### MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

## FORM MPAC COVER SHEET PG 1

The MPAC Instruction	2 Total pages filed: 42							
3 COMMITTEE NAME		•	OFFICE USE ONLY					
The Political Action	n Committee of the Texas Hospital Associa	tion	Date Received					
			ELECTRONICALLY FILED					
			10/07/2024					
4 COMMITTEE	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP	10/01/2021					
ADDRESS	1108 Lavaca Ste 700	,						
Change of Address	<sup>s</sup> Austin, TX 78701		Date Hand-delivered or Date Postmarked					
5 CAMPAIGN	MS / MRS / MR FIRST	MI	Date Hand-delivered of Date Fostillarked					
TREASURER	Ms. Carrie		Receipt # Amount					
NAME								
			Date Processed					
	NICKNAME LAST	SUFFIX						
	Kroll		Date Imaged					
6 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #; CITY; ST	ATE; ZIP CODE					
TREASURER	1108 Lavaca, Suite 700							
STREET ADDRESS								
(Residence or Business)	Austin, TX 78701							
7 CAMPAIGN	STREET ADDRESS OR PO BOX;	APT / SUITE #; CITY; ST	ATE; ZIP CODE					
TREASURER	1108 Lavaca, Suite 700	APT/SUITE#, CITT, ST	ATE, ZIP CODE					
MAILING ADDRESS	1100 Lavaca, Suite 700							
Change of Address	<sup>s</sup> Austin, TX 78701							
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION						
TREASURER PHONE	(512) 465-1043							
9 REPORT TYPE	X Monthly	10th day after campaign	Dissolution (Attach PAC-DR)					
		L treasurer termination						
10 MONTHLY REPORT FILING	January 5 April	5 July 5	X October 5					
DEADLINE	February 5 May	5 August 5	November 5					
	March 5 June	5 September 5	December 5					
11 PERIOD	Month Day Year	Month	Day Year					
COVERED	08/26/2024	THROUGH 09/25/2	2024					
	1							
	GO 1	O PAGE 2						
Forms provided by Te	prms provided by Texas Ethics Commission www.ethics.state.tx.us Version V4.1.0.48da51f7							

### MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

## FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
The Political Action Con	nmittee of the Texas H	ospital Association		0001579	94
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported The H	onorable D. Bryan Hug	hes State S	Senator
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
15 CONTRIBUTION TOTALS	CONTRIBUTIONS M	POLITICAL CONTRIB DR GUARANTEES OF ADE ELECTRONICALL qualifies for the higher item	LOANS, ÒR Y)	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLEI		RANTEES OF LOANS)	\$	15,996.80
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDI	URES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES		\$	32,777.59
CONTRIBUTION BALANCE	5. TOTAL POLITICAL C OF THE REPORTING		TAINED AS OF THE LAS	T DAY	151,232.31
OUTSTANDING LOAN TOTALS		MOUNT OF ALL OUTS EPORTING PERIOD	TANDING LOANS AS OF	THE \$	0.00
16 AFFIDAVIT	•				
		true and c	r affirm, under penalty of p orrect and includes all inf e 15, Election Code.	perjury, that th ormation requi	e accompanying report is ired to be reported by me
			Ms. C	Carrie Kroll	
			Signature of C		asurer
AFFIX NOTARY	STAMP / SEAL ABOVE				
Sworn to and subscribed	before me, by the said			this the	day
	, 20, to certify v				uy
Signature of officer ad	ninistering oath	Printed name of officer a	administering oath	Title of c	fficer administering oath
Forms provided by Texas E	thics Commission	www.ethics.sta	ate.tx.us		Version V4.1.0.48da51f7

### MONTHLY FILING GPAC REPORT: PURPOSE

## FORM MPAC

Page 3 of 42

					1 uge 5 61 42
12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
The Political Action Comm	nittee of the Texas Ho	ospital Associa	ition	00015794	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		The Honorable Sarah Eckhardt	State Senator	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures	A. Supported			
	(Describe by date and location of election and nature of issue.)				
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if				
	applicable, classify by party.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		The Honorable Morgan J. LaMa	intia State Sena	ator
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures	A. Supported			
	(Describe by date and location of election and nature of issue.)				
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if				
	applicable, classify by party.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		The Honorable Philip S. King S	tate Senator	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				

	LING GPAC F	REPORT:	PURPOSE		FORM MPAC ADDENDUM Page 4 of 42
12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
The Political Action Com	mittee of the Texas Ho	ospital Associa	tion	00015794	(
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Mr. Alan L. Schoolcraft State F	Representative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Mr. John W. McQueeney State	e Representative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Mrs. Teresa S. Wilson State F	Representative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	<ol> <li>Officeholders Assisted</li> <li>(Identify by name or, if applicable, classify by party.)</li> </ol>				

MONTHLY FI	LING GPAC R	EPORT:	PURPOSE		FORM MPAC ADDENDUM Page 5 of 42
2 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
he Political Action Com	mittee of the Texas Ho	ospital Associa	tion	00015794	
4 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Mr. Brent Hagenbuch Sta	te Senator	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Ms. Caroline Fairly State	Representative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if				
	applicable, classify by party.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		The Honorable Elizabeth (	Campos State Repre	sentative
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
		1			

MONTHLY FI	LING GPAC R	EPORT:	PURPOSE		FORM MPAC ADDENDUM Page 6 of 42
2 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
he Political Action Com	mittee of the Texas Ho	ospital Associa	tion	00015794	
4 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Mr. John W. Bryant State	e Representative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Jolanda Jones State Re	presentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if				
	applicable, classify by party.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		The Honorable Carol Alva	arado State Senator	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	applicable, classily by party.)	1			

MONTHLY FI	LING GPAC F	EPORT: PURPOSE	FORM MPAC ADDENDUM Page 7 of 42
12 COMMITTEE NAME			13 Filer ID (Ethics Commission Filers)
The Political Action Com	mittee of the Texas Ho	ospital Association	00015794
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported The Honorable Mary Edna (	Gonzalez State Representative
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed	
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported	
		B. Opposed	
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)		

#### FORM MPAC COVER SHEET PG 3

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17 COMM	(Ethics Commission Filers)			
The P		1		
		SUBTOTALS SCHEDULE		SUBTOTAL AMOUNT
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		<b>\$</b> 11,194.80
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	R	\$
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA LABOR ORGANIZATION	TION OR	\$
6.	Х	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG.	ANIZATION	<b>\$</b> 602.00
7.	Х	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		<b>\$</b> 4,200.00
8.		\$		
9.		SCHEDULE E: LOANS		\$
10.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	<b>\$</b> 32,063.59
11.	Х	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		<b>\$</b> 714.00
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 CONTRIBUTIO	DNS	\$
15.		\$		

**SUBTOTALS - MPAC** 

The Instr	uction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 1/22 Rpt: 9/42
2 FILER NAM	E		<b>3</b> Filer ID (Ethics Commission Filers)
	al Action Committee of the Texas Hospital Association	n	00015794
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
09/12/2024			\$1,000.00
	6 Contributor address; City; State; Zip Code		1
	Edinburg, TX 78539		
	cupation / Job title (See Instructions)	9 Employer (See Instructions	5)
Chief Exec	utive Officer	STHS Edinburg	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
09/20/2024			\$375.00
	Contributor address; City; State; Zip Code		1
	San Antonio, TX 78229		
-	cupation / Job title (See Instructions)	Employer (See Instructions	5)
Chief Finar	ncial Officer	Methodist Hospital	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
09/08/2024	Asprec, Erin (Ms.)		\$1,000.00
	Contributor address; City; State; Zip Code		1
	Houston, TX 77024		
	cupation / Job title (See Instructions)	Employer (See Instructions	
EVP / Chie	f Operating Officer	Memorial Hermann Hea	alth System
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
09/12/2024	Bagchi, Sam (Dr.)		\$165.00
	Contributor address; City; State; Zip Code		1
	Irving, TX 75038		
	cupation / Job title (See Instructions)	Employer (See Instructions	5)
	f Clinical Officer	CHRISTUS Health	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
09/17/2024	Ballew, Joel (Mr.)		\$41.50
	Contributor address; City; State; Zip Code		
	Arlington, TX 76011		
-	cupation / Job title (See Instructions)	Employer (See Instructions	
VP Govern	ment & Community Affairs	Texas Health Resources	S

_						
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 2/22 Rpt: 10/42	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	The Political	Action Committee of the Texas Hospital Association		ĺ	00015794	-
4	Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
	09/19/2024	Baty, Krista (Ms.)				\$55.00
	I	6 Contributor address; City; State; Zip Code				
	I					
	I					
		Brownwood, TX 76801				
8		upation / Job title (See Instructions)	9 Employer (See Instructions)			
	Chief Admin	histrative Officer	Hendrick Medical Center	r		
	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	09/19/2024	Benham, Bradley (Mr.)				\$19.24
	I	Contributor address; City; State; Zip Code				
	I					
	I					
		Abilene, TX 79601				
		upation / Job title (See Instructions)	Employer (See Instructions)	·		
	VP HMC Fou	undation	Hendrick Medical Center	r		
	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	09/19/2024	Bessent, Brian (Mr.)				\$65.00
	I	Contributor address; City; State; Zip Code				
	I					
	I					
		Abilene, TX 79601				
		upation / Job title (See Instructions)	Employer (See Instructions)			
	VP / Chiel Si	strategy & Experience Officer	Hendrick Medical Center	r —		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	09/12/2024	Blizzard, Dan (Mr.)				\$125.00
	I	Contributor address; City; State; Zip Code				
	I					
	I	Dallas TV 75965				
	Dringingl occu	Dallas, TX 75265	Employer (See Instructions	$\square$		
	VP Strategic	upation / Job title (See Instructions)	Employer (See Instructions) Methodist Health System			
			· · · · · · · · · · · · · · · · · · ·	 —		
	Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	<b>*</b> 44 67
	09/15/2024	Booth, Donny (Mr.)				\$41.67
	I	Contributor address; City; State; Zip Code				
	I					
	I	Andrews, TX 79714				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	<u>ا</u>		
	Chief Execut		Permian Regional Medic		Center	
-						
4						

