; State; Zip Code				
	Houston, TX 77024				
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
Manager Pul	olic Policy & Community Benefit	Memorial Hermann Hea	lth	System	
Date	Full name of contributor ut-of-state PAC (ID#:)		Amount of Contribution (\$)	
08/19/2024	Safarik, Paulina (Ms.)				\$2.00
	Contributor address; City; State; Zip Code				
	Austin, TX 78701				
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	tor of Human Resources	Texas Hospital Associat		1	
Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
08/14/2024	Schmidt, Timothy (Mr.)				\$3.85
	Contributor address; City; State; Zip Code				
	Abilene, TX 79601				
Principal occur	pation / Job title (See Instructions)	Employer (See Instructions	:) [
	/ Facility Management	Hendrick Medical Cente			

	MONEI	ARY POLITICAL CON	NIKIBUTION	15	SCHEDULE A1
	The Instru	ction Guide explains how to c	complete this for	m.	1 Total pages Schedule A1: Sch: 33/42 Rpt: 36/52
2	FILER NAME The Political	Action Committee of the Texas Ho	espital Association		3 Filer ID (Ethics Commission Filers) 00015794
4	Date 08/22/2024	 5 Full name of contributor	ut-of-state PAC (ID#:		7 Amount of Contribution (\$) \$3.85
8		Abilene, TX 79601 pation / Job title (See Instructions)	9	Employer (See Instructions	
	Date 08/19/2024	/ Facility Management Full name of contributor o Shea, Patrick (Mr.) Contributor address; City; State; Z	ut-of-state PAC (ID#:	Hendrick Medical Cente	Amount of Contribution (\$) \$2.00
		pation / Job title (See Instructions) ement Coordinator		Employer (See Instructions Texas Hospital Insurance	
	Date 08/19/2024	Full name of contributor of contributor of contributor address; City; State; Z Austin, TX 78701	ut-of-state PAC (ID#: ip Code		Amount of Contribution (\$) \$2.00
		pation / Job title (See Instructions) es Specialist		Employer (See Instructions Texas Hospital Associat	
	Date 08/19/2024	Full name of contributor o smith, Andrew (Mr.) Contributor address; City; State; Z San Antonio, TX 78229	ut-of-state PAC (ID#:)	Amount of Contribution (\$) \$83.34
	•	pation / Job title (See Instructions) vmnt Relations & Public Policy		Employer (See Instructions University Health	s)
	Date 08/19/2024	Full name of contributor o o Smith, John (Mr.) Contributor address; City; State; Z Austin, TX 78701	ut-of-state PAC (ID#:		Amount of Contribution (\$) \$1.00
		pation / Job title (See Instructions) a & Technology		Employer (See Instructions THA Foundation	s)
			1		

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE	DULE A1	
	The Instruc	ction Guide explains how to com	plete this form	n.	1	Total pages Schedule A1: Sch: 34/42 Rpt: 37/52		
2	FILER NAME The Political Action Committee of the Texas Hospital Association		3	Filer ID (Ethics Commission 00015794	Filers)			
4	Date 08/14/2024			7	Amount of Contribution (\$)	\$3.85		
_		Abilene, TX 79601			<u> </u>			
8			Employer (See Instructions Hendrick Medical Cente					
	Date Full name of contributor out-of-state PAC (ID#:) 08/22/2024 Speckels, Donna (Ms.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.85			
	Abilene, TX 79601 Principal occupation / Job title (See Instructions) Employer (See Instructions)		<u>:)</u>					
		Hendrick Medical Cente						
	Date Full name of contributor out-of-state PAC (ID#:) 08/07/2024 Speer, Gena (Ms.) Contributor address; City; State; Zip Code			•	Amount of Contribution (\$)	\$14.50		
	Dringing aggr	Breckenridge, TX 76424		Employer (See Instructions	<u>''</u>			
	Chief Nursin	pation / Job title (See Instructions) g Officer		Employer (See Instructions Stephens Memorial Hos	•	al		
Date Full name of contributor out-of-state PAC (ID#: 08/19/2024 Srubar, Linda (Mrs.) Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$3.00			
		Employer (See Instructions Texas Hospital Associate	•					
	Date Full name of contributor out-of-state PAC (ID#:) 08/14/2024 Stafford, Steven (Mr.) Contributor address; City; State; Zip Code Abilene, TX 79601			Amount of Contribution (\$)	\$3.85			
	Principal occu Director Hen	pation / Job title (See Instructions)		Employer (See Instructions Hendrick Medical Cente				
	Director Heri	UNION CHINIC		TIGHTUNCK MEUICAI CENTE	-1			

