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

### FORM MPAC **COVER SHEET PG 1**

The MPAC Instruction	n Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers) 00015794	2 Total pages filed: 68
3 COMMITTEE NAM	E	•	OFFICE USE ONLY
The Political Action	on Committee of the Texas Hospital Associa	ation	Date Received
			ELECTRONICALLY FILED
4 COMMITTEE	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP	
ADDRESS	1108 Lavaca Ste 700		
Change of Addres	<sup>ss</sup> Austin, TX 78701		Date Hand-delivered or Date Postmarked
5 CAMPAIGN	MS / MRS / MR FIRST	MI	
TREASURER NAME	Sara		Receipt # Amount
	NICKNAME LAST	SUFFI	Date Processed
	Gonzale:		
	Gonzale	2	Date Imaged
6 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE)	APT / SUITE #; CITY; ST	ATE; ZIP CODE
TREASURER	1108 Lavaca Suite 700	AF1730112#, CITT, 31	ATE, ZIF CODE
STREET ADDRESS	1100 Lavaca Suite 700		
(Residence or Business)			
	Austin, TX 78701		
7 CAMPAIGN TREASURER	STREET ADDRESS OR PO BOX;	APT / SUITE #; CITY; ST	TATE; ZIP CODE
MAILING	1108 Lavaca Suite 700		
ADDRESS			
Change of Addres	<sup>35</sup> Austin, TX 78701		
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION	
TREASURER PHONE	(512) 465-1000		
	()		
9 REPORT TYPE	X Monthly	10th day after campaign treasurer termination	Dissolution (Attach PAC-DR)
10 MONTHLY			
REPORT FILING DEADLINE	January 5 Apri	I 5 July 5	October 5
DENBENIE	February 5 May	5 August 5	November 5
	March 5 June	e 5 September 5	X December 5
	Month Day Year	THROUGH	Day Year
COVERED	10/26/2024	11/25/	2024
	GO	TO PAGE 2	
Forms provided by Te	exas Ethics Commission www.e	thics.state.tx.us	Version V4.1.0.5dd2ace2

#### MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

# FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME				1	3 Filer ID	(Ethics Commission Filers)
The Political Action Cor	mmittee of the Texas H	ospital Associa	ation		00015794	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	The Honorable An	gela Paxton	State Senator	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED PLEDGES, LOANS, CONTRIBUTIONS M check here if this report	OR GUARANTE ADE ELECTRO	ES OF LOANS, ÒR NICALLY)		\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLEI		<b>TIONS</b> OR GUARANTEES O	F LOANS)	\$	41,028.15
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EX	PENDITURES		\$	0.00
	4. TOTAL POLITICA	L EXPENDITU	IRES		\$	79,742.04
CONTRIBUTION BALANCE	5. TOTAL POLITICAL C OF THE REPORTING		S MAINTAINED AS C	OF THE LAST D	DAY \$	87,253.19
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL / LAST DAY OF THE F			DANS AS OF TI	HE \$	0.00
16 AFFIDAVIT	•				•	
		tru	swear, or affirm, under ue and correct and inc nder Title 15, Election	cludes all inform	jury, that the ac nation required	companying report is to be reported by me
				Sara Go	onzalez	
		_	Si	gnature of Carr	npaign Treasure	er
AFFIX NOTARY	STAMP / SEAL ABOVE					
Sworn to and subscribed	before me, by the said			, thi	s the	day
	_, 20, to certify w					
Signature of officer ad	ministering oath	Printed name of	officer administering	oath	Title of office	er administering oath
Forms provided by Texas E	thics Commission	www.et	hics.state.tx.us			Version V4.1.0.5dd2ace2

	LING GPAC R	EPORT:	PURPOSE		FORM MPAC
					ADDENDUM
12 COMMITTEE NAME				13 Filer ID	Page 3 of 68 (Ethics Commission Filers)
The Political Action Com	mittee of the Texas Hc	ospital Associa	tion	00015794	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		The Honorable Bradley	L. Buckley State Repre	sentative
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	<ol> <li>Officeholders Assisted</li> <li>(Identify by name or, if applicable, classify by party.)</li> </ol>				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		The Honorable Candac	e T. Noble State Repre	sentative
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	The Honorable Charles	L. Perry State Senator	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				

MONTHLY FI	LING GPAC F	REPORT:	PURPOSE		FORM MPAC
					Page 4 of 68
<b>12</b> COMMITTEE NAME The Political Action Com	mittee of the Texas Ho	ospital Associat	tion	<b>13</b> Filer ID 00015794	(Ethics Commission Filers)
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		The Honorable Cody J. Harri	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.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		The Honorable David L. Coo	k 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.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		The Honorable Judith Zaffirir	i State Senator	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				

MONTHLY FI	LING GPAC F	REPORT	PURPOSE		FORM MPAC
					Page 5 of 68
12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
The Political Action Com	mittee of the Texas Ho	ospital Associa	ation	00015794	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		The Honorable Lois W	. Kolkhorst State Senat	or
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if				
	applicable, classify by party.)	1			
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		The Honorable Nicole	D. Collier 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			
	3. Officeholders Assisted				
	(Identify by name or, if applicable, classify by party.)	)			
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		The Honorable Robert	Lee Nichols State Sena	ator
(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.)	)			

Г

	LING GPAC R	REPORT:	PURPOSE		FORM MPAC
					ADDENDUM Page 6 of 68
12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
The Political Action Com	mittee of the Texas Ho	ospital Associa	tion	00015794	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		The Honorable Matthew M. Ph	elan 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			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		The Honorable Juan Hinojosa	State Senator	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		The Honorable Dan Patrick Lie	eutenant Govern	or
(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.)				

12 COMMITTEE NAME       13 Filer ID       (Ethics Connection Committee of the Texas Hospital Association         14 COMMITTEE       1. Candidates       A. Supported The Honorable C. Joan Huffman State Senator         14 COMMITTEE       1. Candidates       A. Supported The Honorable C. Joan Huffman State Senator	ommission Filers)
14 COMMITTEE         1. Candidates         A. Supported         The Honorable C. Joan Huffman         State Senator	
ACTIVITY ((dentify by name or. if	
applicable, classify by party.)	
(Attach lists on plain paper to complete this report if necessary.) B. Opposed	
2. Measures A. Supported	
(Describe by date and location of election and nature of issue.)	
B. Opposed	
3. Officeholders	
Assisted	
(Identify by name or, if applicable, classify by party.)	
COMMITTEE       1. Candidates       A. Supported The Honorable Toni N. Rose State Representative         ACTIVITY       (Identify by name or, if applicable, classify by party.)       A. Supported The Honorable Toni N. Rose State Representative	
(Attach lists on plain paper to complete this report if necessary.) B. Opposed	
2. Measures A. Supported	
(Describe by date and location of election and nature of issue.)	
B. Opposed	
3. Officeholders Assisted	
(Identify by name or, if applicable, classify by party.)	

## FORM MPAC

#### COVER SHEET PG 3 8 of 68

17 COMMITTE	E NAME	18 Filer ID	(Ethics Commission Filers)
	cal Action Committee of the Texas Hospital Association	00015794	<b>T</b>
	E SUBTOTALS SCHEDULE		SUBTOTAL AMOUNT
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		<b>\$</b> 35,989.15
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABC ORGANIZATION	IR	\$
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA LABOR ORGANIZATION	TION OR	\$
6. X	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	<b>\$</b> 839.00
7. X	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$ 4,200.00
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (	ORGANIZATION	\$
9.	SCHEDULE E: LOANS		\$
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	5	<b>\$</b> 78,756.54
11. X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		<b>\$</b> 985.50
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$

**SUBTOTALS - MPAC** 

_						
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 1/48 Rpt: 9/68	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	The Political	Action Committee of the Texas Hospital Association	ı		00015794	
4	Date	5 Full name of contributor out-of-state PAC (ID#:		7	Amount of Contribution (\$)	
Γ	11/22/2024	Amador, Dolores (Ms.)		ľ		\$1.00
	11/22/2024					φ1.00
		6 Contributor address; City; State; Zip Code				
		Georgetown, TX 78633				
8	•	pation / Job title (See Instructions)	9 Employer (See Instructions			
	Claims Mana	ager	Texas Hospital Insuranc	ce E	Exchange	
	Date Full name of contributor out-of-state PAC (ID#:)				Amount of Contribution (\$)	
	11/22/2024	Andersen, Daniel (Mr.)	· · · · · · · · · · · · · · · · · · ·			\$14.00
		Contributor address; City; State; Zip Code		ł		,
	Contributor address, City, State, Zip Code					
		Coorrectown TV 70622				
		Georgetown, TX 78633		Ĺ		
		pation / Job title (See Instructions)	Employer (See Instructions			
	Claims Mana	ager	Texas Hospital Insuranc	ce E	Exchange	
	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	11/12/2024	Bagchi, Sam (Dr.)				\$165.00
		Contributor address; City; State; Zip Code		ł		
		Irving, TX 75038				
_	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	•	ting & Business Development	CHRISTUS Health	5)		
	VF Onderwin			_		
	Date	Full name of contributor 🛛 🗌 out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	11/17/2024	Ballew, Joel (Mr.)				\$41.50
		Contributor address; City; State; Zip Code		1		
		Arlington, TX 76011				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
		ting & Business Development	Texas Health Resources			
⊨		-		<u> </u>		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	11/22/2024	Banda, Jennifer (Ms.)				\$41.00
		Contributor address; City; State; Zip Code		1		
1		Austin, TX 78701				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
		Clinical Officer	Texas Hospital Associat		1	
⊢			- F			

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 2/48 Rpt: 10/68	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
		Action Committee of the Texas Hospital Association	n		00015794	,
	Date	5 Full name of contributor out-of-state PAC (ID#:_		7	Amount of Contribution (\$)	
	11/13/2024	Barclay, Jeremy (Mr.)			-	\$1,200.00
		6 Contributor address; City; State; Zip Code				
		Austin, TX 78758				
		upation / Job title (See Instructions)	9 Employer (See Instructions			
	VP Governm	nent & Community Affairs	St Davids North Austin N	vle	dical Center	
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	10/31/2024	Baty, Krista (Ms.)				\$27.50
		Contributor address; City; State; Zip Code				
		Brownwood, TX 76801				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u>		
		dvocacy & Public Policy	Hendrick Medical Cente			
	Date		)	-	Amount of Contribution (\$)	
	11/13/2024	Baty, Krista (Ms.)				\$27.50
		Contributor address; City; State; Zip Code				Ψ=1.55
		Brownwood, TX 76801				
	•	ipation / Job title (See Instructions)	Employer (See Instructions			
	Senior VP A	dvocacy & Public Policy	Hendrick Medical Cente	r		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	11/22/2024	Beasley, Sharon (Ms.)				\$8.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u>		
	•	Payer Relations	Texas Hospital Associat		۱	
	Date	Full name of contributor out-of-state PAC (ID#:_	-		Amount of Contribution (\$)	
	11/22/2024	Bell, Jeff (Mr.)				\$4.00
		Contributor address; City; State; Zip Code				• -
		Austin, TX 78701				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	)		
	Chief Admin	istrative Officer	THA Foundation			

The Instruction Guide explains how to complete this form.	L Total pages Schedule A1:
	Sch: 3/48 Rpt: 11/68
	B Filer ID (Ethics Commission Filers)
	00015794
4 Date 5 Full name of contributor out-of-state PAC (ID#:) 7	7 Amount of Contribution (\$)
10/31/2024 Benham, Bradley (Mr.)	\$9.62
6 Contributor address; City; State; Zip Code	
Abilene, TX 79601	
8 Principal occupation / Job title (See Instructions)     9 Employer (See Instructions)	
Chief Administrative Officer Hendrick Medical Center	
Date     Full name of contributor     out-of-state PAC (ID#:)	Amount of Contribution (\$)
11/13/2024 Benham, Bradley (Mr.)	\$9.62
Contributor address; City; State; Zip Code	
Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Sr Dir Governance & Exec Administration Hendrick Medical Center	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
10/31/2024 Bessent, Brian (Mr.)	\$32.50
Contributor address; City; State; Zip Code	
Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Sr Dir Governance & Exec Administration Hendrick Medical Center	
Date Full name of contributor out-of-state PAC (ID#: )	Amount of Contribution (\$)
11/13/2024 Bessent, Brian (Mr.)	\$32.50
Contributor address; City; State; Zip Code	*
Contributor address, City, State, Zip Code	
Abilene, TX 79601	
Abilene, TX 79601 Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	Amount of Contribution (\$)
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Manager Corporate Relations       Hendrick Medical Center	Amount of Contribution (\$) \$41.67
Principal occupation / Job title (See Instructions)     Employer (See Instructions)       Manager Corporate Relations     Hendrick Medical Center       Date     Full name of contributor     out-of-state PAC (ID#:)	
Principal occupation / Job title (See Instructions)     Employer (See Instructions)       Manager Corporate Relations     Hendrick Medical Center       Date     Full name of contributor out-of-state PAC (ID#:)       11/15/2024     Booth, Donny (Mr.)	
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Manager Corporate Relations       Hendrick Medical Center         Date       Full name of contributor out-of-state PAC (ID#:)         11/15/2024       Booth, Donny (Mr.)         Contributor address; City; State; Zip Code       Contributor	
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Manager Corporate Relations       Hendrick Medical Center         Date       Full name of contributor out-of-state PAC (ID#:)         11/15/2024       Booth, Donny (Mr.)         Contributor address; City; State; Zip Code       Andrews, TX 79714	
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Manager Corporate Relations       Hendrick Medical Center         Date       Full name of contributor out-of-state PAC (ID#:)         11/15/2024       Booth, Donny (Mr.)         Contributor address; City; State; Zip Code       Contributor	\$41.67

т	The Instru	ction Guide explains how to complete this f	iorm.	1	Total pages Schedule A1: Sch: 4/48 Rpt: 12/68	
2 F	ILER NAME			3	Filer ID (Ethics Commission	Filers)
		Action Committee of the Texas Hospital Association			00015794	,
<b>4</b> D	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
1	0/31/2024	Bowden, Sherri (Ms.)				\$3.85
		6 Contributor address; City; State; Zip Code				
		Abilene, TX 79601				
		ipation / Job title (See Instructions)	9 Employer (See Instructions			
	/P HMC Fou		Hendrick Medical Cente	r		
D	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
1	1/13/2024	Bowden, Sherri (Ms.)				\$3.85
		Contributor address; City; State; Zip Code	1	1		
		Abilene, TX 79601		Ļ		
		ipation / Job title (See Instructions)	Employer (See Instructions			
V	/P HMC Fou		Hendrick Medical Cente	r		
	Date	Full name of contributor out-of-state PAC (ID#:_	)	Γ	Amount of Contribution (\$)	
1	0/31/2024	Brockway, Toni (Ms.)				\$5.00
		Contributor address; City; State; Zip Code				
		Abilene, TX 79601				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
		trategy & Experience Officer	Hendrick Medical Center			
			<u> </u>	- 	tt -f Ωt+ibution (Φ)	
	Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	ቀድ በበ
L _	1/13/2024	Brockway, Toni (Ms.)				\$5.00
		Contributor address; City; State; Zip Code				
		Abilene, TX 79601				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ເ)		
	•	trategy & Experience Officer	Hendrick Medical Center			
					A contribution (¢)	
	Date L0/31/2024	Full name of contributor out-of-state PAC (ID#: Broderick, Treva (Ms.)	)		Amount of Contribution (\$)	\$4.81
<b>†</b>	.013112027		ļ			Ψ4.01
		Contributor address; City; State; Zip Code				
		Abilene, TX 79601				
P	rincipal occu	I Ipation / Job title (See Instructions)	Employer (See Instructions	上 5)		
	Chief Execut		Hendrick Medical Center			
			<u> </u>			

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 5/48 Rpt: 13/68	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
	The Political	Action Committee of the Texas Hospital Association			00015794	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
	11/13/2024	Broderick, Treva (Ms.)				\$4.81
		6 Contributor address; City; State; Zip Code				
		Abilene, TX 79601				
8		apation / Job title (See Instructions)	9 Employer (See Instructions			
	Assistant Vic	ce President Clinical Svs	Hendrick Medical Center	r		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	10/31/2024	Calvo, Raul (Mr.)				\$2.50
		Contributor address; City; State; Zip Code				
		Abilene, TX 79608				
		ipation / Job title (See Instructions)	Employer (See Instructions			
	Director Pulr	monary Services	Hendrick Medical Center	r		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	11/13/2024	Calvo, Raul (Mr.)				\$2.50
		Contributor address; City; State; Zip Code				
	<b>21</b> 1 1	Abilene, TX 79608				
		ipation / Job title (See Instructions)	Employer (See Instructions Hendrick Medical Center			
		monary Services		1		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	10/31/2024	Camacho, Precilla (Ms.)				\$3.85
		Contributor address; City; State; Zip Code				
		Abilana TV 70601				
<u> </u>	Dringing occu	Abilene, TX 79601	Employer (See Instructions	<u>`</u>		
		ipation / Job title (See Instructions) Vorkforce Dev	Hendrick Medical Center			
╘					· - · · · · · · · · · · · · · · · · · ·	
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	<b>*</b> 2.05
	11/13/2024	Camacho, Precilla (Ms.)				\$3.85
		Contributor address; City; State; Zip Code				
		Abilene, TX 79601				
<u> </u>	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
		Vorkforce Dev	Hendrick Medical Center			
⊢						