	The Instru	ction Guide explains how to complete this f	1	Total pages Schedule A1: Sch: 3/22 Rpt: 11/42		
2	FILER NAME	IE			Filer ID (Ethics Commission	n Filers)
		Action Committee of the Texas Hospital Association			00015794	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	09/19/2024	Bowden, Sherri (Ms.)				\$7.70
		6 Contributor address; City; State; Zip Code				
		Abilene, TX 79601				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Director Pulr	nonary Services	Hendrick Medical Cente	r		
F	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	09/19/2024	Brockman-Weber, Steven (Mr.)				\$50.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78723				
$\vdash$	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	President		Ascension Texas			
F	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	09/19/2024	Brockway, Toni (Ms.)				\$10.00
		Contributor address; City; State; Zip Code				
		Abilene, TX 79601				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Director of W	Vorkforce Dev	Hendrick Medical Cente	r		
F	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	09/19/2024	Broderick, Treva (Ms.)				\$9.62
		Contributor address; City; State; Zip Code				
		Abilene, TX 79601				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	Assistant Vic	ce President Clinical Svs	Hendrick Medical Cente	r		
F	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	09/19/2024	Calvo, Raul (Mr.)				\$5.00
	Contributor address; City; State; Zip Code					
		Abilene, TX 79608				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	Board Vice C	Chair	Hendrick Medical Cente	r		
			<u> </u>			