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A		
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 35/42 Rpt: 38/52			
2	FILER NAME The Political Action Committee of the Texas Hospital Association			3	Filer ID (Ethics Commission 00015794	n Filers)		
4	Date 08/22/2024			7	Amount of Contribution (\$)	\$3.85		
_	Deinsinal assu	Abilene, TX 79601			<u></u>			
8	Director Hen	pation / Job title (See Instructions) drick Clinic	9	Employer (See Instructions Hendrick Medical Cente				
	Date Full name of contributor out-of-state PAC (ID#:) 08/14/2024 Stephenson, David (Mr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$9.62			
	Abilene, TX 79601				<u></u>			
	Principal occupation / Job title (See Instructions) Former Employee Employer (See Instructions Hendrick Medical Center							
	Date 08/22/2024	Full name of contributor out-of-state PAC (ID#:) Stephenson, David (Mr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$9.62		
		Abilene, TX 79601						
	Principal occu Former Emp	pation / Job title (See Instructions) loyee		Employer (See Instructions Hendrick Medical Cente				
Date Full name of contributor out-of-state PAC (ID#:) Stoyanoff, Pamela (Ms.) Contributor address; City; State; Zip Code Dallas, TX 75265			•	Amount of Contribution (\$)	\$500.00			
	Principal occupation / Job title (See Instructions) Chief Operating Officer Employer (See Instructions) Methodist Health Syste							
	Date Full name of contributor out-of-state PAC (ID#:) 07/26/2024 Taylor, Clay (Mr.) Contributor address; City; State; Zip Code Lubbock, TX 79410			Amount of Contribution (\$)	\$20.50			
	Principal occu Chief Operat	pation / Job title (See Instructions) ting Officer		Employer (See Instructions Covenant Childrens Ho		al		
		•			. I			

	MONET	ARY POLITICAL C	CONTRIBUTION	IS 		SCHEDULE	E A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 36/42 Rpt: 39/52	
2	FILER NAME The Political	Action Committee of the Texa	s Hospital Association		3	Filer ID (Ethics Commission 00015794	Filers)
4	Date 08/19/2024			7	Amount of Contribution (\$)	\$10.00	
		Austin, TX 78701					
8	•	pation / Job title (See Instructions) cy / Pub Policy / HOSPAC	9	Employer (See Instructions Texas Hospital Associa	•	1	
	Date 08/07/2024	Full name of contributor Tiffin, Laura (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#: ate; Zip Code			Amount of Contribution (\$)	\$1.00
	Principal occu	Cuero, TX 77954 pation / Job title (See Instructions)	<u> </u>	Employer (See Instructions	<u>2)</u>		
	Business Office Manager Cuero Regional Hospita						
	Date 08/19/2024				Amount of Contribution (\$)	\$4.00	
		Austin, TX 78701					
	Principal occu Vice Preside	pation / Job title (See Instructions) ant Finance		Employer (See Instructions Texas Hospital Associa		1	
	Date Full name of contributor out-of-state PAC (ID#: 08/19/2024 Trout, Judith (Ms.) Contributor address; City; State; Zip Code Austin, TX 78701)		Amount of Contribution (\$)	\$2.00	
			Employer (See Instructions THA Foundation	5)			
	Date Full name of contributor out-of-state PAC (ID#:) 08/14/2024 Tucek, Karen (Ms.) Contributor address; City; State; Zip Code Abilene, TX 79601		•	Amount of Contribution (\$)	\$3.85		
	Principal occu Director, Hos	pation / Job title (See Instructions)		Employer (See Instructions Hendrick Medical Cente			
	·	·	I				

