

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

**FORM MPAC  
COVER SHEET PG 1**

<b>The MPAC Instruction Guide explains how to complete this form.</b>		<b>1</b> Filer ID (Ethics Commission Filers) 00015794	<b>2</b> Total pages filed: 42
<b>3</b> COMMITTEE NAME The Political Action Committee of the Texas Hospital Association		<b>OFFICE USE ONLY</b>	
<b>4</b> COMMITTEE ADDRESS <input type="checkbox"/> Change of Address		ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP 1108 Lavaca Ste 700 Austin, TX 78701	Date Received <b>ELECTRONICALLY FILED</b> 10/07/2024
<b>5</b> CAMPAIGN TREASURER NAME		MS / MRS / MR FIRST MI Ms. Carrie NICKNAME LAST SUFFIX Kroll	Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged
<b>6</b> CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1108 Lavaca, Suite 700 Austin, TX 78701	
<b>7</b> CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address		STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1108 Lavaca, Suite 700 Austin, TX 78701	
<b>8</b> CAMPAIGN TREASURER PHONE		AREA CODE PHONE NUMBER EXTENSION (512) 465-1043	
<b>9</b> REPORT TYPE		<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Dissolution (Attach PAC-DR)	
<b>10</b> MONTHLY REPORT FILING DEADLINE		<input type="checkbox"/> January 5 <input type="checkbox"/> April 5 <input type="checkbox"/> July 5 <input checked="" type="checkbox"/> October 5 <input type="checkbox"/> February 5 <input type="checkbox"/> May 5 <input type="checkbox"/> August 5 <input type="checkbox"/> November 5 <input type="checkbox"/> March 5 <input type="checkbox"/> June 5 <input type="checkbox"/> September 5 <input type="checkbox"/> December 5	
<b>11</b> PERIOD COVERED		Month Day Year 08/26/2024	THROUGH Month Day Year 09/25/2024

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# MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC  
COVER SHEET PG 2

<b>12 COMMITTEE NAME</b> The Political Action Committee of the Texas Hospital Association	<b>13 Filer ID</b> (Ethics Commission Filers) 00015794
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<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported    The Honorable D. Bryan Hughes State Senator
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	

<b>15 CONTRIBUTION TOTALS</b>	<b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b> <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	<b>2. TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 15,996.80
EXPENDITURE TOTALS	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 32,777.59
CONTRIBUTION BALANCE	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 151,232.31
OUTSTANDING LOAN TOTALS	<b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 0.00

**16 AFFIDAVIT**

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

\_\_\_\_\_  
Ms. Carrie Kroll  
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

# MONTHLY FILING GPAC REPORT: PURPOSE

<b>12 COMMITTEE NAME</b> The Political Action Committee of the Texas Hospital Association	<b>13 Filer ID</b> (Ethics Commission Filers) 00015794
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<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported The Honorable Sarah Eckhardt State Senator
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	

<b>COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported The Honorable Morgan J. LaMantia State Senator
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	

<b>COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported The Honorable Philip S. King State Senator
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	

# MONTHLY FILING GPAC REPORT: PURPOSE

FORM **MPAC**  
ADDENDUM

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<b>12 COMMITTEE NAME</b> The Political Action Committee of the Texas Hospital Association		<b>13 Filer ID</b> (Ethics Commission Filers) 00015794
<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported Mr. Alan L. Schoolcraft State Representative  B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported  B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	
	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported Mr. John W. McQueeney State Representative  B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported  B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	
<b>COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported Mrs. Teresa S. Wilson State Representative  B. Opposed
<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported  B. Opposed	
<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)		

# MONTHLY FILING GPAC REPORT: PURPOSE

<b>12 COMMITTEE NAME</b> The Political Action Committee of the Texas Hospital Association	<b>13 Filer ID</b> (Ethics Commission Filers) 00015794
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<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported Mr. Brent Hagenbuch State Senator
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	

<b>COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported Ms. Caroline Fairly State Representative
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	

<b>COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported The Honorable Elizabeth Campos State Representative
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	

# MONTHLY FILING GPAC REPORT: PURPOSE

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<b>12 COMMITTEE NAME</b> The Political Action Committee of the Texas Hospital Association		<b>13 Filer ID</b> (Ethics Commission Filers) 00015794
<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported Mr. John W. Bryant State Representative  B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported  B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	
	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported Jolanda Jones State Representative  B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported  B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	
<b>COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported The Honorable Carol Alvarado State Senator  B. Opposed
<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported  B. Opposed	
<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)		