The Instruction Guide explains how to complete this form.	1	Total pages Schedule A1: Sch: 6/48 Rpt: 14/68	
2 FILER NAME	3	Filer ID (Ethics Commission	n Filers)
The Political Action Committee of the Texas Hospital Association		00015794	
4 Date   5 Full name of contributor   out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
10/31/2024 Canada, Kirk (Mr.)			\$30.00
6 Contributor address; City; State; Zip Code			
Abilene, TX 79601			
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instruction	ons)		
Assistant Vice President Clinical Svs Hendrick Medical Cer	nter		
Date Full name of contributor out-of-state PAC (ID#:)	$\top$	Amount of Contribution (\$)	
11/13/2024 Canada, Kirk (Mr.)			\$30.00
Contributor address; City; State; Zip Code			• -
Abilene, TX 79601			
Principal occupation / Job title (See Instructions) Employer (See Instruction	ons)		
Assistant Vice President Clinical Svs Hendrick Medical Cer	nter		
Date Full name of contributor out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)	
10/31/2024 Cates, Boyd (Mr.)			\$1.00
Contributor address; City; State; Zip Code			
Abilene, TX 79601			
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ons)		
Board Vice Chair Hendrick Medical Cer	nter		
Date Full name of contributor out-of-state PAC (ID#: )	$\overline{}$	Amount of Contribution (\$)	
11/13/2024 Cates, Boyd (Mr.)		Fundant of Contraction (1)	\$1.00
Contributor address; City; State; Zip Code			<b>*</b>
Contributor aduress, City, State, Zip Code			
Abilene, TX 79601			
Principal occupation / Job title (See Instructions) Employer (See Instruction			
Board Vice Chair Hendrick Medical Cer			
	<u> </u>	· · · · · · · · · · · · · · · · · · ·	
Date     Full name of contributor     out-of-state PAC (ID#:)       11/06/2024     Chance Matt (Mr.)		Amount of Contribution (\$)	ቀንፍስ ሰበ
11/06/2024 Chance, Matt (Mr.)			\$350.00
	·····		
Contributor address; City; State; Zip Code			
Contributor address; City; State; Zip Code			
Contributor address; City; State; Zip Code Dallas, TX 75219			
Contributor address; City; State; Zip Code Dallas, TX 75219 Principal occupation / Job title (See Instructions) Employer (See Instructions)			
Contributor address; City; State; Zip Code Dallas, TX 75219			

	The Instru	ction Guide explains how to complete this f	iorm.	1	Total pages Schedule A1: Sch: 7/48 Rpt: 15/68	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
	The Political	Action Committee of the Texas Hospital Association			00015794	-
4	Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
	11/10/2024	Clevenger, Erin (Ms.)	,			\$14.59
	<b></b>	6 Contributor address; City; State; Zip Code		•		<b>T</b>
		Contributor address, City, State, Zip Code				
		1				
		Port Lavaca, TX 77979				
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	⊥ 3)		
	Senior Direc		Memorial Medical Cente			
⊢		-		т. Т	Amount of Contribution (\$)	
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	¢14 EO
	11/10/2024	Collins, Chad (Mr.)				\$14.50
		Contributor address; City; State; Zip Code				
		1				
L		Plano, TX 75093		Ļ		
		upation / Job title (See Instructions)	Employer (See Instructions			
L	Chief Operat	ting Office / System VP	Texas Health Presbyteri	ian	Hospital Plano	
	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	10/31/2024	Conger, Cody (Mr.)				\$4.00
	I	Contributor address; City; State; Zip Code		1		
		1				
		Abilene, TX 79601				
$\vdash$	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Chief Opera	ting Office / System VP	Hendrick Medical Cente			
⊨	Date	Full name of contributor Out-of-state PAC (ID#:	<u> </u>	Π	Amount of Contribution (\$)	
	11/13/2024	Conger, Cody (Mr.)	/			\$4.00
	11/13/2027					Φ4.00
		Contributor address; City; State; Zip Code				
		1				
		Abilana TV 70601				
┡	Duite sized accord	Abilene, TX 79601		ŕ		
		upation / Job title (See Instructions)	Employer (See Instructions			
L	Diagnostic T	echnologist	Hendrick Medical Cente	۶r		
Γ	Date	Full name of contributor out-of-state PAC (ID#:_	)	Γ	Amount of Contribution (\$)	
	10/31/2024	Connell, Jessica (Ms.)				\$4.81
	Contributor address; City; State; Zip Code			1		
		1				
		1				
		Brownwood, TX 76804				
⊢	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Diagnostic T		Hendrick Medical Cente			
┝						

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 8/48 Rpt: 16/68
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
The Political	Action Committee of the Texas Hospital Association	n	00015794
4 Date	5 Full name of contributor out-of-state PAC (ID#:_		<ul><li>7 Amount of Contribution (\$)</li></ul>
11/13/2024	Connell, Jessica (Ms.)		\$4.81
	6 Contributor address; City; State; Zip Code		•
	Brownwood, TX 76804		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	s)
Interim CEO	/ CNO / Clinical Srvc Administrator	Hendrick Medical Cente	er
Date	Full name of contributor Out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
11/22/2024	Conner, Cecil (Mr.)	/	\$4.00
	Contributor address; City; State; Zip Code		•
	CUltinution address, City, State, Lip Code		
	Austin, TX 78731		
Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	5)
	ent Operations	Texas Hospital Insuranc	
Date	Full name of contributor Out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
10/31/2024	Contreras, Rosendo (Ms.)	/	\$1.93
	Contributor address; City; State; Zip Code		•
	Abilene, TX 79601		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
Health Direc	ctor, Invasive Cardiology	Hendrick Medical Cente	er
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
11/13/2024	Contreras, Rosendo (Ms.)		\$1.93
	Contributor address; City; State; Zip Code		1
	Abilene, TX 79601		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)
Health Direc	ctor, Invasive Cardiology	Hendrick Medical Cente	er
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
11/22/2024	Cook, Kenneth (Mr.)		\$2.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78701		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)
Chief Nursin	ig Officer	THA Foundation	
		L	

			_		
The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 9/48 Rpt: 17/68	
2 FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	Action Committee of the Texas Hospital Association	n		00015794	
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
10/31/2024	Cooper, David (Mr.)				\$3.85
	6 Contributor address; City; State; Zip Code				
	Abilene, TX 79601				
	pation / Job title (See Instructions)	9 Employer (See Instructions			
Chief Nursing	g Officer	Hendrick Medical Cente	r		
Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
11/13/2024	Cooper, David (Mr.)				\$3.85
	Contributor address; City; State; Zip Code				
	Abilene, TX 79601				
	pation / Job title (See Instructions)	Employer (See Instructions			
Risk Manage	ement Advisor	Hendrick Medical Cente	er		
Date	Full name of contributor out-of-state PAC (ID#:_	)	Γ	Amount of Contribution (\$)	
11/22/2024	Costilla, Nina (Ms.)				\$2.00
	Contributor address; City; State; Zip Code				
I	Austin, TX 78701	· · · · · · · · ·			
	pation / Job title (See Instructions)	Employer (See Instructions	5)		
RISK Manaye	ement Advisor	THA Foundation			
Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
11/22/2024	Cotton, Corey (Mr.)				\$20.00
	Contributor address; City; State; Zip Code				
	Austin, TX 78701				
Principal occur	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	afety, Infection Preventionist, Perf Improv	Texas Hospital Associat		1	
			<u>го.</u> Т		
Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	ቀ1 000 00
11/13/2024	Craun, Michael (Dr.)				\$1,000.00
	Contributor address; City; State; Zip Code				
	Round Rock, TX 78681				
Principal occur	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ו)		
	afety, Infection Preventionist, Perf Improv	St. David's Round Rock		edical Center	