The Political Action Committee of the Texas Hospital Association 00015794						
The Political Action Committee of the Texas Hospital Association       00015794         1 Date       5 Full name of contributor       out-of-state PAC (D#	The Instruc	tion Guide explains how to complete this f	orm.	1		
The Political Action Committee of the Texas Hospital Association       00015794         Date       5 Full name of contributor       out-of-state PAC (Data)       7         Abilene, TX 79601       6       Contributor address; City; State; Zip Code       7         Abilene, TX 79601       9       Employer (See Instructions) Hendrick Medical Center       Amount of Contribution (S)         Senior Director Nursing       Out-of-state PAC (Data)       Amount of Contribution (S)       \$60.00         Obite       Full name of contributor       out-of-state PAC (Data)       Amount of Contribution (S)         Obite       Canada, Kirk (Mr.)       canada, Kirk (Mr.)       \$60.00         Contributor address; City; State; Zip Code       Amount of Contribution (S)       \$60.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of Contribution (S)         Chief Operating Office / System VP       Hendrick Medical Center       Amount of Contribution (S)       \$2.00         Oprincipal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of Contribution (S)       \$2.00         Oprincipal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of Contribution (S)       \$14.59         Oprincipal occupation / Job title (See Instructions)       Employer (See Instructions)	2 FILER NAME			3		n Filers)
09/19/2024       Camacho, Precilla (Ms.)       \$7.70         6       Contributor address; City; State; Zip Code       Abilene, TX 79601         9       Employer (See Instructions)       Full name of contributor         Date       Og/19/2024       Full name of contributor       out-of-state PAC (Der.         Abilene, TX 79601       Anount of Contribution (\$)       \$50.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Hendrick Medical Center         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of Contribution (\$)         Canada, Kirk (Mr.)       Contributor address; City; State; Zip Code       Amount of Contribution (\$)       \$2.00         Op/19/2024       Full name of contributor	The Political A	Action Committee of the Texas Hospital Association				
09/19/2024       Camacho, Precilia (Ms.)       \$7.70         6       Contributor address; City; State; Zip Code       Ablene, TX 79601.         3       Principal occupation / Job title (See Instructions)       9       Employer (See Instructions)         Betrior Director Nursing       9       Employer (See Instructions)       Hendrick Medical Center         Date       Full name of contributor       canada, Kirk (Mr.)       Amount of Contribution (\$)       \$50.00         Contributor address; City; State; Zip Code       Ablene, TX 79601       Amount of Contributions)       \$50.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of Contribution (\$)       \$50.00         Og/19/2024       Full name of contributor       out-ot-state PAC (DBr.       Amount of Contribution (\$)       \$2.00         Og/19/2024       Full name of contributor       out-ot-state PAC (DBr.       Amount of Contribution (\$)       \$2.00         Og/19/2024       Full name of contributor       out-ot-state PAC (DBr.       Amount of Contribution (\$)       \$2.00         Diagnostic Technologist       Employer (See Instructions)       Employer (See Instructions)       \$14.59         Og/10/2024       Clevenger, Etin (Ms.)       Employer (See Instructions)       \$14.59         Og/10/2024       Clevenger, Etin (Ms.) <td>4 Date</td> <td>5 Full name of contributor out-of-state PAC (ID#:</td> <td>)</td> <td>7</td> <td>Amount of Contribution (\$)</td> <td></td>	4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
6       Contributor address; City; State; Zip Code         Abilene, TX 79601       9       Employer (See Instructions) Hendrick Medical Center         Date 09/19/2024       Full name of contributor       cu-d-state PAC (Dir:	09/19/2024	Camacho, Precilla (Ms.)				\$7.70
Abilene, TX 79601       Principal occupation / Job title (See Instructions) Senior Director Nursing       P Employer (See Instructions) Hendrick Medical Center         Date       Full name of contributor out-of-state PAC (DF:	Ĩ					
Principal occupation / Job title (See Instructions) Senior Director Nursing <ul> <li>Employer (See Instructions) Hendrick Medical Center</li> </ul> Date 09/19/2024         Full name of contributor Canada, Kirk (Mr.) Contributor address; City; State; Zip Code              Amount of Contribution (S) S60.00           Principal occupation / Job title (See Instructions) Chief Operating Office / System VP         Employer (See Instructions) Hendrick Medical Center              Amount of Contribution (S) S2.00           Date 09/19/2024         Full name of contributor Cates, Boyd (Mr.) Contributor address; City; State; Zip Code              Amount of Contribution (S) S2.00              S2.00           Principal occupation / Job title (See Instructions) Contributor address; City; State; Zip Code              Amount of Contribution (S) S2.00              S2.00           Principal occupation / Job title (See Instructions) Diagnostic Technologist         Employer (See Instructions) Hendrick Medical Center           Date 09/10/2024         Full name of contributor Clevenger, Erin (Ms.) Contributor address; City; State; Zip Code              Amount of Contribution (S) S14.59               Principal occupation / Job title (See Instructions) Interim CEO / CNO / Clinical Srvc Administrator             Memorial Medical Center               Date 09/09/2024             Full name of contributor Contributor address; City; State; Zip Code						
Principal occupation / Job title (See Instructions) Senior Director Nursing <ul> <li>Employer (See Instructions) Hendrick Medical Center</li> </ul> Date 09/19/2024         Full name of contributor Canada, Kirk (Mr.) Contributor address; City; State; Zip Code              Amount of Contribution (S) S60.00           Principal occupation / Job title (See Instructions) Chief Operating Office / System VP         Employer (See Instructions) Hendrick Medical Center              Amount of Contribution (S) S2.00           Date 09/19/2024         Full name of contributor Cates, Boyd (Mr.) Contributor address; City; State; Zip Code              Amount of Contribution (S) S2.00              S2.00           Principal occupation / Job title (See Instructions) Contributor address; City; State; Zip Code              Amount of Contribution (S) S2.00              S2.00           Principal occupation / Job title (See Instructions) Diagnostic Technologist         Employer (See Instructions) Hendrick Medical Center           Date 09/10/2024         Full name of contributor Clevenger, Erin (Ms.) Contributor address; City; State; Zip Code              Amount of Contribution (S) S14.59               Principal occupation / Job title (See Instructions) Interim CEO / CNO / Clinical Srvc Administrator             Memorial Medical Center               Date 09/09/2024             Full name of contributor Contributor address; City; State; Zip Code						
Senior Director Nursing       Hendrick Medical Center         Date 09/19/2024       Full name of contributor						
Date       Full name of contributor       out-of-state PAC (IDE:)       Amount of Contribution (\$)         09/19/2024       Canada, Kirk (Mr.)       \$60.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)       \$60.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of Contribution (\$)         Cates, Boyd (Mr.)       Out-of-state PAC (IDE:)       Amount of Contribution (\$)       \$2.00         O9/19/2024       Full name of contributor       out-of-state PAC (IDE:)       Amount of Contribution (\$)       \$2.00         O9/19/2024       Cates, Boyd (Mr.)       Contributor address; City; State; Zip Code       Amount of Contribution (\$)       \$2.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Hendrick Medical Center         Date       Full name of contributor       out-of-state PAC (IDE:						
09/19/2024       Canada, Kirk (Mr.)       S60.00         Contributor address; City; State; Zip Code       Abilene, TX 79601       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Hendrick Medical Center         Date       Full name of contributor       out-of-state PAC (IDE:	Senior Directo	or Nursing	Hendrick Medical Center	r		
Contributor address: City, State; Zip Code         Abilene, TX 79601         Principal occupation / Job title (See Instructions)         Cates, Boyd (Mr.)         Contributor address; City, State; Zip Code         Date         O9/19/2024         Cates, Boyd (Mr.)         Contributor address; City, State; Zip Code         Abilene, TX 79601         Principal occupation / Job title (See Instructions)         Principal occupation / Job title (See Instructions)         Diagnostic Technologist         Date         O9/10/2024         Full name of contributor         Out-of-state PAC (ID#:			)		Amount of Contribution (\$)	
Abilene, TX 79601         Principal occupation / Job title (See Instructions) Chief Operating Office / System VP       Employer (See Instructions) Hendrick Medical Center         Date       Full name of contributor out-of-state PAC (IDR:) Cates, Boyd (Mr.).       Amount of Contribution (\$) Cates, Boyd (Mr.).         Date       Full name of contributor address; City; State; Zip Code       Amount of Contributions) Hendrick Medical Center         Principal occupation / Job title (See Instructions) Diagnostic Technologist       Employer (See Instructions) Hendrick Medical Center         Date       Full name of contributor out-of-state PAC (IDR:) Clevenger, Erin (Ms.).       Amount of Contribution (\$) S14.59         O9/10/2024       Full name of contributor out-of-state PAC (IDR:) Contributor address; City; State; Zip Code       Amount of Contribution (\$) S14.59         Principal occupation / Job title (See Instructions) Interim CEO / CNO / Clinical Sive Administrator       Employer (See Instructions) Memorial Medical Center         Date       Full name of contributor out-of-state PAC (IDR:)       Amount of Contribution (\$) S14.50         Og/09/2024       Full name of contributor       out-of-state PAC (IDR:)       Amount of Contribution (\$) S14.50         Date       Full name of contributor       out-of-state PAC (IDR:)       Amount of Contribution (\$) S14.50       S14.50         Og/09/2024       Ful	09/19/2024					\$60.00
Principal occupation / Job title (See Instructions) Chief Operating Office / System VP       Employer (See Instructions) Hendrick Medical Center         Date       Full name of contributor       out-of-state PAC (ID#:						
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Principal occupation / Job title (See Instructions) Chief Operating Office / System VP       Employer (See Instructions) Hendrick Medical Center         Date       Full name of contributor       out-of-state PAC (ID#:		Abilana TV 70601				
Chief Operating Office / System VP       Hendrick Medical Center         Date       Full name of contributor       out-of-state PAC (ID#;)       Amount of Contribution (\$)         09/19/2024       Cates, Boyd (Mr.)	Principal occup		Employer (See Instructions	<u> </u>		
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         09/19/2024       Cates, Boyd (Mr.)       \$2.00         Contributor address; City; State; Zip Code       Abilene, TX 79601       \$2.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Hendrick Medical Center         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         09/10/2024       Clevenger, Erin (Ms.)       Employer (See Instructions)       \$14.59         09/10/2024       Clevenger, Erin (Ms.)       Employer (See Instructions)       \$14.59         Port Lavaca, TX 77979       Port Lavaca, TX 77979       Amount of Contribution (\$)       \$14.50         Date       Full name of contributor       out-of-state PAC (ID#:						
09/19/2024       Cates, Boyd (Mr.)       \$2.00         Contributor address; City; State; Zip Code       Abilene, TX 79601       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Hendrick Medical Center         Date       Full name of contributor       out-of-state PAC (ID#:					Account of Contribution (¢)	
Contributor address; City; State; Zip Code         Abilene, TX 79601         Principal occupation / Job title (See Instructions)         Diagnostic Technologist         Date         Pull name of contributor         Out-of-state PAC (ID#;)         Clevenger, Erin (MS.)         Contributor address; City; State; Zip Code         Port Lavaca, TX 77979         Principal occupation / Job title (See Instructions)         Interim CEO / CNO / Clinical Srvc Administrator         Date         Pull name of contributor         Out-of-state PAC (ID#;)         Amount of Contribution (\$)         S14.59         Contributor address; City; State; Zip Code         Port Lavaca, TX 77979         Principal occupation / Job title (See Instructions)         Interim CEO / CNO / Clinical Srvc Administrator         Date         Qalins, Chad (Mr.)         Contributor address; City; State; Zip Code         Plano, TX 75093         Principal occupation / Job title (See Instructions)         Employer (See Instructions)         Principal occupation / Job title (See Instructions)         Plano, TX 75093         Principal occupation / Job title (See Instructions)         Employer (See Instructions)         Pri			)		Amount of Contribution (\$)	¢2 00
Abilene, TX 79601       Employer (See Instructions) Diagnostic Technologist       Employer (See Instructions) Hendrick Medical Center         Date       Full name of contributor       out-of-state PAC (ID#) Clevenger, Erin (MS.)       Amount of Contribution (\$) Clevenger, Erin (MS.)         O9/10/2024       Full name of contributor       out-of-state PAC (ID#) Contributor address; City; State; Zip Code       Amount of Contribution (\$) \$14.59         Port Lavaca, TX 77979       Employer (See Instructions) Interim CEO / CNO / Clinical Srvc Administrator       Employer (See Instructions) Memorial Medical Center         Date       Full name of contributor       out-of-state PAC (ID#) Collins, Chad (Mr.)       Amount of Contribution (\$) S14.50         Date       Full name of contributor       out-of-state PAC (ID#) Collins, Chad (Mr.)       Amount of Contribution (\$) S14.50         Date       Full name of contributor       out-of-state PAC (ID#) Contributor address; City; State; Zip Code       Amount of Contribution (\$) S14.50         09/09/2024       Full name of contributor       out-of-state PAC (ID#) Contributor address; City; State; Zip Code       Amount of Contribution (\$) S14.50         Plano, TX 75093       Employer (See Instructions)       Employer (See Instructions)	09/19/2024					φ2.00
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Diagnostic Technologist       Full name of contributor       out-of-state PAC (ID#:)         Amount of Contribution (\$)       Clevenger, Erin (Ms.)       \$14.59         09/10/2024       Clevenger, Erin (Ms.)       Employer (See Instructions)         Contributor address; City; State; Zip Code       Port Lavaca, TX 77979         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Interim CEO / CNO / Clinical Srvc Administrator       Memorial Medical Center         Date       Full name of contributor       out-of-state PAC (ID#:)         Og/09/2024       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         09/09/2024       Contributor address; City; State; Zip Code       Amount of Contribution (\$)       \$14.50         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$14.50         Og/09/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$14.50         Plano, TX 75093       Plano, TX 75093       Employer (See Instructions)       Employer (See Instructions)		Contributor address; City; State; Zip Code				
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Diagnostic Technologist       Full name of contributor       out-of-state PAC (ID#:)         Amount of Contribution (\$)       Clevenger, Erin (Ms.)       \$14.59         09/10/2024       Clevenger, Erin (Ms.)       Employer (See Instructions)         Contributor address; City; State; Zip Code       Port Lavaca, TX 77979         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Interim CEO / CNO / Clinical Srvc Administrator       Memorial Medical Center         Date       Full name of contributor       out-of-state PAC (ID#:)         Og/09/2024       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         09/09/2024       Contributor address; City; State; Zip Code       Amount of Contribution (\$)       \$14.50         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$14.50         Og/09/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$14.50         Plano, TX 75093       Plano, TX 75093       Employer (See Instructions)       Employer (See Instructions)						
Diagnostic Technologist       Hendrick Medical Center         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         09/10/2024       Clevenger, Erin (Ms.)       \$14.59         Contributor address; City; State; Zip Code       Fort Lavaca, TX 77979       Full name of contributor         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Employer (See Instructions)         Interim CEO / CNO / Clinical Srvc Administrator       Memorial Medical Center       Amount of Contribution (\$)         Date       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)         09/09/2024       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)         09/09/2024       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)         09/09/2024       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)         09/09/2024       Full name of contributor		Abilene, TX 79601				
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         09/10/2024       Clevenger, Erin (Ms.)       \$14.59         Contributor address; City; State; Zip Code       Port Lavaca, TX 77979         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Interim CEO / CNO / Clinical Srvc Administrator       Memorial Medical Center         Date       Full name of contributor       out-of-state PAC (ID#:)         Og/09/2024       Full name of contributor       out-of-state PAC (ID#:)         Ohributor address; City; State; Zip Code       Amount of Contribution (\$)         Plano, TX 75093       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)	Principal occup	pation / Job title (See Instructions)	Employer (See Instructions	<b>.</b>		
09/10/2024       Clevenger, Erin (Ms.)       \$14.59         Contributor address; City; State; Zip Code       Port Lavaca, TX 77979         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Interim CEO / CNO / Clinical Srvc Administrator       Memorial Medical Center         Date       Full name of contributor	Diagnostic Te	echnologist	Hendrick Medical Center	r		
Contributor address; City; State; Zip Code         Port Lavaca, TX 77979         Principal occupation / Job title (See Instructions)         Interim CEO / CNO / Clinical Srvc Administrator         Date         Full name of contributor         Out-of-state PAC (ID#:)         Amount of Contribution (\$)         Contributor address; City; State; Zip Code         Principal occupation / Job title (See Instructions)         Plano, TX 75093         Principal occupation / Job title (See Instructions)         Employer (See Instructions)         Employer (See Instructions)	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
Port Lavaca, TX 77979         Principal occupation / Job title (See Instructions)         Interim CEO / CNO / Clinical Srvc Administrator         Date         Full name of contributor         Out-of-state PAC (ID#:)         Amount of Contribution (\$)         Collins, Chad (Mr.)         Contributor address; City; State; Zip Code         Plano, TX 75093         Principal occupation / Job title (See Instructions)         Employer (See Instructions)         Employer (See Instructions)         Memorial Medical Center	09/10/2024	Clevenger, Erin (Ms.)				\$14.59
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Interim CEO / CNO / Clinical Srvc Administrator       Memorial Medical Center         Date       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)         09/09/2024       Collins, Chad (Mr.)       \$14.50         Contributor address; City; State; Zip Code       Plano, TX 75093       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Employer (See Instructions)	ľ	Contributor address; City; State; Zip Code				
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Interim CEO / CNO / Clinical Srvc Administrator       Memorial Medical Center         Date       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)         09/09/2024       Collins, Chad (Mr.)       \$14.50         Contributor address; City; State; Zip Code       Plano, TX 75093       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Employer (See Instructions)						
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Interim CEO / CNO / Clinical Srvc Administrator       Memorial Medical Center         Date       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)         09/09/2024       Collins, Chad (Mr.)       \$14.50         Contributor address; City; State; Zip Code       Plano, TX 75093       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Employer (See Instructions)						
Interim CEO / CNO / Clinical Srvc Administrator       Memorial Medical Center         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         09/09/2024       Collins, Chad (Mr.)       \$14.50         Contributor address; City; State; Zip Code       Plano, TX 75093       Employer (See Instructions)			<u> </u>			
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         09/09/2024       Collins, Chad (Mr.)       \$14.50         Contributor address; City; State; Zip Code       Plano, TX 75093         Principal occupation / Job title (See Instructions)       Employer (See Instructions)						
09/09/2024       Collins, Chad (Mr.)       \$14.50         Contributor address; City; State; Zip Code       Plano, TX 75093         Principal occupation / Job title (See Instructions)       Employer (See Instructions)			Memorial Medical Cente	er		
Contributor address; City; State; Zip Code         Plano, TX 75093         Principal occupation / Job title (See Instructions)         Employer (See Instructions)			)		Amount of Contribution (\$)	
Plano, TX 75093     Employer (See Instructions)	09/09/2024					\$14.50
Principal occupation / Job title (See Instructions) Employer (See Instructions)		Contributor address; City; State; Zip Code				
Principal occupation / Job title (See Instructions) Employer (See Instructions)						
Principal occupation / Job title (See Instructions) Employer (See Instructions)		Plano TX 75003				
	Principal occup		Employer (See Instructions	<u> </u> יו		
					Hospital Plano	

Ē	The Instru	ction Guide explains how to complete this f	form.	1	Total pages Schedule A1: Sch: 5/22 Rpt: 13/42	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
		Action Committee of the Texas Hospital Association	n		00015794	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
	09/19/2024	Conger, Cody (Mr.)				\$8.00
		6 Contributor address; City; State; Zip Code				
		Abilene, TX 79601				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Health Direc	tor, Invasive Cardiology	Hendrick Medical Cente	r		
	Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	09/19/2024	Connell, Jessica (Ms.)				\$9.62
		Contributor address; City; State; Zip Code				
		Brownwood, TX 76804				
		ipation / Job title (See Instructions)	Employer (See Instructions			
	Chief Nursin	g Officer	Hendrick Medical Cente	r		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	09/19/2024	Contreras, Rosendo (Ms.)				\$3.86
		Contributor address; City; State; Zip Code		ĺ		
		Abilene, TX 79601				
	•	ipation / Job title (See Instructions)	Employer (See Instructions			
	Dir Patient S	Safety, Infection Preventionist, Perf Improv	Hendrick Medical Cente	r		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	09/19/2024	Cooke, Nancy (Ms.)				\$500.00
		Contributor address; City; State; Zip Code		ĺ		
		Stanton, TX 79782	1			
		upation / Job title (See Instructions)	Employer (See Instructions			
	Chief Execut		Martin County Hospital I	Dis		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	—
	09/19/2024	Cooper, David (Mr.)				\$7.70
		Contributor address; City; State; Zip Code				
		Abilene, TX 79601		Ĺ		
		ipation / Job title (See Instructions)	Employer (See Instructions			
	Lab Supervis	sor	Hendrick Medical Cente	r		

The Instruction Guide exp 2 FILER NAME				
2 FILER NAME	plains how to complete this	form.	1 Total pages Schedule A1: Sch: 6/22 Rpt: 14/42	
			3 Filer ID (Ethics Commission	Filers)
The Political Action Committee	e of the Texas Hospital Associatio	on	00015794	
4 Date 5 Full name of co	ntributor out-of-state PAC (ID#	:) 7	7 Amount of Contribution (\$)	
09/11/2024 Davis, Andy (	Mr.)			\$500.00
6 Contributor add	ress; City; State; Zip Code			
Austin, TX 78	723			
8 Principal occupation / Job title (Se	e Instructions)	9 Employer (See Instructions)		
President & CEO		Ascension Texas		
Date Full name of co	ntributor out-of-state PAC (ID#	:)	Amount of Contribution (\$)	
09/06/2024 Davis, John (I				\$7.70
Contributor add	ress; City; State; Zip Code			
	-			
Cuero, TX 77	954			
Principal occupation / Job title (Se	e Instructions)	Employer (See Instructions)		
Director Cardiopulmonary		Cuero Regional Hospital		
Date Full name of co	ntributor out-of-state PAC (ID#	:)	Amount of Contribution (\$)	
09/19/2024 Davis, John (I	Mr.)			\$3.85
Contributor add	ress; City; State; Zip Code			
	-			
Cuero, TX 77	954			
Principal occupation / Job title (Se	e Instructions)	Employer (See Instructions)		
Director Cardiopulmonary		Cuero Regional Hospital		
Date Full name of co	ntributor 🔲 out-of-state PAC (ID#	:)	Amount of Contribution (\$)	
	er (Dr.)			\$41.00
08/30/2024 DeYoung, Pe				Ψ41.00
	ress; City; State; Zip Code			Φ41.00
	ress; City; State; Zip Code			Ψ41.00
Contributor add				Φ41.00
Contributor add	758			
Contributor add Austin, TX 78 Principal occupation / Job title (Se	758	Employer (See Instructions)		
Contributor add	758	Employer (See Instructions) St Davids North Austin M		Ψ <b>+1</b> .00
Contributor add Austin, TX 78 Principal occupation / Job title (Se	758 e Instructions)	St Davids North Austin M		
Contributor add Austin, TX 78 Principal occupation / Job title (Se Chief Medical Officer	758 re Instructions) ntributor out-of-state PAC (ID#	St Davids North Austin M	ledical Center	\$7.70
Contributor add Austin, TX 78 Principal occupation / Job title (Se Chief Medical Officer Date Full name of co 09/19/2024 Dennis, Greg	758 re Instructions) ntributor out-of-state PAC (ID#	St Davids North Austin M	ledical Center	
Contributor add Austin, TX 78 Principal occupation / Job title (Se Chief Medical Officer Date Full name of co 09/19/2024 Dennis, Greg	758 re Instructions) ntributor out-of-state PAC (ID# Dry (Mr.)	St Davids North Austin M	ledical Center	
Contributor add Austin, TX 78 Principal occupation / Job title (Se Chief Medical Officer Date Full name of co 09/19/2024 Dennis, Greg Contributor add	758 re Instructions) ntributor of-state PAC (ID# pry (Mr.) ress; City; State; Zip Code	St Davids North Austin M	ledical Center	
Contributor add Austin, TX 78 Principal occupation / Job title (Se Chief Medical Officer Date Full name of co 09/19/2024 Dennis, Greg	758 re Instructions) ntributor of-state PAC (ID# pry (Mr.) ress; City; State; Zip Code	St Davids North Austin M	ledical Center	
Contributor add Austin, TX 78 Principal occupation / Job title (Se Chief Medical Officer Date Full name of co 09/19/2024 Dennis, Greg Contributor add	758 The Instructions) Intributor out-of-state PAC (ID# Dry (Mr.) Tress; City; State; Zip Code 9601	St Davids North Austin M	ledical Center Amount of Contribution (\$)	

The Instruction Guide explains how to complete this form.       1       Total pages Schedule A1:         Sch: 7/22 Rpt: 15/42       Sch: 7/22 Rpt: 15/42         2       FILER NAME       3         The Political Action Committee of the Texas Hospital Association       3         4       Date       5         09/19/2024       5       Full name of contributor out-of-state PAC (ID#:)         6       Contributor address; City; State; Zip Code       7
2       FILER NAME       3       Filer ID (Ethics Commission File 00015794         4       Date       5       Full name of contributor out-of-state PAC (ID#:)       7       Amount of Contribution (\$)         09/19/2024       6       Contributor address; City; State; Zip Code       7       Amount of Contribution (\$)
The Political Action Committee of the Texas Hospital Association       00015794         4 Date       5 Full name of contributor       out-of-state PAC (ID#:)       7 Amount of Contribution (\$)         09/19/2024       6 Contributor address; City; State; Zip Code       7 Amount of Contribution (\$)
09/19/2024 Devun, Sharn (Ms.) 6 Contributor address; City; State; Zip Code
6 Contributor address; City; State; Zip Code
Abilene, TX 79601
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)
Director Risk Management Hendrick Medical Center
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)
09/19/2024 Donaway, Duane (Mr.)
Contributor address; City; State; Zip Code
Abilene, TX 79601
Principal occupation / Job title (See Instructions) Employer (See Instructions)
Director Information Systems Hendrick Medical Center
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)
09/19/2024 Driskell, Jesiree (Ms.)
Contributor address; City; State; Zip Code
Contributor address, City, State, Zip Code
Abilene, TX 79601
Principal occupation / Job title (See Instructions) Employer (See Instructions)
AVP Strategic Comms & Digital Expert Hendrick Medical Center
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)
09/19/2024 Escobar, Jaye (Ms.)
Contributor address; City; State; Zip Code
Continuation address, City, State, Zip Code
Abilene, TX 79601
Principal occupation / Job title (See Instructions) Employer (See Instructions)
Director of Correctional Health Hendrick Medical Center
Date     Full name of contributor     Out-of-state PAC (ID#:)     Amount of Contribution (\$)
Date     Full name of contributor     out-of-state PAC (ID#:)     Amount of Contribution (\$)       09/19/2024     Eurek, Andrew (Mr.)
Date     Full name of contributor     Out-of-state PAC (ID#:)     Amount of Contribution (\$)
Date     Full name of contributor     out-of-state PAC (ID#:)     Amount of Contribution (\$)       09/19/2024     Eurek, Andrew (Mr.)
Date     Full name of contributor     out-of-state PAC (ID#:)     Amount of Contribution (\$)       09/19/2024     Eurek, Andrew (Mr.)     Contributor address; City; State; Zip Code
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         09/19/2024       Eurek, Andrew (Mr.)       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Abilene, TX 79601       Abilene, TX 79601       Amount of Contribution (\$)
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         09/19/2024       Eurek, Andrew (Mr.)       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Abilene, TX 79601       Principal occupation / Job title (See Instructions)       Employer (See Instructions)
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         09/19/2024       Eurek, Andrew (Mr.)       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Abilene, TX 79601       Abilene, TX 79601       Amount of Contribution (\$)