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1			
	The Instru	ction Guide explains how	to complete this for	rn	n.	1	Total pages Schedule A1: Sch: 37/42 Rpt: 40/52	
2	FILER NAME The Political	Action Committee of the Texa	as Hospital Association			3	Filer ID (Ethics Commission 00015794	Filers)
4	Date 08/22/2024			7	Amount of Contribution (\$)	\$3.85		
		Abilene, TX 79601						
8	Principal occu Director, Hos	pation / Job title (See Instructions spice) 9		Employer (See Instructions Hendrick Medical Cente			
	Date Full name of contributor out-of-state PAC (ID#:) 08/19/2024 Turner, Matt (Mr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2.00			
	Austin, TX 78701 Principal occupation / Job title (See Instructions) Employer (See Instruction		 s)					
	Senior Director Quality & Payment Texas Hospital Associa		tior	ı				
	Date 08/14/2024				Amount of Contribution (\$)	\$3.85		
		Abilene, TX 79601						
		pation / Job title (See Instructions gulatory Manager			Employer (See Instructions Hendrick Medical Cente			
	Date Full name of contributor out-of-state PAC (ID#: 08/22/2024 Vidrine, Amanda (Ms.) Contributor address; City; State; Zip Code Abilene, TX 79601)		Amount of Contribution (\$)	\$3.85		
	•	pation / Job title (See Instructions gulatory Manager)		Employer (See Instructions Hendrick Medical Cente			
	Date Full name of contributor out-of-state PAC (ID#:) 08/14/2024 Wade, Susan (Ms.) Contributor address; City; State; Zip Code Abilene, TX 79601			Amount of Contribution (\$)	\$15.00			
	Principal occu Abilene Marl	pation / Job title (See Instructions)		Employer (See Instructions Hendrick Medical Cente			

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULI	DULE A1	
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 38/42 Rpt: 41/52		
2	FILER NAME The Political Action Committee of the Texas Hospital Association		3	Filer ID (Ethics Commission 00015794	r Filers)		
			_				
4	Date 08/22/2024			7	Amount of Contribution (\$)	\$15.00	
		Abilene, TX 79601					
8	Principal occupation / Job title (See Instructions) 9 Employer (See Instruction		Employer (See Instructions	5)			
	Abilene Market COO Hendrick Medical Cent		Hendrick Medical Cente	r			
	Date Full name of contributor out-of-state PAC (ID#:) 08/14/2024 Wagner, Angela (Ms.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.85		
		Abilene, TX 79601					
Principal occupation / Job title (See Instructions) Employer (See Instructions		5)					
	Healthcare Professional Hendrick Medical Cente		r				
	Date 08/22/2024					Amount of Contribution (\$)	\$3.85
		Abilene, TX 79601					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Healthcare F	Professional		Hendrick Medical Cente	r		
	Date Full name of contributor out-of-state PAC (ID#:) 08/14/2024 Wallschlaeger, Erich (Mr.) Contributor address; City; State; Zip Code Brownwood, TX 76804)		Amount of Contribution (\$)	\$9.62	
			Employer (See Instructions Hendrick Medical Cente				
	Date Full name of contributor out-of-state PAC (ID#:) Wallschlaeger, Erich (Mr.) Contributor address; City; State; Zip Code Brownwood, TX 76804			Amount of Contribution (\$)	\$9.62		
		pation / Job title (See Instructions)		Employer (See Instructions			
	Chief Financ	ial Officer		Hendrick Medical Cente	r		

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A		
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 39/42 Rpt: 42/52		
2	FILER NAME	Action Committee of the Texas	s Hospital Association		3	Filer ID (Ethics Commission 00015794	n Filers)
4	Date	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	08/14/2024	Walzer, Cheryl (Ms.)	_				\$3.85
		6 Contributor address; City; Sta	te; Zip Code				
g	Principal occu	Abilene, TX 79601 pation / Job title (See Instructions)	16	Employer (See Instructions	s) 		
0		ledsurg / Tele	ľ	Hendrick Medical Cente			
	Date	Full name of contributor	out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)	
	08/22/2024	Walzer, Cheryl (Ms.)				(1)	\$3.85
		Contributor address; City; Sta	te; Zip Code		-		
		Abilene, TX 79601					
Principal occupation / Job title (See Instructions) Employer (See Instructions		5)					
	Director of Medsurg / Tele Hendrick Medical Cente		er				
Date Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)			
	08/20/2024 Warner, Freddy (Mr.)				\$145.50		
		Contributor address; City; Sta	te; Zip Code				
	Principal occu	Houston, TX 77024 pation / Job title (See Instructions)		Employer (See Instructions	-, 		
		nment Relations Officer		Memorial Hermann Hea	-	System	
	Date	Full name of contributor	out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)	
	08/14/2024	Waters, Amber (Ms.)				(+)	\$3.85
Contributor address; City; State; Zip Code			•				
	Principal occu	Abilene, TX 79601 pation / Job title (See Instructions)		Employer (See Instructions	;) 		
	Director of A	,		Hendrick Medical Cente	-		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	08/22/2024 Waters, Amber (Ms.)				\$3.85		
		Contributor address; City; Sta Abilene, TX 79601	te; Zip Code				
		pation / Job title (See Instructions)		Employer (See Instructions			
	Director of A	dmissions		Hendrick Medical Cente	er		