# MONTHLY FILING GPAC REPORT: PURPOSE

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<b>12 COMMITTEE NAME</b> The Political Action Committee of the Texas Hospital Association		<b>13 Filer ID</b> (Ethics Commission Filers) 00015794
<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported The Honorable Mary Edna Gonzalez State Representative
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	

# SUBTOTALS - MPAC

<b>17 COMMITTEE NAME</b> The Political Action Committee of the Texas Hospital Association		<b>18 Filer ID</b> (Ethics Commission Filers) 00015794
<b>19 SCHEDULE SUBTOTALS</b>		<b>SUBTOTAL AMOUNT</b>
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 11,194.80
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input checked="" type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$ 602.00
7.	<input checked="" type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$ 4,200.00
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 32,063.59
11.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 714.00
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 1/22 Rpt: 9/42
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 09/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ames, Lance (Mr.)	7 Amount of Contribution (\$) \$1,000.00
	6 Contributor address; City; State; Zip Code  Edinburg, TX 78539	
8 Principal occupation / Job title (See Instructions) Chief Executive Officer		9 Employer (See Instructions) STHS Edinburg
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ardemagni, Jeff (Mr.)	Amount of Contribution (\$) \$375.00
	Contributor address; City; State; Zip Code  San Antonio, TX 78229	
Principal occupation / Job title (See Instructions) Chief Financial Officer		Employer (See Instructions) Methodist Hospital
Date 09/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Asprec, Erin (Ms.)	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code  Houston, TX 77024	
Principal occupation / Job title (See Instructions) EVP / Chief Operating Officer		Employer (See Instructions) Memorial Hermann Health System
Date 09/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bagchi, Sam (Dr.)	Amount of Contribution (\$) \$165.00
	Contributor address; City; State; Zip Code  Irving, TX 75038	
Principal occupation / Job title (See Instructions) EVP / Chief Clinical Officer		Employer (See Instructions) CHRISTUS Health
Date 09/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ballew, Joel (Mr.)	Amount of Contribution (\$) \$41.50
	Contributor address; City; State; Zip Code  Arlington, TX 76011	
Principal occupation / Job title (See Instructions) VP Government & Community Affairs		Employer (See Instructions) Texas Health Resources

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/22 Rpt: 10/42
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 09/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Baty, Krista (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Brownwood, TX 76801	<b>7</b> Amount of Contribution (\$)  \$55.00
<b>8</b> Principal occupation / Job title (See Instructions) Chief Administrative Officer		<b>9</b> Employer (See Instructions) Hendrick Medical Center
Date 09/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Benham, Bradley (Mr.) <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79601	Amount of Contribution (\$)  \$19.24
Principal occupation / Job title (See Instructions) VP HMC Foundation		Employer (See Instructions) Hendrick Medical Center
Date 09/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bessent, Brian (Mr.) <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79601	Amount of Contribution (\$)  \$65.00
Principal occupation / Job title (See Instructions) VP / Chief Strategy & Experience Officer		Employer (See Instructions) Hendrick Medical Center
Date 09/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Blizzard, Dan (Mr.) <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75265	Amount of Contribution (\$)  \$125.00
Principal occupation / Job title (See Instructions) VP Strategic Priorities		Employer (See Instructions) Methodist Health System
Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Booth, Donny (Mr.) <hr/> Contributor address; City; State; Zip Code  Andrews, TX 79714	Amount of Contribution (\$)  \$41.67
Principal occupation / Job title (See Instructions) Chief Executive Officer		Employer (See Instructions) Permian Regional Medical Center

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 3/22 Rpt: 11/42
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 09/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bowden, Sherri (Ms.)	7 Amount of Contribution (\$)  \$7.70
	6 Contributor address; City; State; Zip Code  Abilene, TX 79601	
8 Principal occupation / Job title (See Instructions) Director Pulmonary Services		9 Employer (See Instructions) Hendrick Medical Center
Date 09/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brockman-Weber, Steven (Mr.)	Amount of Contribution (\$)  \$50.00
	Contributor address; City; State; Zip Code  Austin, TX 78723	
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Ascension Texas
Date 09/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brockway, Toni (Ms.)	Amount of Contribution (\$)  \$10.00
	Contributor address; City; State; Zip Code  Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Director of Workforce Dev		Employer (See Instructions) Hendrick Medical Center
Date 09/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Broderick, Treva (Ms.)	Amount of Contribution (\$)  \$9.62
	Contributor address; City; State; Zip Code  Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Assistant Vice President Clinical Svcs		Employer (See Instructions) Hendrick Medical Center
Date 09/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Calvo, Raul (Mr.)	Amount of Contribution (\$)  \$5.00
	Contributor address; City; State; Zip Code  Abilene, TX 79608	
Principal occupation / Job title (See Instructions) Board Vice Chair		Employer (See Instructions) Hendrick Medical Center