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 8/22 Rpt: 16/42	
2 FILER NAME			3 Filer ID (Ethics Commission	Filers)
	I Action Committee of the Texas Hospital Association		00015794	-
4 Date	5 Full name of contributor Out-of-state PAC (ID#:		7 Amount of Contribution (\$)	
09/19/2024	Ford, Christopher (Mr.)			\$19.24
	6 Contributor address; City; State; Zip Code			
	Abilene, TX 79601			
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions)	)	
AVP Suppor	t Services	Hendrick Medical Center	r	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
09/14/2024	Fox, Jay (Mr.)			\$20.50
	Contributor address; City; State; Zip Code			
	Austin, TX 78701			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)		
President BS	SWH Austin Area	Baylor Scott & White Me	dical Center - Pflugerville	
Date	Full name of contributor out-of-state PAC (ID#:	<u>.</u> )	Amount of Contribution (\$)	
09/19/2024	Gleitz, Stephen (Mr.)			\$9.62
	Contributor address; City; State; Zip Code			
	Abilene, TX 79601			
	upation / Job title (See Instructions)	Employer (See Instructions)		
Nurse Mana	ager of Critical Care Unit	Hendrick Medical Center	í	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
09/19/2024	Goolsby, Emily (Ms.)			\$7.70
	Contributor address; City; State; Zip Code			
	Abilene, TX 79601			
	upation / Job title (See Instructions)	Employer (See Instructions)		
Dir of the De	ept of Education and Professional Development	Hendrick Medical Center		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	_
09/19/2024	Greenwood, Susan (Ms.)			\$58.00
	Contributor address; City; State; Zip Code			
	Abilene, TX 79601	<u> </u>		
-	upation / Job title (See Instructions)	Employer (See Instructions)		
Vice Preside	ent / Chief Nursing Officer	Hendrick Medical Center	í	

Th	ne Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 9/22 Rpt: 17/42	
2 FIL	ER NAME			3	Filer ID (Ethics Commission	n Filers)
Th	e Political	Action Committee of the Texas Hospital Association	n		00015794	
4 Dat	ıte	5 Full name of contributor out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
09/	/19/2024	Hair, Donna (Ms.)				\$7.70
		6 Contributor address; City; State; Zip Code				
		Brownwood, TX 76804				
8 Prii	ncipal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
Dir	rector of M	larketing	Hendrick Medical Cente	r		
Dat	ıte	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
09/	/16/2024	Hardaway, Jay (Mr.)				\$208.34
		Contributor address; City; State; Zip Code				
		Abilene, TX 79601				
Prii	ncipal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
Dir	rector Legi	islative & Public Policy	Hendrick Health			
Dat	ite	Full name of contributor out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
09/	/19/2024	Harris, Erica (Ms.)				\$7.70
		Contributor address; City; State; Zip Code				
		Abilene, TX 79601				
		pation / Job title (See Instructions)	Employer (See Instructions			
Ad	Imissions I	Director	Hendrick Medical Cente	r		
Dat	ite	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
08/	8/26/2024	Hart, Brandy (Mrs.)				\$83.00
		Contributor address; City; State; Zip Code				
		Nashville, TN 37203				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
Re	gional Vic	e President / Behavioral Health	HCA Healthcare			
Dat		Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
09/	/19/2024	Head, Courtney (Ms.)				\$19.24
		Contributor address; City; State; Zip Code				
		Abilene, TX 79601				
		pation / Job title (See Instructions)	Employer (See Instructions			
Vic	ce Preside	ent of Human Resources	Hendrick Medical Cente	r		

The Instru	ction Guide explains how to complete this f	iorm.	1	Total pages Schedule A1: Sch: 10/22 Rpt: 18/42	
2 FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	I Action Committee of the Texas Hospital Associatio	'n		00015794	
4 Date	5 Full name of contributor Out-of-state PAC (ID#:		7	Amount of Contribution (\$)	
09/19/2024	Henderson, Diana (Dr.)				\$375.00
	6 Contributor address; City; State; Zip Code		1		
		!			
		!			
	San Antonio, TX 78229				
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	ـــــــــــــــــــــــــــــــــــــ		
Chief Medica	al Officer	Methodist Hospital			l
Date	Full name of contributor out-of-state PAC (ID#:_	)	Γ	Amount of Contribution (\$)	
09/19/2024	Henry, Elizabeth (Ms.)				\$9.62
	Contributor address; City; State; Zip Code		1		l
		!			l
		!			
	Abilene, TX 79601				
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)		
Director Cas	se Management	Hendrick Medical Cente	۶r		
Date	Full name of contributor out-of-state PAC (ID#:_	)	Γ	Amount of Contribution (\$)	<u> </u>
09/19/2024	Hess, Heather (Ms.)				\$7.70
	Contributor address; City; State; Zip Code		1		
		!			
		!			
	Abilene, TX 79601				
	upation / Job title (See Instructions)	Employer (See Instructions			
Market Direc	2tor	Hendrick Medical Cente	r		
Date	Full name of contributor Dut-of-state PAC (ID#:_	)	Γ	Amount of Contribution (\$)	
09/15/2024	Hillier, Robert (Mr.)				\$83.33
	Contributor address; City; State; Zip Code	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
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		!			
	Bellaire, TX 77401	<u> </u>	Ļ		
	upation / Job title (See Instructions)	Employer (See Instructions	(ز		
VP Public Po	olicy / Govt Relations	Harris Health System	_		
Date	Full name of contributor Out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
09/19/2024	Holcomb, Holly (Ms.)				\$50.00
	Contributor address; City; State; Zip Code	1			
		,			
		,			
	Childress, TX 79201	<u> </u>	Ļ		
	upation / Job title (See Instructions)	Employer (See Instructions			
Chief Execut	tive Officer	Childress Regional Med	lica	al Center	
4					

The Instruction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 11/22 Rpt: 19/42	
2 FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers	s)
The Political Action Committee of the Texas Hospital Association		00015794	
4 Date 5 Full name of contributor Out-of-state PAC (ID#:		7 Amount of Contribution (\$)	
09/25/2024 Honea, Michael (Mr.)			1.00
6 Contributor address; City; State; Zip Code			_
Glen Rose, TX 76043			
8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)	;)	
Chief Executive Officer	Glen Rose Medical Cent	ter	
Date Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
09/19/2024 Howard, Erica (Ms.)			67.70
Contributor address; City; State; Zip Code			
Abilene, TX 79601			
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	;)	
System Director Benefits	Hendrick Medical Center	r	
Date Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
09/21/2024 Hrncirik, Bobbye (Ms.)			3.00
Contributor address; City; State; Zip Code			
Lubbock, TX 79415			
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	;)	
VP Supplemental Funding	University Medical Cente	er	
Date Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
09/19/2024 Huffington, Mark (Mr.)			9.62
Contributor address; City; State; Zip Code			
Abilene, TX 79601			
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	.)	
System Assistant Vice President Analytics	Hendrick Medical Center		
Date Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
09/19/2024 Hunnicutt, Craig (Mr.)	,		67.70
Contributor address; City; State; Zip Code			
Abilene, TX 79601			
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	.) ;)	
Director Regional Services	Hendrick Medical Center		
	<u> </u>		

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	The Instru	ction Guide explains how to complete th	is form.	1	Total pages Schedule A1: Sch: 12/22 Rpt: 20/42	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
		Action Committee of the Texas Hospital Associa	ation		00015794	,
4	Date	5 Full name of contributor out-of-state PAC (	(ID#:)	7	Amount of Contribution (\$)	
	09/08/2024	Hurt-Deitch, Sally (Ms.)				\$145.84
	I	6 Contributor address; City; State; Zip Code				
	I					
	I					
L		El Paso, TX 79932	- I			
8		ipation / Job title (See Instructions)	9 Employer (See Instruction	s)		
	Sr. Vice Pres	sident of Operations	Ascension Health	_		
	Date	Full name of contributor out-of-state PAC (			Amount of Contribution (\$)	
	09/06/2024	Jackson, Olga (Ms.)				\$1.94
	I	Contributor address; City; State; Zip Code				
	I					
	I	Cuero, TX 77954				
┡	Principal occu	upation / Job title (See Instructions)	Employer (See Instruction	(2)		
	Support Serv		Cuero Regional Hospita			
┝	Date	Full name of contributor out-of-state PAC (		T	Amount of Contribution (\$)	
	09/19/2024	Jackson, Olga (Ms.)	ID#:)			\$0.97
	001101202	Contributor address; City; State; Zip Code		·		Ψ0.01
	I					
	I					
	I	Cuero, TX 77954				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	is)		
	Support Serv	vices	Cuero Regional Hospita	al		
F	Date	Full name of contributor out-of-state PAC (	(ID#:)	Τ	Amount of Contribution (\$)	
	09/19/2024	Kelly, Tave (Ms.)				\$9.62
	I	Contributor address; City; State; Zip Code	,	"		
	I					
	l					
┡	Drive sized, oppy	Abilene, TX 79601				
	AVP Revenu	ipation / Job title (See Instructions)	Employer (See Instruction Hendrick Medical Cente			
╘		·				
	Date	Full name of contributor out-of-state PAC (	ID#:)		Amount of Contribution (\$)	ቀባን በበ
	09/12/2024	Kimmel, Stephen (Mr.)				\$83.00
	l	Contributor address; City; State; Zip Code				
	I					
	I	Fort Worth, TX 76104				
┝	Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	I)		
	Chief Financ		Cook Children's Medica		Center	
⊢						

Γ	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1:	
					Sch: 13/22 Rpt: 21/42	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	The Political	Action Committee of the Texas Hospital Association	1		00015794	
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	09/10/2024	Kirkman, Leni (Ms.)				\$41.00
		6 Contributor address; City; State; Zip Code		1		
		San Antonio, TX 78229				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Exec VP Co	rp Communications & Mktg	University Health			
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	09/06/2024	Krupala, Judith (Ms.)				\$3.86
		Contributor address; City; State; Zip Code				
		Cuero, TX 77954				
		pation / Job title (See Instructions)	Employer (See Instructions			
	Chief Nursin	g Officer	Cuero Regional Hospita	l		
	Date	Full name of contributor Dut-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	09/19/2024	Krupala, Judith (Ms.)				\$1.93
		Contributor address; City; State; Zip Code				
		Cuero, TX 77954				
		pation / Job title (See Instructions)	Employer (See Instructions			
	Chief Nursin		Cuero Regional Hospita			
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	09/19/2024	Lafrance, Judith (Ms.)				\$25.00
		Contributor address; City; State; Zip Code				
	<u> </u>	Abilene, TX 79606		Ĺ		
		pation / Job title (See Instructions)	Employer (See Instructions Hendrick Medical Cente	·		
	HIMCS Chief	Administrative Officer	Hendrick Medical Cente	er		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	09/02/2024	Leal, Jorge (Mr.)				\$125.00
		Contributor address; City; State; Zip Code				
1		Larada TX 79044				
⊢	Drineir - L	Laredo, TX 78044		<u> </u>		
ĺ		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Chief Execut		Laredo Medical Center			
1						

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 14/22 Rpt: 22/42	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
		Action Committee of the Texas Hospital Association	n		00015794	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_		7	Amount of Contribution (\$)	
	09/19/2024	Lee, Rachel (Ms.)			• •	\$7.70
		6 Contributor address; City; State; Zip Code				
		· · · · · · · · · · · · · · · · · · ·				
		Abilene, TX 79601				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Dir Med Staf	ff Srvcs & Physician Recruitment	Hendrick Medical Cente	r		
	Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	09/19/2024	Lowery, James (Mr.)				\$7.70
		Contributor address; City; State; Zip Code				
		Abilene, TX 79601				
		pation / Job title (See Instructions)	Employer (See Instructions			
	Director Mar	naged Care	Hendrick Medical Cente	r		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	09/22/2024	Lozano, Marco (Mr.)				\$41.67
		Contributor address; City; State; Zip Code		1		
		Laredo, TX 78044				
		ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	Chief Operat	ting Officer	Laredo Medical Center			
	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	09/16/2024	Martinez, Fernando (Mr.)				\$1,000.00
		Contributor address; City; State; Zip Code				
	<u> </u>	Austin, TX 78701		Ĺ		
		ipation / Job title (See Instructions)	Employer (See Instructions			
	SVP / Chier	Strategy Officer	Texas Hospital Associat			
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	09/19/2024	McCollough, Kimberly (Ms.)				\$7.70
		Contributor address; City; State; Zip Code				
		Abilene, TX 79606	<u>1                                    </u>			
		Ipation / Job title (See Instructions)	Employer (See Instructions			
	Director of v	Vomen and Children Services	Hendrick Medical Cente	r		

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The Instru	uction Guide explains how to complete this f	iorm.	1	Total pages Schedule A1: Sch: 15/22 Rpt: 23/42	
2 FILER NAME	 <u>-</u>		3	Filer ID (Ethics Commission	n Filers)
	al Action Committee of the Texas Hospital Association	'n		00015794	
4 Date	5 Full name of contributor Out-of-state PAC (ID#:		7	Amount of Contribution (\$)	
09/19/2024	—				\$8.00
	6 Contributor address; City; State; Zip Code		ł		·
	Abilene, TX 79601				
8 Principal occ	upation / Job title (See Instructions)	9 Employer (See Instructions	5)		
Registered	Nurse	Hendrick Medical Cente	ŧ٢		
Date	Full name of contributor Out-of-state PAC (ID#:_		Γ	Amount of Contribution (\$)	
09/01/2024	—				\$41.00
			1		
	Austin, TX 78701				
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions	5)		
SVP / Chief	f Medical Officer	St. David's HealthCare			
Date	Full name of contributor Out-of-state PAC (ID#:_		Γ	Amount of Contribution (\$)	
09/10/2024				.,	\$20.50
	Contributor address; City; State; Zip Code		ł		
l					
	Houston, TX 77030				
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions	5)		
Vice Preside	ent Government Affairs	Houston Methodist			
Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
09/19/2024	Murphy, Patrick (Mr.)				\$7.70
	Contributor address; City; State; Zip Code		1		
1					
l	Abilene, TX 79601				
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions	<u>.</u> 5)		
Healthcare	Professional	Hendrick Medical Cente	ŧ٢		
Date	Full name of contributor out-of-state PAC (ID#:_	)	Γ	Amount of Contribution (\$)	
09/13/2024	—				\$375.00
1	Contributor address; City; State; Zip Code		1		
1					
1					
	Fredericksburg, TX 78624				
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions	<u>.</u> 5)		
Chief Finan	cial Officer	Methodist Hospital Hill C	Οοι	untry	
		1			

	The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 16/22 Rpt: 24/42
2	FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
		Action Committee of the Texas Hospital Association	n	00015794
4		5 Full name of contributor Out-of-state PAC (ID#:_		7 Amount of Contribution (\$)
	09/19/2024	Preston, Deborah (Ms.)		\$10.
	-	6 Contributor address; City; State; Zip Code		
		Abilene, TX 79601		
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	3)
	Director of P	harmacy	Hendrick Medical Cente	r
F	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	09/14/2024	Qualls, Rustin (Mr.)		\$20.
		Contributor address; City; State; Zip Code		
		Clifton, TX 76634		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	3)
	Director of O	perations	Goodall-Witcher Healtho	care
	Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
	09/15/2024	Richburg, Melanie (Dr.)		\$125.
		Contributor address; City; State; Zip Code		
		Tahoka, TX 79373	<u>.</u>	
		pation / Job title (See Instructions)	Employer (See Instructions	
	Chief Execut	tive Officer	Lynn County Hospital Di	
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	09/19/2024	Richert, Ron (Mr.)		\$7.
		Contributor address; City; State; Zip Code		
		Abilene, TX 79601		
		pation / Job title (See Instructions)	Employer (See Instructions	
	Director of u	ne Health Club	Hendrick Medical Cente	·r
	Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
	09/10/2024	Robicheaux, James (Mr.)		\$42.
		Contributor address; City; State; Zip Code		
		Bay City, TX 77414	1	
		pation / Job title (See Instructions)	Employer (See Instructions	
	Chief Execut	ave Officer	Matagorda Regional Me	dical Center

	The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: Sch: 17/22 Rpt: 25/42		
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
		Action Committee of the Texas Hospital Association			00015794	
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	09/19/2024	Robinson, Tracee (Ms.)			• •	\$7.70
	I	6 Contributor address; City; State; Zip Code		1		
			1			
			1			
		Abilene, TX 79601	1			
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Director of Q	Juality	Hendrick Medical Center	ŧ٢		
F	Date	Full name of contributor out-of-state PAC (ID#:_	)	Γ	Amount of Contribution (\$)	
	09/08/2024	Saenz, Iris (Ms.)				\$20.50
	I	Contributor address; City; State; Zip Code		ł		
			1			
			1			
		Houston, TX 77024	1			
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Manager Pu	Iblic Policy & Community Benefit	Memorial Hermann Heal	ิdth	System	
	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	09/19/2024	Schmidt, Timothy (Mr.)				\$7.70
	Contributor address; City; State; Zip Code			1		
			1			
			1			
		Abilene, TX 79601				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Dir Property	/ Facility Management	Hendrick Medical Center	er		
F	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	09/17/2024	Schwartz, Roberta (Dr.)	1			\$500.00
	1	Contributor address; City; State; Zip Code		1		
			1			
			1			
		Houston, TX 77030				
	Principal occupation / Job title (See Instructions) Employer (See Instruction		Employer (See Instructions	3)		
	Executive Vice President / Chief Innovation Officer Houston Methodist		Houston Methodist			
F	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	09/19/2024	Sledge, Tom (Mr.)	1			\$125.00
	Contributor address; City; State; Zip Code		1			
			1			
			1			
		Gainesville, TX 76240				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	;)		
	Chief Execut	tive Officer	North Texas Medical Ce	ente	er	