The Instruction Guide explains how to complete this form.       1 Total pages Storolise AL: Sch: 10/48 Rpt: 18/68         2 FILER NAME The Political Action Committee of the Texas Hospital Association       9 File TD (Ethics Commission Filers) 00015/294         4 Date       5 File name of contributor       0 on on-state PAC (00- Austin, TX 78701       7 Amount of Contribution (\$) 5 Ech (Nek), 5         8 Principal occupation / Job Bite (See Instructions) TF Director       9 Employer (See Instructions) THA Foundation       7 Amount of Contribution (\$) 52.00         Date       Full name of contributor       mated-state PAC (00- Austin, TX 78701       9 Employer (See Instructions) THA Foundation       Amount of Contribution (\$) 52.00         Date       Full name of contributor       mated-state PAC (00- Contributor address; City, State; Zip Code       Amount of Contribution (\$) 52.00         Principal occupation / Job Bite (See Instructions) TF Director       Employer (See Instructions) Contributor address; City, State; Zip Code       Amount of Contribution (\$) 5100.00         Date       Full name of contributor       out-of-state PAC (00- Davidson, Kirbie (Ms.)       Amount of Contribution (\$) 51.04/05 HealthCare         Date       Full name of contributor       out-of-state PAC (00- Davids, Leslie (Ms.)       Amount of Contribution (\$) 51.04/05 HealthCare         Date       Full name of contributor       out-of-state PAC (00- Davids, Leslie (Ms.)       Amount of Contribution (\$) 52.000       \$20.00				
2       File RIMAME       3       File rID       (Elhics Commitsion Filers)         4       Date       5       Full name of contributor       out of state PAC (Der	The Instru	ction Guide explains how to complete this t	form.	
The Political Action Committee of the Texas Hospital Association       00015794         4 Date       5 Full name of contributor       out-of-state PAC (Date       7 Amount of Contribution (S)         11/22/2024       6 Contributor address; City; State; Zip Code       7 Amount of Contribution (S)       \$20.00         8 Principal occupation / Job tite (See Instructions)       9 Employer (See Instructions)       Amount of Contribution (S)       \$2.00         11/22/2024       Full name of contributor       out-of-state PAC (Date       Amount of Contribution (S)       \$2.00         11/22/2024       Full name of contributor       out-of-state PAC (Date       Amount of Contribution (S)       \$2.00         11/22/2024       Full name of contributor       out-of-state PAC (Date       Amount of Contribution (S)       \$2.00         11/22/2024       Full name of contributor       out-of-state PAC (Date       Amount of Contribution (S)       \$2.00         11/22/2024       Full name of contributor       out-of-state PAC (Date       Amount of Contribution (S)       \$10.000         11/12/2024       Full name of contributor       out-of-state PAC (Date       Amount of Contribution (S)       \$10.000         11/12/2024       Full name of contributor       out-of-state PAC (Date       Amount of Contribution (S)       \$20.00         11/12/2024       Full name of contributor <td>2 FILER NAME</td> <td></td> <td></td> <td></td>	2 FILER NAME			
4       Date       5       Full name of contributor       out of state PAC (D#			n	
11/22/2024       Dale, Vicki (Ms.)       \$20.00         6       Contributor address; City; State; Zip Code       \$20.00         7       Austin, TX 78701       \$1         8       Principal occupation / Job title (See Instructions)       THA Foundation         11/22/2024       Full name of contributor       out-of-state PAC (IDE       Amount of Contribution (S)         11/22/2024       Full name of contributor       out-of-state PAC (IDE       Amount of Contribution (S)         11/22/2024       Full name of contributor       out-of-state PAC (IDE       Amount of Contribution (S)         11/12/2024       Full name of contributor       out-of-state PAC (IDE       Amount of Contribution (S)         11/13/2024       Full name of contributor       out-of-state PAC (IDE       Amount of Contribution (S)         11/13/2024       Full name of contributor       out-of-state PAC (IDE       Amount of Contribution (S)         11/13/2024       Full name of contributor       out-of-state PAC (IDE       Amount of Contribution (S)         11/12/2024       Full name of contributor       out-of-state PAC (IDE       Amount of Contribution (S)         11/12/2024       Full name of contributor       out-of-state PAC (IDE       Amount of Contribution (S)         11/12/2024       Full name of contributor       out-of-state PAC (IDE       A				7 Amount of Contribution (\$)
6       Contributor address; City; State; Zip Code         Austin, TX 78701       9         7       Principal occupation / Job title (See Instructions) TI Director       THA Foundation         11/22/2024       Pavenport, Chad (Mr.)       Out-of-state PAC (Der.       Amount of Contribution (S) THA Foundation         11/22/2024       Davenport, Chad (Mr.)       Contributor address; City; State; Zip Code       Amount of Contribution (S) Texas Hospital Insurance Exchange         Principal occupation / Job title (See Instructions) IT Director       Full name of contributor       out-of-state PAC (Der.       Amount of Contribution (S) Texas Hospital Insurance Exchange         Date       Full name of contributor       out-of-state PAC (Der.       Amount of Contribution (S) Texas Hospital Insurance       \$100.00         11/13/2024       Full name of contributor       out-of-state PAC (Der.       Amount of Contribution (S) S100.00       \$100.00         11/13/2024       Full name of contributor       out-of-state PAC (Der.       Amount of Contribution (S) S100.00       \$100.00         11/12/2024       Full name of contributor       out-of-state PAC (Der.       Amount of Contribution (S) S20.00       \$20.00         11/22/2024       Full name of contributor       out-of-state PAC (Der.       Amount of Contribution (S) S20.00       \$20.00         11/22/2024       Full name of contributor       out-of-sta	11/22/2024			.,
Image: second state sta				·
8       Principal occupation / Job title (See Instructions) IT Director       9       Employer (See Instructions) THA Foundation         Date 11/22/2024       Full name of contributor out-of-state PAC (ID#:) Dawenport, Chad (Mr.)       Amount of Contribution (S) S2.00         Date 11/22/2024       Full name of contributor address; City; State; Zip Code       Amount of Contribution (S) Georgetown, TX 78633       S2.00         Principal occupation / Job title (See Instructions) IT Director       Employer (See Instructions) Texas Hospital Insurance Exchange       Amount of Contribution (S) S100.00         Date 11/13/2024       Full name of contributor out-of-state PAC (ID#:) Davidson, Kirbie (Ms.)       Amount of Contribution (S) S100.00         Principal occupation / Job title (See Instructions) Lab Supervisor       Employer (See Instructions) St. David's HealthCare       Amount of Contribution (S) S20.00         Principal occupation / Job title (See Instructions) Lab Supervisor       Employer (See Instructions) St. David's HealthCare       Amount of Contribution (S) S20.00         Principal occupation / Job title (See Instructions) Lab Supervisor       Employer (See Instructions) Texas Hospital Insurance Exchange         Date 10/31/2024       Full name of contributor out-of-state PAC (ID#:) Contributor address; City; State; Zip Code       Amount of Contribution (S) S3.85         Date 10/31/2024       Full name of contributor				
8       Principal occupation / Job title (See Instructions) IT Director       9       Employer (See Instructions) THA Foundation         Date 11/22/2024       Full name of contributor out-of-state PAC (ID#:) Dawenport, Chad (Mr.)       Amount of Contribution (S) S2.00         Date 11/22/2024       Full name of contributor address; City; State; Zip Code       Amount of Contribution (S) Georgetown, TX 78633       S2.00         Principal occupation / Job title (See Instructions) IT Director       Employer (See Instructions) Texas Hospital Insurance Exchange       Amount of Contribution (S) S100.00         Date 11/13/2024       Full name of contributor out-of-state PAC (ID#:) Davidson, Kirbie (Ms.)       Amount of Contribution (S) S100.00         Principal occupation / Job title (See Instructions) Lab Supervisor       Employer (See Instructions) St. David's HealthCare       Amount of Contribution (S) S20.00         Principal occupation / Job title (See Instructions) Lab Supervisor       Employer (See Instructions) St. David's HealthCare       Amount of Contribution (S) S20.00         Principal occupation / Job title (See Instructions) Lab Supervisor       Employer (See Instructions) Texas Hospital Insurance Exchange         Date 10/31/2024       Full name of contributor out-of-state PAC (ID#:) Contributor address; City; State; Zip Code       Amount of Contribution (S) S3.85         Date 10/31/2024       Full name of contributor				
IT Director       THA Foundation         Date       Full name of contributor       out-of-state PAC (D#		Austin, TX 78701		
Date       Full name of contributor       out-of-state PAC (ID#)       Amount of Contribution (\$)         11/22/2024       Davenport, Chad (Mr.)       \$2.00         Contributor address; City; State; Zip Code       Georgetown, TX 78633       Employer (See Instructions)         IT Director       Texas Hospital Insurance Exchange         Date       Full name of contributor       out-of-state PAC (ID#)         Amount of Contributor address; City; State; Zip Code       Amount of Contribution (\$)         11/13/2024       Full name of contributor       out-of-state PAC (ID#)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Lab Supervisor       St. David's HealthCare         Date       Full name of contributor       out-of-state PAC (ID#)         Anount of Contribution (\$)       St. David's HealthCare         Date       Full name of contributor       out-of-state PAC (ID#)         I1/22/2024       Full name of contributor       Employer (See Instructions)         Lab Supe	8 Principal occu	ipation / Job title (See Instructions)		s)
11/22/2024       Davenport, Chad (Mr.)       \$2.00         Contributor address; City; State; Zip Code       Employer (See Instructions)       \$2.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Texas Hospital Insurance Exchange         Date       Full name of contributor	IT Director		THA Foundation	
Contributor address; City, State; Zip Code         Georgetown, TX 78633         Principal occupation / Job title (See Instructions)         IT Director         Date         Full name of contributor       out-of-state PAC (ID#	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
Contributor address; City, State; Zip Code	11/22/2024			\$2.00
Principal occupation / Job title (See Instructions) IT Director       Employer (See Instructions) Texas Hospital Insurance Exchange         Date       Full name of contributorout-of-state PAC (ID#:) Davidson, Kirbie (Ms.)       Amount of Contribution (\$) \$10.00         11/13/2024       Davidson, Kirbie (Ms.) Contributor address; City; State; Zip Code       Amount of Contribution (\$) \$10.00         Principal occupation / Job title (See Instructions) Lab Supervisor       Employer (See Instructions) St. David's HealthCare         Date       Full name of contributorout-of-state PAC (ID#:) Davia, Leslie (Ms.)       Amount of Contribution (\$) \$20.00         11/22/2024       Full name of contributorout-of-state PAC (ID#:) Davia, Leslie (Ms.)       Amount of Contribution (\$) \$20.00         Contributor address; City; State; Zip Code       Employer (See Instructions) Texas Hospital Insurance Exchange         Date       Full name of contributorout-of-state PAC (ID#:) Davis, John (Mr.)       Amount of Contribution (\$) Texas Hospital Insurance Exchange         Date       Full name of contributorout-of-state PAC (ID#:) Davis, John (Mr.)       Amount of Contribution (\$) S3.85         Contributor address; City; State; Zip Code       Amount of Contribution (\$) S3.85         Cuero, TX 77954       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)		Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions) IT Director       Employer (See Instructions) Texas Hospital Insurance Exchange         Date       Full name of contributorout-of-state PAC (ID#:) Davidson, Kirbie (Ms.)       Amount of Contribution (\$) \$10.00         11/13/2024       Davidson, Kirbie (Ms.) Contributor address; City; State; Zip Code       Amount of Contribution (\$) \$10.00         Principal occupation / Job title (See Instructions) Lab Supervisor       Employer (See Instructions) St. David's HealthCare         Date       Full name of contributorout-of-state PAC (ID#:) Davia, Leslie (Ms.)       Amount of Contribution (\$) \$20.00         11/22/2024       Full name of contributorout-of-state PAC (ID#:) Davia, Leslie (Ms.)       Amount of Contribution (\$) \$20.00         Contributor address; City; State; Zip Code       Employer (See Instructions) Texas Hospital Insurance Exchange         Date       Full name of contributorout-of-state PAC (ID#:) Davis, John (Mr.)       Amount of Contribution (\$) Texas Hospital Insurance Exchange         Date       Full name of contributorout-of-state PAC (ID#:) Davis, John (Mr.)       Amount of Contribution (\$) S3.85         Contributor address; City; State; Zip Code       Amount of Contribution (\$) S3.85         Cuero, TX 77954       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)				
Principal occupation / Job title (See Instructions) IT Director       Employer (See Instructions) Texas Hospital Insurance Exchange         Date       Full name of contributorout-of-state PAC (ID#:) Davidson, Kirbie (Ms.)       Amount of Contribution (\$) \$10.00         11/13/2024       Davidson, Kirbie (Ms.) Contributor address; City; State; Zip Code       Amount of Contribution (\$) \$10.00         Principal occupation / Job title (See Instructions) Lab Supervisor       Employer (See Instructions) St. David's HealthCare         Date       Full name of contributorout-of-state PAC (ID#:) Davia, Leslie (Ms.)       Amount of Contribution (\$) \$20.00         11/22/2024       Full name of contributorout-of-state PAC (ID#:) Davia, Leslie (Ms.)       Amount of Contribution (\$) \$20.00         Contributor address; City; State; Zip Code       Employer (See Instructions) Texas Hospital Insurance Exchange         Date       Full name of contributorout-of-state PAC (ID#:) Davis, John (Mr.)       Amount of Contribution (\$) Texas Hospital Insurance Exchange         Date       Full name of contributorout-of-state PAC (ID#:) Davis, John (Mr.)       Amount of Contribution (\$) S3.85         Contributor address; City; State; Zip Code       Amount of Contribution (\$) S3.85         Cuero, TX 77954       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)				
IT Director       Texas Hospital Insurance Exchange         Date       Full name of contributor       out-of-state PAC (IDE::		-	t	
Date       Full name of contributor       out-ot-state PAC (ID#:)       Amount of Contribution (\$)         11/13/2024       Davidson, Kirbie (Ms.)       \$100.00         Contributor address; City, State; Zip Code       Austin, TX 78701       \$100.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       St. David's HealthCare         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         11/22/2024       Davia, Leslie (Ms.)       Employer (See Instructions)       \$20.00         Contributor address; City, State; Zip Code       Georgetown, TX 78633       Employer (See Instructions)       \$20.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$20.00         Contributor address; City, State; Zip Code       Georgetown, TX 78633       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of Contribution (\$)         Lab Supervisor       Contributor address; City, State; Zip Code       Amount of Contribution (\$)       \$3.85         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$3.85         10/31/2024       Full name of contributor       out-of-state PAC (ID#:)       A	-	pation / Job title (See Instructions)		
11/13/2024       Davidson, Kirbie (Ms.)       \$100.00         11/13/2024       Contributor address; City; State; Zip Code       \$100.00         Austin, TX 78701       Employer (See Instructions)       St. David's HealthCare         Date       Full name of contributor       out-of-state PAC (D#:)       Amount of Contribution (\$)         11/22/2024       Eugl name of contributor       out-of-state PAC (D#:)       Amount of Contribution (\$)         11/22/2024       Georgetown, TX 78633       Employer (See Instructions)       \$20.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$20.00         Lab Supervisor       Georgetown, TX 78633       Texas Hospital Insurance Exchange         Date       Full name of contributor       out-of-state PAC (D#:	11 Director		Texas Hospital Insurand	
Contributor address; City; State; Zip Code         Austin, TX 78701         Principal occupation / Job title (See Instructions)         Lab Supervisor         Date         Full name of contributor       out-of-state PAC (D#:)         Amount of Contribution (\$)         11/22/2024         Date       Full name of contributor         Contributor address; City; State; Zip Code         Contributor address; City; State; Zip Code         Georgetown, TX 78633         Principal occupation / Job title (See Instructions)         Lab Supervisor         Date         Full name of contributor         out-of-state PAC (D#:)         Amount of Contribution (\$)         Texas Hospital Insurance Exchange         Date       Full name of contributor         Date       Full name of contributor         Io/31/2024       Full name of contributor         Davis, John (Mr.)       mount of Contribution (\$)         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Cuero, TX 77954       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       \$20.00         Cuero, TX 77954       Employer (See Instructions)			)	
Austin, TX 78701       Employer (See Instructions) St. David's HealthCare         Date       Full name of contributor out-of-state PAC (ID#:) Davila, Leslie (Ms.)       Amount of Contribution (\$) \$20.00         11/22/2024       Full name of contributor Davila, Leslie (Ms.)       Amount of Contribution (\$) \$20.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$) \$20.00       \$20.00         Principal occupation / Job title (See Instructions) Lab Supervisor       Employer (See Instructions) Texas Hospital Insurance Exchange         Date       Full name of contributor out-of-state PAC (ID#:       Amount of Contribution (\$) \$3.85         Principal occupation / Job title (See Instructions) Lab Supervisor       Employer (See Instructions) Texas Hospital Insurance Exchange         Date       Full name of contributor out-of-state PAC (ID#:) Davis, John (Mr.)       Amount of Contribution (\$) \$3.85         10/31/2024       Full name of contributor Out-of-state PAC (ID#:) Contributor address; City; State; Zip Code       Amount of Contribution (\$) \$3.85         Principal occupation / Job title (See Instructions)       Employer (See Instructions) Lab Supervisor       \$3.85         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$3.85         Principal occupation / Job title (See Instructions)       Employer (See Instruc	11/13/2024	Davidson, Kirbie (Ms.)		\$100.00
Principal occupation / Job title (See Instructions) Lab Supervisor       Employer (See Instructions) St. David's HealthCare         Date       Full name of contributor out-of-state PAC (ID#:) Davila, Leslie (Ms.)       Amount of Contribution (\$) \$20.00         Contributor address; City; State; Zip Code       Georgetown, TX 78633         Principal occupation / Job title (See Instructions) Lab Supervisor       Employer (See Instructions) Texas Hospital Insurance Exchange         Date       Full name of contributor out-of-state PAC (ID#:) Davis, John (Mr.)       Amount of Contribution (\$) S3.85         Out-of-state PAC (ID#:)       Amount of Contribution (\$) S3.85         Out-of-state PAC (ID#:)       Amount of Contribution (\$) S3.85         Principal occupation / Job title (See Instructions)       \$3.85         Contributor address; City; State; Zip Code       Cuero, TX 77954         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)		Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions) Lab Supervisor       Employer (See Instructions) St. David's HealthCare         Date       Full name of contributor out-of-state PAC (ID#:) Davila, Leslie (Ms.)       Amount of Contribution (\$) \$20.00         Contributor address; City; State; Zip Code       Georgetown, TX 78633         Principal occupation / Job title (See Instructions) Lab Supervisor       Employer (See Instructions) Texas Hospital Insurance Exchange         Date       Full name of contributor out-of-state PAC (ID#:) Davis, John (Mr.)       Amount of Contribution (\$) S3.85         Out-of-state PAC (ID#:)       Amount of Contribution (\$) S3.85         Out-of-state PAC (ID#:)       Amount of Contribution (\$) S3.85         Principal occupation / Job title (See Instructions)       \$3.85         Contributor address; City; State; Zip Code       Cuero, TX 77954         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)				
Lab Supervisor       St. David's HealthCare         Date       Full name of contributor       out-of-state PAC (ID#:)         11/22/2024       Davila, Leslie (Ms.)       \$20.00         Contributor address; City; State; Zip Code       Contributor address; City; State; Zip Code       \$20.00         Georgetown, TX 78633       Employer (See Instructions)       \$20.00         Lab Supervisor       Employer (See Instructions)       Texas Hospital Insurance Exchange         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         10/31/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         10/31/2024       Davis, John (Mr.)       S3.85       S3.85         Contributor address; City; State; Zip Code       Cuero, TX 77954       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       S3.85		Austin, TX 78701		
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         11/22/2024       Davila, Leslie (Ms.)       \$20.00         Contributor address; City; State; Zip Code       \$20.00         Georgetown, TX 78633       Employer (See Instructions)         Lab Supervisor       Employer (See Instructions)         Date       Full name of contributor         Date       Full name of contributor         Davis, John (Mr.)       Out-of-state PAC (ID#:)         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)         10/31/2024       Davis, John (Mr.)       \$3.85         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
11/22/2024       Davila, Leslie (Ms.)       \$20.00         Contributor address; City; State; Zip Code       \$20.00         Georgetown, TX 78633       Employer (See Instructions)         Lab Supervisor       Employer (See Instructions)         Lab Supervisor       Texas Hospital Insurance Exchange         Date       Full name of contributor out-of-state PAC (ID#:)         Date       Full name of contributor out-of-state PAC (ID#:)         Date       Full name of contributor out-of-state PAC (ID#:)         Davis, John (Mr.)       \$3.85         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Cuero, TX 77954       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)	Lab Supervi	sor	St. David's HealthCare	
Contributor address; City; State; Zip Code         Georgetown, TX 78633         Principal occupation / Job title (See Instructions)         Lab Supervisor       Employer (See Instructions)         Date       Full name of contributor out-of-state PAC (ID#:)         Date       Full name of contributor out-of-state PAC (ID#:)         Amount of Contribution (\$)         10/31/2024       Davis, John (Mr.)         Contributor address; City; State; Zip Code         Cuero, TX 77954       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
Georgetown, TX 78633       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Lab Supervisor       Texas Hospital Insurance Exchange         Date       Full name of contributor       out-of-state PAC (ID#:)         10/31/2024       Davis, John (Mr.)       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       full cuero, TX 77954         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Employer (See Instructions)       Employer (See Instructions)	11/22/2024	Davila, Leslie (Ms.)		\$20.00
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Lab Supervisor       Texas Hospital Insurance Exchange         Date       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)         10/31/2024       Davis, John (Mr.)       \$3.85         Contributor address; City; State; Zip Code       Cuero, TX 77954         Principal occupation / Job title (See Instructions)       Employer (See Instructions)		Contributor address; City; State; Zip Code		1
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Lab Supervisor       Texas Hospital Insurance Exchange         Date       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)         10/31/2024       Davis, John (Mr.)       \$3.85         Contributor address; City; State; Zip Code       Cuero, TX 77954         Principal occupation / Job title (See Instructions)       Employer (See Instructions)				
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Lab Supervisor       Texas Hospital Insurance Exchange         Date       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)         10/31/2024       Davis, John (Mr.)       \$3.85         Contributor address; City; State; Zip Code       Cuero, TX 77954         Principal occupation / Job title (See Instructions)       Employer (See Instructions)				
Lab Supervisor       Texas Hospital Insurance Exchange         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         10/31/2024       Davis, John (Mr.)       \$3.85         Contributor address; City; State; Zip Code       Contributor address; City; State; Zip Code       Full name of contributor         Principal occuration / Job title (See Instructions)       Employer (See Instructions)       Employer (See Instructions)			i	
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         10/31/2024       Davis, John (Mr.)       \$3.85         Contributor address; City; State; Zip Code       Cuero, TX 77954         Principal occupation / Job title (See Instructions)       Employer (See Instructions)				
10/31/2024       Davis, John (Mr.)       \$3.85         Contributor address; City; State; Zip Code       Cuero, TX 77954         Principal occupation / Job title (See Instructions)       Employer (See Instructions)	Lab Supervi	sor	Texas Hospital Insurance	ce Exchange
Contributor address; City; State; Zip Code         Cuero, TX 77954         Principal occupation / Job title (See Instructions)         Employer (See Instructions)			)	.,
Cuero, TX 77954       Principal occupation / Job title (See Instructions)       Employer (See Instructions)	10/31/2024			\$3.85
Principal occupation / Job title (See Instructions) Employer (See Instructions)		Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
Assistant General Counsel	-			
	Assistant Ge	aneral Counsel	Cuero Regional Hospita	<u>ما</u>

	The Instru	ction Guide explains how to complete this f	iorm.	1	Total pages Schedule A1: Sch: 11/48 Rpt: 19/68	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
ľ		Action Committee of the Texas Hospital Association	n		00015794	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	11/13/2024	Davis, John (Mr.)				\$3.85
		6 Contributor address; City; State; Zip Code				
			I			
		Cuero, TX 77954				
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions			
	Clinical Proje	ects Manager	Cuero Regional Hospita	l _		
	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	11/22/2024	Davis, John (Mr.)				\$3.85
		Contributor address; City; State; Zip Code				
		Cuero, TX 77954				
		upation / Job title (See Instructions)	Employer (See Instructions			
	Clinical Proje	ects Manager	Cuero Regional Hospita	1		
Γ	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	11/22/2024 De La Garza-Barone, Heather (Ms.)				\$2.00	
		Contributor address; City; State; Zip Code		1		
			I			
			I			
		Austin, TX 78701	- <del>i</del>			
	•	upation / Job title (See Instructions)	Employer (See Instructions			
	VP Member	Solutions	Texas Hospital Associat	tior	1	
Γ	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)		
	10/30/2024	DeYoung, Peter (Dr.)				\$41.00
		Contributor address; City; State; Zip Code	1	1		
			I			
	<b>D</b> 1 1 1 1 1 1 1 1 1 1	Austin, TX 78758		ŕ		
	•	upation / Job title (See Instructions)	Employer (See Instructions St Davids North Austin I		diast Contor	
	Receptionist					
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	11/13/2024	DeYoung, Peter (Dr.)				\$750.00
Contributor address; City; State; Zip Code						
		Austin, TX 78758	1 _ · · · · · · · · · · · · · · · · · ·	Ļ		
		upation / Job title (See Instructions)	Employer (See Instructions		1	
	Receptionist		St Davids North Austin N	Me	dical Center	

The Instru	iction Guide explains how to complete this f	form.	1	Total pages Schedule A1: Sch: 12/48 Rpt: 20/68	
2 FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	- Il Action Committee of the Texas Hospital Association	n	ľ	00015794	TT lieroj
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
10/31/2024	Dennis, Gregory (Mr.)				\$3.85
	6 Contributor address; City; State; Zip Code				
	Abilene, TX 79601				
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	;)		
VP Member	Solutions	Hendrick Medical Cente	۶r		
Date	Full name of contributor out-of-state PAC (ID#:_	)	Γ	Amount of Contribution (\$)	
11/13/2024					\$3.85
	Contributor address; City; State; Zip Code		ł		
	Abilene, TX 79601				
Principal occı	upation / Job title (See Instructions)	Employer (See Instructions	ـــــــــــــــــــــــــــــــــــــ		
Sr Director of	of Business Services	Hendrick Medical Cente	؛r		
Date	Full name of contributor Out-of-state PAC (ID#:_	)	Γ	Amount of Contribution (\$)	
11/06/2024					\$500.00
	Contributor address; City; State; Zip Code		ł		
	Mckinney, TX 75069				
Principal occı	upation / Job title (See Instructions)	Employer (See Instructions	ـــــــــــــــــــــــــــــــــــــ		
Sr Director of	of Business Services	Medical City McKinney			
Date	Full name of contributor Out-of-state PAC (ID#:	<u> </u>	Γ	Amount of Contribution (\$)	
10/31/2024					\$3.85
	Contributor address; City; State; Zip Code		1		·
	Abilene, TX 79601				
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	ـــــــــــــــــــــــــــــــــــــ		
Accounting		Hendrick Medical Cente			
Date	Full name of contributor out-of-state PAC (ID#:	<u> </u> )	Γ	Amount of Contribution (\$)	
11/13/2024				· · · · · · · · · · · · · · · · · · ·	\$3.85
-	Contributor address; City; State; Zip Code		$\mathbf{I}$		
	Abilene, TX 79601				
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	ـــــــــــــــــــــــــــــــــــــ		
Accounting		Hendrick Medical Cente			
	<u> </u>				