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 4/22 Rpt: 12/42
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 09/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Camacho, Precilla (Ms.) ..... 6 Contributor address; City; State; Zip Code  Abilene, TX 79601	7 Amount of Contribution (\$)  \$7.70
8 Principal occupation / Job title (See Instructions) Senior Director Nursing		9 Employer (See Instructions) Hendrick Medical Center
Date 09/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Canada, Kirk (Mr.) ..... Contributor address; City; State; Zip Code  Abilene, TX 79601	Amount of Contribution (\$)  \$60.00
Principal occupation / Job title (See Instructions) Chief Operating Office / System VP		Employer (See Instructions) Hendrick Medical Center
Date 09/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cates, Boyd (Mr.) ..... Contributor address; City; State; Zip Code  Abilene, TX 79601	Amount of Contribution (\$)  \$2.00
Principal occupation / Job title (See Instructions) Diagnostic Technologist		Employer (See Instructions) Hendrick Medical Center
Date 09/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Clevenger, Erin (Ms.) ..... Contributor address; City; State; Zip Code  Port Lavaca, TX 77979	Amount of Contribution (\$)  \$14.59
Principal occupation / Job title (See Instructions) Interim CEO / CNO / Clinical Srvc Administrator		Employer (See Instructions) Memorial Medical Center
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Collins, Chad (Mr.) ..... Contributor address; City; State; Zip Code  Plano, TX 75093	Amount of Contribution (\$)  \$14.50
Principal occupation / Job title (See Instructions) Vice President Operations		Employer (See Instructions) Texas Health Presbyterian Hospital Plano

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 5/22 Rpt: 13/42
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 09/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Conger, Cody (Mr.) ..... 6 Contributor address; City; State; Zip Code  Abilene, TX 79601	7 Amount of Contribution (\$)  \$8.00
8 Principal occupation / Job title (See Instructions) Health Director, Invasive Cardiology		9 Employer (See Instructions) Hendrick Medical Center
Date 09/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Connell, Jessica (Ms.) ..... Contributor address; City; State; Zip Code  Brownwood, TX 76804	Amount of Contribution (\$)  \$9.62
Principal occupation / Job title (See Instructions) Chief Nursing Officer		Employer (See Instructions) Hendrick Medical Center
Date 09/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Contreras, Rosendo (Ms.) ..... Contributor address; City; State; Zip Code  Abilene, TX 79601	Amount of Contribution (\$)  \$3.86
Principal occupation / Job title (See Instructions) Dir Patient Safety, Infection Preventionist, Perf Improv		Employer (See Instructions) Hendrick Medical Center
Date 09/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cooke, Nancy (Ms.) ..... Contributor address; City; State; Zip Code  Stanton, TX 79782	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Chief Executive Officer		Employer (See Instructions) Martin County Hospital District
Date 09/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cooper, David (Mr.) ..... Contributor address; City; State; Zip Code  Abilene, TX 79601	Amount of Contribution (\$)  \$7.70
Principal occupation / Job title (See Instructions) Lab Supervisor		Employer (See Instructions) Hendrick Medical Center

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/22 Rpt: 14/42
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 09/11/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Davis, Andy (Mr.)	<b>7</b> Amount of Contribution (\$) \$500.00
	<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78723	
<b>8</b> Principal occupation / Job title (See Instructions) President & CEO		<b>9</b> Employer (See Instructions) Ascension Texas
<b>Date</b> 09/06/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Davis, John (Mr.)	<b>Amount of Contribution (\$)</b> \$7.70
	<b>Contributor address; City; State; Zip Code</b>  Cuero, TX 77954	
<b>Principal occupation / Job title (See Instructions)</b> Director Cardiopulmonary		<b>Employer (See Instructions)</b> Cuero Regional Hospital
<b>Date</b> 09/19/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Davis, John (Mr.)	<b>Amount of Contribution (\$)</b> \$3.85
	<b>Contributor address; City; State; Zip Code</b>  Cuero, TX 77954	
<b>Principal occupation / Job title (See Instructions)</b> Director Cardiopulmonary		<b>Employer (See Instructions)</b> Cuero Regional Hospital
<b>Date</b> 08/30/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) DeYoung, Peter (Dr.)	<b>Amount of Contribution (\$)</b> \$41.00
	<b>Contributor address; City; State; Zip Code</b>  Austin, TX 78758	
<b>Principal occupation / Job title (See Instructions)</b> Chief Medical Officer		<b>Employer (See Instructions)</b> St Davids North Austin Medical Center
<b>Date</b> 09/19/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dennis, Gregory (Mr.)	<b>Amount of Contribution (\$)</b> \$7.70
	<b>Contributor address; City; State; Zip Code</b>  Abilene, TX 79601	
<b>Principal occupation / Job title (See Instructions)</b> Director Facility Management		<b>Employer (See Instructions)</b> Hendrick Medical Center

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 8/22 Rpt: 16/42
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 09/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ford, Christopher (Mr.)	7 Amount of Contribution (\$) \$19.24
	6 Contributor address; City; State; Zip Code  Abilene, TX 79601	
8 Principal occupation / Job title (See Instructions) AVP Support Services		9 Employer (See Instructions) Hendrick Medical Center
Date 09/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fox, Jay (Mr.)	Amount of Contribution (\$) \$20.50
	Contributor address; City; State; Zip Code  Austin, TX 78701	
Principal occupation / Job title (See Instructions) President BSWH Austin Area		Employer (See Instructions) Baylor Scott & White Medical Center - Pflugerville
Date 09/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gleitz, Stephen (Mr.)	Amount of Contribution (\$) \$9.62
	Contributor address; City; State; Zip Code  Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Nurse Manager of Critical Care Unit		Employer (See Instructions) Hendrick Medical Center
Date 09/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Goalsby, Emily (Ms.)	Amount of Contribution (\$) \$7.70
	Contributor address; City; State; Zip Code  Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Dir of the Dept of Education and Professional Development		Employer (See Instructions) Hendrick Medical Center
Date 09/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Greenwood, Susan (Ms.)	Amount of Contribution (\$) \$58.00
	Contributor address; City; State; Zip Code  Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Vice President / Chief Nursing Officer		Employer (See Instructions) Hendrick Medical Center



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 9/22 Rpt: 17/42
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 09/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hair, Donna (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Brownwood, TX 76804	<b>7</b> Amount of Contribution (\$)  \$7.70
<b>8</b> Principal occupation / Job title (See Instructions) Director of Marketing		<b>9</b> Employer (See Instructions) Hendrick Medical Center
Date 09/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hardaway, Jay (Mr.) <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79601	Amount of Contribution (\$)  \$208.34
Principal occupation / Job title (See Instructions) Director Legislative & Public Policy		Employer (See Instructions) Hendrick Health
Date 09/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Harris, Erica (Ms.) <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79601	Amount of Contribution (\$)  \$7.70
Principal occupation / Job title (See Instructions) Admissions Director		Employer (See Instructions) Hendrick Medical Center
Date 08/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hart, Brandy (Mrs.) <hr/> Contributor address; City; State; Zip Code  Nashville, TN 37203	Amount of Contribution (\$)  \$83.00
Principal occupation / Job title (See Instructions) Regional Vice President / Behavioral Health		Employer (See Instructions) HCA Healthcare
Date 09/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Head, Courtney (Ms.) <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79601	Amount of Contribution (\$)  \$19.24
Principal occupation / Job title (See Instructions) Vice President of Human Resources		Employer (See Instructions) Hendrick Medical Center

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 10/22 Rpt: 18/42
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 09/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Henderson, Diana (Dr.)	<b>7</b> Amount of Contribution (\$) \$375.00
<b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78229		
<b>8</b> Principal occupation / Job title (See Instructions) Chief Medical Officer		<b>9</b> Employer (See Instructions) Methodist Hospital
Date 09/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Henry, Elizabeth (Ms.)	Amount of Contribution (\$) \$9.62
Contributor address; City; State; Zip Code  Abilene, TX 79601		
Principal occupation / Job title (See Instructions) Director Case Management		Employer (See Instructions) Hendrick Medical Center
Date 09/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hess, Heather (Ms.)	Amount of Contribution (\$) \$7.70
Contributor address; City; State; Zip Code  Abilene, TX 79601		
Principal occupation / Job title (See Instructions) Market Director		Employer (See Instructions) Hendrick Medical Center
Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hillier, Robert (Mr.)	Amount of Contribution (\$) \$83.33
Contributor address; City; State; Zip Code  Bellaire, TX 77401		
Principal occupation / Job title (See Instructions) VP Public Policy / Govt Relations		Employer (See Instructions) Harris Health System
Date 09/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Holcomb, Holly (Ms.)	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  Childress, TX 79201		
Principal occupation / Job title (See Instructions) Chief Executive Officer		Employer (See Instructions) Childress Regional Medical Center

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 11/22 Rpt: 19/42
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 09/25/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Honea, Michael (Mr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Glen Rose, TX 76043	<b>7</b> Amount of Contribution (\$) \$41.00
<b>8</b> Principal occupation / Job title (See Instructions) Chief Executive Officer		<b>9</b> Employer (See Instructions) Glen Rose Medical Center
Date 09/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Howard, Erica (Ms.) <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79601	Amount of Contribution (\$) \$7.70
Principal occupation / Job title (See Instructions) System Director Benefits		Employer (See Instructions) Hendrick Medical Center
Date 09/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hrncirik, Bobbye (Ms.) <hr/> Contributor address; City; State; Zip Code  Lubbock, TX 79415	Amount of Contribution (\$) \$83.00
Principal occupation / Job title (See Instructions) VP Supplemental Funding		Employer (See Instructions) University Medical Center
Date 09/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Huffington, Mark (Mr.) <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79601	Amount of Contribution (\$) \$9.62
Principal occupation / Job title (See Instructions) System Assistant Vice President Analytics		Employer (See Instructions) Hendrick Medical Center
Date 09/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hunnicut, Craig (Mr.) <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79601	Amount of Contribution (\$) \$7.70
Principal occupation / Job title (See Instructions) Director Regional Services		Employer (See Instructions) Hendrick Medical Center

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 12/22 Rpt: 20/42
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 09/08/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hurt-Deitch, Sally (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  El Paso, TX 79932	<b>7</b> Amount of Contribution (\$)  \$145.84
<b>8</b> Principal occupation / Job title (See Instructions) Sr. Vice President of Operations		<b>9</b> Employer (See Instructions) Ascension Health
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jackson, Olga (Ms.) <hr/> Contributor address; City; State; Zip Code  Cuero, TX 77954	Amount of Contribution (\$)  \$1.94
Principal occupation / Job title (See Instructions) Support Services		Employer (See Instructions) Cuero Regional Hospital
Date 09/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jackson, Olga (Ms.) <hr/> Contributor address; City; State; Zip Code  Cuero, TX 77954	Amount of Contribution (\$)  \$0.97
Principal occupation / Job title (See Instructions) Support Services		Employer (See Instructions) Cuero Regional Hospital
Date 09/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kelly, Tave (Ms.) <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79601	Amount of Contribution (\$)  \$9.62
Principal occupation / Job title (See Instructions) AVP Revenue Cycle		Employer (See Instructions) Hendrick Medical Center
Date 09/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kimmel, Stephen (Mr.) <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76104	Amount of Contribution (\$)  \$83.00
Principal occupation / Job title (See Instructions) Chief Financial Officer		Employer (See Instructions) Cook Children's Medical Center

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 13/22 Rpt: 21/42
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 09/10/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kirkman, Leni (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78229	<b>7</b> Amount of Contribution (\$)  \$41.00
<b>8</b> Principal occupation / Job title (See Instructions) Exec VP Corp Communications & Mktg		<b>9</b> Employer (See Instructions) University Health
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Krupala, Judith (Ms.) <hr/> Contributor address; City; State; Zip Code  Cuero, TX 77954	Amount of Contribution (\$)  \$3.86
Principal occupation / Job title (See Instructions) Chief Nursing Officer		Employer (See Instructions) Cuero Regional Hospital
Date 09/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Krupala, Judith (Ms.) <hr/> Contributor address; City; State; Zip Code  Cuero, TX 77954	Amount of Contribution (\$)  \$1.93
Principal occupation / Job title (See Instructions) Chief Nursing Officer		Employer (See Instructions) Cuero Regional Hospital
Date 09/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lafrance, Judith (Ms.) <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79606	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) HMCS Chief Administrative Officer		Employer (See Instructions) Hendrick Medical Center
Date 09/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Leal, Jorge (Mr.) <hr/> Contributor address; City; State; Zip Code  Laredo, TX 78044	Amount of Contribution (\$)  \$125.00
Principal occupation / Job title (See Instructions) Chief Executive Officer		Employer (See Instructions) Laredo Medical Center

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 14/22 Rpt: 22/42
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 09/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee, Rachel (Ms.)	7 Amount of Contribution (\$)  \$7.70
	6 Contributor address; City; State; Zip Code  Abilene, TX 79601	
8 Principal occupation / Job title (See Instructions) Dir Med Staff Srvcs & Physician Recruitment		9 Employer (See Instructions) Hendrick Medical Center
Date 09/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lowery, James (Mr.)	Amount of Contribution (\$)  \$7.70
	Contributor address; City; State; Zip Code  Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Director Managed Care		Employer (See Instructions) Hendrick Medical Center
Date 09/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lozano, Marco (Mr.)	Amount of Contribution (\$)  \$41.67
	Contributor address; City; State; Zip Code  Laredo, TX 78044	
Principal occupation / Job title (See Instructions) Chief Operating Officer		Employer (See Instructions) Laredo Medical Center
Date 09/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Fernando (Mr.)	Amount of Contribution (\$)  \$1,000.00
	Contributor address; City; State; Zip Code  Austin, TX 78701	
Principal occupation / Job title (See Instructions) SVP / Chief Strategy Officer		Employer (See Instructions) Texas Hospital Association
Date 09/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCollough, Kimberly (Ms.)	Amount of Contribution (\$)  \$7.70
	Contributor address; City; State; Zip Code  Abilene, TX 79606	
Principal occupation / Job title (See Instructions) Director of Women and Children Services		Employer (See Instructions) Hendrick Medical Center

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 15/22 Rpt: 23/42
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 09/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McElrath, Pamela (Ms.)	<b>7</b> Amount of Contribution (\$)  \$8.00
<b>6</b> Contributor address; City; State; Zip Code  Abilene, TX 79601		
<b>8</b> Principal occupation / Job title (See Instructions) Registered Nurse		<b>9</b> Employer (See Instructions) Hendrick Medical Center
Date 09/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mitchell, Kenneth (Dr.)	Amount of Contribution (\$)  \$41.00
Contributor address; City; State; Zip Code  Austin, TX 78701		
Principal occupation / Job title (See Instructions) SVP / Chief Medical Officer		Employer (See Instructions) St. David's HealthCare
Date 09/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Morales, Daniel (Mr.)	Amount of Contribution (\$)  \$20.50
Contributor address; City; State; Zip Code  Houston, TX 77030		
Principal occupation / Job title (See Instructions) Vice President Government Affairs		Employer (See Instructions) Houston Methodist
Date 09/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Murphy, Patrick (Mr.)	Amount of Contribution (\$)  \$7.70
Contributor address; City; State; Zip Code  Abilene, TX 79601		
Principal occupation / Job title (See Instructions) Healthcare Professional		Employer (See Instructions) Hendrick Medical Center
Date 09/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Neves, Susan (Ms.)	Amount of Contribution (\$)  \$375.00
Contributor address; City; State; Zip Code  Fredericksburg, TX 78624		
Principal occupation / Job title (See Instructions) Chief Financial Officer		Employer (See Instructions) Methodist Hospital Hill Country

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 16/22 Rpt: 24/42
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 09/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Preston, Deborah (Ms.)	<b>7</b> Amount of Contribution (\$)  \$10.00
	<b>6</b> Contributor address; City; State; Zip Code  Abilene, TX 79601	
<b>8</b> Principal occupation / Job title (See Instructions) Director of Pharmacy		<b>9</b> Employer (See Instructions) Hendrick Medical Center
Date 09/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Qualls, Rustin (Mr.)	Amount of Contribution (\$)  \$20.50
	Contributor address; City; State; Zip Code  Clifton, TX 76634	
Principal occupation / Job title (See Instructions) Director of Operations		Employer (See Instructions) Goodall-Witcher Healthcare
Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Richburg, Melanie (Dr.)	Amount of Contribution (\$)  \$125.00
	Contributor address; City; State; Zip Code  Tahoka, TX 79373	
Principal occupation / Job title (See Instructions) Chief Executive Officer		Employer (See Instructions) Lynn County Hospital District
Date 09/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Richert, Ron (Mr.)	Amount of Contribution (\$)  \$7.70
	Contributor address; City; State; Zip Code  Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Director of the Health Club		Employer (See Instructions) Hendrick Medical Center
Date 09/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Robicheaux, James (Mr.)	Amount of Contribution (\$)  \$42.00
	Contributor address; City; State; Zip Code  Bay City, TX 77414	
Principal occupation / Job title (See Instructions) Chief Executive Officer		Employer (See Instructions) Matagorda Regional Medical Center



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 17/22 Rpt: 25/42
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 09/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Robinson, Tracee (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Abilene, TX 79601	<b>7</b> Amount of Contribution (\$) \$7.70
<b>8</b> Principal occupation / Job title (See Instructions) Director of Quality		<b>9</b> Employer (See Instructions) Hendrick Medical Center
Date 09/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Saenz, Iris (Ms.) <hr/> Contributor address; City; State; Zip Code  Houston, TX 77024	Amount of Contribution (\$) \$20.50
Principal occupation / Job title (See Instructions) Manager Public Policy & Community Benefit		Employer (See Instructions) Memorial Hermann Health System
Date 09/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Schmidt, Timothy (Mr.) <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79601	Amount of Contribution (\$) \$7.70
Principal occupation / Job title (See Instructions) Dir Property / Facility Management		Employer (See Instructions) Hendrick Medical Center
Date 09/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Schwartz, Roberta (Dr.) <hr/> Contributor address; City; State; Zip Code  Houston, TX 77030	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Executive Vice President / Chief Innovation Officer		Employer (See Instructions) Houston Methodist
Date 09/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sledge, Tom (Mr.) <hr/> Contributor address; City; State; Zip Code  Gainesville, TX 76240	Amount of Contribution (\$) \$125.00
Principal occupation / Job title (See Instructions) Chief Executive Officer		Employer (See Instructions) North Texas Medical Center

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 18/22 Rpt: 26/42
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 09/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Smith, Andrew (Mr.)	<b>7</b> Amount of Contribution (\$)  \$83.33
	<b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78229	
<b>8</b> Principal occupation / Job title (See Instructions) Exec Dir Govmnt Relations & Public Policy		<b>9</b> Employer (See Instructions) University Health
Date 09/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Speckels, Donna (Ms.)	Amount of Contribution (\$)  \$7.70
	Contributor address; City; State; Zip Code  Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Director Hendrick HouseCalls		Employer (See Instructions) Hendrick Medical Center
Date 09/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Speer, Gena (Ms.)	Amount of Contribution (\$)  \$14.50
	Contributor address; City; State; Zip Code  Breckenridge, TX 76424	
Principal occupation / Job title (See Instructions) Chief Nursing Officer		Employer (See Instructions) Stephens Memorial Hospital
Date 09/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stafford, Steven (Mr.)	Amount of Contribution (\$)  \$7.70
	Contributor address; City; State; Zip Code  Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Director Hendrick Clinic		Employer (See Instructions) Hendrick Medical Center
Date 09/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stephenson, David (Mr.)	Amount of Contribution (\$)  \$19.24
	Contributor address; City; State; Zip Code  Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Executive		Employer (See Instructions) Hendrick Medical Center

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 19/22 Rpt: 27/42
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 09/09/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stone, Matthew (Mr.)	<b>7</b> Amount of Contribution (\$) \$1,500.00
	<b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78205	
<b>8</b> Principal occupation / Job title (See Instructions) Central Group President		<b>9</b> Employer (See Instructions) Baptist Health System
Date 08/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Taylor, Clay (Mr.)	Amount of Contribution (\$) \$20.50
	Contributor address; City; State; Zip Code  Lubbock, TX 79410	
Principal occupation / Job title (See Instructions) Chief Operating Officer		Employer (See Instructions) Covenant Childrens Hospital
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tiffin, Laura (Ms.)	Amount of Contribution (\$) \$2.00
	Contributor address; City; State; Zip Code  Cuero, TX 77954	
Principal occupation / Job title (See Instructions) Business Office Manager		Employer (See Instructions) Cuero Regional Hospital
Date 09/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tiffin, Laura (Ms.)	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code  Cuero, TX 77954	
Principal occupation / Job title (See Instructions) Business Office Manager		Employer (See Instructions) Cuero Regional Hospital
Date 09/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tippin, Russell (Mr.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Odessa, TX 79760	
Principal occupation / Job title (See Instructions) Chief Executive Officer / President		Employer (See Instructions) Medical Center Health System

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 20/22 Rpt: 28/42
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 09/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tucek, Karen (Ms.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Abilene, TX 79601	
<b>8</b> Principal occupation / Job title (See Instructions) Director, Hospice		<b>9</b> Employer (See Instructions) Hendrick Medical Center
Date 09/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Turley, Susan (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Edinburg, TX 78539	
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Doctors Hospital at Renaissance
Date 09/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Vidrine, Amanda (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Quality & Regulatory Manager		Employer (See Instructions) Hendrick Medical Center
Date 09/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wade, Susan (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Abilene Market COO		Employer (See Instructions) Hendrick Medical Center
Date 09/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wagner, Angela (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Healthcare Professional		Employer (See Instructions) Hendrick Medical Center

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 21/22 Rpt: 29/42
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 09/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wallschlaeger, Erich (Mr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Brownwood, TX 76804	<b>7</b> Amount of Contribution (\$)  \$19.24
<b>8</b> Principal occupation / Job title (See Instructions) Chief Financial Officer		<b>9</b> Employer (See Instructions) Hendrick Medical Center
Date 09/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Walzer, Cheryl (Ms.) <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79601	Amount of Contribution (\$)  \$7.70
Principal occupation / Job title (See Instructions) Director of Medsurg / Tele		Employer (See Instructions) Hendrick Medical Center
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Warner, Freddy (Mr.) <hr/> Contributor address; City; State; Zip Code  Houston, TX 77024	Amount of Contribution (\$)  \$145.50
Principal occupation / Job title (See Instructions) Chief Government Relations Officer		Employer (See Instructions) Memorial Hermann Health System
Date 09/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Waters, Amber (Ms.) <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79601	Amount of Contribution (\$)  \$7.70
Principal occupation / Job title (See Instructions) Director of Admissions		Employer (See Instructions) Hendrick Medical Center
Date 09/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wharton, Elisha (Ms.) <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79601	Amount of Contribution (\$)  \$7.70
Principal occupation / Job title (See Instructions) Sr Practice Manager		Employer (See Instructions) Hendrick Medical Center