	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 18/22 Rpt: 26/42	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
		Action Committee of the Texas Hospital Association	n		00015794	
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	09/19/2024	Smith, Andrew (Mr.)				\$83.33
		6 Contributor address; City; State; Zip Code				
Ļ		San Antonio, TX 78229		Ĺ		
			9 Employer (See Instructions	5)		
		vmnt Relations & Public Policy	University Health	-		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	÷= =0
	09/19/2024	Speckels, Donna (Ms.)				\$7.70
		Contributor address; City; State; Zip Code				
		Abilene, TX 79601				
-	Princinal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ו)		
		ndrick HouseCalls	Hendrick Medical Cente			
⊨	Date	Full name of contributor out-of-state PAC (ID#:_			Amount of Contribution (\$)	
	09/07/2024	Speer, Gena (Ms.)	/			\$14.50
	00/01/202	Contributor address; City; State; Zip Code				Ψ17.00
		Breckenridge, TX 76424				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Chief Nursin	g Officer	Stephens Memorial Hos	pit	al	
╞	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	09/19/2024	Stafford, Steven (Mr.)				\$7.70
		Contributor address; City; State; Zip Code				
	<u> </u>	Abilene, TX 79601	<u> </u>			
		upation / Job title (See Instructions)	Employer (See Instructions			
	Director Hen		Hendrick Medical Cente	r		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	*** • • •
	09/19/2024 Stephenson, David (Mr.)				\$19.24	
	Contributor address; City; State; Zip Code					
		Abilene, TX 79601				
┝	Princinal occu	upation / Job title (See Instructions)	Employer (See Instructions	;)		
	Executive		Hendrick Medical Cente			
┝						

	The Instruction Guide explains how to complete this form.				Total pages Schedule A1: Sch: 19/22 Rpt: 27/42	
2	FILER NAME	FILER NAME			Filer ID (Ethics Commissio	on Filers)
	The Political Action Committee of the Texas Hospital Association				00015794	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
	09/09/2024	Stone, Matthew (Mr.)				\$1,500.00
		6 Contributor address; City; State; Zip Code		1		
		San Antonio, TX 78205				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Central Grou	ıp President	Baptist Health System			
	Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	08/26/2024	Taylor, Clay (Mr.)				\$20.50
		Contributor address; City; State; Zip Code				
		Lubbock, TX 79410				
	Principal occupation / Job title (See Instructions) Employer (See Instruction					
	Chief Operat	ling Officer	Covenant Childrens Hos	spi	tal	
	Date Full name of contributor out-of-state PAC (ID#:)			Amount of Contribution (\$)		
	09/06/2024 Tiffin, Laura (Ms.)					\$2.00
	Contributor address; City; State; Zip Code					
		Cuero, TX 77954				
		pation / Job title (See Instructions)	Employer (See Instructions			
	Business Off	fice Manager	Cuero Regional Hospita	ıl		
Γ	Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	09/19/2024	Tiffin, Laura (Ms.)				\$1.00
		Contributor address; City; State; Zip Code		1		
		Cuero, TX 77954				
	Principal occupation / Job title (See Instructions) Employer (See Instruction		Employer (See Instructions			
	Business Office Manager Cuero Regional Hospit		ıl			
Γ	Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	09/17/2024	Tippin, Russell (Mr.)				\$50.00
	Contributor address; City; State; Zip Code		1			
		Odessa, TX 79760				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Chief Executive Officer / President Medical Center Health				tem	
I						

	The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: Sch: 20/22 Rpt: 28/42		
2	FILER NAME	FILER NAME			Filer ID (Ethics Commissio	on Filers)
		Action Committee of the Texas Hospital Association	n	-	00015794	
4	Date	5 Full name of contributor Out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
	09/19/2024	Tucek, Karen (Ms.)				\$7.70
		6 Contributor address; City; State; Zip Code				
		Abilene, TX 79601				
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	;)		
	Director, Hos	spice	Hendrick Medical Cente	r		
	Date	Full name of contributor out-of-state PAC (ID#:_	)	Γ	Amount of Contribution (\$)	
	09/04/2024	Turley, Susan (Ms.)				\$1,000.00
		Contributor address; City; State; Zip Code				
		Edinburg, TX 78539				
		ipation / Job title (See Instructions)	Employer (See Instructions			
	President		Doctors Hospital at Ren	ais	sance	
	Date		)	Γ	Amount of Contribution (\$)	
	09/19/2024	Vidrine, Amanda (Ms.)				\$7.70
		Contributor address; City; State; Zip Code				
		Abilene, TX 79601				
$\vdash$	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	L		
		egulatory Manager	Hendrick Medical Cente			
╞	Date	Full name of contributor out-of-state PAC (ID#:	<u> </u> )	—	Amount of Contribution (\$)	
	09/19/2024	Wade, Susan (Ms.)	/		Allount of Contribution (+)	\$30.00
	00,10,202	Contributor address; City; State; Zip Code				<b>400.0</b>
		Contributor address, Gity, State, Eip Code				
		Abilene, TX 79601				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	Abilene Marl	ket COO	Hendrick Medical Cente	r		
╞	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	09/19/2024	Wagner, Angela (Ms.)				\$7.70
	Contributor address; City; State; Zip Code					
		Abilene, TX 79601				
		upation / Job title (See Instructions)	Employer (See Instructions			
	Healthcare F	Professional	Hendrick Medical Cente	r		

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: Sch: 21/22 Rpt: 29/42
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
The Politica	I Action Committee of the Texas Hospital Association		00015794
4 Date	5 Full name of contributor Out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
09/19/2024			\$19.24
	6 Contributor address; City; State; Zip Code		1
	Brownwood, TX 76804		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u> s)
Chief Financ		Hendrick Medical Cente	
Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u>	Amount of Contribution (\$)
09/19/2024		/	\$7.70
0311312024			••••••
	Contributor address; City; State; Zip Code		
	Abilene, TX 79601		
Princinal occu	upation / Job title (See Instructions)	Employer (See Instructions	
-	Medsurg / Tele	Hendrick Medical Cente	,
			1
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
09/20/2024			\$145.50
	Contributor address; City; State; Zip Code		
	Houston, TX 77024	1	<u> </u>
·	upation / Job title (See Instructions)	Employer (See Instructions	
Chief Gover	rnment Relations Officer	Memorial Hermann Hea	Ith System
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
09/19/2024	Waters, Amber (Ms.)		\$7.70
	Contributor address; City; State; Zip Code		1
	Abilene, TX 79601		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	3)
Director of A	Director of Admissions Hendrick Medical Center		¢r
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
09/19/2024	Wharton, Elisha (Ms.)		\$7.70
	Contributor address; City; State; Zip Code		1
	Abilene, TX 79601		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	Γ δ)
Sr Practice		Hendrick Medical Cente	

iction Guide explains how to complete this f	1 Total pages Schedule A1: Sch: 22/22 Rpt: 30/42	
		<b>3</b> Filer ID (Ethics Commission Filers)
	1	00015794
5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
Willmann, Adam (Mr.)		\$62.50
6 Contributor address; City; State; Zip Code		
Clifton, TX 76634		
CEO	Goodall-Witcher Healtho	care
Full name of contributor Out-of-state PAC (ID#:	)	Amount of Contribution (\$)
— —		\$9.62
Abilene, TX 79601		
upation / Job title (See Instructions)	Employer (See Instructions	)
rket Director PAT/PreOp/PACU	Hendrick Medical Cente	r
Full name of contributor	)	Amount of Contribution (\$)
		\$9.62
		ψ5.02
Abilene, TX 79601	Employer (See Instructions	)
	)	Amount of Contribution (\$)
Yancey, Janay (Ms.)		\$29.00
Contributor address; City; State; Zip Code		
Woodville, TX 75979		
upation / Job title (See Instructions)	Employer (See Instructions	)
Chief Operating Officer Tyler County Hospital		
	Id Action Committee of the Texas Hospital Association         5       Full name of contributor	A Action Committee of the Texas Hospital Association           5         Full name of contributor         out-of-state PAC (ID#:

# MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C3

	The Instruction Guide explains how to complete this form.				Total pages Schedule C3: Sch: 1/1 Rpt: 31/42
2	FILER NAME	R NAME 3 Filer ID (Ethics Commission File			Filer ID (Ethics Commission Filers)
	The Political Action Committee of the Texas Hospital Association			00015794	
4	Date	5	Corporation / Labor Organization name	6	Amount (\$)
	08/30/2024		Texas Hospital Association		602.00

## NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C4

	The Instruction Guide explains how to complete this form.				Total pages Sch: 1/1 Rp	Schedule C4: t: 32/42	
2	FILER NAME	FILER NAME		3	<b>3</b> Filer ID (Ethics Commission Filers)		
	The Political Action Committee of the Texas Hospital Association			00015794			
4	Date	5	Corporation / Labor Organization name	6	Amount (\$)		
	09/25/2024		Texas Hospital Association			4,200	0.00

	EXPENDITURE CATEGORIES FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 1/9 Rpt: 33/42	The Political Action Committee of the Texas Hospital     00015794
4 Date	5 Payee name
09/20/2024	Alan Schoolcraft Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	8647 FM 725
Expenditure from corporate funds	McQueeney, TX 78123
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/20/2024	Brent Hagenbuch Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,500.00	2800 Shoreline DR #310
φ1,500.00	
Expenditure from corporate funds	Denton, TX 76210
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign contribution</li> </ul> </li> </ul>
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
08/28/2024	Bryan Hughes Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$4,000.00	PO Box 450
Expenditure from corporate funds	Mineola, TX 75773
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense     Loan Repayment/Reimbursement     Solicitation/Fundraising Expense       Fees     Office Overhead/Rental Expense     Transportation Equipment & Related Expense       Food/Beverage Expense     Polling Expense     Travel in District       Gift/Awards/Memorials Expense     Printing Expense     Travel Out of District					
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)					
Sch: 2/9 Rpt: 34/42	The Political Action Committee of the Texas Hospital00015794					
4 Date	5 Payee name					
09/20/2024	Carol Alvarado Campaign					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
\$3,000.00	PO Box 230842					
Expenditure from corporate funds	Houston, TX 77223					
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description					
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held					
Date	Payee name					
09/20/2024	Caroline Fairly Campaign					
Amount (\$)	Payee address; City; State; Zip Code					
\$1,000.00	1000 S Tyler St					
Expenditure from corporate funds	Apt 10 Amarillo, TX 79101					
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee</li> <li>(b) Description Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign contribution</li> </ul>					
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held					
Date	Payee name					
09/20/2024	Elizabeth Campos Campaign					
Amount (\$)	Payee address; City; State; Zip Code					
\$2,000.00	1028 Rigsby					
Expenditure from corporate funds	San Antonio, TX 78210					
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.					
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee					
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held					