<u> </u>			
The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 13/48 Rpt: 21/68
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	Action Committee of the Texas Hospital Association	n	00015794
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
11/14/2024	Dippel, Douglas (Mr.)		\$20.00
	6 Contributor address; City; State; Zip Code		
	Sweetwater, TX 79556		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)
Director Carc	diopulmonary	Rolling Plains Memorial	Hospital
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
10/31/2024	Donaway, Duane (Mr.)		\$1.93
	Contributor address; City; State; Zip Code		
	Abilene, TX 79601		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)
Director Carc	diopulmonary	Hendrick Medical Cente	r
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
11/13/2024	Donaway, Duane (Mr.)	/	\$1.93
-	Contributor address; City; State; Zip Code		
	Abilene, TX 79601		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)
Associate Ge	eneral Counsel	Hendrick Medical Cente	۲
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
11/22/2024	Doyle, Rosalinda (Ms.)		\$2.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78701		
	pation / Job title (See Instructions)	Employer (See Instructions	
Associate Ge	eneral Counsel	Texas Hospital Associat	tion
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
11/13/2024	Drake, Megan (Ms.)		\$500.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78704		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;) ;)
Director Faci	ility Management	St Davids South Austin I	Medical Center

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 14/48 Rpt: 22/68	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
		Action Committee of the Texas Hospital Association	1		00015794	/
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	10/31/2024	Driskell, Jesiree (Ms.)				\$7.50
		6 Contributor address; City; State; Zip Code				
		Abilene, TX 79601				
8	•	pation / Job title (See Instructions)	9 Employer (See Instructions			
	Director Fac	ility Management	Hendrick Medical Cente	ſ		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	11/13/2024	Driskell, Jesiree (Ms.)				\$7.50
		Contributor address; City; State; Zip Code				
		Abilana TX 70601				
⊢	Dringing ago	Abilene, TX 79601 Ipation / Job title (See Instructions)	Employer (See Instructions			
	•	< Management	Hendrick Medical Cente			
╞				•		
	Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	¢4.00
	11/22/2024	Dupree, Anthony (Mr.)				\$4.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Director Risk	< Management	Texas Hospital Associat	ior	ı	
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	10/31/2024	Escobar, Jaye (Ms.)				\$3.85
		Contributor address; City; State; Zip Code				
		Abilene, TX 79601				
	•	pation / Job title (See Instructions)	Employer (See Instructions			
	Chief Medica	al Officer	Hendrick Medical Cente	r		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	11/13/2024	Escobar, Jaye (Ms.)				\$3.85
		Contributor address; City; State; Zip Code				
		Abilene, TX 79601		Ļ		
I		pation / Job title (See Instructions)	Employer (See Instructions			
L	Chief Execut	tive Officer / Administrator	Hendrick Medical Cente	r		

The Instruc	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 15/48 Rpt: 23/68
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	Action Committee of the Texas Hospital Association		00015794
	5 Full name of contributor Out-of-state PAC (ID#:_		7 Amount of Contribution (\$)
11/22/2024	Eskew, Amy (Ms.)		\$14.00
ŀ	6 Contributor address; City; State; Zip Code		
	• • • • • • • • • • • • • • • • • • •		
	Austin, TX 78701		
8 Principal occup	pation / Job title (See Instructions)	9 Employer (See Instructions	;)
Director Infor	mation Systems	Texas Healthcare Truste	ees
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
10/31/2024	Eurek, Andrew (Mr.)		\$4.00
ľ	Contributor address; City; State; Zip Code		
	Abilene, TX 79601		
	pation / Job title (See Instructions)	Employer (See Instructions	
Director Infor	mation Systems	Hendrick Medical Center	۲
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
11/13/2024	Eurek, Andrew (Mr.)		\$4.00
ľ	Contributor address; City; State; Zip Code		
	Abilene, TX 79601		
	pation / Job title (See Instructions)	Employer (See Instructions	
Payroll Admir	listrator	Hendrick Medical Cente	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
11/22/2024	Felton, Chris (Mr.)		\$4.00
	Contributor address; City; State; Zip Code		
	Austin TV 70701		
Dringingloggun	Austin, TX 78701	Employer (Cao Instructions	
Principal occup Payroll Admir	pation / Job title (See Instructions)	Employer (See Instructions Texas Hospital Associat	
-			
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
10/31/2024	Ford, Christopher (Mr.)		\$9.62
	Contributor address; City; State; Zip Code		
	Abilene, TX 79601		
Bringinal occur	pation / Job title (See Instructions)	Employer (See Instructions	<u></u>
	c Comms & Digital Expert	Hendrick Medical Center	
AVI Oliticyi			1

The Ins	truction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 16/48 Rpt: 24/68
2 FILER NA	ME		<b>3</b> Filer ID (Ethics Commission Filers)
The Poli	ical Action Committee of the Texas Hospital Associatio	n	00015794
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
11/13/20	— — —		\$9.0
	6 Contributor address; City; State; Zip Code		
	Abilene, TX 79601		
	occupation / Job title (See Instructions)	9 Employer (See Instructions	•
AVP Stra	ategic Comms & Digital Expert	Hendrick Medical Cente	er
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
11/14/20			\$20.5
	Contributor address; City; State; Zip Code		•
	Austin, TX 78701		
Principal	occupation / Job title (See Instructions)	Employer (See Instructions	5)
Sr. Acco	unts Payable Specialist	Baylor Scott & White Me	edical Center - Pflugerville
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
11/22/20	24 Frazier, Tess (Ms.)		\$20.0
	Contributor address; City; State; Zip Code		
	Georgetown, TX 78633		
· ·	occupation / Job title (See Instructions)	Employer (See Instructions	,
Sr. Acco	unts Payable Specialist	Texas Hospital Insurance	ce Exchange
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
11/13/20	24 Fuller, Catherine (Ms.)		\$200.0
	Contributor address; City; State; Zip Code		1
	Nashville, TN 37203	i	
	occupation / Job title (See Instructions)	Employer (See Instructions	
Director	of Correctional Health	HCA Healthcare-Centra	I & West Texas Division
Date	Full name of contributor Out-of-state PAC (ID#:	)	Amount of Contribution (\$)
11/22/20	24 Gaines, Cameron (Mr.)		\$2.0
	Contributor address; City; State; Zip Code		
	Georgetown, TX 78633		
	occupation / Job title (See Instructions)	Employer (See Instructions	
Director	of Correctional Health	Texas Hospital Insuranc	ce Exchange

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 17/48 Rpt: 25/68	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	The Political	Action Committee of the Texas Hospital Association	n		00015794	-
4	Date	5 Full name of contributor out-of-state PAC (ID#:_		7	Amount of Contribution (\$)	
	11/13/2024	Garza, Rodolfo (Dr.)	/			\$750.00
	11,10,202.					ψι σσισε
	ļ	6 Contributor address; City; State; Zip Code				
	ļ					
	ļ	Live Oak, TX 78233				
	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>		
Ű	Principal occu President / C		Northeast Methodist Ho		اد	
╘				<u>т</u>		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	11/22/2024	Gette, Angela (Ms.)				\$2.00
	ļ	Contributor address; City; State; Zip Code		]		
		Georgetown, TX 78633				
		pation / Job title (See Instructions)	Employer (See Instructions			
	President / C	ЕО	Texas Hospital Insuranc	ce E	Exchange	
F	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	10/31/2024	Gleitz, Stephen (Mr.)				\$4.81
	1	Contributor address; City; State; Zip Code		·		
	ļ					
	ļ	Abilene, TX 79601				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Director Fina	ancial Analysis	Hendrick Medical Cente	ər		
╞	Date	Full name of contributor out-of-state PAC (ID#:	)	Τ	Amount of Contribution (\$)	
	11/13/2024	Gleitz, Stephen (Mr.)			· · · · · · · · · · · · · · · · · · ·	\$4.81
	<b>-</b>	Contributor address; City; State; Zip Code		·		
	ļ	Commuter address, only, state, 21p source				
	ļ					
		Abilene, TX 79601				
┝	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
		ancial Analysis	Hendrick Medical Cente			
⊨				<u> </u>	Amount of Contribution (f)	
	Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	<u>ቀ</u> 41 በበ
	11/22/2024	Gonzalez, Sara (Ms.)				\$41.00
		Contributor address; City; State; Zip Code				
	ļ					
		Austin TV 20201				
		Austin, TX 78701	/ <u></u>	Ĺ		
		pation / Job title (See Instructions)	Employer (See Instructions			
	Regional Am	nbassador West Texas	Texas Hospital Associat	tion		

The Instruction Guide explains how to complete this form.       1 Total pages Schedule A1:         Sch: 18/48 Rpt: 26/68         2 FILER NAME       3 Filer ID (Ethics Commission File)         The Political Action Committee of the Texas Hospital Association       00015794	
2 FILER NAME 3 Filer ID (Ethics Commission Fi	
The Political Action Committee of the Texas Hospital Association 00015/94	ers)
4 Date       5 Full name of contributor       out-of-state PAC (ID#:)       7 Amount of Contribution (\$)	
10/31/2024 Goolsby, Emily (Ms.)	\$3.85
6 Contributor address; City; State; Zip Code	
Abilene, TX 79601	
8 Principal occupation / Job title (See Instructions)       9 Employer (See Instructions)         9 Employer (See Instructions)       9 Employer (See Instructions)	
Regional Ambassador West Texas Hendrick Medical Center	
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)	
11/13/2024 Goolsby, Emily (Ms.)	\$3.85
Contributor address; City; State; Zip Code	
Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
AVP Support Services Hendrick Medical Center	
Date     Full name of contributor     out-of-state PAC (ID#:)     Amount of Contribution (\$)	_
11/22/2024 Gordon, Brittanny (Ms.)	\$2.00
Contributor address; City; State; Zip Code	
Austin, TX 78701	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
AVP Support Services Texas Hospital Association	
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)	
10/31/2024 Greenwood, Susan (Ms.)	\$29.00
Contributor address; City; State; Zip Code	
Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
President BSWH Austin Area Hendrick Medical Center	
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)	
11/13/2024 Greenwood, Susan (Ms.)	\$29.00
Contributor address; City; State; Zip Code	
Contributor address; City; State; Zip Code	
Contributor address; City; State; Zip Code Abilene, TX 79601	
Contributor address; City; State; Zip Code         Abilene, TX 79601         Principal occupation / Job title (See Instructions)         Employer (See Instructions)	
Contributor address; City; State; Zip Code Abilene, TX 79601	

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 19/48 Rpt: 27/68	
2	FILER NAME			3	Filer ID (Ethics Commission	on Filers)
		Action Committee of the Texas Hospital Association	n		00015794	
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	11/05/2024	Gulihur, Judith (Ms.)				\$50.00
		6 Contributor address; City; State; Zip Code		1		
		Pecos, TX 79772				
8		pation / Job title (See Instructions)	9 Employer (See Instructions			
	President / C	)EO	Reeves Regional Health	٦ 		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	11/13/2024	HCA Texas Good Government Fund			:	\$20,000.00
		Contributor address; City; State; Zip Code				
		Dallas, TX 75240				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
⊨	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	11/22/2024	Haas, Mark (Mr.)				\$4.00
		Contributor address; City; State; Zip Code				
		Georgetown, TX 78633				
$\vdash$	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	President / C	EO	Texas Hospital Insuranc	ce	Exchange	
⊨	Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Γ	Amount of Contribution (\$)	
	10/31/2024	Hair, Donna (Ms.)				\$3.85
		Contributor address; City; State; Zip Code				
		Brownwood, TX 76804				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	IT Support S		Hendrick Medical Cente	er		
⊨	Date	Full name of contributor out-of-state PAC (ID#:_	)	Γ	Amount of Contribution (\$)	
	11/13/2024	Hair, Donna (Ms.)				\$3.85
		Contributor address; City; State; Zip Code				
		Contributor address, Gity, State, Eip Sour				
		Brownwood, TX 76804				
$\vdash$	Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
	IT Support S		Hendrick Medical Cente			
$\vdash$						

The Instru	iction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 20/48 Rpt: 28/68	
2 FILER NAME			3	Filer ID (Ethics Commission	n Filers)
The Political	I Action Committee of the Texas Hospital Association	n		00015794	
4 Date	5 Full name of contributor Out-of-state PAC (ID#:_		7	Amount of Contribution (\$)	
11/16/2024		/			\$208.34
	6 Contributor address; City; State; Zip Code				
	Abilene, TX 79601				
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	5)		
VP Governn	nental Finance	Hendrick Health			
Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
10/31/2024	Harris, Erica (Ms.)				\$3.85
	Contributor address; City; State; Zip Code				
	Abilene, TX 79601				
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)		
Vice Preside	ent Claims	Hendrick Medical Cente	r		
Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
11/13/2024	Harris, Erica (Ms.)				\$3.85
	Contributor address; City; State; Zip Code				
	Abilene, TX 79601				
	upation / Job title (See Instructions)	Employer (See Instructions			
Vice Preside	ent Claims	Hendrick Medical Cente	r		
Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
10/26/2024	Hart, Brandy (Mrs.)				\$83.00
	Contributor address; City; State; Zip Code		1		
	Nashville, TN 37203				
	upation / Job title (See Instructions)	Employer (See Instructions	5)		
Nurse Mana	ager of Critical Care Unit	HCA Healthcare			
Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
11/22/2024	Hawkins, John (Mr.)				\$90.00
	Contributor address; City; State; Zip Code		1		
	Austin, TX 78701	,			
	upation / Job title (See Instructions)	Employer (See Instructions			
Nurse Mana	ager of Critical Care Unit	Texas Hospital Associat	tior	1	

			-		
The Instruc	ction Guide explains how to complete this f	örm.		Total pages Schedule A1: Sch: 21/48 Rpt: 29/68	
2 FILER NAME			3	Filer ID (Ethics Commission	Filers)
	Action Committee of the Texas Hospital Association			00015794	
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
10/31/2024	Head, Courtney (Ms.)				\$9.62
	6 Contributor address; City; State; Zip Code				·
	Abilene, TX 79601				
8 Principal occup	pation / Job title (See Instructions)	9 Employer (See Instructions)	5)		
VP Advocacy	/ Public Policy	Hendrick Medical Center	er		
Date	Full name of contributor out-of-state PAC (ID#:_			Amount of Contribution (\$)	
11/13/2024	Head, Courtney (Ms.)				\$9.62
	Contributor address; City; State; Zip Code				
	Abilene, TX 79601				
	pation / Job title (See Instructions)	Employer (See Instructions)			
Dir of the Dep	pt of Education and Professional Development	Hendrick Medical Center	er		
Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
10/31/2024	Henry, Elizabeth (Ms.)				\$4.81
	Contributor address; City; State; Zip Code		1		
	· · · · · · · · · · · · · · · · · · ·				
I	Abilene, TX 79601	1			
	pation / Job title (See Instructions)	Employer (See Instructions)			
Dir of the Dep	pt of Education and Professional Development	Hendrick Medical Center			
Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	_
11/13/2024	Henry, Elizabeth (Ms.)				\$4.81
	Contributor address; City; State; Zip Code				
	Abilana TV 70601				
Dringing occur	Abilene, TX 79601	Employer (See Instructions)	<u> </u>		
	pation / Job title (See Instructions) , AR & Association Management System	Hendrick Medical Center			
Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	ቀር ጋላ
11/22/2024	Hernandez, Janet (Ms.)				\$8.34
	Contributor address; City; State; Zip Code				
	Georgetown, TX 78633				
Principal occur	pation / Job title (See Instructions)	Employer (See Instructions)	<u> </u> ב)		
	, AR & Association Management System	Texas Hospital Insurance		xchange	
0, 0,000,000,000,000,000,000,000,000,00					