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 22/22 Rpt: 30/42
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 08/26/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Willmann, Adam (Mr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Clifton, TX 76634	
<b>8</b> Principal occupation / Job title (See Instructions) President / CEO		<b>9</b> Employer (See Instructions) Goodall-Witcher Healthcare
Date 09/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Willson, Megan (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Abilene Market Director PAT/PreOp/PACU		Employer (See Instructions) Hendrick Medical Center
Date 09/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wood, Adam (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Abilene, TX 79601	
Principal occupation / Job title (See Instructions) System Assistant Vice President Supply Chain		Employer (See Instructions) Hendrick Medical Center
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Yancey, Janay (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Woodville, TX 75979	
Principal occupation / Job title (See Instructions) Chief Operating Officer		Employer (See Instructions) Tyler County Hospital

# MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C3

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

# NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE **C4**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule C4: Sch: 1/1 Rpt: 32/42
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 09/25/2024	<b>5</b> Corporation / Labor Organization name Texas Hospital Association	<b>6</b> Amount (\$) 4,200.00



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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

The Instruction Guide explains how to complete this form.

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

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 2/9 Rpt: 34/42	<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital	<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 09/20/2024	<b>5</b> Payee name Carol Alvarado Campaign	
<b>6</b> Amount (\$) \$3,000.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code PO Box 230842  Houston, TX 77223	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/20/2024	Payee name Caroline Fairly Campaign	
Amount (\$) \$1,000.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1000 S Tyler St Apt 10 Amarillo, TX 79101	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/20/2024	Payee name Elizabeth Campos Campaign	
Amount (\$) \$2,000.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1028 Rigsby  San Antonio, TX 78210	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 3/9 Rpt: 35/42	<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital	<b>3</b> Filer ID (Ethics Commission Filers) 00015794
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<b>4</b> Date 09/03/2024	<b>5</b> Payee name Frost Bank
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<b>6</b> Amount (\$) \$19.95  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code PO Box 1727  Austin, TX 78767
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fees
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/03/2024	Payee name Frost Bank
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Amount (\$) \$55.55  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 1727  Austin, TX 78767
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fees
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/03/2024	Payee name Frost Bank
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Amount (\$) \$68.08  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 1727  Austin, TX 78767
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fees
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 4/9 Rpt: 36/42	<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital	<b>3</b> Filer ID (Ethics Commission Filers) 00015794
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<b>4</b> Date 09/20/2024	<b>5</b> Payee name John Bryant Campaign
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<b>6</b> Amount (\$) \$3,000.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code PO Box 140977  Dallas, TX 75214
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/20/2024	Payee name Johns McQueeney Campaign
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Amount (\$) \$2,500.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 100458  Fort Worth, TX 76185
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/20/2024	Payee name Jolanda Jones Campaign
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Amount (\$) \$1,500.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 10709 Marsha Ln  Houston, TX 77024
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 5/9 Rpt: 37/42	<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital	<b>3</b> Filer ID (Ethics Commission Filers) 00015794
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<b>4</b> Date 09/20/2024	<b>5</b> Payee name Mary Edna Gonzalez Campaign
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<b>6</b> Amount (\$) \$2,500.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code PO Box 450  Clint, TX 79836
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/28/2024	Payee name Morgan LaMantia Campaign
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Amount (\$) \$2,500.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1324 E Madison  Brownsville, TX 78520
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/20/2024	Payee name Phil King Campaign
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Amount (\$) \$2,500.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 1913  Weatherford, TX 76086
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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

The Instruction Guide explains how to complete this form.

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

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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

The Instruction Guide explains how to complete this form.

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

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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

The Instruction Guide explains how to complete this form.

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



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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

The Instruction Guide explains how to complete this form.

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

# UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F2: Sch: 1/1 Rpt: 42/42	<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital	<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		<b>\$</b>
<b>5</b> Date 09/17/2024	<b>6</b> Payee name Atchley & Associates LLP	
<b>7</b> Amount (\$) \$714.00	<b>8</b> Payee address; City; State; Zip Code 1005 La Posada Dr  Austin, TX 78752	
<input checked="" type="checkbox"/> Expenditure from corporate funds	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>9</b> TYPE OF EXPENDITURE		
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PAC accounting and reporting services
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought <span style="float:right">Office held</span>