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense     Loan Repayment/Reimbursement     Solicitation/Fundraising Expense       Fees     Office Overhead/Rental Expense     Transportation Equipment & Related Expense       Food/Beverage Expense     Polling Expense     Travel in District       Glft/Awards/Memorials Expense     Printing Expense     Travel Out of District       I Committee     Legal Services     Salaries/Wages/Contract Labor     OTHER (enter a category not listed above)					
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)					
Sch: 3/9 Rpt: 35/42	The Political Action Committee of the Texas Hospital00015794					
4 Date 09/03/2024	5 Payee name Frost Bank					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
\$19.95	PO Box 1727					
Expenditure from corporate funds	Austin, TX 78767					
8 PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Fees</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Credit Card Processing Fees</li> </ul>					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
Date	Payee name					
09/03/2024	Frost Bank					
Amount (\$)	Payee address; City; State; Zip Code					
\$55.55	PO Box 1727					
Expenditure from corporate funds	Austin, TX 78767					
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Fees</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Credit Card Processing Fees</li> </ul>					
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held					
Date	Payee name					
09/03/2024	Frost Bank					
Amount (\$)	Payee address; City; State; Zip Code					
\$68.08	PO Box 1727					
Expenditure from corporate funds	Austin, TX 78767					
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Fees</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Credit Card Processing Fees</li> </ul> </li> </ul>					
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held					

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense     Loan Repayment/Reimbursement     Solicitation/Fundraising Expense       Fees     Office Overhead/Rental Expense     Transportation Equipment & Related Expense       Food/Beverage Expense     Polling Expense     Travel in District       -     Gift/Awards/Memorials Expense     Printing Expense     Travel Out of District					
<b>1</b> Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)					
Sch: 4/9 Rpt: 36/42	The Political Action Committee of the Texas Hospital 00015794					
4 Date	5 Payee name					
09/20/2024	John Bryant Campaign					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
\$3,000.00	PO Box 140977					
Expenditure from corporate funds	Dallas, TX 75214					
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held					
Date	Payee name					
09/20/2024	Johns McQueeney Campaign					
Amount (\$)	Payee address; City; State; Zip Code					
\$2,500.00	PO Box 100458					
Expenditure from corporate funds	Fort Worth, TX 76185					
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Contributions/Donations Made By Candidate/Officeholder/Political Committee</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Campaign contribution</li> </ul>					
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held					
Date	Payee name					
09/20/2024	Jolanda Jones Campaign					
Amount (\$)	Payee address; City; State; Zip Code					
\$1,500.00	10709 Marsha Ln					
Expenditure from corporate funds	Houston, TX 77024					
PURPOSE OF	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>(b) Description</li> <li>Contributions/Donations Made By</li> <li>(b) Description</li> </ul>					
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee					
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held					

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense     Loan Repayment/Reimbursement     Solicitation/Fundraising Expense       Fees     Office Overhead/Rental Expense     Transportation Equipment & Related Expense       Food/Beverage Expense     Polling Expense     Travel in District       -     Gift/Awards/Memorials Expense     Printing Expense			
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
Sch: 5/9 Rpt: 37/42	The Political Action Committee of the Texas Hospital00015794			
4 Date	5 Payee name			
09/20/2024	Mary Edna Gonzalez Campaign			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$2,500.00	PO Box 450			
Expenditure from corporate funds	Clint, TX 79836			
8 PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee</li> <li>(b) Description         Check if travel outside of Texas. Complete Schedule T.         Check if Austin, TX, officeholder living expense Campaign contribution     </li> </ul>			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
08/28/2024	Morgan LaMantia Campaign			
Amount (\$)	Payee address; City; State; Zip Code			
\$2,500.00	1324 E Madison			
Expenditure from corporate funds	Brownsville, TX 78520			
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee</li> <li>(b) Description         Check if travel outside of Texas. Complete Schedule T.         Check if Austin, TX, officeholder living expense         Campaign contribution     </li> </ul>			
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
09/20/2024	Phil King Campaign			
Amount (\$)	Payee address; City; State; Zip Code			
\$2,500.00	PO Box 1913			
Expenditure from corporate funds	Weatherford, TX 76086			
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee</li> <li>(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign contribution</li> </ul>			
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)		
Sch: 6/9 Rpt: 38/42	The Political Action Committee of the Texas Hospital 00015794		
4 Date	5 Payee name		
08/28/2024	Sarah Eckhardt Campaign		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$3,000.00	PO Box 301586		
Expenditure from corporate funds	Austin, TX 78703		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense		
	Candidate/Officeholder/Political Committee Campaign contribution		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
09/05/2024	Stripe		
Amount (\$)	Payee address; City; State; Zip Code		
\$411.29	354 Oyster Point Blvd		
Expenditure from corporate funds	South San Francisco, CA 94080		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Fees       Check if travel outside of Texas. Complete Schedule T.         Check if Austin, TX, officeholder living expense		
	Processing fees for processing multiple credit card		
	contributions 9/5-9/24/24		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
08/26/2024	Stripe		
Amount (\$)	Payee address; City; State; Zip Code		
\$0.88	354 Oyster Point Blvd		
Expenditure from corporate funds	South San Francisco, CA 94080		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Fees       Check if travel outside of Texas. Complete Schedule T.         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		

	EXPENDITURE CATEGORIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)		
Sch: 7/9 Rpt: 39/42	The Political Action Committee of the Texas Hospital 00015794		
4 Date 08/26/2024	5 Payee name		
	Stripe		
6 Amount (\$) \$1.51	7 Payee address;       City;       State; Zip Code         354 Oyster Point Blvd		
Expenditure from corporate funds	South San Francisco, CA 94080		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Credit Card Processing Fees		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
09/05/2024	Stripe		
Amount (\$) \$0.63	Payee address;     City;     State;     Zip Code       354 Oyster Point Blvd		
Expenditure from corporate funds	South San Francisco, CA 94080		
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Fees</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Credit Card Processing Fees</li> </ul>		
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
09/12/2024	Stripe		
Amount (\$) \$1.75	Payee address;     City;     State;     Zip Code       354 Oyster Point Blvd		
Expenditure from corporate funds	South San Francisco, CA 94080		
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Fees</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Credit Card Processing Fees</li> </ul>		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)		
Sch: 8/9 Rpt: 40/42	The Political Action Committee of the Texas Hospital 00015794		
4 Date	5 Payee name		
09/13/2024	Stripe		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$0.42	354 Oyster Point Blvd		
Expenditure from corporate funds	South San Francisco, CA 94080		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Fees       Check if travel outside of Texas. Complete Schedule T.         Check if Austin, TX, officeholder living expense		
	Credit Card Processing Fees		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
09/16/2024	Stripe		
Amount (\$)	Payee address; City; State; Zip Code		
\$0.15	354 Oyster Point Blvd		
Expenditure from corporate funds	South San Francisco, CA 94080		
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Fees</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Credit Card Processing Fees</li> </ul>		
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
09/18/2024	Stripe		
Amount (\$)	Payee address; City; State; Zip Code		
\$0.63	354 Oyster Point Blvd		
Expenditure from corporate funds	South San Francisco, CA 94080		
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Fees</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Credit Card Processing Fees</li> </ul>		
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held		

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment				
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
Sch: 9/9 Rpt: 41/42	The Political Action Committee of the Texas Hospital 00015794			
4 Date	5 Payee name			
09/20/2024	Stripe			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$2.08	354 Oyster Point Blvd			
Expenditure from corporate funds	South San Francisco, CA 94080			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE	Fees       Check if travel outside of Texas. Complete Schedule T.         Check if Austin, TX, officeholder living expense			
	Credit Card Processing Fees			
9     Complete ONLY if direct     Candidate/Officeholder name     Office sought     Office held       expenditure to benefit C/OH     Vertical and the sought     Vertical and the sought     Vertical and the sought				
Date	Payee name			
09/23/2024	Stripe			
Amount (\$)	Payee address; City; State; Zip Code			
\$0.67	354 Oyster Point Blvd			
Expenditure from corporate funds	South San Francisco, CA 94080			
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Fees</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Credit Card Processing Fees</li> </ul>			
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
09/20/2024	Terri Leo Wilson Campaign			
Amount (\$)	Payee address; City; State; Zip Code			
\$1,500.00	29 Pirates Beach West			
Expenditure from corporate funds	Galveston, TX 77554			
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee			
	Campaign contribution			
Complete ONLY if direct     Candidate/Officeholder name     Office sought     Office held       expenditure to benefit C/OH     Office held     Office held				

UNPAID INCU	RRED OBLIGATIONS	SCHEDULE F2
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1 Total pages Schedule F2: Sch: 1/1 Rpt: 42/42	2 FILER NAME The Political Action Committee of the Texas Hospital	3 Filer ID (Ethics Commission Filers) 00015794
<sup>4</sup> TOTAL OF UNITEMIZ	ZED UNPAID INCURRED OBLIGATIONS	\$
5 Date 09/17/2024	6 Payee name Atchley & Associates LLP	
7 Amount (\$) \$714.00	<ul> <li>8 Payee address; City; State; Zip Code</li> <li>1005 La Posada Dr</li> </ul>	
System 2     System 2	Austin, TX 78752	
EXPENDITURE	X Political Non-Political	
10 PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. n, TX, officeholder living expense ting and reporting services
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held