The Instruction Guide explains how to complete	e this form. 1 Total pages Schedule A1: Sch: 22/48 Rpt: 30/68
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
The Political Action Committee of the Texas Hospital Ass	
4 Date 5 Full name of contributor out-of-state PA	AC (ID#:) <b>7</b> Amount of Contribution (\$)
10/31/2024 Hess, Heather (Ms.)	\$3.85
Abilene, TX 79601	
8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
Vice President Administrator	Hendrick Medical Center
Date Full name of contributor out-of-state PA	AC (ID#:) Amount of Contribution (\$)
11/13/2024 Hess, Heather (Ms.)	\$3.85
Contributor address; City; State; Zip Code	
Abilene, TX 79601	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Vice President / Chief Nursing Officer	Hendrick Medical Center
Date Full name of contributor out-of-state PA	AC (ID#:) Amount of Contribution (\$)
11/15/2024 Hillier, Robert (Mr.)	\$83.33
Contributor address; City; State; Zip Code	
Bellaire, TX 77401	
Principal occupation / Job title (See Instructions) Vice President / Chief Nursing Officer	Employer (See Instructions)
	Harris Health System
Date Full name of contributor Out-of-state P/	
11/19/2024 Holcomb, Holly (Ms.)	\$50.00
Contributor address; City; State; Zip Code	
Childrose TV 70201	
Childress, TX 79201 Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Staff Accountant	Childress Regional Medical Center
Date Full name of contributor out-of-state P/	
11/22/2024 Holleman, Will (Mr.)	\$10.00
Contributor address; City; State; Zip Code	
Austin TV 79701	
Austin, TX 78701	Employer (Coo Instructions)
Principal occupation / Job title (See Instructions) Staff Accountant	Employer (See Instructions) Texas Hospital Association

Ē	The Instru	ction Guide explains how to complete th	nis fo	rm.	1	Total pages Schedule A1: Sch: 23/48 Rpt: 31/68	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
		Action Committee of the Texas Hospital Associ	iation			00015794	,
4	Date	5 Full name of contributor out-of-state PAC (		)	7	Amount of Contribution (\$)	
	11/25/2024	Honea, Michael (Mr.)	(				\$41.00
	<b>-</b>	6 Contributor address; City; State; Zip Code					Ŧ
		Glen Rose, TX 76043					
8	Principal occu	I pation / Job title (See Instructions)	ć	9 Employer (See Instructions	L;)		
	Director of N			Glen Rose Medical Cen			
╞	Date	Full name of contributor out-of-state PAC (	<u>ا</u> ب#	)		Amount of Contribution (\$)	
	10/31/2024	Howard, Erica (Ms.)	(ID#	/		Amount of Contribution (+)	\$3.85
	10/01/202						40.00
		Contributor address; City; State; Zip Code					
		Abilene, TX 79601					
$\vdash$	Principal occu	I pation / Job title (See Instructions)		Employer (See Instructions	L;)		
	Director of N	,		Hendrick Medical Cente	·		
⊨	Date	Full name of contributor Out-of-state PAC (	/ID#·	)		Amount of Contribution (\$)	
	11/13/2024	Howard, Erica (Ms.)	(1077	/		Amount of Contribution (+,	\$3.85
	±±/±0,±	Contributor address; City; State; Zip Code					+•···
		Abilene, TX 79601					
$\vdash$	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Director Leg	islative & Public Policy		Hendrick Medical Cente	r		
F	Date	Full name of contributor out-of-state PAC (	(ID#:	)		Amount of Contribution (\$)	
	11/21/2024	Hrncirik, Bobbye (Ms.)					\$83.00
		Contributor address; City; State; Zip Code					
		Lubbock, TX 79415					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	;)		
	Admissions I	Director		University Medical Cent	er		
F	Date	Full name of contributor 🔲 out-of-state PAC (	(ID#:	)		Amount of Contribution (\$)	
	11/22/2024	Huff, Alexander (Mr.)	-				\$2.00
		Contributor address; City; State; Zip Code					
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	;)		
	Admissions I	Director		THA Foundation			

The Instru	ction Guide explains how to complete this f	form.	1	Total pages Schedule A1: Sch: 24/48 Rpt: 32/68	
2 FILER NAME			3	Filer ID (Ethics Commission	n Filers)
The Political	Action Committee of the Texas Hospital Association			00015794	-
4 Date	5 Full name of contributor out-of-state PAC (ID#:_		7	Amount of Contribution (\$)	
10/31/2024	Huffington, Mark (Mr.)			-	\$4.81
	6 Contributor address; City; State; Zip Code				
	Abilene, TX 79601				
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions)	;)		
Regional Vic	ce President / Behavioral Health	Hendrick Medical Center	r		
Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
11/13/2024	Huffington, Mark (Mr.)				\$4.81
	Contributor address; City; State; Zip Code				
	Abilene, TX 79601				
	ipation / Job title (See Instructions)	Employer (See Instructions)			
President / C	CEO	Hendrick Medical Center	r		
Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
10/31/2024	Hunnicutt, Craig (Mr.)				\$3.85
	Contributor address; City; State; Zip Code				
	Abilene, TX 79601				
	upation / Job title (See Instructions)	Employer (See Instructions)			
President / C	.E0	Hendrick Medical Center	r		
Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
11/13/2024	Hunnicutt, Craig (Mr.)				\$3.85
	Contributor address; City; State; Zip Code				
Dringinglago	Abilene, TX 79601				
Principal occu President / C	upation / Job title (See Instructions)	Employer (See Instructions) Hendrick Medical Center			
Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	A405 00
11/19/2024	Hurst, William (Mr.)				\$125.00
	Contributor address; City; State; Zip Code				
	Plano, TX 75075				
Dringinal occu	upation / Job title (See Instructions)	Employer (See Instructions)			
	ent of Human Resources	Patient Physician Netwo			
VICETTESIGE			<u>лк</u>		

The Instruction Guide explains how to complete this form.       1 Total pages Studied A1: Sch: 25/48 Pp: 33/68         2       FLERNAME The Political Action Committee of the Texas Hospital Association       3 Flerin (Efficis Commission Filers) 00015734         4       Dete       \$ Full name of contributor out-at-sace PAC (Dor							
The Political Action Committee of the Texas Hospital Association       00015794         4 Date       5 Full name of contribution of contribution of contribution (\$)       7 Amount of Contribution (\$)         11/08/2024       6 Contribution address; City: State; Zip Code       7 Amount of Contribution (\$)         8 Principal occupation / Job tile (See Instructions)       9 Employer (See Instructions)       Ascension Health         Date       Full name of contributor       out-of-state PAC (10::::::::::::::::::::::::::::::::::::		The Instru	ction Guide explains how to complete this f	iorm.	1		
The Political Action Committee of the Texas Hospital Association       00015794         4 Date       5 Full name of contribution of contribution of contribution (\$)       7 Amount of Contribution (\$)         11/08/2024       6 Contribution address; City: State; Zip Code       7 Amount of Contribution (\$)         8 Principal occupation / Job tile (See Instructions)       9 Employer (See Instructions)       Ascension Health         Date       Full name of contributor       out-of-state PAC (10::::::::::::::::::::::::::::::::::::	2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
11/08/2024       Hurt-Deitch, Sally (Ms.)       S145.84         6       Contributor address; City; State; Zip Code       S145.84         7       Principal occupation / Job title (See Instructions)       Principal occupation / Job title (See Instructions)         7       Principal occupation / Job title (See Instructions)       Accension Health         7       Date       Full name of contributor       out-of-state PAC (Dot:       Amount of Contribution (S)         7       Jackson, Olga (Ms.)       Contributor address; City; State; Zip Code       Cuero, TX 77954       Amount of Contribution (S)         7       Full name of contributor address; City; State; Zip Code       Cuero, TX 77954       Amount of Contribution (S)       \$0.97         7       Contributor address; City; State; Zip Code       Cuero, TX 77954       Amount of Contribution (S)       \$0.97         7       Contributor address; City; State; Zip Code       Cuero, TX 77954       Amount of Contribution (S)       \$0.97         7       Contributor address; City; State; Zip Code       Cuero Regional Hospital       Amount of Contribution (S)       \$0.97         11/22/2024       Full name of contributor       out-of-state PAC (Dot:       Amount of Contribution (S)       \$0.97         11/22/2024       Jackson, Olga (Ms.)       Cuero Regional Hospital       Cuero Regional Hospital       \$0.97 <td></td> <td></td> <td></td> <td>n</td> <td></td> <td></td> <td>,</td>				n			,
6       Contributor address; City; State; Zip Code         EI Paso, TX 79932       EI Paso, TX 79932         8       Principal occupation / Job title (See Instructions)       Ascension Health         Date       Full name of contributor       but of state PAC (D#	4	Date	<b>5</b> Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
B       Finicipal occupation / Job title (See Instructions) Vice President of Human Resources <ul> <li>Full name of contributor</li> <li>out-of-state PAC (De</li> <li>Contribution address, City, State: Zip Code</li> <li>Contributor address, City, State: Zip Code</li> <li>Cuero, TX 77954</li> </ul> Amount of Contribution (\$) <ul> <li>\$0.97</li> <li>Contributor address, City, State: Zip Code</li> <li>Contributor address, City, State: Zip Code</li> <li>Cuero, TX 77954</li> </ul> Amount of Contribution (\$) <ul> <li>\$0.97</li> <li>Contributor address, City, State: Zip Code</li> <li>Cuero, TX 77954</li> <li>Principal occupation / Job tite (See Instructions)</li> <li>Cuero Regional Hospital</li> </ul> Date     Full name of contributor     out-of-state PAC (De: <li>11/22/2024             <li>Full name of contributor</li> <li>Out-of-state PAC (De:</li> <li>Cuero Regional Hospital</li> <ul> <li>Amount of Contribution (\$)</li> <li>\$0.97</li> <li>Contributor address; City, State: Zip Code</li> <li>Cuero Regional Hospital</li> </ul></li>		11/08/2024	Hurt-Deitch, Sally (Ms.)				\$145.84
8       Principal occupation / Job title (See Instructions) Vice President of Human Resources       9       Employer (See Instructions) Ascension Health         Date 10/31/2024       Full name of contributor       out-of-state PAC (DoF		1	6 Contributor address; City; State; Zip Code				
8       Principal occupation / Job title (See Instructions) Vice President of Human Resources       9       Employer (See Instructions) Ascension Health         Date 10/31/2024       Full name of contributor       out-of-state PAC (DoF							
8       Principal occupation / Job title (See Instructions) Vice President of Human Resources       9       Employer (See Instructions) Ascension Health         Date 10/31/2024       Full name of contributor       out-of-state PAC (DoF							
Vice President of Human Resources       Ascension Health         Date       Full name of contributor       out-of-state PAC (DP       Amount of Contribution (\$)         10/31/2024       Jackson, Olga (Ms.)       \$0.97         Contributor address; City: State; Zip Code       Cuero, TX 77954       State         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (DP       Amount of Contribution (\$)         11/13/2024       Jackson, Olga (Ms.)       Cuero Regional Hospital       Store         Date       Full name of contributor       out-of-state PAC (DP       Amount of Contribution (\$)         11/13/2024       Jackson, Olga (Ms.)       Employer (See Instructions)       Store         Director Case Management       Cuero, TX 77954       Amount of Contribution (\$)       Store         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Store       Store         Date       Full name of contributor       out-of-state PAC (DP       Amount of Contribution (\$)       Store         11/22/2024       Jackson, Olga (Ms.)       Cuero Regional Hospital       Cuero, TX 77954       Amount of Contribution (\$)       Store         Principal occupation / Job title (See Instru	Ļ				Ĺ		
Date       Full name of contributor       out-of-state PAC (IDI:       Amount of Contribution (\$)         10/31/2024       Jackson, Olga (Ms.)       \$0.97         Contributor address; City; State; Zip Code       Cuero, TX 77954         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Director Case Management       Cuero Regional Hospital         Date       Full name of contributor       out-of-state PAC (IDI:         11/13/2024       Jackson, Olga (Ms.)       Employer (See Instructions)         Cuero, TX 77954       Contributor address; City; State; Zip Code         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Director Case Management       Cuero Regional Hospital         Poincipal occupation / Job title (See Instructions)       Employer (See Instructions)         Director Case Management       Cuero Regional Hospital         Date       Full name of contributor       out-of-state PAC (IDI:         11/22/2024       Full name of contributor       out-of-state PAC (IDI:         11/22/2024       Full name of contributor       out-of-state PAC (IDI:         Contributor address; City; State; Zip Code       Cuero Regional Hospital         Date       Full name of contributor       out-of-state PAC (IDI:       Amount of Contribution (\$)	8				5)		
10/31/2024       Jackson, Olga (Ms.)       \$0.97         Contributor address; City; State; Zip Code       Cuero, TX 77954         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Director Case Management       Cuero Regional Hospital         Date       Full name of contributor	╘						
Contributor address; City, State; Zip Code         Cuero, TX 77954         Principal occupation / Job title (See Instructions)         Director Case Management         Cuero, TX 77954         Date         Full name of contributor         Jackson, Olga (Ms.)         Cuero, TX 77954         Principal occupation / Job title (See Instructions)         Cuero, TX 77954         Principal occupation / Job title (See Instructions)         Cuero, TX 77954         Employer (See Instructions)         Date         11/22/2024         Full name of contributor         Out-of-state PAC (ID#:)         Amount of Contribution (\$)         Tit/22/2024         Full name of contributor         Out-of-state PAC (ID#:)         Amount of Contribution (\$)         11/22/2024         Full name of contributor         Cuero, TX 77954         Principal occupation / Job title (See Instructions)         Cuero, TX 77954         Principal occupation / Job title (See Instructions)         Cuero, TX 77954         Date         Plin name of contributor         Out-of-state PAC (ID#:				)		Amount of Contribution (\$)	<b>*</b> 0.07
Cuero, TX 77954       Employer (See Instructions) Director Case Management       Employer (See Instructions) Cuero Regional Hospital         Date 11/13/2024       Full name of contributor out-of-state PAC (D#:) Jackson, Oiga (Ms.)       Amount of Contribution (\$) S0.97         Contributor address; City, State; Zip Code       Cuero, TX 77954         Principal occupation / Job title (See Instructions) Director Case Management       Employer (See Instructions) Cuero Regional Hospital         Date 11/22/2024       Full name of contributor out-of-state PAC (D#:) Jackson, Oiga (Ms.)       Amount of Contribution (\$) S0.97         Contributor address; City, State; Zip Code       Cuero, TX 77954         Principal occupation / Job title (See Instructions) Cuero, TX 77954       Amount of Contribution (\$) S0.97         Principal occupation / Job title (See Instructions) Couron fing Manager       Employer (See Instructions) Cuero Regional Hospital         Date 11/22/2024       Full name of contributor out-of-state PAC (D#:) Jackson, Robin (Ms.)       Amount of Contribution (\$) S0.97         Cuero, TX 77954       Employer (See Instructions) Cuero Regional Hospital       Amount of Contribution (\$) S4.00         Date 11/22/2024       Full name of contributor out-of-state PAC (D#:) Jackson, Robin (Ms.) Contributor address; City, State; Zip Code       Amount of Contribution (\$) S4.00         Contributor address; City, State; Zip Code       Amount of Contribution (\$) S4.00         Principal occupation / Job		10/31/2024					\$0.97
Principal occupation / Job title (See Instructions) Director Case Management       Employer (See Instructions) Cuero Regional Hospital         Date       Full name of contributor       out-of-state PAC (D#:			Contributor address; City; State; Zip Code				
Principal occupation / Job title (See Instructions) Director Case Management       Employer (See Instructions) Cuero Regional Hospital         Date       Full name of contributor       out-of-state PAC (D#:							
Principal occupation / Job title (See Instructions) Director Case Management       Employer (See Instructions) Cuero Regional Hospital         Date       Full name of contributor       out-of-state PAC (D#:			Cuero, TX 77954				
Director Case Management       Cuero Regional Hospital         Date       Full name of contributor       out-of-state PAC (ID#	$\vdash$	Principal occu		Employer (See Instructions	<u> </u> ;)		
11/13/2024       Jackson, Olga (Ms.)       \$0.97         Contributor address; City; State; Zip Code							
11/13/2024       Jackson, Olga (Ms.)       \$0.97         Contributor address; City; State; Zip Code       \$0.97         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Director Case       Full name of contributor       out-of-state PAC (ID#:         11/22/2024       Jackson, Olga (Ms.)       Cuero Regional Hospital         Date       Full name of contributor       out-of-state PAC (ID#:       Amount of Contribution (\$)         11/22/2024       Jackson, Olga (Ms.)       \$0.97         Contributor address; City; State; Zip Code       Cuero Regional Hospital         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Accounting Manager       Cuero Regional Hospital         Date       Full name of contributor       out-of-state PAC (ID#:         11/22/2024       Full name of contributor       out-of-state PAC (ID#:         11/22/2024       Full name of contributor       out-of-state PAC (ID#:         11/22/2024       Gackson, Robin (Ms.)       Cuero Regional Hospital         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Austin, TX 78701       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Austin, TX 78701	╞	Date	Full name of contributor Out-of-state PAC (ID#:_	)	Γ	Amount of Contribution (\$)	
Contributor address; City; State; Zip Code         Cuero, TX 77954         Principal occupation / Job title (See Instructions)         Director Case Management         Date         11/22/2024         Jackson, Olga (Ms.)         Cuero, TX 77954         Principal occupation / Job title (See Instructions)         Cuero Regional Hospital         Cuero, TX 77954         Principal occupation / Job title (See Instructions)         Cuero, TX 77954         Principal occupation / Job title (See Instructions)         Accounting Manager         Date         Full name of contributor out-of-state PAC (ID#:)         Attern TX 77954         Principal occupation / Job title (See Instructions)         Accounting Manager         Date         Full name of contributor out-of-state PAC (ID#:)         Amount of Contribution (\$)         11/22/2024         Jackson, Robin (Ms.)         Contributor address; City; State; Zip Code         Austin, TX 78701         Principal occupation / Job title (See Instructions)         Austin, TX 78701		11/13/2024					\$0.97
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Director Case Management       Cuero Regional Hospital         Date       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)         11/22/2024       Jackson, Olga (Ms.)       \$0.97         Contributor address; City; State; Zip Code       Cuero, TX 77954         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Accounting Manager       Cuerof-state PAC (ID#:)         Amount of Contributor (\$)       Jackson, Robin (Ms.)         11/22/2024       Full name of contributor out-of-state PAC (ID#:)         Advector Address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Accounting Manager       Out-of-state PAC (ID#:)         Advector Address; City; State; Zip Code       Amount of Contribution (\$)         Stackson, Robin (Ms.)       \$4.00         Contributor address; City; State; Zip Code       Austin, TX 78701         Principal occupation / Job title (See Instructions)       Employer (See Instructions)		l	Contributor address; City; State; Zip Code				
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Director Case Management       Cuero Regional Hospital         Date       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)         11/22/2024       Jackson, Olga (Ms.)       \$0.97         Contributor address; City; State; Zip Code       Cuero, TX 77954         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Accounting Manager       Cuero-f-state PAC (ID#:)         Amount of Contributor address; City; State; Zip Code       Amount of Contribution (\$)         11/22/2024       Full name of contributor out-of-state PAC (ID#:)         Accounting Manager       Cuero-f-state PAC (ID#:)         Amount of Contributor address; City; State; Zip Code       Amount of Contribution (\$)         11/22/2024       Full name of contributor out-of-state PAC (ID#:)         Address; City; State; Zip Code       Amount of Contribution (\$)         4ustin, TX 78701       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)							
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Director Case Management       Cuero Regional Hospital         Date       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)         11/22/2024       Jackson, Olga (Ms.)       \$0.97         Contributor address; City; State; Zip Code       Cuero, TX 77954         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Accounting Manager       Cuero-f-state PAC (ID#:)         Amount of Contributor address; City; State; Zip Code       Amount of Contribution (\$)         11/22/2024       Full name of contributor out-of-state PAC (ID#:)         Accounting Manager       Cuero-f-state PAC (ID#:)         Amount of Contributor address; City; State; Zip Code       Amount of Contribution (\$)         11/22/2024       Full name of contributor out-of-state PAC (ID#:)         Address; City; State; Zip Code       Amount of Contribution (\$)         4ustin, TX 78701       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)							
Director Case Management       Cuero Regional Hospital         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         11/22/2024       Jackson, Olga (Ms.)       \$0.97         Contributor address; City; State; Zip Code       Cuero, TX 77954         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Accounting Manager       Cuero Regional Hospital         Date       Full name of contributor       out-of-state PAC (ID#:)         11/22/2024       Jackson, Robin (Ms.)       Cuero Regional Hospital         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         11/22/2024       Jackson, Robin (Ms.)       cuero Regional Hospital       Amount of Contribution (\$)         0ate       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         11/22/2024       Jackson, Robin (Ms.)       state; Zip Code       Amount of Contribution (\$)         Austin, TX 78701       Employer (See Instructions)       state; Zip Code         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       state; Zip Code				1			
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         11/22/2024       Jackson, Olga (Ms.)       \$0.97         Contributor address; City; State; Zip Code       Cuero, TX 77954         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Accounting Manager       Cuero Regional Hospital         Date       Full name of contributor       out-of-state PAC (ID#:)         11/22/2024       Jackson, Robin (Ms.)       S4.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Amount of Contribution (\$)         Austin, TX 78701       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)							
11/22/2024       Jackson, Olga (Ms.)       \$0.97         Contributor address; City; State; Zip Code       Cuero, TX 77954         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Accounting Manager       Cuero Regional Hospital         Date       Full name of contributor on unit-of-state PAC (ID#:)         Address; City; State; Zip Code       Amount of Contribution (\$)         11/22/2024       Jackson, Robin (Ms.)         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Austin, TX 78701       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)				Cuero Regional Hospita	.I		
Contributor address; City; State; Zip Code         Cuero, TX 77954         Principal occupation / Job title (See Instructions)         Accounting Manager         Date         Full name of contributor out-of-state PAC (ID#:)         Jackson, Robin (Ms.)         Contributor address; City; State; Zip Code         Austin, TX 78701         Principal occupation / Job title (See Instructions)         Employer (See Instructions)         Contributor address; City; State; Zip Code         Austin, TX 78701         Employer (See Instructions)         Employer (See Instructions)				)		Amount of Contribution (\$)	
Cuero, TX 77954         Principal occupation / Job title (See Instructions) Accounting Manager       Employer (See Instructions) Cuero Regional Hospital         Date       Full name of contributor       out-of-state PAC (ID#:)         11/22/2024       Jackson, Robin (Ms.)       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)		11/22/2024					\$0.97
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Accounting Manager       Cuero Regional Hospital         Date       Full name of contributor out-of-state PAC (ID#:)         11/22/2024       Jackson, Robin (Ms.)         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Austin, TX 78701       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)			Contributor address; City; State; Zip Code				
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Accounting Manager       Cuero Regional Hospital         Date       Full name of contributor out-of-state PAC (ID#:)         11/22/2024       Jackson, Robin (Ms.)         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Austin, TX 78701       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)							
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Accounting Manager       Cuero Regional Hospital         Date       Full name of contributor out-of-state PAC (ID#:)         11/22/2024       Jackson, Robin (Ms.)         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Austin, TX 78701       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)			Cuero. TX 77954				
Accounting Manager       Cuero Regional Hospital         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         11/22/2024       Jackson, Robin (Ms.)       \$4.00         Contributor address; City; State; Zip Code       Full name of contributor address; City; State; Zip Code       State; Zip Code         Austin, TX 78701       Employer (See Instructions)       Employer (See Instructions)	┝	Principal occu		Employer (See Instructions	;)		
11/22/2024       Jackson, Robin (Ms.)       \$4.00         Contributor address; City; State; Zip Code       \$4.00         Austin, TX 78701       Employer (See Instructions)							
11/22/2024       Jackson, Robin (Ms.)       \$4.00         Contributor address; City; State; Zip Code       \$4.00         Austin, TX 78701       Employer (See Instructions)	⊨	Date	Full name of contributor Out-of-state PAC (ID#:	<u> </u> )	Γ	Amount of Contribution (\$)	
Contributor address; City; State; Zip Code Austin, TX 78701 Principal occupation / Job title (See Instructions) Employer (See Instructions)							\$4.00
Austin, TX 78701       Principal occupation / Job title (See Instructions)       Employer (See Instructions)		I					
Principal occupation / Job title (See Instructions) Employer (See Instructions)							
Principal occupation / Job title (See Instructions) Employer (See Instructions)							
				-			
Accounting Manager Texas Hospital Association							_
		Accounting N	Manager	Texas Hospital Associat	tior	1	

	The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 26/48 Rpt: 34/68	
2	FILER NAME			3	Filer ID (Ethics Commission	i Filers)
	The Political	Action Committee of the Texas Hospital Association	n		00015794	
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	11/22/2024	Jones, Susan (Ms.)				\$20.00
		6 Contributor address; City; State; Zip Code				
		Austin, TX 78701				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	;)		
	Market Direc	tor	Texas Hospital Associat	tior	ı	
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	10/31/2024	Kelly, Tave (Ms.)				\$4.81
		Contributor address; City; State; Zip Code				
		Abilene, TX 79601				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Market Direc	tor	Hendrick Medical Cente	r		
⊨	Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	11/13/2024	Kelly, Tave (Ms.)	/		(+)	\$4.81
		Contributor address; City; State; Zip Code				
		Abilene, TX 79601				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<b>.</b>		
	VP Public Po	olicy / Govt Relations	Hendrick Medical Cente	r		
⊨	Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	11/22/2024	Kendrick, Karen (Ms.)	/			\$20.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<b>.</b>		
	Chief Execut	tive Officer	THA Foundation			
⊨	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	11/12/2024	Kimmel, Stephen (Mr.)	/		/	\$83.00
		Contributor address; City; State; Zip Code				
		Fort Worth, TX 76104				
⊢	Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions	ı;)		
	Chief Execut		Cook Children's Medical		enter	

	The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 27/48 Rpt: 35/68	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
	The Political	Action Committee of the Texas Hospital Association	n		00015794	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_		7	Amount of Contribution (\$)	
	11/10/2024	Kirkman, Leni (Ms.)				\$41.00
	<b>* *</b> , <b>*</b> • • • • •	6 Contributor address; City; State; Zip Code		ł		Ŧ ·= · ·
		San Antonio, TX 78229				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>		
	System Dire		University Health	,		
⊨	Date	Full name of contributor out-of-state PAC (ID#:		Γ	Amount of Contribution (\$)	
	11/22/2024	Kroll, Carrie (Ms.)	/			\$62.00
	11/20/202	· · ·		ł		Ψ02.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78701				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
	System Dire		Texas Hospital Associat		1	
⊢	Date		 )	Г	Amount of Contribution (\$)	
	10/31/2024	Krupala, Judith (Ms.)	J			\$1.93
				ł		Ψ1.00
		Contributor address; City; State; Zip Code				
		Cuero, TX 77954				
$\vdash$	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	•	ental Funding	Cuero Regional Hospita			
╞	Date	Full name of contributor Out-of-state PAC (ID#:	)	Τ	Amount of Contribution (\$)	
	11/13/2024	Krupala, Judith (Ms.)	/		, and an end of the second s	\$1.93
		Contributor address; City; State; Zip Code		ł		<b>T</b> = - <b>T</b> =
		Cuero, TX 77954				
$\vdash$	Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions	5)		
	•	ent of Health IT Programs	Cuero Regional Hospita			
╞	Date	Full name of contributor out-of-state PAC (ID#:	)	Τ	Amount of Contribution (\$)	
	11/22/2024	Krupala, Judith (Ms.)	/		/ (i)ount of control	\$1.93
		Contributor address; City; State; Zip Code		ł		
		Cuero, TX 77954				
$\vdash$	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
		ent of Health IT Programs	Cuero Regional Hospita			
⊢						

The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 28/48 Rpt: 36/68	
2 FILER NAME			3	Filer ID (Ethics Commission	) Filers)
	Action Committee of the Texas Hospital Association	n	Ū	00015794	i i ileite)
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
10/31/2024	Lafrance, Judith (Ms.)				\$12.50
	6 Contributor address; City; State; Zip Code				
	Abilene, TX 79606				
	upation / Job title (See Instructions)	9 Employer (See Instructions			
System Assi	istant Vice President Analytics	Hendrick Medical Cente	r		
Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
11/13/2024	Lafrance, Judith (Ms.)				\$12.50
	Contributor address; City; State; Zip Code				
	Abilana TV 70606				
Dringingloggy	Abilene, TX 79606	Employer (Cap Instructions			
	ipation / Job title (See Instructions) istant Vice President Analytics	Employer (See Instructions Hendrick Medical Cente			
-					
Date		)		Amount of Contribution (\$)	¢105.00
11/02/2024	Leal, Jorge (Mr.)				\$125.00
	Contributor address; City; State; Zip Code				
	Laredo, TX 78044				
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)		
Director Reg	gional Services	Laredo Medical Center			
Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
10/31/2024	Lee, Rachel (Ms.)				\$3.85
	Contributor address; City; State; Zip Code				
	Abilene, TX 79601				
	ipation / Job title (See Instructions)	Employer (See Instructions Hendrick Medical Cente			
	jional Services				
Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	<b>\$0.05</b>
11/13/2024	Lee, Rachel (Ms.)				\$3.85
	Contributor address; City; State; Zip Code				
	Abilene, TX 79601				
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions			
	Compliance Officer	Hendrick Medical Cente			

	The Instruction Guide explains how to complete this form.		1	Total pages Schedule A1: Sch: 29/48 Rpt: 37/68		
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
	The Political	Action Committee of the Texas Hospital Association	n		00015794	-
4	Date	5 Full name of contributor out-of-state PAC (ID#:_		7	Amount of Contribution (\$)	
ľ	11/22/2024	Lengal, Samantha (Ms.)	/	. 		\$4.00
						Ψ1.00
		6 Contributor address; City; State; Zip Code				
		Georgetown, TX 78633				
Ļ	Drincinal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>		
°	-	sident of Operations	Texas Hospital Insurance		Typhanga	
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	11/22/2024	Liscano, Rosie (Ms.)				\$2.00
		Contributor address; City; State; Zip Code		1		
		Georgetown, TX 78633				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)		
	Support Serv	vices	Texas Hospital Insuranc	ce E	Exchange	
F	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	10/31/2024	Lowery, James (Mr.)				\$3.85
		Contributor address; City; State; Zip Code		·		
		Abilene, TX 79601				
$\vdash$	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Support Serv		Hendrick Medical Cente			
⊢	Date	Full name of contributor Out-of-state PAC (ID#:		Τ	Amount of Contribution (\$)	
	11/13/2024	Lowery, James (Mr.)	/			\$3.85
						ψ0.00
		Contributor address; City; State; Zip Code				
		Abilene, TX 79601				
$\vdash$	Drincinal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
		ent Service Center	Hendrick Medical Cente			
L						
	Date     Full name of contributor     out-of-state PAC (ID#:)       11/22/2024     Lozano, Marco (Mr.)       Contributor address; City; State; Zip Code			Amount of Contribution (\$)		
					\$41.67	
		Laredo, TX 78044				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Vice Preside	ent Service Center	Laredo Medical Center			
1						

The Instru	The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 30/48 Rpt: 38/68	
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)	
The Political	I Action Committee of the Texas Hospital Association		00015794	
4 Date	5 Full name of contributor Out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
11/22/2024	—		\$4.0	00
	6 Contributor address; City; State; Zip Code			
	Austin, TX 78701			
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions)	)	
Member Am	ıbassador	Texas Hospital Associat	ion	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	l
11/22/2024			\$83.3	34
	Contributor address; City; State; Zip Code			
	Austin, TX 78756			
-	upation / Job title (See Instructions)	Employer (See Instructions)	,	
Member Am	ibassador	Heart Hospital of Austin		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
10/31/2024	McCollough, Kimberly (Ms.)		\$3.8	85
	Contributor address; City; State; Zip Code			
	Abilene, TX 79606			
	upation / Job title (See Instructions)	Employer (See Instructions)		
AVP Revenu	e Cycle	Hendrick Medical Center		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
11/13/2024	McCollough, Kimberly (Ms.)		\$3.8	85
	Contributor address; City; State; Zip Code			
	Abilene, TX 79606			
AVP Revenu	upation / Job title (See Instructions)	Employer (See Instructions)	,	
AVP Revent	,	Hendrick Medical Center		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	_
10/31/2024	10/31/2024 McElrath, Pamela (Ms.) Contributor address; City; State; Zip Code		\$4.0	00
	Abilana TV 70601			
Duits singly again	Abilene, TX 79601		<u> </u>	
-	upation / Job title (See Instructions)	Employer (See Instructions)		
	& Patient Safety	Hendrick Medical Center	r	

The Instru	iction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 31/48 Rpt: 39/68
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	- I Action Committee of the Texas Hospital Association	n	00015794
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
11/13/2024	McElrath, Pamela (Ms.)		\$4.00
	6 Contributor address; City; State; Zip Code		
	Abilene, TX 79601	1	
	upation / Job title (See Instructions)	9 Employer (See Instructions	
VP Quality &	& Patient Safety	Hendrick Medical Cente	er
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
11/22/2024			\$2.00
	Contributor address; City; State; Zip Code		
	Octometry TV 20000		
	Georgetown, TX 78633		
Chief Finan	upation / Job title (See Instructions)	Employer (See Instructions Texas Hospital Insuranc	
			-
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
11/01/2024			\$41.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78701		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
	prp Communications & Mktg	St. David's HealthCare	
Date	Full name of contributor Out-of-state PAC (ID#:	<u> </u> )	Amount of Contribution (\$)
11/18/2024		)	\$350.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78701		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
VP Advocad	cy / Pub Policy / Political Strategy	St. David's HealthCare	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
11/22/2024	Mundfrom, Jessie (Ms.)		\$2.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78701		
	upation / Job title (See Instructions)	Employer (See Instructions	s)
VP Advocad	cy / Pub Policy / Political Strategy	THA Foundation	