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE	A1	
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 40/42 Rpt: 43/52	
2	FILER NAME The Political Action Committee of the Texas Hospital Association			3	Filer ID (Ethics Commission 00015794	Filers)	
4	Date 08/19/2024			7	Amount of Contribution (\$)	\$1.00	
		Austin, TX 78701					
8	•	pation / Job title (See Instructions) //ultimedia Writer	9	Employer (See Instructions Texas Hospital Associa	•	1	
	Date Full name of contributor out-of-state PAC (ID#:) 08/14/2024 Wharton, Elisha (Ms.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.85		
	Abilene, TX 79601 Principal occupation / Job title (See Instructions) Employer (See Instruction		 s)				
	Sr Practice Manager Hendrick Medical Center						
	Date 08/22/2024				Amount of Contribution (\$)	\$3.85	
		Abilene, TX 79601					
	Principal occu Sr Practice N	pation / Job title (See Instructions) Nanager		Employer (See Instructions Hendrick Medical Center			
Date Full name of contributor out-of-state PAC (ID#:				Amount of Contribution (\$)	\$20.00		
Principal occupation / Job title (See Instructions) Employer (See Instruct		Employer (See Instructions Texas Hospital Associa	,	1			
	Date Full name of contributor out-of-state PAC (ID#:) 08/19/2024 Williams, Patty (Ms.) Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$)	\$2.00		
		pation / Job title (See Instructions) Manager Business Srvcs		Employer (See Instructions THA Foundation	5)		
	·	-	I				

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A			
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 41/42 Rpt: 44/52			
2	Priler NAME The Political Action Committee of the Texas Hospital Association		3	Filer ID (Ethics Commission 00015794	Filers)			
4	Date 07/26/2024	 5 Full name of contributor out-of-state PAC (ID#:_ Willmann, Adam (Mr.) 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$62.50	
_	Deire sin al acces	Clifton, TX 76634	۱.	Faralassa (Osas lastrosticas	<u></u>			
8			Employer (See Instructions Goodall-Witcher Health		е			
	Date 08/14/2024	Full name of contributor out-of-state PAC (ID#:_ Willson, Megan (Ms.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$4.81	
		Abilene, TX 79601	_					
Principal occupation / Job title (See Instructions) Abilene Market Director PAT/PreOp/PACU Employer (See Instructions Hendrick Medical Center								
	Date Full name of contributor out-of-state PAC (ID#:) 08/22/2024 Willson, Megan (Ms.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$4.81			
		Abilene, TX 79601						
		pation / Job title (See Instructions) ket Director PAT/PreOp/PACU		Employer (See Instructions Hendrick Medical Center				
Date O8/19/2024 Full name of contributor out-of-state PAC (ID#: Wohleb, Stephen (Mr.) Contributor address; City; State; Zip Code Austin, TX 78701				Amount of Contribution (\$)	\$41.00			
Principal occupation / Job title (See Instructions) Employer (See Instructions)		Employer (See Instructions Texas Hospital Associate		ı				
Date Full name of contributor out-of-state PAC (ID#:) 08/14/2024 Wood, Adam (Mr.) Contributor address; City; State; Zip Code Abilene, TX 79601			Amount of Contribution (\$)	\$4.81				
	•	pation / Job title (See Instructions) stant Vice President Supply Chain		Employer (See Instructions Hendrick Medical Cente				
	3,000m / 03h	State 1.00 1.100.doi:10.000.doi:10.000.doi:10.000.doi:10.000.doi:10.000.doi:10.000.doi:10.000.doi:10.000.doi:10	<u> </u>					

TARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A1
uction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 42/42 Rpt: 45/52
FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
Date 08/22/2024 5 Full name of contributor out-of-state PAC (ID#:) Wood, Adam (Mr.) 6 Contributor address; City; State; Zip Code		7 Amount of Contribution (\$) \$4.
Abilene, TX 79601		
•	Employer (See Instruction Hendrick Medical Center	
Date Full name of contributor out-of-state PAC (ID#:) Vancey, Janay (Ms.) Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$29.
cupation / Job title (See Instructions)	ns)	
	uction Guide explains how to complete this fall Action Committee of the Texas Hospital Association 5 Full name of contributor out-of-state PAC (ID#: Wood, Adam (Mr.) 6 Contributor address; City; State; Zip Code Abilene, TX 79601 cupation / Job title (See Instructions) sistant Vice President Supply Chain Full name of contributor out-of-state PAC (ID#: Yancey, Janay (Ms.)	S Full name of contributor out-of-state PAC (ID#:

MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C3

	The Instru	ctic	on Guide explains how to complete this form.	1	Total pages S Sch: 1/1 Rp	Schedule C3: ot: 46/52
2	Priler Name The Political Action Committee of the Texas Hospital Association				Filer ID 00015794	(Ethics Commission Filers)
	THE POINTAI	AC	tion Committee of the Texas Hospital Association		00013794	
4	Date	5	Corporation / Labor Organization name	6	Amount (\$)	
	08/02/2024		Texas Hospital Association			1,312.50

NON-MONETARY SUPPORT FROM CORPORATION SCHEDULE C4 **OR LABOR ORGANIZATION** 1 Total pages Schedule C4: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 47/52 2 FILER NAME 3 Filer ID (Ethics Commission Filers) The Political Action Committee of the Texas Hospital Association 00015794 Date 5 Corporation / Labor Organization name 6 Amount (\$) 4,200.00 08/25/2024 **Texas Hospital Association**

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 1/4 Rpt: 48/52	The Political Action Committee of the Texas Hospital 00015794
4 Date	5 Payee name
08/02/2024	Frost Bank
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$57.80	PO Box 1727
Expenditure from	
corporate funds	Austin, TX 78767
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Credit Card Processing Fees
	Grount Gara i 1000000mg i 000
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
08/05/2024	Frost Bank
Amount (\$)	Payee address; City; State; Zip Code
\$19.95	PO Box 1727
,	
Expenditure from corporate funds	Austin, TX 78767
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Credit Card Processing Fees
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
08/05/2024	Frost Bank
Amount (\$)	Payee address; City; State; Zip Code
\$72.94	PO Box 1727
— Forestitus from	
Expenditure from corporate funds	Austin, TX 78767
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Credit Card Processing Fees
	Credit Card Frocessing Fees
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Cabadula F1:	
1 Total pages Schedule F1: Sch: 2/4 Rpt: 49/52	2 FILER NAME The Political Action Committee of the Texas Hospital 3 Filer ID (Ethics Commission Filers) 00015794
4 Date	5 Payee name
07/29/2024	Stripe
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$134.24	354 Oyster Point Blvd
Expenditure from corporate funds	South San Francisco, CA 94080
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Processing fees for processing multiple credit card
	contributions 7/29-8/21/24
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
08/06/2024	Stripe
Amount (\$)	Payee address; City; State; Zip Code
\$0.63	354 Oyster Point Blvd
Expenditure from corporate funds	South San Francisco, CA 94080
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Credit Card Processing Fees
	Credit Card Frocessing Fees
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
08/13/2024	Stripe
Amount (\$)	Payee address; City; State; Zip Code
\$2.02	354 Oyster Point Blvd
Evpanditura from	
Expenditure from corporate funds	South San Francisco, CA 94080
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Credit Card Processing Fees
	Greate out a 1 rocessing 1 ces
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

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

Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1: Sch: 3/4 Rpt: 50/52	2 FILER NAME The Political Action Committee of the Texas Hospital 3 Filer ID (Ethics Commission Filers) 00015794
4 Date 08/14/2024	5 Payee name Stripe
6 Amount (\$) \$0.15	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
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H
Date 08/19/2024	Payee name Stripe
Amount (\$) \$2.71	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/OI	Candidate/Officeholder name Office sought Office held H
Date 08/21/2024	Payee name Stripe
Amount (\$) \$0.15	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 <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	
1 Total pages Schedule F1: Sch: 4/4 Rpt: 51/52	The Political Action Committee of the Texas Hospital 00015794
4 Date 07/26/2024	5 Payee name Trey Martinez Fischer Campaign
6 Amount (\$) \$4,000.00	7 Payee address; City; State; Zip Code 104 Babcock Road Ste 107
corporate funds	San Antonio, TX 78201
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Contribution
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

UNPAID INCURRED OBLIGATIONS SCHEDULE F2 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F2: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 1/1 Rpt: 52/52 The Political Action Committee of the Texas Hospital 00015794 \$ TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS 5 Date Payee name 08/23/2024 Atchley & Associates LLP Amount (\$) Payee address; State; Zip Code \$602.00 1105 La Posada Dr Expenditure from Х Austin, TX 78752 corporate funds TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Accounting/Banking **EXPENDITURE** Check if Austin, TX, officeholder living expense PAC accounting and reporting services 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH