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

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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 C	ommittee of the Texas H	ospital Association	0001579	4
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Mr. Salman Bhojani State Rep	resentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	Measures (Describe by date and location of election and nature of issue.)	A. Supported B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION	I TOTAL LINITEMIZE	D POLITICAL CONTRIBUTIONS (OTHER THAN		
TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLE	IL CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	26,171.23
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	D POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	59,146.21
CONTRIBUTION BALANCE	5. TOTAL POLITICAL (OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	137,967.88
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT	<u> </u>			
		I swear, or affirm, under penalty of pe true and correct and includes all inform under Title 15, Election Code.	rjury, that the nation require	accompanying report is ed to be reported by me
		Ms Ca	rrie Kroll	
		Signature of Car		surer
AFFIX NOTAF	RY STAMP / SEAL ABOVE			
Sworn to and subscrib	ed before me, by the said	, th	nis 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 off	ficer administering oath

				_	Page 3 of 84
2 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
he Political Action Comm	ittee of the Texas Ho	ospital Associ	ation	00015794	4
4 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		The Honorable John H. Bucy S	State Represer	ntative
(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			
	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 Molly Cook 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	Candidates (Identify by name or, if applicable, classify by party.)		The Honorable C. Brandon Cre	ighton 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			
	Officeholders Assisted (Identify by name or, if				
	applicable, classify by party.))			

The Political Action Committee of the Texas Hospital Association 00015794	Page 4 of 84
4. COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location and nature of issue) 3. Officeholders Assisted (identify by pame or, if applicable, classify thy parry.) (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location and nature of issue) 3. Officeholders Assisted (identify by pame or, if applicable, classify thy parry.) (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and nature of issue) 3. Officeholders Assisted (identify by pame or, if applicable, classify by parry.) 4. Supported B. Opposed Mr. Brent Hagenbuch State Senator Mr. Brent Hagenbuch State Senator Mr. Brent Hagenbuch State Senator A. Supported B. Opposed B. Opposed The Honorable Barbara Hawkins State Represe (identify by pame or, if applicable, classify by parry.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) A. Supported A. Supported A. Supported Describe by date and neature of issue.) A. Supported A. Supported Describe by date and neature of issue.) A. Supported Describe by date and neature of issue.) B. Opposed Describe by date and neature of issue.) A. Supported Describe by date and neature of issue. A. Supported Describe by date and neature of issue. A. Supported Describe by date and neature of issue. Describe by date and neature of issue. A. Supported Describe by date and neature of issue. A. Supported Describe by date and neature of issue. A. Supported Describe by date and neature of issue. A. Supported The Honorable Barbara Hawkins State Represe of the neature of issue. Describe by date and neature of issue. A. Supported The Honorable Gia	(Ethics Commission Filers)
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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.) (Attach lists on plain paper to complete this report if necessary.) B. Opposed	
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ACTIVITY (Identify by name or, if applicable, classify by party.) (Attach lists on plain paper to complete this report if necessary.) B. Opposed	
ACTIVITY (Identify by name or, if applicable, classify by party.) (Attach lists on plain paper to complete this report if necessary.) B. Opposed	entative
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(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.)	

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12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
The Political Action Comm	nittee of the Texas Ho	ospital Associa	tion	00015794	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		The Honorable Glenn A. Hegar	Jr. Comptroller	
(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			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Mrs. Hillary G. Hickland State R	epresentative	
(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			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		The Honorable Regina Hinojosa	State Represe	entative
(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			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
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12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
The Political Action Comm	ittee of the Texas Ho	ospital Associa	tion	00015794	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		The Honorable Donna S. Howar	d State Repres	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			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		The Honorable D. Bryan Hughes	State Senato	r
(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			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		The Honorable Todd A. Hunter	State Represer	ntative
(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.)				
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2 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
he Political Action Commi	ttee of the Texas Ho			0001579	
L4 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		The Honorable Ann Johnson S	State Represer	ntative
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures	A. Supported	t		
	(Describe by date and location of election and nature of issue.)				
		B. Opposed			
	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 Heriberto Mora	les Jr. State R	epresentative
(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	1		
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		The Honorable Thomas J. Oliv	erson State R	epresentative
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	Measures (Describe by date and location of election and nature of issue.)	A. Supported	1		
		B. Opposed			
	Officeholders Assisted (Identify by name or, if				
	applicable, classify by party.)				

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2 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
he Political Action Commi				00015794	
L4 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		The Honorable Jared L. Patt	terson State Repr	esentative
(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			
	Officeholders Assisted (Identify by name or, if				
	applicable, classify by party.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Vincent Perez State Repres	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.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		The Honorable Michael Scho	ofield State Repre	esentative
(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			
	Officeholders Assisted (Identify by name or, if				
	applicable, classify by party.)				

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2 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
he Political Action Comn	nittee of the Texas Ho			00015794	
L4 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		The Honorable Charles Schwert	iner State Ser	nator
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	Measures (Describe by date and	A. Supported			
	location of election and nature of issue.)				_
		B. Opposed			
	Officeholders Assisted (Identify by name or, if				
	applicable, classify by party.)	<u> </u>			
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		The Honorable Shelby L. Slaws	on State Repr	esentative
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	Measures (Describe by date and location of election and nature of issue.)	A. Supported			
	,	B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	The Honorable Senfronia Thomp	pson State Re	presentative
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted				
	(Identify by name or, if applicable, classify by party.))			

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12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
The Political Action Comm	ittee of the Texas Ho	ospital Associa	ution	00015794	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		The Honorable Christopher G. T	urner 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			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		The Honorable Royce West Sta	ite 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			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		The Honorable Eugene Y. Wu S	State Represen	tative
(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.)				
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SUBTOTALS - MPAC

FORM MPAC **COVER SHEET PG 3**

			11 of 84
17 COMMITTEE NAME	18 Filer ID	(Ethics Commis	ssion Filers)
The Political Action Committee of the Texas Hospital Association			
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTA	AL AMOUNT
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	21,257.23
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4. SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LA ORGANIZATION	ABOR	\$	
5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPO	DRATION OR	\$	
6. X SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR O	RGANIZATION	\$	714.00
7. X SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LAB ORGANIZATION	OR	\$	4,200.00
8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABO)R ORGANIZATION	\$	
9. SCHEDULE E: LOANS		\$	
10. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	58,307.21
11. X SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	839.00
12. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBU	JTIONS	\$	
13. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
14. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBU	JTIONS	\$	
15. X SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION TO FILER	NS RETURNED	\$	1,500.00

	MONET	ARY POLITICAL CONTRIBUTION	Οľ	NS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this	1				
2	FILER NAME The Political	Action Committee of the Texas Hospital Association	on		3	Filer ID (Ethics Commission 00015794	Filers)
4	Date 09/27/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$1.00
		Georgetown, TX 78633					
8	Principal occu Claims Mana		9	Employer (See Instructions Texas Hospital Insuranc			
	Date 10/25/2024	Full name of contributor out-of-state PAC (ID#: Amador, Dolores (Ms.) Contributor address; City; State; Zip Code	:)		Amount of Contribution (\$)	\$1.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>			
	Claims Mana	ager	Texas Hospital Insurand			Exchange	
	Date 09/27/2024	Full name of contributor out-of-state PAC (ID#: Andersen, Daniel (Mr.) Contributor address; City; State; Zip Code Georgetown, TX 78633	:			Amount of Contribution (\$)	\$14.00
	Principal occu	pation / Job title (See Instructions)	Т	Employer (See Instructions	<u> </u> :)		
		iting & Business Development		Texas Hospital Insuranc		Exchange	
	Date 10/25/2024	Full name of contributor out-of-state PAC (ID#: Andersen, Daniel (Mr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$14.00
		Georgetown, TX 78633	_				
	•	pation / Job title (See Instructions) iting & Business Development		Employer (See Instructions Texas Hospital Insuranc		Exchange	
	Date 10/12/2024	Full name of contributor out-of-state PAC (ID#: Bagchi, Sam (Dr.) Contributor address; City; State; Zip Code Irving, TX 75038				Amount of Contribution (\$)	\$165.00
		Pation / Job title (See Instructions)		Employer (See Instructions)		
	EVP / Chief	Clinical Officer		CHRISTUS Health			

	MONEI	ARY POLITICAL (CONTRIBUTION	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how	1	Total pages Schedule A1: Sch: 2/56 Rpt: 13/84			
2	FILER NAME The Political	Action Committee of the Texa	as Hospital Association		3	Filer ID (Ethics Commission 00015794	n Filers)
4	Date 10/17/2024	5 Full name of contributor Ballew, Joel (Mr.)6 Contributor address; City; St	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$41.50
		Arlington, TX 76011					
8		pation / Job title (See Instructions	9	Employer (See Instructions			
	VP Governm	nent & Community Affairs		Texas Health Resources	s 		
	Date 09/27/2024	Full name of contributor Banda, Jennifer (Ms.) Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code			Amount of Contribution (\$)	\$41.00
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions	3)	Employer (See Instructions	5)		
	Senior VP A	dvocacy & Public Policy		Texas Hospital Associat	ior	1	
	Date 10/25/2024	Full name of contributor Banda, Jennifer (Ms.) Contributor address; City; Si	out-of-state PAC (ID#: ate; Zip Code)		Amount of Contribution (\$)	\$41.00
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions	3)	Employer (See Instructions	5)		
	Senior VP A	dvocacy & Public Policy		Texas Hospital Associat	ior	1	
	Date Full name of contributor 10/24/2024 Barron, Kevin (Mr.) Contributor address; City; State; Zip Code San Antonio, TX 78229		out-of-state PAC (ID#:			Amount of Contribution (\$)	\$500.00
	•	pation / Job title (See Instructions Payer Relations	(5)	Employer (See Instructions University Health	5)		
	Date 10/03/2024	Full name of contributor Baty, Krista (Ms.) Contributor address; City; Si Brownwood, TX 76801	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$27.50
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	5)		
	Chief Admin	istrative Officer		Hendrick Medical Cente	r		

	MONET	ARY POLITICAL C	ONTRIBUTIO	N2		SCHEDULI	E A1
	The Instru	ction Guide explains how	to complete this fo	orm.		pages Schedule A1: 3/56 Rpt: 14/84	
	FILER NAME The Political	Action Committee of the Texa	s Hospital Association		3 Filer 0003	ID (Ethics Commission 15794	n Filers)
4	Date 10/15/2024	Full name of contributor Baty, Krista (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#:		7 Amo	unt of Contribution (\$)	\$27.50
		Brownwood, TX 76801					
8		pation / Job title (See Instructions) istrative Officer		Employer (See Instructions Hendrick Medical Cente	er		
	Date 09/27/2024	Full name of contributor Beasley, Sharon (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#:		Amo	unt of Contribution (\$)	\$8.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> S)		
	Sr Dir Gover	nance & Exec Administration		Texas Hospital Associat	tion		
	Date 10/25/2024	Full name of contributor Beasley, Sharon (Ms.) Contributor address; City; Sta)	Amo	unt of Contribution (\$)	\$8.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)		Employer (See Instructions	2)		
		nance & Exec Administration		Texas Hospital Associat			
	Date 09/27/2024	Full name of contributor Bell, Jeff (Mr.) Contributor address; City; Sta Austin, TX 78701)	Amo	unt of Contribution (\$)	\$4.00
	·	pation / Job title (See Instructions) rporate Relations		Employer (See Instructions THA Foundation	5)		
	Date 10/25/2024	Full name of contributor Bell, Jeff (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#:)	Amo	unt of Contribution (\$)	\$4.00
		pation / Job title (See Instructions) rporate Relations		Employer (See Instructions THA Foundation	5)		
		,					

	MONEI	ARY POLITICAL C	ONTRIBUTION	NS		SCHEDULE	A1
	The Instruc	ction Guide explains how	to complete this for	rm.	1	Total pages Schedule A1: Sch: 4/56 Rpt: 15/84	
2	FILER NAME	Astion Committee of the Tour			3	Filer ID (Ethics Commission	Filers)
		Action Committee of the Texa				00015794	
4	Date 10/03/2024	5 Full name of contributor Benham, Bradley (Mr.)6 Contributor address; City; Sta	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$9.62
		Abilene, TX 79601					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	()		
	VP HMC Fou	undation		Hendrick Medical Cente	r		
	Date 10/15/2024	Full name of contributor Benham, Bradley (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code			Amount of Contribution (\$)	\$9.62
		Abilene, TX 79601					
		pation / Job title (See Instructions)		Employer (See Instructions			
	VP HMC Fou	undation		Hendrick Medical Cente	r		
	Date 10/03/2024	Full name of contributor Bessent, Brian (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$32.50
		Abilene, TX 79601					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	VP / Chief St	trategy & Experience Officer		Hendrick Medical Cente	r		
	Date 10/15/2024	Full name of contributor Bessent, Brian (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code)		Amount of Contribution (\$)	\$32.50
	•	pation / Job title (See Instructions) trategy & Experience Officer		Employer (See Instructions Hendrick Medical Cente			
	Date 10/15/2024	Full name of contributor Booth, Donny (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$41.67
		pation / Job title (See Instructions)		Employer (See Instructions			
	Chief Execut	tive Officer		Permian Regional Medio	cal	Center	

	MONET	ARY POLITICAL C	CONTRIBUTIO	NS		SCHEDU	LE A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 5/56 Rpt: 16/84	
2	FILER NAME The Political	Action Committee of the Texa	as Hospital Association		3	Filer ID (Ethics Commission 00015794	ion Filers)
4	Date 09/26/2024	5 Full name of contributor Border Health PAC	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$10,000.00
		McAllen, TX 78504					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Date 10/03/2024	Full name of contributor Bowden, Sherri (Ms.) Contributor address; City; St	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$3.85
	Discourse	Abilene, TX 79601		Faralas and (October American	<u> </u>		
		pation / Job title (See Instructions monary Services)	Employer (See Instructions Hendrick Medical Cente			
	Date 10/15/2024	Full name of contributor Bowden, Sherri (Ms.) Contributor address; City; St	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$3.85
		Abilene, TX 79601			L		
		pation / Job title (See Instructions monary Services)	Employer (See Instructions Hendrick Medical Cente			
	Date 10/03/2024	Full name of contributor Brockway, Toni (Ms.) Contributor address; City; St Abilene, TX 79601				Amount of Contribution (\$)	\$5.00
	•	pation / Job title (See Instructions /orkforce Dev)	Employer (See Instructions Hendrick Medical Cente			
	Date 10/15/2024	Full name of contributor Brockway, Toni (Ms.) Contributor address; City; St Abilene, TX 79601	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$5.00
	•	pation / Job title (See Instructions /orkforce Dev		Employer (See Instructions Hendrick Medical Cente			
			1	Total St. Modifical Solition			

	MONEI	ARY POLITICAL CONTRIBUTION	חכ	15		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	or	m.	1	Total pages Schedule A1: Sch: 6/56 Rpt: 17/84	
2	FILER NAME The Political	Action Committee of the Texas Hospital Association	n		3	Filer ID (Ethics Commission 00015794	Filers)
4	Date 10/03/2024	5 Full name of contributor)	7	Amount of Contribution (\$)	\$4.81
8		Abilene, TX 79601 pation / Job title (See Instructions) ce President Clinical Svs	9	Employer (See Instructions Hendrick Medical Cente			
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID#:_ Broderick, Treva (Ms.) Contributor address; City; State; Zip Code Abilene, TX 79601)		Amount of Contribution (\$)	\$4.81
	•	pation / Job title (See Instructions) ce President Clinical Svs		Employer (See Instructions Hendrick Medical Cente			
	Date 10/03/2024	Full name of contributor out-of-state PAC (ID#:_Calvo, Raul (Mr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$2.50
	Principal occu Board Vice (Abilene, TX 79608 spation / Job title (See Instructions) Chair		Employer (See Instructions Hendrick Medical Cente			
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID#:_ Calvo, Raul (Mr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$2.50
	Principal occu Board Vice C	pation / Job title (See Instructions)		Employer (See Instructions Hendrick Medical Cente			
	Date 10/03/2024	Full name of contributor out-of-state PAC (ID#:_ Camacho, Precilla (Ms.) Contributor address; City; State; Zip Code Abilene, TX 79601)		Amount of Contribution (\$)	\$3.85
	Principal occu Senior Direc	pation / Job title (See Instructions) tor Nursing		Employer (See Instructions Hendrick Medical Cente			

	MONET	ARY POLITICAL CONTRIBU	TION	IS		SCHEDULI	E A1
	The Instruc	ction Guide explains how to complete th	nis for	m.	1	Total pages Schedule A1: Sch: 7/56 Rpt: 18/84	
2	FILER NAME The Political	Action Committee of the Texas Hospital Associ	iation		3	Filer ID (Ethics Commission 00015794	ı Filers)
4	Date 10/15/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$3.85
_		Abilene, TX 79601	1_		<u></u>		
8	Principal occu Senior Direc	pation / Job title (See Instructions) tor Nursing	9	Employer (See Instructions Hendrick Medical Cente			
	Date 10/03/2024	Full name of contributor				Amount of Contribution (\$)	\$30.00
	Deinsinal assu	Abilene, TX 79601		Franks on (Cas Instructions	<u></u>		
	•	pation / Job title (See Instructions) ting Office / System VP		Employer (See Instructions Hendrick Medical Cente			
	Date 10/15/2024	Full name of contributor out-of-state PAC (Canada, Kirk (Mr.) Contributor address; City; State; Zip Code	(ID#:			Amount of Contribution (\$)	\$30.00
		Abilene, TX 79601					
		pation / Job title (See Instructions) ting Office / System VP		Employer (See Instructions Hendrick Medical Cente	•		
	Date 10/03/2024	Full name of contributor out-of-state PAC (Cates, Boyd (Mr.) Contributor address; City; State; Zip Code Abilene, TX 79601)		Amount of Contribution (\$)	\$1.00
	Principal occu Diagnostic T	pation / Job title (See Instructions) echnologist		Employer (See Instructions Hendrick Medical Center			
	Date 10/15/2024	Full name of contributor out-of-state PAC (Cates, Boyd (Mr.) Contributor address; City; State; Zip Code Abilene, TX 79601)		Amount of Contribution (\$)	\$1.00
	Principal occu Diagnostic T	pation / Job title (See Instructions)		Employer (See Instructions Hendrick Medical Cente			
	Diagnostic 1	Сонноюды		TIGHTION WEGICAL CELLE	•1		

	WONEI	ARY POLITICAL C	ONTRIBUTIO	<u>-</u>		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 8/56 Rpt: 19/84	
2	FILER NAME The Political	Action Committee of the Texas	s Hospital Association		3	Filer ID (Ethics Commission 00015794	Filers)
4	Date 10/10/2024	5 Full name of contributor [Clevenger, Erin (Ms.)6 Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)	7	Amount of Contribution (\$)	\$14.59
8	Dringing Loggy	Port Lavaca, TX 77979 pation / Job title (See Instructions)		Employer (See Instructions			
°		/ CNO / Clinical Srvc Administ		Memorial Medical Cente			
	Date 10/15/2024	Full name of contributor [Collins, Chad (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$14.50
	Principal occu	Plano, TX 75093 pation / Job title (See Instructions)		Employer (See Instructions	-/- 		
	·	ent Operations		Texas Health Presbyter		Hospital Plano	
	Date 10/03/2024	Full name of contributor Conger, Cody (Mr.) Contributor address; City; Sta Abilene, TX 79601	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$4.00
	Principal occu	pation / Job title (See Instructions)	İ	Employer (See Instructions	<u> </u> s)		
	·	tor, Invasive Cardiology		Hendrick Medical Cente			
	Date 10/15/2024	Full name of contributor Conger, Cody (Mr.) Contributor address; City; Sta Abilene, TX 79601				Amount of Contribution (\$)	\$4.00
		pation / Job title (See Instructions) tor, Invasive Cardiology		Employer (See Instructions Hendrick Medical Cente			
	Date 10/03/2024	Full name of contributor Connell, Jessica (Ms.) Contributor address; City; Sta Brownwood, TX 76804	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$4.81
	•	pation / Job title (See Instructions)		Employer (See Instructions			
	Chief Nursin	g Officer		Hendrick Medical Cente	er		

	MONET	ARY POLITICAL CONTRIBUTION	Or	N 5		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 9/56 Rpt: 20/84	
2	FILER NAME The Political	Action Committee of the Texas Hospital Association	on		3	Filer ID (Ethics Commission 00015794	Filers)
4	Date 10/15/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$4.81
		Brownwood, TX 76804					
8	Principal occu Chief Nursin	pation / Job title (See Instructions) g Officer	9	Employer (See Instructions Hendrick Medical Cente			
	Date 09/27/2024	Full name of contributor out-of-state PAC (ID#: Conner, Cecil (Mr.) Contributor address; City; State; Zip Code	:)		Amount of Contribution (\$)	\$4.00
	Principal occu	Austin, TX 78731 pation / Job title (See Instructions)	Т	Employer (See Instructions	<u> </u> ;)		
	Risk Manage	ement Advisor		Texas Hospital Insuranc		Exchange	
	Date 10/25/2024	Full name of contributor out-of-state PAC (ID#: Conner, Cecil (Mr.) Contributor address; City; State; Zip Code	:)		Amount of Contribution (\$)	\$4.00
	Dringing con	Austin, TX 78731 pation / Job title (See Instructions)	_	Employer (See Instructions	·/_		
	-	ement Advisor		Employer (See Instructions Texas Hospital Insurance		Exchange	
	Date 10/03/2024	Full name of contributor out-of-state PAC (ID#: Contreras, Rosendo (Ms.) Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$1.93
		Abilene, TX 79601					
	•	pation / Job title (See Instructions) safety, Infection Preventionist, Perf Improv		Employer (See Instructions Hendrick Medical Cente			
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID#: Contreras, Rosendo (Ms.) Contributor address; City; State; Zip Code Abilene, TX 79601				Amount of Contribution (\$)	\$1.93
	•	pation / Job title (See Instructions)		Employer (See Instructions			
	DII Pallent S	cafety, Infection Preventionist, Perf Improv		Hendrick Medical Cente	·f		

	MONET	ARY POLITICAL CONTR	RIBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to comp	olete this form	n.	1	Total pages Schedule A1: Sch: 10/56 Rpt: 21/84	
2	FILER NAME The Political	Action Committee of the Texas Hospital	l Association		3	Filer ID (Ethics Commission 00015794	n Filers)
4	Date 09/27/2024	Cook, Kenneth (Mr.)	tate PAC (ID#:		7	Amount of Contribution (\$)	\$2.00
ρ	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	la l	Employer (See Instructions	<u> </u>		
0	IT Director	pation / 300 title (See instructions)		THA Foundation	>)		
	Date 10/25/2024	Full name of contributor out-of-st Cook, Kenneth (Mr.) Contributor address; City; State; Zip Coo			•	Amount of Contribution (\$)	\$2.00
	Dringing aggr	Austin, TX 78701 pation / Job title (See Instructions)		Employer (See Instructions	<u>''</u>		
	IT Director	pation / Job title (See Instructions)		THA Foundation	o)		
	Date 10/03/2024	Full name of contributor out-of-st Cooper, David (Mr.) Contributor address; City; State; Zip Coo	ate PAC (ID#:)	•	Amount of Contribution (\$)	\$3.85
		Abilene, TX 79601					
	Principal occu Lab Supervis	pation / Job title (See Instructions) Sor		Employer (See Instructions Hendrick Medical Cente			
	Date 10/15/2024	Cooper, David (Mr.)			•	Amount of Contribution (\$)	\$3.85
	Principal occu Lab Supervis	pation / Job title (See Instructions)		Employer (See Instructions Hendrick Medical Cente			
	Date 10/21/2024	Copeland, Laura (Ms.))		Amount of Contribution (\$)	\$350.00
	•	pation / Job title (See Instructions)		Employer (See Instructions Cook Children's Medica		enter	

	MONET	ARY POLITICAL (CONTRIBUTION	IS 		SCHEDULI	E A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 11/56 Rpt: 22/84	
2	FILER NAME The Political	Action Committee of the Texa	as Hospital Association		3	Filer ID (Ethics Commission 00015794	r Filers)
4	Date 09/27/2024	5 Full name of contributor Costilla, Nina (Ms.)6 Contributor address; City; St	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$2.00
		Austin, TX 78701					
8	•	pation / Job title (See Instructions ects Manager	9	Employer (See Instructions THA Foundation	s)		
	Date 10/25/2024	Full name of contributor Costilla, Nina (Ms.) Contributor address; City; Si	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$2.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions	.,	Employer (See Instructions	<u></u>		
		ects Manager)	THA Foundation	>)		
	Date 09/27/2024	Full name of contributor Cotton, Corey (Mr.) Contributor address; City; Si	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$20.00
		Austin, TX 78701					
	Principal occu VP Member	pation / Job title (See Instructions Solutions	5)	Employer (See Instructions Texas Hospital Associa		١	
	Date 10/25/2024	Full name of contributor Cotton, Corey (Mr.) Contributor address; City; Si Austin, TX 78701	out-of-state PAC (ID#:	_		Amount of Contribution (\$)	\$20.00
	Principal occu VP Member	pation / Job title (See Instructions Solutions	5)	Employer (See Instructions Texas Hospital Associa	•	١	
	Date 09/27/2024	Full name of contributor Dale, Vicki (Ms.) Contributor address; City; Si Austin, TX 78701	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$20.00
	•	pation / Job title (See Instructions of Business Services	s)	Employer (See Instructions THA Foundation	5)		
	2333						

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS	SCHEDULE A1	L
	The Instru	ction Guide explains how	to complete this fo	rm.	1 Total pages Schedule A1: Sch: 12/56 Rpt: 23/84	
2	FILER NAME The Political	Action Committee of the Texa	s Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794)
4	Date 10/25/2024	5 Full name of contributor Dale, Vicki (Ms.)6 Contributor address; City; Sta	out-of-state PAC (ID#:		7 Amount of Contribution (\$) \$20	0.00
8	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	5	Employer (See Instructions	S)	
	Sr Director o	f Business Services		THA Foundation		
	Date 09/27/2024	Full name of contributor Davenport, Chad (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code)	Amount of Contribution (\$) \$2	2.00
		Georgetown, TX 78633	i			
		pation / Job title (See Instructions)		Employer (See Instructions		
_	Accounting S			Texas Hospital Insurand		
	Date 10/25/2024	Full name of contributor Davenport, Chad (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code		Amount of Contribution (\$) \$2	2.00
	Dringinal occu	Georgetown, TX 78633 pation / Job title (See Instructions)		Employer (See Instructions	<u></u>	
	Accounting S	,		Employer (See Instructions Texas Hospital Insurance		
	Date 09/27/2024	Full name of contributor Davila, Leslie (Ms.) Contributor address; City; Sta Georgetown, TX 78633	out-of-state PAC (ID#: tte; Zip Code)	Amount of Contribution (\$) \$20	0.00
	Principal occu Receptionist	pation / Job title (See Instructions)		Employer (See Instructions Texas Hospital Insurance		
	Date 10/25/2024	Full name of contributor Davila, Leslie (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code		Amount of Contribution (\$) \$20	0.00
\vdash	Principal occu	pation / Job title (See Instructions)	T	Employer (See Instructions	<u> </u> S)	
	Receptionist			Texas Hospital Insuranc		

	WONEI	ARY POLITICAL C	ONTRIBUTIO			SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 13/56 Rpt: 24/84	
2	FILER NAME The Political	Action Committee of the Texa	s Hospital Association		3	Filer ID (Ethics Commission 00015794	Filers)
4	Date 09/26/2024	5 Full name of contributorDavis, John (Mr.)6 Contributor address; City; St.	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$3.85
		Cuero, TX 77954	<u>,</u>				
8		pation / Job title (See Instructions diopulmonary	9	9 Employer (See Instructions Cuero Regional Hospita			
	Date 10/15/2024	Full name of contributor Davis, John (Mr.) Contributor address; City; St.	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$3.85
	Principal occu	Cuero, TX 77954 pation / Job title (See Instructions		Employer (See Instructions	 - S)		
	Director Card	diopulmonary		Cuero Regional Hospita	al		
	Date 09/27/2024	Full name of contributor De La Garza-Barone, Hea Contributor address; City; St. Austin, TX 78701)		Amount of Contribution (\$)	\$2.00
	Principal occu	pation / Job title (See Instructions		Employer (See Instructions	<u>s)</u>		
		eneral Counsel		Texas Hospital Associat		1	
	Date 10/25/2024	Full name of contributor De La Garza-Barone, Hea Contributor address; City; St. Austin, TX 78701)		Amount of Contribution (\$)	\$2.00
	·	pation / Job title (See Instructions eneral Counsel		Employer (See Instructions Texas Hospital Associat	•	1	
	Date 09/30/2024	Full name of contributor DeYoung, Peter (Dr.) Contributor address; City; St. Austin, TX 78758	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$41.00
	Principal occu	pation / Job title (See Instructions		Employer (See Instructions St Davids North Austin I		dical Center	
	2 22 110 3100		l				

	MONET	ARY POLITICAL CONTRIBU	ITION	IS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete t	his for	m.	1	Total pages Schedule A1: Sch: 14/56 Rpt: 25/84	
2	FILER NAME The Political	Action Committee of the Texas Hospital Assoc	ciation		3	Filer ID (Ethics Commission 00015794	Filers)
4	Date 10/03/2024	 Full name of contributor out-of-state PAC Dennis, Gregory (Mr.) Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$3.85
_	<u> </u>	Abilene, TX 79601	- 10		<u></u>		
8	•	pation / Job title (See Instructions) ility Management	9	Employer (See Instructions Hendrick Medical Cente			
	Date 10/15/2024	Full name of contributor out-of-state PAC Dennis, Gregory (Mr.) Contributor address; City; State; Zip Code			•	Amount of Contribution (\$)	\$3.85
	Dringing! aggs	Abilene, TX 79601		Employer (Coo Instructions	<u></u>		
	•	pation / Job title (See Instructions) ility Management		Employer (See Instructions Hendrick Medical Cente			
	Date 10/03/2024	Full name of contributor out-of-state PAC Devun, Sharn (Ms.) Contributor address; City; State; Zip Code	(ID#:)	-	Amount of Contribution (\$)	\$3.85
		Abilene, TX 79601					
		pation / Job title (See Instructions) Management		Employer (See Instructions Hendrick Medical Cente			
	Date 10/15/2024	Full name of contributor out-of-state PAC Devun, Sharn (Ms.) Contributor address; City; State; Zip Code Abilene, TX 79601)		Amount of Contribution (\$)	\$3.85
	'	pation / Job title (See Instructions) Management		Employer (See Instructions Hendrick Medical Cente	•		
	Date 10/14/2024	Full name of contributor out-of-state PAC Dippel, Douglas (Mr.) Contributor address; City; State; Zip Code Sweetwater, TX 79556)	•	Amount of Contribution (\$)	\$20.00
	·	pation / Job title (See Instructions) tive Officer / Administrator		Employer (See Instructions Rolling Plains Memorial		osnital	
	Silici Exceut	are emony running and		Training Figure Memorial			

	MONET	ARY POLITICAL C	ONTRIBUTION	IS 		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 15/56 Rpt: 26/84	
2	FILER NAME The Political	Action Committee of the Texa	s Hospital Association		3	Filer ID (Ethics Commission 00015794	Filers)
4	Date 10/03/2024	5 Full name of contributorDonaway, Duane (Mr.)6 Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code)	7	Amount of Contribution (\$)	\$1.93
		Abilene, TX 79601					
8		pation / Job title (See Instructions) rmation Systems	9	Employer (See Instructions Hendrick Medical Cente			
	Date 10/15/2024	Full name of contributor Donaway, Duane (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code		•	Amount of Contribution (\$)	\$1.93
	Principal occu	Abilene, TX 79601 pation / Job title (See Instructions)		Employer (See Instructions	<u>s)</u>		
				Hendrick Medical Cente			
	Date 09/27/2024	Full name of contributor Doyle, Rosalinda (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code)		Amount of Contribution (\$)	\$2.00
		Austin, TX 78701					
	Principal occu Payroll Admi	pation / Job title (See Instructions) nistrator		Employer (See Instructions Texas Hospital Associa		1	
	Date 10/25/2024	Full name of contributor Doyle, Rosalinda (Ms.) Contributor address; City; Sta				Amount of Contribution (\$)	\$2.00
	Principal occu Payroll Admi	pation / Job title (See Instructions) nistrator		Employer (See Instructions Texas Hospital Associa	-	١	
	Date 10/03/2024	Full name of contributor Driskell, Jesiree (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code		•	Amount of Contribution (\$)	\$7.50
	•	pation / Job title (See Instructions) ic Comms & Digital Expert		Employer (See Instructions Hendrick Medical Cente			
	Sautog	S Sommo & Digital Export			•		

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1			
	The Instru	ction Guide explains how to complete this	for	rm.	1	Total pages Schedule A1: Sch: 16/56 Rpt: 27/84			
2	FILER NAME The Political	Action Committee of the Texas Hospital Associati	on		3	Filer ID (Ethics Commission 00015794	Filers)		
4	Date 10/15/2024	5 Full name of contributor out-of-state PAC (ID# Driskell, Jesiree (Ms.) 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$7.50		
8		Abilene, TX 79601 pation / Job title (See Instructions) ic Comms & Digital Expert	9	Employer (See Instructions Hendrick Medical Cente					
	Date 09/27/2024	Full name of contributor out-of-state PAC (ID# Dupree, Anthony (Mr.) Contributor address; City; State; Zip Code Austin, TX 78701 pation / Job title (See Instructions)	#:	Employer (See Instructions		Amount of Contribution (\$)	\$4.00		
		s Payable Specialist		Texas Hospital Associat		1			
	Date 10/25/2024	Full name of contributor out-of-state PAC (ID# Dupree, Anthony (Mr.) Contributor address; City; State; Zip Code	#:)	•	Amount of Contribution (\$)	\$4.00		
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Τ	Employer (See Instructions	<u> </u> s)				
	Sr. Accounts	s Payable Specialist		Texas Hospital Associat	tior	1			
	Date 10/03/2024	Full name of contributor out-of-state PAC (ID# Escobar, Jaye (Ms.) Contributor address; City; State; Zip Code Abilene, TX 79601	#:)		Amount of Contribution (\$)	\$3.85		
	·	pation / Job title (See Instructions) Correctional Health		Employer (See Instructions Hendrick Medical Cente					
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID# Escobar, Jaye (Ms.) Contributor address; City; State; Zip Code Abilene, TX 79601	#:			Amount of Contribution (\$)	\$3.85		
		pation / Job title (See Instructions) Correctional Health		Employer (See Instructions Hendrick Medical Cente					
	200.01 01 0	on out of the state of the stat		. Totalion Woulder Certife					

	MONET	ARY POLITICAL C	ONTRIBUTION	IS 		SCHEDULE	E A1
	The Instru	ction Guide explains how	to complete this for	n.	1	Total pages Schedule A1: Sch: 17/56 Rpt: 28/84	
2	FILER NAME The Political	Action Committee of the Texa	s Hospital Association		3	Filer ID (Ethics Commission 00015794	Filers)
4	Date 09/27/2024	5 Full name of contributorEskew, Amy (Ms.)6 Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code)	7	Amount of Contribution (\$)	\$14.00
		Austin, TX 78701					
8	Principal occu President / C	pation / Job title (See Instructions) CEO	9	Employer (See Instructions Texas Healthcare Trust			
	Date 10/25/2024	Full name of contributor Eskew, Amy (Ms.) Contributor address; City; Sta)		Amount of Contribution (\$)	\$14.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)		Employer (See Instructions	 		
	President / CEO Te			Texas Healthcare Trust	ees		
	Date 10/03/2024	Full name of contributor Eurek, Andrew (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$4.00
		Abilene, TX 79601					
	•	pation / Job title (See Instructions) ıncial Analysis		Employer (See Instructions Hendrick Medical Cente			
	Date 10/15/2024	Full name of contributor Eurek, Andrew (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code)	•	Amount of Contribution (\$)	\$4.00
	•	pation / Job title (See Instructions) Incial Analysis		Employer (See Instructions Hendrick Medical Cente			
	Date 09/27/2024	Full name of contributor Felton, Chris (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$4.00
		pation / Job title (See Instructions)		Employer (See Instructions Texas Hospital Associat			
	<u> </u>			,			

	MONEI	ARY POLITICAL CO	DNIKIBUTIO	NS	SCHEDULE A1	•
	The Instru	ction Guide explains how t	o complete this fo	rm.	1 Total pages Schedule A1: Sch: 18/56 Rpt: 29/84	
2	FILER NAME The Political	Action Committee of the Texas	Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794	
4	Date 10/25/2024	Full name of contributor Felton, Chris (Mr.)Contributor address; City; State	out-of-state PAC (ID#: e; Zip Code)	7 Amount of Contribution (\$) \$4	.00
8		Austin, TX 78701 pation / Job title (See Instructions)	9	Employer (See Instructions Texas Hospital Associat		
	Date 10/03/2024	Full name of contributor Ford, Christopher (Mr.) Contributor address; City; State Abilene, TX 79601	out-of-state PAC (ID#: e; Zip Code)	Amount of Contribution (\$)	.62
	Principal occu AVP Suppor	pation / Job title (See Instructions)		Employer (See Instructions Hendrick Medical Cente		
	Date 10/15/2024	Full name of contributor Ford, Christopher (Mr.) Contributor address; City; State Abilene, TX 79601	out-of-state PAC (ID#: e; Zip Code)	Amount of Contribution (\$) \$9	.62
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions Hendrick Medical Cente		
	Date 10/14/2024	Full name of contributor Fox, Jay (Mr.) Contributor address; City; State Austin, TX 78701)	Amount of Contribution (\$) \$20	.50
	•	pation / Job title (See Instructions) SWH Austin Area		Employer (See Instructions Baylor Scott & White Me	I s) edical Center - Pflugerville	
	Date 10/15/2024	Full name of contributor Francis, Christy (Mrs.) Contributor address; City; State Canadian, TX 79014	out-of-state PAC (ID#:		Amount of Contribution (\$) \$42	.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Hemphill County Hospit		
			'			

2 FILER NAME	ction Guide explains how t	to complete this fo	orm	1 Total pages Schedule A1:
The Political 4 Date)	Sch: 19/56 Rpt: 30/84
	Action Committee of the Texas	s Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
	5 Full name of contributor Frazier, Tess (Ms.)6 Contributor address; City; State			7 Amount of Contribution (\$)
	Georgetown, TX 78633			
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions	ns)
President / C	CEO		Texas Hospital Insuranc	nce Exchange
Date 10/25/2024	Full name of contributor Frazier, Tess (Ms.) Contributor address; City; Stat	out-of-state PAC (ID#: te; Zip Code)	Amount of Contribution (\$)
	Georgetown, TX 78633			
	pation / Job title (See Instructions)		Employer (See Instructions	
President / C	CEO		Texas Hospital Insurand	nce Exchange
Date 09/27/2024	Full name of contributor [Gaines, Cameron (Mr.) Contributor address; City; State Georgetown, TX 78633	out-of-state PAC (ID#:)	Amount of Contribution (\$) \$2
Principal occur	pation / Job title (See Instructions)	ı	Employer (See Instructions	ns)
IT Support S			Texas Hospital Insurance	
Date 10/25/2024	Full name of contributor Gaines, Cameron (Mr.)			Amount of Contribution (\$)
Principal occu IT Support S	pation / Job title (See Instructions) pecialist		Employer (See Instructions Texas Hospital Insurance	
Date 10/24/2024	Full name of contributor Galinsky, William (Mr.) Contributor address; City; Stat Temple, TX 76508	out-of-state PAC (ID#: te; Zip Code		Amount of Contribution (\$)
Principal occu	pation / Job title (See Instructions)	T	Employer (See Instructions	ns)
	nental Finance		Baylor Scott & White He	

	MONEI	ARY POLITICAL C	ONTRIBUTION	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this for	rm.	1	Total pages Schedule A1: Sch: 20/56 Rpt: 31/84	
2	FILER NAME The Political	Action Committee of the Texa	as Hospital Association		3	Filer ID (Ethics Commission 00015794	Filers)
4	Date 09/27/2024	5 Full name of contributor Gette, Angela (Ms.)6 Contributor address; City; St	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$2.00
		Georgetown, TX 78633					
8		pation / Job title (See Instructions) 9	1 7 (
	Vice Preside	nt Claims		Texas Hospital Insuranc	e I	Exchange	
	Date 10/25/2024	Full name of contributor Gette, Angela (Ms.) Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code			Amount of Contribution (\$)	\$2.00
		Georgetown, TX 78633					
		pation / Job title (See Instructions)	Employer (See Instructions			
	Vice Preside	nt Claims		Texas Hospital Insuranc	e I	Exchange	
	Date 10/03/2024	Full name of contributor Gleitz, Stephen (Mr.) Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$4.81
		Abilene, TX 79601					
		pation / Job title (See Instructions ger of Critical Care Unit		Employer (See Instructions Hendrick Medical Cente			
	Date 10/15/2024	Full name of contributor Gleitz, Stephen (Mr.) Contributor address; City; St Abilene, TX 79601	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$4.81
	•	pation / Job title (See Instructions ger of Critical Care Unit		Employer (See Instructions Hendrick Medical Cente			
	Date 09/27/2024	Full name of contributor Gonzalez, Sara (Ms.) Contributor address; City; St Austin, TX 78701	out-of-state PAC (ID#:ate; Zip Code			Amount of Contribution (\$)	\$41.00
Г	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	()		
	VP Advocac	y / Public Policy		Texas Hospital Associat	ior	1	
			,				

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orı	m.	1	Total pages Schedule A1: Sch: 21/56 Rpt: 32/84	
2	FILER NAME The Political	Action Committee of the Texas Hospital Association	1		3	Filer ID (Ethics Commission 00015794	Filers)
4	Date 10/25/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$41.00
		Austin, TX 78701					
8	•	pation / Job title (See Instructions) y / Public Policy	9	Employer (See Instructions Texas Hospital Associa		1	
	Date 10/03/2024	Full name of contributor out-of-state PAC (ID#:_ Goolsby, Emily (Ms.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$3.85
	Principal occu	Abilene, TX 79601 pation / Job title (See Instructions)		Employer (See Instructions	·)		
	•	ept of Education and Professional Development		Hendrick Medical Cente			
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID#:_ Goolsby, Emily (Ms.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$3.85
		Abilene, TX 79601					
		pation / Job title (See Instructions) pt of Education and Professional Development		Employer (See Instructions Hendrick Medical Center			
	Date 09/27/2024	Full name of contributor out-of-state PAC (ID#:_ Gordon, Brittanny (Ms.) Contributor address; City; State; Zip Code Austin, TX 78701			•	Amount of Contribution (\$)	\$2.00
	•	pation / Job title (See Instructions) , AR & Association Management System		Employer (See Instructions Texas Hospital Associa		1	
	Date 10/25/2024	Full name of contributor out-of-state PAC (ID#:_ Gordon, Brittanny (Ms.) Contributor address; City; State; Zip Code Austin, TX 78701			-	Amount of Contribution (\$)	\$2.00
	•	pation / Job title (See Instructions) , AR & Association Management System		Employer (See Instructions Texas Hospital Associa		1	
	or openiulat	, , i. Ca / 1000 iation management by stem		. exact respital / testela		•	

ministrator III name of contributor)	
ull name of contributor out-of-state PAC (ID#:_ reene, Kevin (Mr.) ontributor address; City; State; Zip Code ort Worth, TX 76104 / Job title (See Instructions) ministrator ull name of contributor out-of-state PAC (ID#:_ reenwood, Susan (Ms.) ontributor address; City; State; Zip Code	9 Employer (See Instruction	7 Amount of Contribution (\$) \$100.0 a Care System Amount of Contribution (\$)
ull name of contributor out-of-state PAC (ID#:_ reene, Kevin (Mr.) ontributor address; City; State; Zip Code ort Worth, TX 76104 / Job title (See Instructions) ministrator ull name of contributor out-of-state PAC (ID#:_ reenwood, Susan (Ms.) ontributor address; City; State; Zip Code	9 Employer (See Instruction	s100.0 State System Amount of Contribution (\$)
/ Job title (See Instructions) ministrator ull name of contributor		Amount of Contribution (\$)
ministrator III name of contributor		Amount of Contribution (\$)
ull name of contributor out-of-state PAC (ID#:_reenwood, Susan (Ms.) ontributor address; City; State; Zip Code)	Amount of Contribution (\$)
hilana TV 70004		
bilene, TX 79601		
/ Job title (See Instructions) hief Nursing Officer	Employer (See Instruction Hendrick Medical Cent	
ull name of contributor out-of-state PAC (ID#:_reenwood, Susan (Ms.)ontributor address; City; State; Zip Code		Amount of Contribution (\$) \$29.0
bilene, TX 79601		
/ Job title (See Instructions) hief Nursing Officer	Employer (See Instruction Hendrick Medical Cent	
aas, Mark (Mr.)		Amount of Contribution (\$)
/ Job title (See Instructions)	Employer (See Instruction Texas Hospital Insurar	
aas, Mark (Mr.) ontributor address; City; State; Zip Code eorgetown, TX 78633		Amount of Contribution (\$)
/ Job title (See Instructions)	Employer (See Instruction Texas Hospital Insurar	
bili / / / himboon	ributor address; City; State; Zip Code lene, TX 79601 Job title (See Instructions) ef Nursing Officer name of contributor	ributor address; City; State; Zip Code dene, TX 79601 Job title (See Instructions) ef Nursing Officer name of contributor as, Mark (Mr.) tributor address; City; State; Zip Code Drgetown, TX 78633 Job title (See Instructions) Employer (See Instruction Texas Hospital Insurar name of contributor as, Mark (Mr.) tributor address; City; State; Zip Code Drgetown, TX 78633 Job title (See Instructions) Employer (See Instruction Texas Hospital Insurar name of contributor as, Mark (Mr.) tributor address; City; State; Zip Code Drgetown, TX 78633 Job title (See Instructions) Employer (See Instruction Descriptions) Employer (See Instructions) Employer (See Instructions)

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instruc	ction Guide explains how to compl	ete this forr	n.	1	Total pages Schedule A1: Sch: 23/56 Rpt: 34/84		
2	FILER NAME The Political	Action Committee of the Texas Hospital	Association		3	Filer ID (Ethics Commissio 00015794	n Filers)	
4	Date 10/03/2024	Hair, Donna (Ms.)	te PAC (ID#:		7	Amount of Contribution (\$)	\$3.85	
_	Deire sin al access	Brownwood, TX 76804	la la	Foundation (Construction				
8	Director of M	pation / Job title (See Instructions) larketing	9	Employer (See Instructions Hendrick Medical Cente				
	Date 10/15/2024	Hair, Donna (Ms.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$3.85	
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)			
	Director of Marketing			Hendrick Medical Cente				
	Date 10/16/2024	Full name of contributor out-of-sta Hardaway, Jay (Mr.) Contributor address; City; State; Zip Code	te PAC (ID#:)		Amount of Contribution (\$)	\$208.34	
	5	Abilene, TX 79601		- I (0 I i ii	<u></u>			
		pation / Job title (See Instructions) slative & Public Policy		Employer (See Instructions Hendrick Health	5)			
	Date 10/03/2024	Harris, Erica (Ms.)			•	Amount of Contribution (\$)	\$3.85	
	Principal occu Admissions I	pation / Job title (See Instructions) Director		Employer (See Instructions Hendrick Medical Cente	•			
	Date 10/15/2024	Harris, Erica (Ms.))	•	Amount of Contribution (\$)	\$3.85	
	Principal occu Admissions I	pation / Job title (See Instructions)		Employer (See Instructions Hendrick Medical Cente				
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	MONET	ARY POLITICAL C	SCHEDULE A1			
	The Instru	ction Guide explains how	to complete this for	rm.	1 Total pages Schedule A1: Sch: 24/56 Rpt: 35/84	
2	FILER NAME The Political	Action Committee of the Texa	s Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794	
4	Date 09/26/2024	5 Full name of contributor Hart, Brandy (Mrs.)6 Contributor address; City; State	out-of-state PAC (ID#: ate; Zip Code		7 Amount of Contribution (\$) \$83.00	
8		Nashville, TN 37203 pation / Job title (See Instructions) ee President / Behavioral Heal		Employer (See Instructions HCA Healthcare	(s)	
	Date 09/27/2024	Full name of contributor Hawkins, John (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#:)	Amount of Contribution (\$) \$90.00	
	Principal occu President / C	pation / Job title (See Instructions) CEO		Employer (See Instructions Texas Hospital Associa		
	Date 10/24/2024	Full name of contributor Hawkins, John (Mr.) Contributor address; City; Sta Austin, TX 78701	out-of-state PAC (ID#: atte; Zip Code		Amount of Contribution (\$) \$1,500.00	
	Principal occu President / C	pation / Job title (See Instructions)		Employer (See Instructions Texas Hospital Associa		
	Date 10/25/2024	Full name of contributor Hawkins, John (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#: atte; Zip Code		Amount of Contribution (\$) \$90.00	
	Principal occu President / C	pation / Job title (See Instructions) CEO		Employer (See Instructions Texas Hospital Associa		
	Date 10/03/2024	Full name of contributor Head, Courtney (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#:		Amount of Contribution (\$) \$9.62	
		pation / Job title (See Instructions) ent of Human Resources		Employer (See Instructions Hendrick Medical Cente		

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 25/56 Rpt: 36/84	
2	FILER NAME The Political	Action Committee of the Texa	as Hospital Association		3	Filer ID (Ethics Commission 00015794	Filers)
4	Date 10/15/2024	5 Full name of contributor Head, Courtney (Ms.)6 Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code		7	Amount of Contribution (\$)	\$9.62
_	<u> </u>	Abilene, TX 79601	, I	2 5 1 (2 1 1 1	Ĺ		
8		pation / Job title (See Instructions ent of Human Resources	i)	9 Employer (See Instructions Hendrick Medical Center			
	Date 10/03/2024	Full name of contributor Henry, Elizabeth (Ms.) Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$4.81
		Abilene, TX 79601			L		
		pation / Job title (See Instructions e Management	(i)	Employer (See Instructions Hendrick Medical Cente			
_				Tenunck Medical Cente	71 T	Assessment of Occatable sticks (b)	
	Date 10/15/2024	Full name of contributor Henry, Elizabeth (Ms.) Contributor address; City; St	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$4.81
		Abilene, TX 79601	, I		Ĺ		
	•	pation / Job title (See Instructions e Management)	Employer (See Instructions Hendrick Medical Cente			
	Date 09/27/2024	Full name of contributor Hernandez, Janet (Ms.) Contributor address; City; St Georgetown, TX 78633	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$8.34
	Principal occu Accounting N	pation / Job title (See Instructions Manager)	Employer (See Instructions Texas Hospital Insurance		Exchange	
	Date 10/25/2024	Full name of contributor Hernandez, Janet (Ms.) Contributor address; City; St	out-of-state PAC (ID#:)	-	Amount of Contribution (\$)	\$8.34
	Dringing! cos:	Georgetown, TX 78633	<u>, </u>	Employer (See Instruction	-, 		
	Accounting N	pation / Job title (See Instructions Manager)	Employer (See Instructions Texas Hospital Insurance		Exchange	

	MONEI	ARY POLITICAL CONTRIBUTIO	PΝ	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete this fo	ori	m.	1	Total pages Schedule A1: Sch: 26/56 Rpt: 37/84	
2	FILER NAME The Political	Action Committee of the Texas Hospital Association	1		3	Filer ID (Ethics Commission 00015794	Filers)
4	Date 10/03/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$3.85
8	Principal occu Market Direc		9	Employer (See Instructions Hendrick Medical Cente			
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID#: Hess, Heather (Ms.) Contributor address; City; State; Zip Code Abilene, TX 79601)		Amount of Contribution (\$)	\$3.85
				Employer (See Instructions Hendrick Medical Cente			
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID#:_Hillier, Robert (Mr.) Contributor address; City; State; Zip Code Bellaire, TX 77401)		Amount of Contribution (\$)	\$83.33
		pation / Job title (See Instructions) Dicy / Govt Relations		Employer (See Instructions Harris Health System	<u> </u>		
	Date 10/19/2024	Full name of contributor out-of-state PAC (ID#: Holcomb, Holly (Ms.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$50.00
	Principal occu Chief Execut	pation / Job title (See Instructions)		Employer (See Instructions Childress Regional Med		al Center	
	Date 10/25/2024	Full name of contributor out-of-state PAC (ID#:_ Honea, Michael (Mr.) Contributor address; City; State; Zip Code Glen Rose, TX 76043)		Amount of Contribution (\$)	\$41.00
	Principal occu Chief Execut	pation / Job title (See Instructions) tive Officer		Employer (See Instructions Glen Rose Medical Cen			

	MONET	NETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instruc	ction Guide explains how to comp	lete this form	n.	1	Total pages Schedule A1: Sch: 27/56 Rpt: 38/84		
2	FILER NAME The Political	Action Committee of the Texas Hospital	Association		3	Filer ID (Ethics Commission 00015794	r Filers)	
4	Date 10/03/2024	Howard, Erica (Ms.)	ate PAC (ID#:)	7	Amount of Contribution (\$)	\$3.85	
_		Abilene, TX 79601			_			
8	Principal occu System Dire	pation / Job title (See Instructions) ctor Benefits	9	Employer (See Instructions Hendrick Medical Cente				
	Date 10/15/2024	Howard, Erica (Ms.))		Amount of Contribution (\$)	\$3.85	
	Principal occu	Abilene, TX 79601 pation / Job title (See Instructions)		Employer (See Instructions	;) 			
	System Direct			Hendrick Medical Cente				
	Date 10/21/2024				Amount of Contribution (\$)	\$83.00		
		Lubbock, TX 79415						
	•	pation / Job title (See Instructions) ental Funding		Employer (See Instructions University Medical Cent	•			
	Date Full name of contributor out-of-state PAC (ID#: 09/27/2024 Huff, Alexander (Mr.))		Amount of Contribution (\$)	\$2.00	
	•	pation / Job title (See Instructions) ent of Health IT Programs		Employer (See Instructions THA Foundation	5)			
	Date Full name of contributor out-of-state PAC (ID#:) Huff, Alexander (Mr.) Contributor address; City; State; Zip Code Austin, TX 78701		•	Amount of Contribution (\$)	\$2.00			
	•	pation / Job title (See Instructions) ent of Health IT Programs		Employer (See Instructions THA Foundation	5)			
	VICE FIESIUE	in oi neamin riogiams		THA FOUNDALION				

	MONEI	DNETARY POLITICAL CONTRIBUTIONS				SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 28/56 Rpt: 39/84	
2	FILER NAME The Political	Action Committee of the Texas Hospital Association	on		3	Filer ID (Ethics Commission 00015794	n Filers)
4	Date 10/03/2024	 Full name of contributor	:)	7	Amount of Contribution (\$)	\$4.81
8		Abilene, TX 79601 pation / Job title (See Instructions) stant Vice President Analytics	9	Employer (See Instructions Hendrick Medical Cente			
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID# Huffington, Mark (Mr.) Contributor address; City; State; Zip Code Abilene, TX 79601	:)		Amount of Contribution (\$)	\$4.81
				Employer (See Instructions Hendrick Medical Cente			
	Date 10/03/2024	Full name of contributor out-of-state PAC (ID# Hunnicutt, Craig (Mr.) Contributor address; City; State; Zip Code Abilene, TX 79601)		Amount of Contribution (\$)	\$3.85
		pation / Job title (See Instructions) jional Services		Employer (See Instructions Hendrick Medical Cente			
	Date Full name of contributor out-of-state PAC (ID#:				Amount of Contribution (\$)	\$3.85	
		pation / Job title (See Instructions) gional Services		Employer (See Instructions Hendrick Medical Cente			
	Date Full name of contributor out-of-state PAC (ID#:) Hunt, Doris (Ms.) Contributor address; City; State; Zip Code Dallas, TX 75235		•	Amount of Contribution (\$)	\$125.00		
		pation / Job title (See Instructions) Compliance Officer		Employer (See Instructions Children's Health	5)		
			<u> </u>				

	MONET	ARY POLITICAL C	IS	SCHEDULE A			
	The Instru	ction Guide explains how	to complete this for	n.	1	Total pages Schedule A1: Sch: 29/56 Rpt: 40/84	
2	FILER NAME The Political	Action Committee of the Texas	s Hospital Association		3	Filer ID (Ethics Commission 00015794	n Filers)
4	Date 10/08/2024	5 Full name of contributor Hurt-Deitch, Sally (Ms.)6 Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code)	7	Amount of Contribution (\$)	\$145.84
_		El Paso, TX 79932	1-		_		
8		pation / Job title (See Instructions) sident of Operations	9	Employer (See Instructions Ascension Health	5)		
	Date 09/26/2024	Full name of contributor Jackson, Olga (Ms.) Contributor address; City; Sta)	•	Amount of Contribution (\$)	\$0.97
	Principal occu	Cuero, TX 77954 pation / Job title (See Instructions)		Employer (See Instructions	;) 		
	Support Serv	. ,		Cuero Regional Hospita			
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID#:) Jackson, Olga (Ms.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$0.97	
		Cuero, TX 77954					
	Principal occu Support Serv	pation / Job title (See Instructions) vices		Employer (See Instructions Cuero Regional Hospita	′		
	Date Full name of contributor out-of-state PAC (ID#:_ 09/27/2024 Jackson, Robin (Ms.))	•	Amount of Contribution (\$)	\$4.00
	•	pation / Job title (See Instructions) ent Service Center		Employer (See Instructions Texas Hospital Associate	•	1	
	Date Full name of contributor out-of-state PAC (ID#:) 10/25/2024 Jackson, Robin (Ms.) Contributor address; City; State; Zip Code Austin, TX 78701		•	Amount of Contribution (\$)	\$4.00		
	•	pation / Job title (See Instructions) ent Service Center		Employer (See Instructions			
	VICE FIESIUE	ini Service Center		Texas Hospital Associat	uoi	1	

	MONET	ARY POLITICAL CONTRIE	BUTION	IS		SCHEDULI	E A1
	The Instruc	ction Guide explains how to comple	te this for	m.	1	Total pages Schedule A1: Sch: 30/56 Rpt: 41/84	
2	FILER NAME The Political	Action Committee of the Texas Hospital A	ssociation		3	Filer ID (Ethics Commission 00015794	n Filers)
4	Date 09/27/2024	 5 Full name of contributor out-of-state Jones, Susan (Ms.) 6 Contributor address; City; State; Zip Code 	PAC (ID#:)	7	Amount of Contribution (\$)	\$20.00
_		Austin, TX 78701	1-				
8	Principal occu Member Aml	pation / Job title (See Instructions) bassador	9	Employer (See Instructions Texas Hospital Associat		1	
	Date 10/25/2024	Full name of contributor out-of-state Jones, Susan (Ms.) Contributor address; City; State; Zip Code Austin, TX 78701				Amount of Contribution (\$)	\$20.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	Member Aml	bassador		Texas Hospital Associa	tior	1	
	Date 10/03/2024	Full name of contributor out-of-state Kelly, Tave (Ms.) Contributor address; City; State; Zip Code	PAC (ID#:)		Amount of Contribution (\$)	\$4.81
		Abilene, TX 79601					
	Principal occu AVP Revenu	pation / Job title (See Instructions) re Cycle		Employer (See Instructions Hendrick Medical Cente			
	Date Full name of contributor out-of-state PAC (ID#:_ 10/15/2024 Kelly, Tave (Ms.))		Amount of Contribution (\$)	\$4.81
	Principal occu AVP Revenu	pation / Job title (See Instructions) ae Cycle		Employer (See Instructions Hendrick Medical Cente			
	Date Full name of contributor out-of-state PAC (ID#:) 09/27/2024 Kendrick, Karen (Ms.) Contributor address; City; State; Zip Code Austin, TX 78701		•	Amount of Contribution (\$)	\$20.00		
		pation / Job title (See Instructions)		Employer (See Instructions	s)		
	vr Quality &	Patient Safety	<u> </u>	THA Foundation			

MONET	TARY POLITICAL CONTRIBUTION	NS		SCHEDULI	E A1
The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 31/56 Rpt: 42/84	
2 FILER NAME	I Action Committee of the Texas Hospital Association		3	Filer ID (Ethics Commission 00015794	ı Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
10/25/2024	Kendrick, Karen (Ms.)			(,,	\$20.00
	6 Contributor address; City; State; Zip Code				
	Austin, TX 78701				
•	upation / Job title (See Instructions)	1 , (s)		
VP Quality &	& Patient Safety	THA Foundation			
Date	Full name of contributor ut-of-state PAC (ID#:)		Amount of Contribution (\$)	
10/12/2024	Kimmel, Stephen (Mr.)				\$83.00
	Contributor address; City; State; Zip Code				
	Fort Worth, TX 76104				
•	upation / Job title (See Instructions)	Employer (See Instructions			
Chief Financ	cial Officer	Cook Children's Medica	ıl C	enter	
Date	Full name of contributor ut-of-state PAC (ID#:)		Amount of Contribution (\$)	
10/10/2024	Kirkman, Leni (Ms.)				\$41.00
	Contributor address; City; State; Zip Code				
	San Antonio, TX 78229				
	upation / Job title (See Instructions)	Employer (See Instructions	5)		
Exec VP Co	rp Communications & Mktg	University Health			
Date	Full name of contributor ut-of-state PAC (ID#:)		Amount of Contribution (\$)	
09/27/2024	Kroll, Carrie (Ms.)				\$62.00
	Contributor address; City; State; Zip Code]		
	Austin, TX 78701				
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	2) 		
•	cy / Pub Policy / Political Strategy	Texas Hospital Associa	•	1	
Date	Full name of contributor ut-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)	
10/25/2024	Kroll, Carrie (Ms.)			, ,	\$62.00
	Contributor address; City; State; Zip Code		1		
	Auctin TV 79701				
Principal occu	Austin, TX 78701 upation / Job title (See Instructions)	Employer (See Instructions	s) 		
•	cy / Pub Policy / Political Strategy	Texas Hospital Associa		1	
/ / /	,,	. c.tac . roopital / looolid		•	

	MONET	NETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instru	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 32/56 Rpt: 43/84		
2	FILER NAME The Political	Action Committee of the Texas F	Hospital Association		3	Filer ID (Ethics Commission 00015794	n Filers)	
4	Date 09/26/2024	5 Full name of contributor	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$1.93	
_	Deinsinal assu	Cuero, TX 77954	la la	Frankrian (Cook bathurtian	<u></u>			
8	Chief Nursin	pation / Job title (See Instructions) g Officer		Employer (See Instructions Cuero Regional Hospita				
	Date 10/15/2024	Full name of contributor Krupala, Judith (Ms.) Contributor address; City; State;)		Amount of Contribution (\$)	\$1.93	
	Dein sin al acces	Cuero, TX 77954		Farabasa (Osabasa tanati	$\overline{\Gamma}$			
	Chief Nursin	pation / Job title (See Instructions) g Officer		Employer (See Instructions Cuero Regional Hospita				
	Date 10/03/2024	Full name of contributor Lafrance, Judith (Ms.) Contributor address; City; State;	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$12.50	
		Abilene, TX 79606	1					
		pation / Job title (See Instructions) Administrative Officer		Employer (See Instructions Hendrick Medical Cente				
	10/15/2024 Lafrance, Judith (Ms.)					Amount of Contribution (\$)	\$12.50	
	•	pation / Job title (See Instructions) Administrative Officer		Employer (See Instructions Hendrick Medical Cente	-			
	Date Full name of contributor out-of-state PAC (ID#:) 10/02/2024 Leal, Jorge (Mr.) Contributor address; City; State; Zip Code Laredo, TX 78044			Amount of Contribution (\$)	\$125.00			
	Principal occu Chief Execut	pation / Job title (See Instructions)		Employer (See Instructions Laredo Medical Center	5)			
	Silici Excoul			za. odo modiodi ocilici				

	MONET	ARY POLITICAL CONTRIBUTION	Jľ	V 5		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this t	for	m.	1	Total pages Schedule A1: Sch: 33/56 Rpt: 44/84	
2	FILER NAME The Political	Action Committee of the Texas Hospital Associatio	n		3	Filer ID (Ethics Commission I 00015794	-ilers)
4	Date 10/03/2024	 5 Full name of contributor out-of-state PAC (ID#: Lee, Rachel (Ms.) 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$3.85
		Abilene, TX 79601					
8	•	pation / Job title (See Instructions) if Srvcs & Physician Recruitment	9	Employer (See Instructions Hendrick Medical Cente			
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID#:_ Lee, Rachel (Ms.) Contributor address; City; State; Zip Code Abilene, TX 79601	<u></u>			Amount of Contribution (\$)	\$3.85
	Principal occu	pation / Job title (See Instructions)	Τ	Employer (See Instructions	<u> </u> 5)		
	Dir Med Staf	f Srvcs & Physician Recruitment		Hendrick Medical Cente	r		
	Date 09/27/2024	Full name of contributor out-of-state PAC (ID#:_ Lengal, Samantha (Ms.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$4.00
		Georgetown, TX 78633					
		pation / Job title (See Instructions) Coordinator		Employer (See Instructions Texas Hospital Insurance		Exchange	
Date 10/25/2024		Full name of contributor out-of-state PAC (ID#:_ Lengal, Samantha (Ms.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$4.00
	•	Georgetown, TX 78633 pation / Job title (See Instructions) Coordinator		Employer (See Instructions Texas Hospital Insuranc		Exchange	
	Date 09/27/2024	Full name of contributor out-of-state PAC (ID#:_Liscano, Rosie (Ms.) Contributor address; City; State; Zip Code Georgetown, TX 78633)		Amount of Contribution (\$)	\$2.00
		pation / Job title (See Instructions)		Employer (See Instructions		Tychongo	
	Senior Claim	ns Adj/Risk Mgmt Specialist	<u> </u>	Texas Hospital Insuranc	:e I	=xcnange	

	MONET	ARY POLITICAL CONTRIB	UTION	IS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete	this for	n.	1	Total pages Schedule A1: Sch: 34/56 Rpt: 45/84	
2	FILER NAME The Political	Action Committee of the Texas Hospital Ass	ociation		3	Filer ID (Ethics Commission 00015794	Filers)
4	Date 10/25/2024	 5 Full name of contributor out-of-state PA Liscano, Rosie (Ms.) 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$2.00
_	Deinainal assu	Georgetown, TX 78633	- 10	Franksian (Cook batusations			
8	•	pation / Job title (See Instructions) ns Adj/Risk Mgmt Specialist	9	Employer (See Instructions Texas Hospital Insurance		Exchange	
	Date 10/03/2024	Full name of contributor)		Amount of Contribution (\$)	\$3.85
		Abilene, TX 79601					
	Principal occu Director Man	pation / Job title (See Instructions)		Employer (See Instructions Hendrick Medical Cente			
	Date 10/15/2024	Full name of contributor	AC (ID#:)		Amount of Contribution (\$)	\$3.85
		Abilene, TX 79601					
	Principal occu Director Man	pation / Job title (See Instructions) naged Care		Employer (See Instructions Hendrick Medical Cente			
	Date 10/22/2024	Full name of contributor out-of-state PAL Lozano, Marco (Mr.) Contributor address; City; State; Zip Code Laredo, TX 78044)		Amount of Contribution (\$)	\$41.67
	Principal occu Chief Operat	pation / Job title (See Instructions) ting Officer		Employer (See Instructions Laredo Medical Center	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 09/27/2024 Lusardi, Nicole (Ms.) Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$)	\$4.00		
	·	pation / Job title (See Instructions) eneral Counsel		Employer (See Instructions Texas Hospital Associat			
	, issociate Gr	Sherai Counsei		Texas Hospital Associa		•	

	MONEI	ARY POLITICAL CO	NIRIBUTION	S	SCHEDULE A1	
	The Instru	ction Guide explains how to	complete this forn	n.	1 Total pages Schedule A1: Sch: 35/56 Rpt: 46/84	
2	FILER NAME The Political	Action Committee of the Texas F	Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794	
4	Date 10/25/2024	5 Full name of contributor Lusardi, Nicole (Ms.) 6 Contributor address; City; State;	out-of-state PAC (ID#:;		7 Amount of Contribution (\$) \$4.	00
		Austin, TX 78701	<u>, </u>			
8		pation / Job title (See Instructions) eneral Counsel		Employer (See Instructions Texas Hospital Associat		
	Date 10/03/2024	Full name of contributor McCollough, Kimberly (Ms.) Contributor address; City; State;	out-of-state PAC (ID#:)	Amount of Contribution (\$) \$3.	85
	Principal occu	Abilene, TX 79606 upation / Job title (See Instructions)		Employer (See Instructions	ls)	
		Vomen and Children Services		Hendrick Medical Cente		
	Date 10/15/2024	Full name of contributor McCollough, Kimberly (Ms.) Contributor address; City; State;	out-of-state PAC (ID#: ; Zip Code		Amount of Contribution (\$)	85
		Abilene, TX 79606				
		pation / Job title (See Instructions) Vomen and Children Services		Employer (See Instructions Hendrick Medical Center		
	Date 10/03/2024	Full name of contributor McElrath, Pamela (Ms.) Contributor address; City; State; Abilene, TX 79601	out-of-state PAC (ID#:)	Amount of Contribution (\$) \$4.	00
	Principal occu Registered N	pation / Job title (See Instructions) Nurse		Employer (See Instructions Hendrick Medical Cente		
	Date 10/15/2024	Full name of contributor McElrath, Pamela (Ms.) Contributor address; City; State; Abilene, TX 79601	out-of-state PAC (ID#:;)	Amount of Contribution (\$)	00
	Principal occu Registered N	pation / Job title (See Instructions) Nurse		Employer (See Instructions Hendrick Medical Center		
			·			

			SCHEDULE A1
The Instruction Guide	e explains how to complete	this form.	1 Total pages Schedule A1: Sch: 36/56 Rpt: 47/84
2 FILER NAME The Political Action Comr	mittee of the Texas Hospital Asso	ociation	3 Filer ID (Ethics Commission Filers) 00015794
09/27/2024 Merrell, A	of contributor out-of-state PA Angie (Ms.)	AC (ID#:)	7 Amount of Contribution (\$) \$2.00
	own, TX 78633	lo Fuelou (On Instruti	
8 Principal occupation / Job titl THIE Vice President of Ri	,	9 Employer (See Instruction Texas Hospital Insura	·
Date Full name 10/25/2024 Merrell, A Contributo	of contributor out-of-state PAAngie (Ms.) or address; City; State; Zip Code	<u> </u>	Amount of Contribution (\$) \$2.00
	own, TX 78633		
Principal occupation / Job titl THIE Vice President of Ri	,	Employer (See Instruction Texas Hospital Insura	
		<u> </u>	
09/30/2024 Merrill, R	Rick (Mr.)	AC (ID#)	Amount of Contribution (\$) \$500.00
Fort Wor	th, TX 76104		
Principal occupation / Job titl		Employer (See Instruction	
System President/CEO		Cook Children's Medi	cal Center
10/01/2024 Mitchell,	e of contributor	AC (ID#:)	Amount of Contribution (\$) \$41.00
Austin, T	X 78701		
Principal occupation / Job titl SVP / Chief Medical Offic	,	Employer (See Instruction St. David's HealthCar	•
09/27/2024 Mundfror	m, Jessie (Ms.) or address; City; State; Zip Code	AC (ID#:)	Amount of Contribution (\$)
Principal occupation / Job titl		Employer (See Instruction	
i inioipai oooapation / oob titi			

	MONEI	NETARY POLITICAL CONTRIBUTIONS				SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 37/56 Rpt: 48/84	
2	FILER NAME				3	•	Filers)
	The Political	Action Committee of the Texas	s Hospital Association			00015794	
4	Date 10/25/2024	 Full name of contributor [Mundfrom, Jessie (Ms.) Contributor address; City; Sta 	out-of-state PAC (ID#: te; Zip Code)	7	Amount of Contribution (\$)	\$2.00
		Austin, TX 78701					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Manager of \	Virtual Education		THA Foundation			
	Date 10/03/2024	Full name of contributor Murphy, Patrick (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$3.85
		Abilene, TX 79601			<u> </u>		
		pation / Job title (See Instructions)		Employer (See Instructions			
			Hendrick Medical Cente	_			
	Date 10/15/2024	Full name of contributor Murphy, Patrick (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$3.85
		Abilene, TX 79601					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Healthcare F	Professional		Hendrick Medical Cente	r		
	Date 09/27/2024	Full name of contributor Neiger, David (Mr.) Contributor address; City; Sta Austin, TX 78701	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$82.00
	•	pation / Job title (See Instructions)		Employer (See Instructions			
	Sr Vice Pres	ident / Chief Financial Officer		Texas Hospital Associat	ior		
	Date 10/25/2024	Full name of contributor Neiger, David (Mr.) Contributor address; City; Sta Austin, TX 78701	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$82.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions			
	Sr Vice Pres	ident / Chief Financial Officer		Texas Hospital Associat	ior	<u> </u>	

	MONET	ARY POLITICAL C	CONTRIBUTION	N:	S 		SCHEDULI	E A1
	The Instru	ction Guide explains how	to complete this for	rm	1.	1	Total pages Schedule A1: Sch: 38/56 Rpt: 49/84	
2	FILER NAME The Political	Action Committee of the Texa	as Hospital Association			3	Filer ID (Ethics Commission 00015794	n Filers)
4	Date 09/27/2024	5 Full name of contributorO'Neil, Jennifer (Ms.)6 Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code			7	Amount of Contribution (\$)	\$10.00
		Austin, TX 78701						
8		pation / Job title (See Instructions Iministrative Manager) 9		Employer (See Instructions Texas Hospital Associat	-		
	Date 10/25/2024	Full name of contributor O'Neil, Jennifer (Ms.) Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)		Amount of Contribution (\$)	\$10.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)		Employer (See Instructions	 ;)		
	Executive Ad	dministrative Manager			Texas Hospital Associat	ion		
	Date 09/27/2024	Full name of contributor Pargac, Ann (Ms.) Contributor address; City; St	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$2.00
		Austin, TX 78701	1					
	Principal occu Director of E	pation / Job title (See Instructions ducation)		Employer (See Instructions THA Foundation	5) 		
	Date 10/25/2024	Full name of contributor Pargac, Ann (Ms.) Contributor address; City; St Austin, TX 78701	out-of-state PAC (ID#: ate; Zip Code				Amount of Contribution (\$)	\$2.00
	Principal occu Director of E	pation / Job title (See Instructions ducation)		Employer (See Instructions THA Foundation	5)		
	Date 10/15/2024	Full name of contributor Parra, Joseph (Dr.) Contributor address; City; St Dallas, TX 75240	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions al Officer)		Employer (See Instructions Medical City Healthcare			
	2 2							

	MONET	ARY POLITICAL C	ONTRIBUTION	S		SCHEDUL	_E A1
	The Instru	ction Guide explains how	to complete this forr	m.	1	Total pages Schedule A1: Sch: 39/56 Rpt: 50/84	
2	FILER NAME The Political	Action Committee of the Texas	Hospital Association		3	Filer ID (Ethics Commission 00015794	on Filers)
4	Date 10/25/2024	5 Full name of contributor [Porsa, Esmaeil (Dr.)6 Contributor address; City; State	out-of-state PAC (ID#:te; Zip Code)	7	Amount of Contribution (\$)	\$2,000.00
		Houston, TX 77266					
8	Principal occu President &	pation / Job title (See Instructions) CEO	9	Employer (See Instructions Harris Health System	s) 		
	Date 09/27/2024	Full name of contributor Porter, Lea Anne (Ms.) Contributor address; City; Star	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$2.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	VP Retireme	nt Plans		Texas Hospital Associat	tior	Retirement Plan	
	Date 10/25/2024	Full name of contributor [Porter, Lea Anne (Ms.) Contributor address; City; State	out-of-state PAC (ID#:te; Zip Code		•	Amount of Contribution (\$)	\$2.00
		Austin, TX 78701					
	Principal occu VP Retireme	pation / Job title (See Instructions) ent Plans		Employer (See Instructions Texas Hospital Associate		Retirement Plan	
	Date 10/03/2024	Full name of contributor Preston, Deborah (Ms.) Contributor address; City; Star Abilene, TX 79601	out-of-state PAC (ID#:te; Zip Code)		Amount of Contribution (\$)	\$5.00
	Principal occu Director of P	pation / Job title (See Instructions) harmacy		Employer (See Instructions Hendrick Medical Cente	•		
	Date 10/15/2024	Full name of contributor Preston, Deborah (Ms.) Contributor address; City; Star Abilene, TX 79601	out-of-state PAC (ID#:te; Zip Code)		Amount of Contribution (\$)	\$5.00
	Principal occu Director of P	pation / Job title (See Instructions) harmacy		Employer (See Instructions Hendrick Medical Cente			

	MONET	ARY POLITICAL C	ONTRIBUTION	IS 	SCHEDULE /	41
	The Instru	ction Guide explains how	to complete this for	n.	1 Total pages Schedule A1: Sch: 40/56 Rpt: 51/84	
2	FILER NAME The Political	Action Committee of the Texas	s Hospital Association		3 Filer ID (Ethics Commission File 00015794	ers)
4	Date 10/14/2024	5 Full name of contributor [Price, Tonya (Ms.)6 Contributor address; City; Sta	out-of-state PAC (ID#:te; Zip Code)	7 Amount of Contribution (\$)	\$50.00
		Tahoka, TX 79373				
8		pation / Job title (See Instructions) g Officer & COO	9	Employer (See Instructions Lynn County Hospital D		
	Date 10/14/2024	Full name of contributor Qualls, Rustin (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code		Amount of Contribution (\$)	\$20.50
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>	
	Director of O	perations		Goodall-Witcher Health	care	
	Date 09/27/2024	Full name of contributor [Ramirez, Erika (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code		Amount of Contribution (\$)	\$2.00
		Austin, TX 78701				
		pation / Job title (See Instructions) tor Health Policy		Employer (See Instructions Texas Hospital Associa		
	Date 10/25/2024	Full name of contributor [Ramirez, Erika (Ms.) Contributor address; City; Sta Austin, TX 78701	out-of-state PAC (ID#: te; Zip Code		Amount of Contribution (\$)	\$2.00
	•	pation / Job title (See Instructions) tor Health Policy		Employer (See Instructions Texas Hospital Associa	•	
	Date 09/27/2024	Full name of contributor [Ramirez, Lisa (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code		Amount of Contribution (\$)	\$4.00
	Principal occu Specialist	pation / Job title (See Instructions)		Employer (See Instructions Texas Hospital Associa		

	TARY POLITICAL (CONTRIBUTIO	INO	SCHEDULE A1
The Instru	uction Guide explains how	to complete this fo	orm.	1 Total pages Schedule A1: Sch: 41/56 Rpt: 52/84
2 FILER NAME The Politica	E al Action Committee of the Texa	as Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 10/25/2024	5 Full name of contributor Ramirez, Lisa (Ms.)6 Contributor address; City; St			7 Amount of Contribution (\$) \$4.00
	Austin, TX 78701			
	upation / Job title (See Instructions	5)	9 Employer (See Instruction	
Specialist Date 09/27/2024	Full name of contributor Ressmann, Mitzi (Ms.) Contributor address; City; Si	out-of-state PAC (ID#:	Texas Hospital Associa	Amount of Contribution (\$) \$62.00
	Austin, TX 78701	-		
Principal occi Chief Opera	upation / Job title (See Instructions	(3)	Employer (See Instruction Texas Hospital Associa	
Date 10/25/2024	Full name of contributor	out-of-state PAC (ID#:_)	Amount of Contribution (\$) \$62.00
	Austin, TX 78701 upation / Job title (See Instructions	s)	Employer (See Instruction Texas Hospital Associa	
Date 10/15/2024	Full name of contributor Richburg, Melanie (Dr.)	out-of-state PAC (ID#:_)	Amount of Contribution (\$) \$125.00
Principal occi Chief Execu	upation / Job title (See Instructions utive Officer	s)	Employer (See Instruction Lynn County Hospital D	
Date 10/03/2024	, , ,	out-of-state PAC (ID#:_		Amount of Contribution (\$) \$3.85
	upation / Job title (See Instructions	3)	Employer (See Instruction	S)
	the Health Club	''	Hendrick Medical Cente	

	MONET	ARY POLITICAL CONTRIBUTION	יוכ	15		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	for	m.	1	Total pages Schedule A1: Sch: 42/56 Rpt: 53/84	
2	FILER NAME The Political	Action Committee of the Texas Hospital Association	n		3	Filer ID (Ethics Commission F	-ilers)
4	Date 10/15/2024	 Full name of contributor out-of-state PAC (ID#:_ Richert, Ron (Mr.) Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$3.85
		Abilene, TX 79601					
8		pation / Job title (See Instructions) ne Health Club	9	Employer (See Instructions Hendrick Medical Cente			
	Date 09/27/2024	Full name of contributor out-of-state PAC (ID#:_ Rios, Amy (Ms.) Contributor address; City; State; Zip Code Austin, TX 78701)		Amount of Contribution (\$)	\$2.00
	•	pation / Job title (See Instructions) g & Strategic Communications		Employer (See Instructions Texas Hospital Associat			
	Date 10/25/2024	Full name of contributor out-of-state PAC (ID#:_ Rios, Amy (Ms.) Contributor address; City; State; Zip Code Austin, TX 78701	<u></u>)		Amount of Contribution (\$)	\$2.00
	•	pation / Job title (See Instructions)		Employer (See Instructions			
	Date 10/10/2024	Contributor address; City; State; Zip Code		Texas Hospital Associat	ior	Amount of Contribution (\$)	\$42.00
	Principal occu Chief Execut	Bay City, TX 77414 pation / Job title (See Instructions) tive Officer		Employer (See Instructions Matagorda Regional Me		al Center	
	Date 10/03/2024	Full name of contributor out-of-state PAC (ID#:_ Robinson, Tracee (Ms.) Contributor address; City; State; Zip Code Abilene, TX 79601				Amount of Contribution (\$)	\$3.85
	Principal occu Director of Q	pation / Job title (See Instructions)		Employer (See Instructions Hendrick Medical Cente			
			<u> </u>				

Breckenridge, TX	ne Texas Hospital Associtor out-of-state PAC (Ms.) City; State; Zip Code ructions) tor out-of-state PAC (Ms.)	9 Employer (See Hendrick Me	e Instructions) dical Center	Total pages Schedule A1: Sch: 43/56 Rpt: 54/84 Filer ID (Ethics Commission 00015794 Amount of Contribution (\$)	\$3.85
5 Full name of contribution address; Abilene, TX 79601 Abilene, TX 79601 Abilene, TX 79601 Full name of contribution of Quality Full name of contribution (Arguera) For Contributor address; Breckenridge, TX Full name of contribution (Arguera) Breckenridge, TX Full name of contribution (Arguera)	tor out-of-state PAC (Ms.) City; State; Zip Code ructions) tor out-of-state PAC City; State; Zip Code	9 Employer (See Hendrick Me	e Instructions) dical Center	00015794 Amount of Contribution (\$)	\$3.85
5 Full name of contribution Robinson, Tracee 6 Contributor address; Abilene, TX 79601 Pal occupation / Job title (See Instor of Quality Full name of contribution Roland, Brian (Mr. Contributor address; Breckenridge, TX Pal occupation / Job title (See Instant)	tor out-of-state PAC (Ms.) City; State; Zip Code ructions) tor out-of-state PAC City; State; Zip Code	9 Employer (See Hendrick Me	e Instructions) dical Center	Amount of Contribution (\$)	
Robinson, Tracee 6 Contributor address; Abilene, TX 79601 all occupation / Job title (See Instor of Quality Full name of contribution Roland, Brian (Mr.) Contributor address; Breckenridge, TX all occupation / Job title (See Instored)	(Ms.) City; State; Zip Code ructions) tor	9 Employer (See Hendrick Me	e Instructions) dical Center		\$3.85 \$350.00
Full name of contribution (April 1988) Parallel Pa	tor out-of-state PAC City; State; Zip Code	Hendrick Me	dical Center	Amount of Contribution (\$)	\$350.00
Full name of contributed (2024 Roland, Brian (Mr. Contributor address; Breckenridge, TX and occupation / Job title (See Institute)	tor out-of-state PAC City; State; Zip Code	Hendrick Me	dical Center	Amount of Contribution (\$)	\$350.00
Full name of contribution (Mr. Contributor address; Breckenridge, TX and occupation / Job title (See Institute)	City; State; Zip Code	Employer (See		Amount of Contribution (\$)	\$350.00
al occupation / Job title (See Ins			- Instructions)		
	ructions)		a Inatriiana)		
Executive Officer	Chief Executive Officer			.1	
		Stephens Me	emorial Hospita		
Full name of contribution (Ms.) Contributor address;	tor out-of-state PAC	(10#		Amount of Contribution (\$)	\$20.50
Houston, TX 7702	1				
al occupation / Job title (See Ins ger Public Policy & Communi		Employer (See Memorial He	ŕ	System	
/2024 Safarik, Paulina (N	ls.)			Amount of Contribution (\$)	\$2.00
al occupation / Job title (See Ins	ructions)	Employer (See	e Instructions)		
r Director of Human Resource	es	Texas Hospi	tal Association		
/2024 Safarik, Paulina (M	ls.)	(ID#:		Amount of Contribution (\$)	\$2.00
•					
Austin, TX 78701		Employer (See	Instructions)		
Austin, TX 78701 al occupation / Job title (See Ins	ructions)	1 ' ' '	,		
	Full name of contribu Safarik, Paulina (M Contributor address; Austin, TX 78701 Pal occupation / Job title (See Inst or Director of Human Resource Full name of contribu Safarik, Paulina (M Contributor address;	Safarik, Paulina (Ms.) Contributor address; City; State; Zip Code Austin, TX 78701 Ial occupation / Job title (See Instructions) To Director of Human Resources Full name of contributor	Full name of contributor out-of-state PAC (ID#:	Full name of contributor	Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) Safarik, Paulina (Ms.) Contributor address; City; State; Zip Code Austin, TX 78701 al occupation / Job title (See Instructions) To Director of Human Resources Full name of contributor out-of-state PAC (ID#:) Safarik, Paulina (Ms.) Contributor address; City; State; Zip Code Austin, TX 78701 Amount of Contribution (\$) Amount of Contribution (\$)

2 FILER NAME The Political A 4 Date 10/03/2024	·	to complete this f	form.	1	Total pages Schedule A1:	
4 Date 10/03/2024		AME itical Action Committee of the Texas Hospital Association			Sch: 44/56 Rpt: 55/84	
10/03/2024	5 Full name of contributor	s Hospital Associatio	n	3	Filer ID (Ethics Commission 00015794	ı Filers)
	Schmidt, Timothy (Mr.) 6 Contributor address; City; Sta)	7	Amount of Contribution (\$)	\$3.85
	Abilene, TX 79601					
8 Principal occup	pation / Job title (See Instructions)		9 Employer (See Instructions	. S)		
Dir Property /	/ Facility Management		Hendrick Medical Cente	er		
Date 10/15/2024	Full name of contributor Schmidt, Timothy (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#:_		•	Amount of Contribution (\$)	\$3.85
	Abilene, TX 79601		1	Ļ		
· · ·	pation / Job title (See Instructions)		Employer (See Instructions			
Dir Property /	/ Facility Management		Hendrick Medical Cente	er		
Date 10/16/2024	Full name of contributor Shannon, Patrick (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$100.00
	Huntsville, TX 77342		1 = 1 (0 1 1 1	Ĺ		
Chief Executi	pation / Job title (See Instructions) ive Officer		Employer (See Instructions Huntsville Memorial Hos		al	
Date 09/27/2024	Full name of contributor Shea, Patrick (Mr.) Contributor address; City; Sta			•	Amount of Contribution (\$)	\$2.00
Principal occur	pation / Job title (See Instructions))	Employer (See Instructions	<u>L</u> s)		
Risk Manage	ement Coordinator		Texas Hospital Insuranc		Exchange	
Date 10/25/2024	Full name of contributor Shea, Patrick (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#:_		•	Amount of Contribution (\$)	\$2.00
	Georgetown, TX 78633					
Principal occup	pation / Job title (See Instructions))	Employer (See Instructions	s)		
Risk Manage	ement Coordinator		Texas Hospital Insurand	ce I	Exchange	

	MONET	ARY POLITICAL C	CONTRIBUTION	N :	S		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this for	rm	n.	1	Total pages Schedule A1: Sch: 45/56 Rpt: 56/84	
2	FILER NAME The Political	Action Committee of the Texa	s Hospital Association			3	Filer ID (Ethics Commission 00015794	n Filers)
4	Date 10/16/2024	5 Full name of contributorSiebenaler, Christopher (N6 Contributor address; City; State				7	Amount of Contribution (\$)	\$500.00
		Houston, TX 77030						
8		pation / Job title (See Instructions) P Network Hospitals	9		Employer (See Instructions Houston Methodist	5)		
	Date 09/27/2024	Full name of contributor Sipes, Michael (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#:ate; Zip Code				Amount of Contribution (\$)	\$2.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions))	-	Employer (See Instructions	<u> </u> ;)		
	Legal Servic	es Specialist		-	Texas Hospital Associat	ion		
	Date 10/25/2024	Full name of contributor Sipes, Michael (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$2.00
		Austin, TX 78701						
	Principal occu Legal Servic	pation / Job title (See Instructions) es Specialist			Employer (See Instructions Texas Hospital Associat			
	Date 10/19/2024	Full name of contributor Smith, Andrew (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$83.33
	•	pation / Job title (See Instructions) wmnt Relations & Public Policy			Employer (See Instructions University Health	5)		
	Date 09/27/2024	Full name of contributor Smith, John (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$1.00
	•	pation / Job title (See Instructions) a & Technology)		Employer (See Instructions THA Foundation	5)		
			1					

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 46/56 Rpt: 57/84	
2	FILER NAME	A. (1) . (2) . (1) . (3) . (4)		3	Filer ID (Ethics Commission	Filers)
	The Political	Action Committee of the Texas Hospital Association		L	00015794	
4	Date 10/25/2024	 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$1.00
8	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions			
0	•	a & Technology	THA Foundation)		
			Triver dandation	_		
	Date 10/03/2024	Full name of contributor out-of-state PAC (ID#: Speckels, Donna (Ms.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.85
		Abilene, TX 79601				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Director Hen	drick HouseCalls	Hendrick Medical Cente	r		
	Date 10/15/2024	Full name of contributor			Amount of Contribution (\$)	\$3.85
		Abilene, TX 79601				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>. </u>		
	Director Hen	drick HouseCalls	Hendrick Medical Cente	er		
	Date 10/07/2024	Full name of contributor out-of-state PAC (ID#: Speer, Gena (Ms.) Contributor address; City; State; Zip Code Breckenridge, TX 76424			Amount of Contribution (\$)	\$14.50
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>. </u>		
	Chief Nursin	g Officer	Stephens Memorial Hos	pit	al	
	Date 09/27/2024	Full name of contributor out-of-state PAC (ID#: Srubar, Linda (Mrs.) Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$3.00
		Georgetown, TX 78633				
		pation / Job title (See Instructions)	Employer (See Instructions			
	Executive As	ssistant	Texas Hospital Associa	tior	1	

	MONET	ARY POLITICAL CON	TRIBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to co	omplete this form	n.	1	Total pages Schedule A1: Sch: 47/56 Rpt: 58/84	
2	FILER NAME The Political	Action Committee of the Texas Hos	spital Association		3	Filer ID (Ethics Commission 00015794	Filers)
4	Date 10/25/2024	Srubar, Linda (Mrs.)	t-of-state PAC (ID#: o Code)	7	Amount of Contribution (\$)	\$3.00
_		Georgetown, TX 78633					
8	Principal occup	pation / Job title (See Instructions) esistant	9	Employer (See Instructions Texas Hospital Associat		1	
	Date 10/03/2024	Full name of contributor ou Stafford, Steven (Mr.) Contributor address; City; State; Zi				Amount of Contribution (\$)	\$3.85
	Principal occur	Abilene, TX 79601 pation / Job title (See Instructions)		Employer (See Instructions			
	Director Hen	,		Hendrick Medical Cente			
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID#:) Stafford, Steven (Mr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.85	
		Abilene, TX 79601					
	Principal occup Director Hen	pation / Job title (See Instructions) drick Clinic		Employer (See Instructions Hendrick Medical Cente			
	Date 10/16/2024	Full name of contributor ou Stelter, Anna (Ms.) Contributor address; City; State; Zi	t-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
	Principal occu Vice Preside	pation / Job title (See Instructions) nt Policy		Employer (See Instructions Texas Hospital Associat		ı	
	Date 10/03/2024	Full name of contributor ou Stephenson, David (Mr.) Contributor address; City; State; Ziphenson, TX 79601	t-of-state PAC (ID#:			Amount of Contribution (\$)	\$9.62
	Principal occup	pation / Job title (See Instructions)		Employer (See Instructions Hendrick Medical Cente			
	LACOURVE			T. S. Tarrox Medical Gente	•		

	MONET	ARY POLITICAL CON	NTRIBUTION	S		SCHEDULE	■ A1
	The Instru	ction Guide explains how to c	complete this form	n.	1	Total pages Schedule A1: Sch: 48/56 Rpt: 59/84	
2	FILER NAME The Political	Action Committee of the Texas Ho	spital Association		3	Filer ID (Ethics Commission 00015794	Filers)
4	Date 10/15/2024	Stephenson, David (Mr.)	ut-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$9.62
		Abilene, TX 79601					
8	Principal occu Executive	pation / Job title (See Instructions)	9	Employer (See Instructions Hendrick Medical Cente			
	Date 09/26/2024	Full name of contributor of caylor, Clay (Mr.) Contributor address; City; State; Z				Amount of Contribution (\$)	\$20.50
	Deinsinal	Lubbock, TX 79410		Frankrije (Gaalinatii an	$\overline{\Gamma}$		
	Chief Operat	pation / Job title (See Instructions) ting Officer		Employer (See Instructions Covenant Childrens Hos		al	
	Date 09/27/2024	Full name of contributor on the contributor of contributor of contributor of contributor address; City; State; Z	ut-of-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00
		Austin, TX 78701					
		pation / Job title (See Instructions) cy / Pub Policy / HOSPAC		Employer (See Instructions Texas Hospital Associat	•		
	Date 10/25/2024	Full name of contributor on the contributor address; City; State; Zontributor address; City; State; Zontributor, TX 78701)		Amount of Contribution (\$)	\$10.00
	•	pation / Job title (See Instructions) cy / Pub Policy / HOSPAC		Employer (See Instructions Texas Hospital Associat	-		
	Date 09/26/2024	Tiffin, Laura (Ms.))		Amount of Contribution (\$)	\$1.00
	•	pation / Job title (See Instructions) fice Manager		Employer (See Instructions Cuero Regional Hospita			
	24311033 011			Cacro regional Hospita			

	MONEI	ARY POLITICAL C	ONTRIBUTION	IS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this for	n.	1	Total pages Schedule A1: Sch: 49/56 Rpt: 60/84	
2	FILER NAME The Political	Action Committee of the Texa	s Hospital Association		3	Filer ID (Ethics Commission 00015794	Filers)
4	Date 10/15/2024	5 Full name of contributor Tiffin, Laura (Ms.)6 Contributor address; City; States	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$1.00
		Cuero, TX 77954					
8	Business Of	pation / Job title (See Instructions) fice Manager Full name of contributor		Employer (See Instructions Cuero Regional Hospita		Amount of Contribution (4)	
	Date 09/27/2024	Trevino, Judy (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$4.00
	Deire die alle access	Austin, TX 78701		Formula con (Octobration of Control of Contr	Ĺ		
	Vice Preside	pation / Job title (See Instructions) ent Finance		Employer (See Instructions Texas Hospital Associat		i.	
	Date 10/25/2024	Full name of contributor Trevino, Judy (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$4.00
		Austin, TX 78701					
	Principal occu Vice Preside	pation / Job title (See Instructions) ent Finance		Employer (See Instructions Texas Hospital Associat		r	
	Date 09/27/2024	Full name of contributor Trout, Judith (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$2.00
	Principal occu Healthcare D	pation / Job title (See Instructions) Data Analyst		Employer (See Instructions THA Foundation	()		
	Date 10/25/2024	Full name of contributor Trout, Judith (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$2.00
	Principal occu Healthcare D	pation / Job title (See Instructions) Data Analyst		Employer (See Instructions THA Foundation)		
			<u>, </u>				

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 50/56 Rpt: 61/84		
2	FILER NAME The Political	Action Committee of the Texas Hospital	Association		3	Filer ID (Ethics Commission 00015794	Filers)
4	Date 10/03/2024	Tucek, Karen (Ms.)	ate PAC (ID#:)	7	Amount of Contribution (\$)	\$3.85
8	Principal occu	Abilene, TX 79601 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u> s)		
	Director, Hos	`		Hendrick Medical Cente			
	Date Full name of contributor out-of-state PAC (ID#:) 10/15/2024 Tucek, Karen (Ms.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.85		
	Principal occu	Abilene, TX 79601 pation / Job title (See Instructions)		Employer (See Instructions	;) 		
	Director, Hospice Hendrick Medical Cent						
	Date 09/27/2024				Amount of Contribution (\$)	\$2.00	
		Austin, TX 78701					
Principal occupation / Job title (See Instructions) Senior Director Quality & Payment Employer (See Instruction Texas Hospital Associa				ı			
	Date Full name of contributor out-of-state PAC (ID#:) 10/25/2024 Turner, Matt (Mr.) Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$)	\$2.00		
Principal occupation / Job title (See Instructions) Senior Director Quality & Payment Employer (See Instruction Texas Hospital Associa				1			
	Date Full name of contributor out-of-state PAC (ID#:) 10/04/2024 Turner, McCann (Mr.) Contributor address; City; State; Zip Code Arlington, TX 76011			Amount of Contribution (\$)	\$50.00		
	•	pation / Job title (See Instructions)		Employer (See Instructions			
	Specialist of	Gov Affairs and Advocacy		Texas Health Resource	S		

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 51/56 Rpt: 62/84		
2	FILER NAME The Political	Action Committee of the Texas Hospital As	ssociation		3	Filer ID (Ethics Commission 00015794	ı Filers)
4	Date 10/03/2024	 5 Full name of contributor out-of-state Vidrine, Amanda (Ms.) 6 Contributor address; City; State; Zip Code 	-)	7	Amount of Contribution (\$)	\$3.85
_		Abilene, TX 79601	1-		L		
8		pation / Job title (See Instructions) gulatory Manager	9	Employer (See Instructions Hendrick Medical Cente			
	Date 10/15/2024	Contributor address; City; State; Zip Code	-)		Amount of Contribution (\$)	\$3.85
	Principal occu	Abilene, TX 79601 pation / Job title (See Instructions)		Employer (See Instructions	;) 		
Quality & Regulatory Manager		Hendrick Medical Cente					
	Date 10/03/2024)	•	Amount of Contribution (\$)	\$15.00
		Abilene, TX 79601					
	Principal occu Abilene Mark	pation / Job title (See Instructions) ket COO		Employer (See Instructions Hendrick Medical Cente			
Date Full name of contributor out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$15.00		
	Principal occupation / Job title (See Instructions) Abilene Market COO		Employer (See Instructions Hendrick Medical Cente	•			
	Date Full name of contributor out-of-state PAC (ID#:) 10/03/2024 Wagner, Angela (Ms.) Contributor address; City; State; Zip Code Abilene, TX 79601		•	Amount of Contribution (\$)	\$3.85		
	Principal occu Healthcare P	pation / Job title (See Instructions)		Employer (See Instructions Hendrick Medical Cente			
	пеашісаге Р	TOTESSIONAL		THEHUNCK MEUICALCENTE	:I		

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 52/56 Rpt: 63/84		
2	FILER NAME The Political	Action Committee of the Texas Hospita	l Association		3	Filer ID (Ethics Commission 00015794	Filers)
4	Date 10/15/2024	Wagner, Angela (Ms.)	tate PAC (ID#:)	7	Amount of Contribution (\$)	\$3.85
_		Abilene, TX 79601			L		
8	Principal occup	pation / Job title (See Instructions) Professional	9	Employer (See Instructions Hendrick Medical Cente			
	Date 10/03/2024	Full name of contributor out-of-s Wallschlaeger, Erich (Mr.) Contributor address; City; State; Zip Co			•	Amount of Contribution (\$)	\$9.62
	Principal occur	Brownwood, TX 76804 pation / Job title (See Instructions)		Employer (See Instructions	;) 		
		Hendrick Medical Cente					
	Date 10/15/2024)		Amount of Contribution (\$)	\$9.62
		Brownwood, TX 76804					
	Principal occup	pation / Job title (See Instructions) ial Officer		Employer (See Instructions Hendrick Medical Cente			
	Date Full name of contributor out-of-state PAC (ID#:) 10/03/2024 Walzer, Cheryl (Ms.) Contributor address; City; State; Zip Code Abilene, TX 79601			•	Amount of Contribution (\$)	\$3.85	
	Principal occupation / Job title (See Instructions) Employer (See I		Employer (See Instructions Hendrick Medical Cente				
	Date 10/15/2024 Full name of contributor out-of-state PAC (ID#:) Walzer, Cheryl (Ms.) Contributor address; City; State; Zip Code Abilene, TX 79601		•	Amount of Contribution (\$)	\$3.85		
		pation / Job title (See Instructions) ledsurg / Tele		Employer (See Instructions Hendrick Medical Cente			
	5,100,01 01 101	, 1010	l_	Tondrok medical defite			

MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1			
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 53/56 Rpt: 64/84		
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	The Political	Action Committee of the Texas	Hospital Association			00015794	
4	Date 10/20/2024	5 Full name of contributor out-of-state PAC (ID#:) Warner, Freddy (Mr.) 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$145.50	
		Houston, TX 77024					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	<u>. </u>		
		nment Relations Officer		Memorial Hermann Hea		System	
	Date Full name of contributor out-of-state PAC (ID#:) 10/03/2024 Waters, Amber (Ms.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.85		
		Abilene, TX 79601	· · · · · · · · · · · · · · · · · · ·				
Principal occupation / Job title (See Instructions) Employer (See Instructions)							
	Director of Admissions Hendrick Medical Center		r				
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID#:) 5/2024 Waters, Amber (Ms.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$3.85
		Abilene, TX 79601					
Principal occupation / Job title (See Instructions) Employer (See Instruction			5)				
	Director of A	dmissions		Hendrick Medical Cente	r		
	Date Full name of contributor out-of-state PAC (ID#:				Amount of Contribution (\$)	\$2.00	
	Principal occupation / Job title (See Instructions) Employer (See Instruction			Employer (See Instructions	5)		
Advocacy / Multimedia Writer Texas Hospital		Texas Hospital Associa	tion				
	Date Full name of contributor out-of-state PAC (ID#:) 10/25/2024 Werner, Theo (Mr.) Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$)	\$2.00		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Advocacy / N	Multimedia Writer		Texas Hospital Associa	tion		

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 54/56 Rpt: 65/84		
2	FILER NAME The Political	Action Committee of the Texas Ho	spital Association		3	Filer ID (Ethics Commission 00015794	ı Filers)
4	Date 10/03/2024	pate 5 Full name of contributor out-of-state PAC (ID#:)		7	Amount of Contribution (\$)	\$3.85	
_		Abilene, TX 79601			<u></u>		
8	Sr Practice N	pation / Job title (See Instructions) Manager	9	Employer (See Instructions Hendrick Medical Cente			
	Date Full name of contributor out-of-state PAC (ID#:) 10/15/2024 Wharton, Elisha (Ms.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.85		
	Principal occu	Abilene, TX 79601 pation / Job title (See Instructions)		Employer (See Instructions	·,		
· · · · · · · · · · · · · · · · · · ·		Hendrick Medical Cente					
	Date Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$20.00	
		Austin, TX 78701					
	·	pation / Job title (See Instructions) unications Officer		Employer (See Instructions Texas Hospital Associate	-		
Date Full name of contributor out-of-state PAC (ID#:) 10/25/2024 Williams, Carrie (Ms.) Contributor address; City; State; Zip Code Austin, TX 78701				Amount of Contribution (\$)	\$20.00		
Principal occupation / Job title (See Instructions) Employ			Employer (See Instructions Texas Hospital Associate	-			
	Date Full name of contributor out-of-state PAC (ID#:) 09/27/2024 Williams, Patty (Ms.) Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$)	\$2.00		
		pation / Job title (See Instructions) Manager Business Srvcs		Employer (See Instructions THA Foundation	5)		
	Telegronomp	managor Buomess orves					

	MONET	ARY POLITICAL CO	NTRIBUTION	S	SCHEDULE A1
	The Instru	ction Guide explains how to	complete this forn	n.	1 Total pages Schedule A1: Sch: 55/56 Rpt: 66/84
2	FILER NAME The Political	Action Committee of the Texas H	ospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4	Date 10/25/2024	 5 Full name of contributor	out-of-state PAC (ID#: Zip Code)	7 Amount of Contribution (\$) \$2.0
		Austin, TX 78701			
8	•	pation / Job title (See Instructions) Manager Business Srvcs		Employer (See Instructions THA Foundation	ons)
	Date 09/26/2024	Full name of contributor	out-of-state PAC (ID#:		Amount of Contribution (\$) \$62.5
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions Goodall-Witcher Healtho	
	Date 10/03/2024	Full name of contributor Willson, Megan (Ms.) Contributor address; City; State; Abilene, TX 79601	out-of-state PAC (ID#:)	Amount of Contribution (\$) \$4.8
		pation / Job title (See Instructions) ket Director PAT/PreOp/PACU		Employer (See Instructions Hendrick Medical Cente	
	Date 10/15/2024	Full name of contributor Willson, Megan (Ms.) Contributor address; City; State; Abilene, TX 79601	out-of-state PAC (ID#:		Amount of Contribution (\$)
	•	pation / Job title (See Instructions) ket Director PAT/PreOp/PACU		Employer (See Instructions Hendrick Medical Cente	
	Date 09/27/2024	Wohleb, Stephen (Mr.)	out-of-state PAC (ID#:)	Amount of Contribution (\$)
	Principal occu General Cou	pation / Job title (See Instructions)		Employer (See Instructions Texas Hospital Associat	
			<u>'</u>		

MON	ETARY POLITICAL CONTRIBUTION	NS		SCHEDUL	E A1
The Ins	truction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 56/56 Rpt: 67/84	
2 FILER NA	ME tical Action Committee of the Texas Hospital Association		1	Filer ID (Ethics Commission 00015794	n Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	—	Amount of Contribution (\$)	
10/25/20	Wohleb, Stephen (Mr.) 6 Contributor address; City; State; Zip Code		-		\$41.00
	Austin, TX 78701				
8 Principal	occupation / Job title (See Instructions)	Employer (See Instructions	s)		
General	Counsel	Texas Hospital Associat	tion		
Date 10/03/20)		Amount of Contribution (\$)	\$4.81
	Abilene, TX 79601				
	occupation / Job title (See Instructions)	Employer (See Instructions			
System /	Assistant Vice President Supply Chain	Hendrick Medical Cente	er		
Date 10/15/20	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$4.81
	Abilene, TX 79601				
	occupation / Job title (See Instructions) Assistant Vice President Supply Chain	Employer (See Instructions Hendrick Medical Cente			
Date 10/09/20)		Amount of Contribution (\$)	\$29.00
•	occupation / Job title (See Instructions) perating Officer	Employer (See Instructions Tyler County Hospital	s)		
Date 10/22/20	Date Full name of contributor out-of-state PAC (ID#:) 10/22/2024 Yoder, Katherine (Ms.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$350.00
	Dallas, TX 75235				
	occupation / Job title (See Instructions) ernment Relations	Employer (See Instructions Parkland Health	s)		

MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C3

	The Instruction Guide explains how to complete this form.			1	Total pages S Sch: 1/1 Rp	Schedule C3: ht: 68/84
2	2 FILER NAME			3	Filer ID	(Ethics Commission Filers)
	The Political Action Committee of the Texas Hospital Association				00015794	
4	Date	5	Corporation / Labor Organization name	6	Amount (\$)	
	10/04/2024		Texas Hospital Association			714.00

NON-MONETARY SUPPORT FROM CORPORATION SCHEDULE C4 **OR LABOR ORGANIZATION** 1 Total pages Schedule C4: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 69/84 2 FILER NAME 3 Filer ID (Ethics Commission Filers) The Political Action Committee of the Texas Hospital Association 00015794 Date 5 Corporation / Labor Organization name 6 Amount (\$) 4,200.00 10/25/2024 **Texas Hospital Association**

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total manua Cabadula F1.	· · · · · · · · · · · · · · · · · · ·
1 Total pages Schedule F1: Sch: 1/13 Rpt: 70/84	2 FILER NAME The Political Action Committee of the Texas Hospital 3 Filer ID (Ethics Commission Filers) 00015794
4 Date	5 Payee name
10/18/2024	Ann Johnson Campaign
6 Amount (\$) \$2,000.00	7 Payee address; City; State; Zip Code PO Box 56386
, -,	
Expenditure from corporate funds	Houston, TX 77256
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXPENDITORE	Candidate/Officeholder/Political Committee
	Campaign contribution
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/04/2024	Barbara Gervin-Hawkins Campaign
Amount (\$)	Payee address; City; State; Zip Code
` '	
\$1,500.00	PO Box 18659
Expenditure from corporate funds	San Antonio, TX 78218
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	Candidate/Officeholder/Political Committee
	Campaign contribution
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/27/2024	Brent Hagenbuch Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,500.00	2800 Shoreline Dr #310
Expenditure from corporate funds	Denton, TX 76210
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	Candidate/Officeholder/Political Committee
	To replace lost campaign contribution check
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 2/13 Rpt: 71/84	The Political Action Committee of the Texas Hospital 00015794
4 Date	5 Payee name
10/18/2024	Bryan Hughes Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,000.00	PO Box 450
Expenditure from corporate funds	Mineola, TX 75773
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXPENDITORE	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
experiorare to berieff C/Of	
Date	Payee name
10/04/2024	Chris Turner Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$3,500.00	P.O. Box 182093
Expenditure from corporate funds	Arlington, TX 76096
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Campaign contribution
2 1 2 2 1 1 2 1	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/18/2024	Donna Howard Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$5,000.00	PO Box 5375
Expenditure from corporate funds	Austin, TX 78763
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EVENINE UPF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaign contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 3/13 Rpt: 72/84	The Political Action Committee of the Texas Hospital 00015794
4 Date	5 Payee name
10/18/2024	Eddie Morales Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,500.00	352 Hillcrest Blvd
Expenditure from corporate funds	Eagle Pass, TX 78852
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 Campaign contribution
	Campaign continuution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
10/18/2024	Friends of Brandon Creighton
Amount (\$)	Payee address; City; State; Zip Code
\$2,500.00	2257 N Loop 336, Ste 140-366
Expenditure from corporate funds	Conroe, TX 77304
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Campaign continuution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
10/18/2024	Friends of Tom Oliverson
Amount (\$)	Payee address; City; State; Zip Code
\$3,000.00	1 E Greenway Plaza Suite 225
Expenditure from corporate funds	Houston, TX 77046
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaign contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense

Candidate/Officeholder/Politica Credit Card Payment						
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)					
Sch: 4/13 Rpt: 73/84	The Political Action Committee of the Texas Hospital 00015794					
4 Date	5 Payee name					
10/02/2024	Frost Bank					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
\$54.35	PO Box 1727					
— Forest diture from						
Expenditure from corporate funds	Austin, TX 78767					
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.					
	Credit Card Processing Fees					
	Credit Card Processing Pees					
O Complete CMI V if alian	Condidate/Officeholder name Office sought Office hold					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H					
,						
Date	Payee name					
10/03/2024	Frost Bank					
Amount (\$)	Payee address; City; State; Zip Code					
\$19.95	PO Box 1727					
Expenditure from corporate funds	Austin, TX 78767					
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
OF	Fees Check if travel outside of Texas. Complete Schedule T.					
EXPENDITURE	Check if Austin, TX, officeholder living expense					
	Credit Card Processing Fees					
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
expenditure to benefit C/OI	H .					
Date	Payee name					
10/03/2024	Frost Bank					
Amount (\$)	Payee address; City; State; Zip Code					
\$91.08	PO Box 1727					
Ψ01.00						
Expenditure from corporate funds	Austin, TX 78767					
•						
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.					
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule 1. Check if Austin, TX, officeholder living expense					
	Credit Card Processing Fees					
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Fees

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees (Food/Beverage Expense Gift/Awards/Memorials Expense I	Loan Repayment/Reimbursement Office Overhead/Rental Expense Poiling Expense Printing Expense Salaries/Wages/Contract Labor Down to complete this form.	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 F1:	2 FILER NAME	<u> </u>	3 Filer ID (Ethics Commission Filers)						
Sch: 5/13 Rpt: 74/84		The Political Action Committee of the Texas Hospital 00015794							
4 Date	5 Payee name		•						
10/18/2024	Gene Wu Campaign								
6 Amount (\$) \$2,000.00	7 Payee address; City; State; 5522 Jessamine	Zip Code							
Expenditure from corporate funds	Houston, TX 77081								
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sched Contributions/Donations Made By Candidate/Officeholder/Political Committee	Check if travel	outside of Texas. Complete Schedule T. n, TX, officeholder living expense Ontribution						
Complete ONLY if direct expenditure to benefit C/Oh		ice sought	Office held						
Date	Payee name								
10/18/2024	Gina Hinojosa Campaign								
Amount (\$)	Payee address; City; State;	Zip Code							
\$2,000.00	PO Box 300095								
Expenditure from corporate funds	Austin, TX 78703								
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sched Contributions/Donations Made By Candidate/Officeholder/Political Committee	Check if travel	outside of Texas. Complete Schedule T. n, TX, officeholder living expense Ontribution						
Complete ONLY if direct expenditure to benefit C/OF		ice sought	Office held						
Date	Payee name								
10/11/2024	Glenn Hegar Campaign								
Amount (\$)	Payee address; City; State;	Zip Code							
\$5,000.00	815-A Brazos St #389								
Expenditure from corporate funds	Austin, TX 78701								
PURPOSE OF	(a) Category (See Categories listed at the top of this sched	·							
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committ		outside of Texas. Complete Schedule T. n, TX, officeholder living expense Ontribution						
Complete ONLY if direct expenditure to benefit C/OF		ice sought	Office held						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Advertising Expense Accounting/Banking Consulting Expense

Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)							
	The Instruction Guide explains how to complete this form.							
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)							
Sch: 6/13 Rpt: 75/84	The Political Action Committee of the Texas Hospital 00015794							
4 Date	Payee name							
10/18/2024	Hillary Hickland Campaign							
6 Amount (\$)	7 Payee address; City; State; Zip Code							
\$2,000.00	6318 Brayson Oaks Ct							
Formation of the								
Expenditure from corporate funds	Belton, TX 76513							
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							
	Campaign contribution							
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held							
,								
Date	Payee name							
10/04/2024	Jared Patterson Campaign							
Amount (\$)	Payee address; City; State; Zip Code							
\$2,000.00	4412 Sapphire Dr.							
Expenditure from corporate funds	Frisco, TX 75034							
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description							
EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T.							
	Candidate/Officeholder/Political Committee							
	Campaign continuation							
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
expenditure to benefit C/O								
Date	Payee name							
10/18/2024	John Bucy Campaign							
Amount (\$)	Payee address; City; State; Zip Code							
\$2,000.00	PO Box 536							
Expenditure from								
corporate funds	Austin, TX 78767							
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
OF EXPENDITURE	Contributions/Donations Made By							
	Candidate/Officeholder/Political Committee							
	Campaign contribution							
Commission ONUVIVIII	Condidate/Officeholder name							
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held							
2								
<u> </u>								

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.						
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)						
Sch: 7/13 Rpt: 76/84	The Political Action Committee of the Texas Hospital 00015794						
4 Date	Payee name						
10/04/2024	Josey Garcia Campaign						
6 Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code 718 Amber Knoll						
·							
Expenditure from corporate funds	San Antonio, TX 78251						
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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
	Candidate/Officeholder/Political Committee Campaign contribution						
	Campaign contribution						
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held						
Date	Payee name						
10/18/2024	Mike Schofield Campaign						
Amount (\$)	Payee address; City; State; Zip Code						
\$1,000.00	934 Hidden Canyon Rd.						
Expenditure from corporate funds	Katy, TX 77450						
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.						
	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense						
	Campaign contribution						
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held						
Date	Payee name						
10/04/2024	Molly Cook Campaign						
Amount (\$)	Payee address; City; State; Zip Code						
\$2,000.00	PO Box 667238						
Expenditure from corporate funds	Houston, TX 77266						
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
OF 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/OI	y						

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 8/13 Rpt: 77/84 The Political Action Committee of the Texas Hospital 00015794 4 Date Payee name 10/18/2024 Royce West Campaign 6 Amount (\$) Payee address; City; State; Zip Code \$2,000.00 320 South R.L. Thornton Freeway Suite 210 Expenditure from Dallas, TX 75203 corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Campaign contribution Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 10/11/2024 Salman Bhojani Campaign Amount (\$) Payee address; City; State; Zip Code \$1,500.00 PO Box 392 Expenditure from Euless, TX 76039 corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Campaign contribution Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 10/18/2024 Senfronia Thompson Campaign Amount (\$) Payee address: City: State; Zip Code \$2,000.00 4828 Loop Central Dr #600 Expenditure from Houston, TX 77081 corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Campaign contribution Complete ONLY if direct Candidate/Officeholder name Office held Office sought expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment								
		_						
1 Total pages Schedule F1: Sch: 9/13 Rpt: 78/84	2 FILER NAME The Political Action Committee of the Texas Hospital 3 Filer ID (Ethics Commission Filers) 00015794							
<u> </u>	<u> </u>	_						
4 Date		5 Payee name						
10/18/2024	Shelby Slawson Campaign							
6 Amount (\$)	7 Payee address; City; State; Zip Code							
\$2,000.00	PO Box 286							
Expenditure from corporate funds	Stephenville, TX 76401							
8 PURPOSE		_						
OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.							
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense							
	Campaign contribution							
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_						
expenditure to benefit C/OI	4							
Date	Payee name	_						
09/26/2024	Stripe							
Amount (\$)	Payee address; City; State; Zip Code	_						
\$134.99								
Φ134.99	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 9/26-10/24/24							
		_						
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held							
experientare to benefit G/OI	<u> </u>							
Date	Payee name							
09/26/2024	Stripe							
Amount (\$)	Payee address; City; State; Zip Code	_						
\$0.21	354 Oyster Point Blvd							
Expenditure from	South Can Francisco CA 04000							
corporate funds	South San Francisco, CA 94080							
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description							
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense							
	Credit Card Processing Fees							
	Greate Gara i 100033111g i ces							
Complete CNII V if alian-	Condidate/Officeholder name Office cought	_						
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held							
p								

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officenolder/Politica	The Instruction Guide explains how to complete this form.						
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)						
Sch: 10/13 Rpt: 79/84	The Political Action Committee of the Texas Hospital 00015794						
4 Date	Payee name						
10/04/2024	Stripe						
6 Amount (\$)	7 Payee address; City; State; Zip Code						
\$0.63	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						
	Credit Card i Toccssing i ees						
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI							
Date	Payee name						
10/15/2024	Stripe						
Amount (\$)	Payee address; City; State; Zip Code						
\$2.17	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						
	Cledit Cald Flocessing Fees						
Commission ONII V if dispose	Condidate/Officeholder name						
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held						
<u>'</u>							
Date	Payee name						
10/17/2024	Stripe						
Amount (\$)	Payee address; City; State; Zip Code						
\$0.10	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.						
EXI ENDITORE	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						
experiente to benefit 6/01	<u>'</u>						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 11/13 Rpt: 80/84	The Political Action Committee of the Texas Hospital 00015794
4 Date	5 Payee name
10/18/2024	Stripe
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$0.77	354 Oyster Point Blvd
Expenditure from corporate funds	South San Francisco, CA 94080
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Credit Card Processing Fees
	Grount Gara i 100000mg i 000
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
10/21/2024	Stripe
Amount (\$)	Payee address; City; State; Zip Code
\$2.08	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.
	Credit Card Processing Fees
	Credit Card Processing Fees
Complete ONLY if direct	Condidate/Officeholder name Office sought Office hold
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/23/2024	Stripe
Amount (\$)	Payee address; City; State; Zip Code
\$0.67	354 Oyster Point Blvd
Expenditure from	
corporate funds	South San Francisco, CA 94080
PURPOSE	(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.
EAFENDITUKE	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
experialture to beliefft G/Of	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services The Instruction Guide explains how to complete this form.		Travel out of District Travel Out of District OTHER (enter a category not listed above)						
1 To	otal pages Schedule F1:	2 FILER NAM	Ē				3 Fil	er ID	(Ethics Commission Filers	5)
S	ch: 12/13 Rpt: 81/84	The Politica	The Political Action Committee of the Texas Hospital 00015794							
4 D	ate	5 Payee name								
10	0/24/2024	Stripe								
6 A	mount (\$)	7 Payee addre	ess; City;	State; Zip Co	ode					
	\$0.21	354 Oyster	Point Blvd							
	Expenditure from corporate funds	South San	Francisco, CA 94080							
8	PURPOSE	(a) Category (s	see Categories listed at the top o	f this schedule)	(b)	Description				
F	OF EXPENDITURE	Fees				_			plete Schedule T.	
_						Check if Austin,				
						Credit Card P	roces	sing Fees	S	
9 C	omplete <u>ONLY</u> if direct	Candidate/Off	iceholder name	Office sou	ıaht			Office he	ald	
	xpenditure to benefit C/OI		icendidei name	Office soc	ugnt			Office fie	au	
D	ate	Payee name	!							
10	0/18/2024	Texans for	Charles Schwertner							
Aı	mount (\$)	Payee addre	ess; City;	State; Zip Co	ode					
	\$4,000.00	PO Box 24	48							
	Expenditure from corporate funds	Georgetow	n, TX 78627							
	PURPOSE	(a) Category (s	see Categories listed at the top o	of this schedule)	(b)	Description				
	OF EXPENDITURE	Contributio	ns/Donations Made B	у					plete Schedule T.	
•		Candidate/	Officeholder/Political	Committee		Check if Austin,			expense	
						Campaign co	ntribu	tion		
	amendate ONU V if divers	Canalidate/Off	iceholder name	O#:				Office les	stal	
	omplete <u>ONLY</u> if direct xpenditure to benefit C/OI		icenoider name	Office sou	ugnt			Office he	eid	
D	ate	Payee name								
10	0/18/2024	Todd Hunte	er Campaign							
Aı	mount (\$)	Payee addre	ess; City;	State; Zip Co	ode					
	\$2,000.00	445 Cape I	Henry Drive							
_	Expenditure from									
	corporate funds	Corpus Ch	risti, TX 78412							
	PURPOSE	(a) Category (S	see Categories listed at the top o	of this schedule)	(b)	Description				
	OF EXPENDITURE		ns/Donations Made B			ш			plete Schedule T.	
•		Candidate/	Officeholder/Political	Committee		Check if Austin,			expense	
						Campaign co	าเนเมน	uUII		
	omplete ONLY if direct	Candidata/Off	iceholder name	Office sou	labt			Office he	nid	
	xpenditure to benefit C/OI		icendidei Hallie	Office SOL	agrit			Onice He	สน	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment	- Gitt/Awards/Memorials Expense Printing Expense Travel Out of District Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 13/13 Rpt: 82/84	The Political Action Committee of the Texas Hospital 00015794
4 Date	5 Payee name
10/18/2024	Vince Perez Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,000.00	649 Londonderry Road
Expenditure from corporate funds	El Paso, TX 79907
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Campaign contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held

UNPAID INCURRED OBLIGATIONS SCHEDULE F2 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F2: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 1/1 Rpt: 83/84 The Political Action Committee of the Texas Hospital 00015794 \$ TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS 5 Date Payee name 10/16/2024 Atchley & Associates LLP Amount (\$) Payee address; State; Zip Code \$839.00 1005 La Posada Dr Expenditure from Х Austin, TX 78752 corporate funds TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Accounting/Banking **EXPENDITURE** Check if Austin, TX, officeholder living expense PAC accounting and reporting services 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 84/84 2 FILER NAME 3 Filer ID (Ethics Commission Filers) The Political Action Committee of the Texas Hospital Association 00015794 8 Amount (\$) Date 5 Name of person from whom amount is received 09/27/2024 \$1,500.00 Brett Hagenbuch Campaign 6 Address of person from whom amount is received; City; State; Zip Code Denton, TX 76210 Purpose for which amount is received Check if political contribution returned to filer to void lost check previously reported of Schedule F1