The Instruction Guide explains how to complete this form.			Total pages Schedule A1: Sch: 32/48 Rpt: 40/68			
2 FILER NAME			Filer ID (Ethics Commissio	n Filers)		
The Political Action Committee of the Texas Hospital Association		1	00015794			
4 Date 5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)			
10/31/2024 Murphy, Patrick (Mr.)				\$3.85		
6 Contributor address; City; State; Zip Code		1				
Abilene, TX 79601						
	Employer (See Instructions					
Chief Nursing Officer	Hendrick Medical Cente	er				
Date Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)			
11/13/2024 Murphy, Patrick (Mr.)				\$3.85		
Contributor address; City; State; Zip Code		1				
Abilene, TX 79601						
Principal occupation / Job title (See Instructions)	Employer (See Instructions					
Chief Nursing Officer	Hendrick Medical Cente	er				
Date Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)			
11/25/2024 Nagel, Robert (Mr.)				\$1,000.00		
Contributor address; City; State; Zip Code		1				
Austin, TX 78701						
Principal occupation / Job title (See Instructions)	Employer (See Instructions	s)				
HMCS Chief Administrative Officer	St. David's HealthCare					
Date Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)			
11/22/2024 Neiger, David (Mr.)				\$82.00		
Contributor address; City; State; Zip Code		1				
Austin, TX 78701						
Principal occupation / Job title (See Instructions)	Employer (See Instructions					
HMCS Chief Administrative Officer	Texas Hospital Associat	tion				
Date Full name of contributor out-of-state PAC (ID#:	)	T	Amount of Contribution (\$)			
11/13/2024 Newman, James (Mr.)				\$1,000.00		
Contributor address; City; State; Zip Code		1				
Round Rock, TX 78681						
Principal occupation / Job title (See Instructions)	Employer (See Instructions					
Chief Executive Officer St. David's Round Rock		кМе	dical Center			

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: Sch: 33/48 Rpt: 41/68
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	Action Committee of the Texas Hospital Association	n	00015794
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
11/22/2024	O'Neil, Jennifer (Ms.)		\$10.0
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78701		
	upation / Job title (See Instructions)	9 Employer (See Instructions	
Dir Med Stat	ff Srvcs & Physician Recruitment	Texas Hospital Associat	tion
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
11/22/2024	Pargac, Ann (Ms.)		\$2.0
	Contributor address; City; State; Zip Code		
	Austin, TX 78701	1	
	ipation / Job title (See Instructions)	Employer (See Instructions	s)
Dir Med Stat	ff Srvcs & Physician Recruitment	THA Foundation	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
11/19/2024	Parnell, Winfred (Dr.)		\$100.0
	Contributor address; City; State; Zip Code		
Dringing oppu	Dallas, TX 75230		->
-	ipation / Job title (See Instructions) g Coordinator	Employer (See Instructions Parkland Health	5)
		Farkianu nearm	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
11/13/2024	Perkins, Katie (Ms.)		\$750.0
	Contributor address; City; State; Zip Code		
	Austin, TX 78705		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	c)
-	g Coordinator	St Davids Medical Cente	
Date 11/22/2024	11/22/2024 Porter, Lea Anne (Ms.)		Amount of Contribution (\$) \$2.0
11/22/2024			
Contributor address; City; State; Zip Code			
	Austin, TX 78701		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
	ns Adj/Risk Mgmt Specialist	Texas Hospital Associat	

	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 34/48 Rpt: 42/68	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
	The Political	Action Committee of the Texas Hospital Associatio	n		00015794	
4	Date	5 Full name of contributor Out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	10/31/2024	Preston, Deborah (Ms.)	/			\$5.00
		6 Contributor address; City; State; Zip Code		1		
		Contributor address, City, State, Zip Code				
		Abilene, TX 79601				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	<b>1</b> 5)		
		ns Adj/Risk Mgmt Specialist	Hendrick Medical Cente			
				Г	Amount of Contribution (¢)	
	Date 11/13/2024	Full name of contributor out-of-state PAC (ID#: Preston, Deborah (Ms.)	)		Amount of Contribution (\$)	\$5.00
	11/13/2024	· · · ·				<b>Φ</b> 5.00
		Contributor address; City; State; Zip Code				
		Abilene, TX 79601				
	Dringinglagou		Employer (Cas Instructions			
		pation / Job title (See Instructions)	Employer (See Instructions Hendrick Medical Cente	,		
	Director Mar			;i		
	Date		)		Amount of Contribution (\$)	
	11/14/2024	Qualls, Rustin (Mr.)				\$20.50
		Contributor address; City; State; Zip Code		1		
		Clifton, TX 76634				
	•	pation / Job title (See Instructions)	Employer (See Instructions			
	Director Mar	naged Care	Goodall-Witcher Health	car	e	
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	11/22/2024	Ramirez, Erika (Ms.)				\$2.00
		Contributor address; City; State; Zip Code		1		
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Chief Operat	ting Officer	Texas Hospital Associat	tior	ı	
F	Date	Full name of contributor out-of-state PAC (ID#:	)	Г	Amount of Contribution (\$)	
	11/22/2024 Ramirez, Lisa (Ms.) Contributor address; City; State; Zip Code				\$4.00	
			1			
Austin, TX 78701						
⊢	Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions	5)		
		eneral Counsel	Texas Hospital Associat		1	
⊢			<u> </u>			

						/
The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 35/48 Rpt: 43/68		
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
_		Action Committee of the Texas Hospital Association	n		00015794	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
	11/22/2024	Ressmann, Mitzi (Ms.)				\$31.00
		6 Contributor address; City; State; Zip Code				
		Austin, TX 78701				
8	•	ipation / Job title (See Instructions)	9 Employer (See Instructions			
	Associate G	eneral Counsel	Texas Hospital Associat	lior	1	
F	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	11/13/2024	Rice, William (Dr.)				\$1,200.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78701				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	ـــــــــــــــــــــــــــــــــــــ		
	Director of V	Vomen and Children Services	St. David's HealthCare			
⊨	Date	Full name of contributor out-of-state PAC (ID#:_		Γ	Amount of Contribution (\$)	
	11/15/2024	Richburg, Melanie (Dr.)				\$125.00
		Contributor address; City; State; Zip Code				
		Tahoka, TX 79373				
⊢	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	ـــــــــــــــــــــــــــــــــــــ		
	Director of V	Vomen and Children Services	Lynn County Hospital Di	istr	ict	
⊨	Date	Full name of contributor out-of-state PAC (ID#:_		Γ	Amount of Contribution (\$)	
	10/31/2024	Richert, Ron (Mr.)			-	\$3.85
		Contributor address; City; State; Zip Code				
		Abilene, TX 79601				
┢	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	ـــــــــــــــــــــــــــــــــــــ		
	Registered N	lurse	Hendrick Medical Cente			
⊨	Date	Full name of contributor Out-of-state PAC (ID#:	<u> </u>	Γ	Amount of Contribution (\$)	
	11/13/2024	Richert, Ron (Mr.)	/		,	\$3.85
	Contributor address; City; State; Zip Code			1		·
		Abilene, TX 79601				
⊢	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	ـــــــــــــــــــــــــــــــــــــ		
	Registered N		Hendrick Medical Cente			
⊢						

	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 36/48 Rpt: 44/68	
2	FILER NAME			3	Filer ID (Ethics Commission	ı Filers)
		Action Committee of the Texas Hospital Association	n		00015794	
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	11/22/2024	Rios, Amy (Ms.)				\$2.00
		6 Contributor address; City; State; Zip Code		1		
		Austin, TX 78701				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	<u>s)</u>		
	THIE Vice P	resident of Risk Management	Texas Hospital Associat	tior	ı	
F	Date	Full name of contributor out-of-state PAC (ID#:_	)	Γ	Amount of Contribution (\$)	
	11/10/2024	Robicheaux, James (Mr.)			• •	\$42.00
		Contributor address; City; State; Zip Code		ł		
		Continuation address, City, State, Zip Code				
		Bay City, TX 77414				
┢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	⊥ 3)		
		resident of Risk Management	Matagorda Regional Me		cal Center	
╞	Date		)		Amount of Contribution (\$)	
	10/31/2024	Robinson, Tracee (Ms.)	/			\$3.85
						ψ0.00
		Contributor address; City; State; Zip Code				
		Abilene, TX 79601				
$\vdash$	Principal occu	I Ipation / Job title (See Instructions)	Employer (See Instructions	⊥ 3)		
	System Pres	sident/CEO	Hendrick Medical Cente	er		
⊨	Date	Full name of contributor Out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	11/13/2024	Robinson, Tracee (Ms.)			, income of Commenter (,	\$3.85
				•		Ψ0.00
		Contributor address; City; State; Zip Code				
		Abilene, TX 79601				
$\vdash$	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	د) ا		
		Medical Officer	Hendrick Medical Cente			
╞						
		Full name of contributor out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	<b>400 17</b>
	11/07/2024 Rodriguez, Micah (Mr.) Contributor address; City; State; Zip Code				\$29.17	
		Houston, TX 77266				
		ipation / Job title (See Instructions)	Employer (See Instructions	3)		
	Manager of V	Virtual Education	Harris Health System			

6       Contributor address; City, State; Zip Code         Houston, TX 77024       9         8       Principal occupation / Job title (See Instructions) Manager of Virtual Education       9       Employer (See Instructions) Memorial Hermann Health System         Date       Full name of contributor address; City, State; Zip Code       Amount of Contribution (\$)       \$2         Date       Full name of contributor address; City, State; Zip Code       Amount of Contribution (\$)       \$3         Principal occupation / Job title (See Instructions) Healthcare Professional       Employer (See Instructions) Texas Hospital Association       Amount of Contribution (\$)         Date       Full name of contributor Abilene, TX 79601       Imployer (See Instructions) Healthcare Professional       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Healthcare Professional       Employer (See Instructions) Healthcare Professional       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Healthcare Professional       Employer (See Instructions) Healthcare Professional       Amount of Contribution (\$)         1J/13/2024       Full name of contributor Abilene, TX 79601       Imployer (See Instructions) Hendrick Medical Center       Amount of Contribution (\$)         St vice President / Chief Financial Officer       Hendrick Medical Center       Amount of Contribution (\$)       \$2         Date       Full name of c	The Instruction Guide explains how to complete this form.       Sch: 37/         2       FILER NAME       3         The Political Action Committee of the Texas Hospital Association       00001573         4       Date       5         11/08/2024       5       Full name of contributor       out-of-state PAC (DM:	
The Political Action Committee of the Texas Hospital Association         00015794           4         Date         5         Full name of contributor         out-of-state PAC (Der	The Political Action Committee of the Texas Hospital Association       0001574         4 Date       5 Full name of contributor       out-of-state PAC (ID#:)       7 Amount of a contributor address; City; State; Zip Code         6 Contributor address; City; State; Zip Code       Houston, TX 77024       9 Employer (See Instructions)       7 Amount of a contributor address; City; State; Zip Code         11/22/2024       Full name of contributor       out-of-state PAC (ID#:	
The Political Action Committee of the Texas Hospital Association         00015794           4         Date         5         Full name of contributor         out-of-state PAC (Der	The Political Action Committee of the Texas Hospital Association       0001574         4 Date       5 Full name of contributor       out-of-state PAC (ID#:)       7 Amount of a contributor address; City; State; Zip Code         6 Contributor address; City; State; Zip Code       Houston, TX 77024       9 Employer (See Instructions)       7 Amount of a contributor address; City; State; Zip Code         11/22/2024       Full name of contributor       out-of-state PAC (ID#:	•
11/08/2024       Saenz, tris (Ms.)       \$20         6       Contributor address; City; State; Zip Code       Houston, TX 77024         8       Principal occupation / Job tile (See Instructions)       9       Employer (See Instructions)         Manager of Virtual Education       Out-of-state PAC (Dir	11/08/2024       Saenz, Iris (Ms.)         6       Contributor address; City; State, Zip Code         Houston, TX 77024       9         8       Principal occupation / Job title (See Instructions) Manager of Virtual Education       9       Employer (See Instructions) Memorial Hermann Health System         Date       Full name of contributor	
<ul> <li> <ul> <li></li></ul></li></ul>	6       Contributor address; City; State; Zip Code         Houston, TX 77024       Principal occupation / Job title (See Instructions)         Manager of Virtual Education       Image: State; Zip Code         Date       Full name of contributor       out-of-state PAC (ID#:	ount of Contribution (\$)
i       Contributor address: City: State: Zip Code         8       Principal occupation / Job title (See Instructions)       Permorphic Employer (See Instructions)         Manager of Virtual Education       Memorial Hermann Health System         Date       Full name of contributor out-of-state PAC (De/	6       Contributor address; City; State; Zip Code         Houston, TX 77024       9         8       Principal occupation / Job title (See Instructions) Manager of Virtual Education       9       Employer (See Instructions) Memorial Hermann Health System         Date       Full name of contributor       out-of-state PAC (ID):	\$20.50
8       Principal occupation / Job title (See Instructions) Manager of Virtual Education       9       Employer (See Instructions) Memorial Hermann Health System         Date       Full name of contributor       out-of-state PAC (Der) Safarik, Paulina (Ms.)       Amount of Contribution (\$)       \$2         11/22/2024       Safarik, Paulina (Ms.)       Contributor address; City; State; Zip Code       Amount of Contribution (\$)       \$2         Principal occupation / Job title (See Instructions) Healthcare Professional       Employer (See Instructions) Texas Hospital Association       Amount of Contribution (\$)       \$3         Date       Full name of contributor       out-of-state PAC (Der) Aubiene, TX 79601       Amount of Contribution (\$)       \$3         Principal occupation / Job title (See Instructions) Healthcare Professional       Employer (See Instructions) Hendrick Medical Center       Amount of Contribution (\$)       \$3         Principal occupation / Job title (See Instructions) Healthcare Professional       Employer (See Instructions) Hendrick Medical Center       Amount of Contribution (\$)       \$3         11/13/2024       Full name of contributor       out-of-state PAC (Der) Abilene, TX 79601       Amount of Contribution (\$)       \$3         Principal occupation / Job title (See Instructions) Sr Vice President / Chief Financial Officer       Employer (See Instructions) Hendrick Medical Center       Amount of Contribution (\$)       \$2         Date<	8       Principal occupation / Job title (See Instructions) Manager of Virtual Education       9       Employer (See Instructions) Memorial Hermann Health System         Date       Full name of contributor       out-of-state PAC (ID#:	
8       Principal occupation / Job title (See Instructions) Manager of Virtual Education       9       Employer (See Instructions) Memorial Hermann Health System         Date       Full name of contributor       out-of-state PAC (Der	8       Principal occupation / Job title (See Instructions) Manager of Virtual Education       9       Employer (See Instructions) Memorial Hermann Health System         Date       Full name of contributor       out-of-state PAC (ID#:	
8       Principal occupation / Job title (See Instructions) Manager of Virtual Education       9       Employer (See Instructions) Memorial Hermann Health System         Date       Full name of contributor       out-of-state PAC (Der	8       Principal occupation / Job title (See Instructions) Manager of Virtual Education       9       Employer (See Instructions) Memorial Hermann Health System         Date       Full name of contributor       out-of-state PAC (ID#:	
Manager of Virtual Education       Memorial Hermann Health System         Date       Full name of contributor       out-of-state PAC (ID):       Amount of Contribution (\$)         11/22/2024       Safarik, Paulina (Ms.)       Safarik, Paulina (Ms.)       \$2         Contributor address: City; State; Zip Code       Austin, TX 78701       \$2         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Texas Hospital Association         Date       Full name of contributor       out-of-state PAC (ID):       Amount of Contribution (\$)         10/31/2024       Schmidt, Timothy (Mr.)       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of Contribution (\$)         11/13/2024       Full name of contributor       out-of-state PAC (ID):       Amount of Contribution (\$)         Structor Protessional       Full name of contributor       out-of-state PAC (ID):       Amount of Contribution (\$)         11/13/2024       Full name of contributor       out-of-state PAC (ID):       Amount of Contribution (\$)       \$33         Structor address; City; State; Zip Code       Amount of Contribution (\$)       \$34<	Manager of Virtual Education       Memorial Hermann Health System         Date       Full name of contributor       out-of-state PAC (ID#)       Amount of contributor address; City; State; Zip Code         11/22/2024       Safarik, Paulina (Ms.)       Contributor address; City; State; Zip Code       Amount of contributor address; City; State; Zip Code         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Texas Hospital Association         Date       Full name of contributor       out-of-state PAC (ID#	
Date       Full name of contributor       out-of-state PAC (IDE)       Amount of Contribution (\$)       \$2         11/22/2024       Safarik, Paulina (Ms.)       \$2       \$2       \$2         Contributor address; City; State; Zip Code       Austin, TX 78701       Employer (See Instructions)       \$2         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Texas Hospital Association         Date       Full name of contributor       out-of-state PAC (IDE	Date       Full name of contributor       out-of-state PAC (ID#:	em
11/22/2024       Safarik, Paulina (Ms.)       \$2         Contributor address; City, State; Zip Code       Austin, TX 78701         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Healthcare Professional       Texas Hospital Association         Date       Full name of contributor       out-of-state PAC (ID#:	11/22/2024       Safarik, Paulina (Ms.)         Contributor address; City; State; Zip Code         Austin, TX 78701         Principal occupation / Job title (See Instructions)         Healthcare Professional         Date         Full name of contributor         10/31/2024         Schmidt, Timothy (Mr.)         Contributor address; City; State; Zip Code         Abilene, TX 79601         Principal occupation / Job title (See Instructions)         Healthcare Professional         Principal occupation / Job title (See Instructions)         Healthcare Professional         Principal occupation / Job title (See Instructions)         Healthcare Professional         Employer (See Instructions)         Healthcare Professional         Full name of contributor         Out-of-state PAC (ID#:         Abilene, TX 79601         Principal occupation / Job title (See Instructions)         Schmidt, Timothy (Mr.)         Contributor address; City, State; Zip Code         Abilene, TX 79601         Principal occupation / Job title (See Instructions)         Sr Vice President / Chief Financial Officer         Abilene, TX 79601         Principal occupation / Job title (See Instructions)         Shea, Patrick (Mr.)	
Contributor address; City, State; Zip Code         Austin, TX 78701         Principal occupation / Job title (See Instructions)         Healthcare Professional         Date         10/31/2024         Schmidt, Timothy (Mr.)         Contributor address; City, State; Zip Code         Abilene, TX 79601         Principal occupation / Job title (See Instructions)         Healthcare Professional         Employer (See Instructions)         Healthcare Professional         Principal occupation / Job title (See Instructions)         Healthcare Professional         Employer (See Instructions)         Healthcare Professional         Date         11/13/2024         Schmidt, Timothy (Mr.)         Contributor address; City, State; Zip Code         Abilene, TX 79601         Principal occupation / Job title (See Instructions)         Hendrick Medical Center         Date         11/13/2024         Abilene, TX 79601         Principal occupation / Job title (See Instructions)         Employer (See Instructions)         Struct President / Chief Financial Officer         Hendrick Medical Center         Oate         11/22/2024         Full name of contributor <td>Contributor address; City; State; Zip Code         Austin, TX 78701         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Healthcare Professional       Texas Hospital Association         Date       Full name of contributor       out-of-state PAC (ID#:</td> <td></td>	Contributor address; City; State; Zip Code         Austin, TX 78701         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Healthcare Professional       Texas Hospital Association         Date       Full name of contributor       out-of-state PAC (ID#:	
Austin, TX 78701       Employer (See Instructions) Texas Hospital Association         Date 10/31/2024       Full name of contributor out-of-state PAC (IDE:) Schmidt, Timothy (Mr.) Contributor address; City; State; Zip Code       Amount of Contribution (\$) State PAC (IDE:)         Principal occupation / Job title (See Instructions) Healthcare Professional       Employer (See Instructions) Hendrick Medical Center         Date Principal occupation / Job title (See Instructions) Healthcare Professional       Employer (See Instructions) Hendrick Medical Center         Date Principal occupation / Job title (See Instructions) Healthcare Professional       Amount of Contribution (\$) Schmidt, Timothy (Mr.)         Date 11/13/2024       Full name of contributor out-of-state PAC (IDE:) Schmidt, Timothy (Mr.)       Amount of Contribution (\$) Stroke President / Chief Financial Officer         Principal occupation / Job title (See Instructions) Sr Vice President / Chief Financial Officer       Employer (See Instructions) Hendrick Medical Center         Date Principal occupation / Job title (See Instructions) Sr Vice President / Chief Financial Officer       Employer (See Instructions) Hendrick Medical Center         Date 11/22/2024       Full name of contributor out-of-state PAC (IDE:	Austin, TX 78701       Employer (See Instructions) Texas Hospital Association         Principal occupation / Job title (See Instructions) Healthcare Professional       Employer (See Instructions) Texas Hospital Association         Date       Full name of contributor       out-of-state PAC (ID#)         10/31/2024       Schmidt, Timothy (Mr.)       Amount of contributor address; City; State; Zip Code         Abilene, TX 79601       Employer (See Instructions) Healthcare Professional       Employer (See Instructions) Hendrick Medical Center         Date       Full name of contributor       out-of-state PAC (ID#	\$2.00
Principal occupation / Job title (See Instructions) Healthcare Professional       Employer (See Instructions) Texas Hospital Association         Date       Full name of contributor       out-of-state PAC (ID#:	Principal occupation / Job title (See Instructions) Healthcare Professional       Employer (See Instructions) Texas Hospital Association         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Amount of Schmidt, Timothy (Mr.)         10/31/2024       Schmidt, Timothy (Mr.)       Contributor address; City; State; Zip Code       Amount of Abilene, TX 79601         Principal occupation / Job title (See Instructions) Healthcare Professional       Employer (See Instructions) Hendrick Medical Center         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Amount of Amount of Schmidt, Timothy (Mr.)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Amount of Schmidt, Timothy (Mr.)         Principal occupation / Job title (See Instructions) Sr Vice President / Chief Financial Officer       Employer (See Instructions) Hendrick Medical Center         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Abilene, TX 79601         Principal occupation / Job title (See Instructions) Sr Vice President / Chief Financial Officer       Employer (See Instructions) Hendrick Medical Center         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Amount of Georgetown, TX 78633         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Employer (See Instructions)	
Principal occupation / Job title (See Instructions) Healthcare Professional       Employer (See Instructions) Texas Hospital Association         Date       Full name of contributor       out-of-state PAC (ID#:	Principal occupation / Job title (See Instructions) Healthcare Professional       Employer (See Instructions) Texas Hospital Association         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Amount of Schmidt, Timothy (Mr.)         10/31/2024       Schmidt, Timothy (Mr.)       Contributor address; City; State; Zip Code       Amount of Abilene, TX 79601         Principal occupation / Job title (See Instructions) Healthcare Professional       Employer (See Instructions) Hendrick Medical Center         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Amount of Amount of Schmidt, Timothy (Mr.)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Amount of Schmidt, Timothy (Mr.)         Principal occupation / Job title (See Instructions) Sr Vice President / Chief Financial Officer       Employer (See Instructions) Hendrick Medical Center         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Abilene, TX 79601         Principal occupation / Job title (See Instructions) Sr Vice President / Chief Financial Officer       Employer (See Instructions) Hendrick Medical Center         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Amount of Georgetown, TX 78633         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Employer (See Instructions)	
Principal occupation / Job title (See Instructions) Healthcare Professional       Employer (See Instructions) Texas Hospital Association         Date       Fuil name of contributor       out-of-state PAC (ID#:	Principal occupation / Job title (See Instructions) Healthcare Professional       Employer (See Instructions) Texas Hospital Association         Date       Full name of contributor out-of-state PAC (ID#:) Schmidt, Timothy (Mr.)       Amount of Contributor address; City; State; Zip Code         Date       Full name of contributor       Out-of-state PAC (ID#:)       Amount of Amount of Schmidt, Timothy (Mr.)         Principal occupation / Job title (See Instructions) Healthcare Professional       Employer (See Instructions) Hendrick Medical Center         Date       Full name of contributor out-of-state PAC (ID#:)       Amount of Amount of Schmidt, Timothy (Mr.)         Date       Full name of contributor out-of-state PAC (ID#:)       Amount of Schmidt, Timothy (Mr.)         Principal occupation / Job title (See Instructions) Sr Vice President / Chief Financial Officer       Employer (See Instructions) Hendrick Medical Center         Date       Full name of contributor out-of-state PAC (ID#:)       Amount of Abilene, TX 79601         Principal occupation / Job title (See Instructions) Sr Vice President / Chief Financial Officer       Employer (See Instructions) Hendrick Medical Center         Date       Full name of contributor	
Healthcare Professional       Texas Hospital Association         Date       Full name of contributor       out-of-state PAC (ID#)       Amount of Contribution (\$)         10/31/2024       Schmidt, Timothy (Mr.)       \$3         Contributor address; City; State; Zip Code       Abilene, TX 79601       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Hendrick Medical Center         Date       Full name of contributor       out-of-state PAC (ID#	Healthcare Professional       Texas Hospital Association         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Schmidt, Timothy (Mr.)         10/31/2024       Schmidt, Timothy (Mr.)       Contributor address; City; State; Zip Code       Amount of Abilene, TX 79601         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Hendrick Medical Center         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Abilene, TX 79601         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Abilene, TX 79601         Date       Full name of contributors; City; State; Zip Code       Abilene, TX 79601       Amount of Abilene, TX 79601         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of Abilene, TX 79601         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of Abilene, TX 79601         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Abilene, TX 79601         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Abilene, TX 79601         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Abilene, TX 79601       Amount of Abilene, TX 79603 <td></td>	
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         10/31/2024       Schmidt, Timothy (Mr.)       \$3         Contributor address; City; State; Zip Code       Abilene, TX 79601       Employer (See Instructions)         Healthcare Professional       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$3         11/13/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$3         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of Contribution (\$)       \$3         11/13/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$3         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Hendrick Medical Center       \$2         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$2         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$2         Ontributor address; City; State; Zip Code       Georgetown, TX 78633	Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Schmidt, Timothy (Mr.)         10/31/2024       Schmidt, Timothy (Mr.)       Contributor address; City; State; Zip Code       Abilene, TX 79601         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Hendrick Medical Center         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contributor address; City; State; Zip Code         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contributor address; City; State; Zip Code         11/13/2024       Schmidt, Timothy (Mr.)       Contributor address; City; State; Zip Code       Amount of Contributor address; City; State; Zip Code         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Hendrick Medical Center         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contributor address; City; State; Zip Code         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of Contributor address; City; State; Zip Code         Georgetown, TX 78633       Principal occupation / Job title (See Instructions)       Employer (See Instructions)	
10/31/2024       Schmidt, Timothy (Mr.)       \$3         Contributor address; City; State; Zip Code       Abilene, TX 79601         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Healthcare Professional       Hendrick Medical Center         Date       Full name of contributor       out-of-state PAC (ID#	10/31/2024       Schmidt, Timothy (Mr.)         Contributor address; City; State; Zip Code         Abilene, TX 79601         Principal occupation / Job title (See Instructions)         Healthcare Professional         Date         Full name of contributor         11/13/2024         Schmidt, Timothy (Mr.)         Contributor address; City; State; Zip Code         Abilene, TX 79601         Principal occupation / Job title (See Instructions)         String to contributor address; City; State; Zip Code         Abilene, TX 79601         Principal occupation / Job title (See Instructions)         Strike President / Chief Financial Officer         Date         Full name of contributor out-of-state PAC (ID#:	
Contributor address; City; State; Zip Code         Abilene, TX 79601         Principal occupation / Job title (See Instructions)         Healthcare Professional         Date         Full name of contributor         Out-of-state PAC (ID#:)         Abilene, TX 79601         Contributor address; City; State; Zip Code         Abilene, TX 79601         Principal occupation / Job title (See Instructions)         Abilene, TX 79601         Principal occupation / Job title (See Instructions)         Sr Vice President / Chief Financial Officer         Date         Pul name of contributor         Out-of-state PAC (ID#:)         Abilene, TX 79601         Principal occupation / Job title (See Instructions)         Sr Vice President / Chief Financial Officer         Date         Pul name of contributor         Out-of-state PAC (ID#:)         Amount of Contribution (\$)         Shea, Patrick (Mr.)         Contributor address; City; State; Zip Code         Georgetown, TX 78633         Principal occupation / Job title (See Instructions)         Employer (See Instructions)         Principal occupation / Job title (See Instructions)	Contributor address; City; State; Zip Code         Abilene, TX 79601         Principal occupation / Job title (See Instructions) Healthcare Professional       Employer (See Instructions) Hendrick Medical Center         Date       Full name of contributor       out-of-state PAC (ID#:)         11/13/2024       Schmidt, Timothy (Mr.)       Amount of         Contributor address; City; State; Zip Code       Abilene, TX 79601         Principal occupation / Job title (See Instructions) Sr Vice President / Chief Financial Officer       Employer (See Instructions) Hendrick Medical Center         Date       Full name of contributor       out-of-state PAC (ID#:)         Abilene, TX 79601       Amount of         Principal occupation / Job title (See Instructions) Sr Vice President / Chief Financial Officer       Employer (See Instructions) Hendrick Medical Center         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of         11/22/2024       Shea, Patrick (Mr.)       Amount of         Contributor address; City; State; Zip Code       Georgetown, TX 78633       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Employer (See Instructions)	ount of Contribution (\$)
Abilene, TX 79601       Employer (See Instructions) Healthcare Professional       Employer (See Instructions) Hendrick Medical Center         Date 11/13/2024       Full name of contributor out-of-state PAC (ID#:) Schmidt, Timothy (Mr.)       Amount of Contribution (\$) Schmidt, Timothy (Mr.)         Contributor address; City; State; Zip Code       Abilene, TX 79601         Principal occupation / Job title (See Instructions) Sr Vice President / Chief Financial Officer       Employer (See Instructions) Hendrick Medical Center         Date 11/22/2024       Full name of contributor out-of-state PAC (ID#:) Contributor address; City; State; Zip Code       Amount of Contribution (\$) Hendrick Medical Center         Date 11/22/2024       Full name of contributor out-of-state PAC (ID#:) Contributor address; City; State; Zip Code       Amount of Contribution (\$) State; Zip Code         Date 11/22/2024       Full name of contributor out-of-state PAC (ID#:) Contributor address; City; State; Zip Code       Amount of Contribution (\$) State; Zip Code         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$2         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$2         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$2	Abilene, TX 79601       Employer (See Instructions) Healthcare Professional       Employer (See Instructions) Hendrick Medical Center         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Amount of Contributor address; City; State; Zip Code         Date       Abilene, TX 79601       Employer (See Instructions) Abilene, TX 79601       Employer (See Instructions) Bemployer (See Instructions) Sr Vice President / Chief Financial Officer       Employer (See Instructions) Hendrick Medical Center         Date       Full name of contributor       out-of-state PAC (ID#:	\$3.85
Principal occupation / Job title (See Instructions) Healthcare Professional       Employer (See Instructions) Hendrick Medical Center         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         11/13/2024       Schmidt, Timothy (Mr.)       \$3.         Contributor address; City; State; Zip Code       Abilene, TX 79601         Principal occupation / Job title (See Instructions) Sr Vice President / Chief Financial Officer       Employer (See Instructions) Hendrick Medical Center         Date       Full name of contributor       out-of-state PAC (ID#:)         Amount of Contributor (\$)       \$2.         Date       Full name of contributor       out-of-state PAC (ID#:)         Amount of Contributor (\$)       \$2.         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         11/22/2024       Full name of contributor       out-of-state PAC (ID#:)         Amount of Contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         11/22/2024       Shea, Patrick (Mr.)       \$2         Georgetown, TX 78633       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)	Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Healthcare Professional       Full name of contributor       out-of-state PAC (ID#:)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of another contributor         11/13/2024       Schmidt, Timothy (Mr.)       Contributor address; City; State; Zip Code       Amount of another contributor address; City; State; Zip Code       Amount of another contributor         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of another contributor         Sr Vice President / Chief Financial Officer       Hendrick Medical Center       Amount of another contributor         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of another contributor         11/22/2024       Shea, Patrick (Mr.)       Contributor address; City; State; Zip Code       Amount of another contributor         0ate       Full name of contributor       out-of-state PAC (ID#:)       Amount of another contributor address; City; State; Zip Code         0ate       Georgetown, TX 78633       Employer (See Instructions)       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Employer (See Instructions)	
Principal occupation / Job title (See Instructions) Healthcare Professional       Employer (See Instructions) Hendrick Medical Center         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         11/13/2024       Schmidt, Timothy (Mr.)       \$3.         Contributor address; City; State; Zip Code       Abilene, TX 79601         Principal occupation / Job title (See Instructions) Sr Vice President / Chief Financial Officer       Employer (See Instructions) Hendrick Medical Center         Date       Full name of contributor       out-of-state PAC (ID#:)         Amount of Contributor (\$)       \$2.         Date       Full name of contributor       out-of-state PAC (ID#:)         Amount of Contributor (\$)       \$2.         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         11/22/2024       Full name of contributor       out-of-state PAC (ID#:)         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Georgetown, TX 78633       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)	Principal occupation / Job title (See Instructions) Healthcare Professional       Employer (See Instructions) Hendrick Medical Center         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of the contributor address; City; State; Zip Code         11/13/2024       Schmidt, Timothy (Mr.)       Contributor address; City; State; Zip Code       Amount of the contributor address; City; State; Zip Code         Principal occupation / Job title (See Instructions) Sr Vice President / Chief Financial Officer       Employer (See Instructions) Hendrick Medical Center         Date       Full name of contributor       out-of-state PAC (ID#:)         11/22/2024       Shea, Patrick (Mr.)       Amount of out-of-state PAC (ID#:)         Contributor address; City; State; Zip Code       Amount of out-of-state PAC (ID#:)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)	
Principal occupation / Job title (See Instructions) Healthcare Professional       Employer (See Instructions) Hendrick Medical Center         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         11/13/2024       Schmidt, Timothy (Mr.)       \$3.         Contributor address; City; State; Zip Code       Abilene, TX 79601         Principal occupation / Job title (See Instructions) Sr Vice President / Chief Financial Officer       Employer (See Instructions) Hendrick Medical Center         Date       Full name of contributor       out-of-state PAC (ID#:)         Amount of Contributor (\$)       \$2.         Date       Full name of contributor       out-of-state PAC (ID#:)         Amount of Contributor (\$)       \$2.         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         11/22/2024       Full name of contributor       out-of-state PAC (ID#:)         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Georgetown, TX 78633       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)	Principal occupation / Job title (See Instructions) Healthcare Professional       Employer (See Instructions) Hendrick Medical Center         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of the contributor address; City; State; Zip Code         11/13/2024       Schmidt, Timothy (Mr.)       Contributor address; City; State; Zip Code       Amount of the contributor address; City; State; Zip Code         Principal occupation / Job title (See Instructions) Sr Vice President / Chief Financial Officer       Employer (See Instructions) Hendrick Medical Center         Date       Full name of contributor       out-of-state PAC (ID#:)         11/22/2024       Shea, Patrick (Mr.)       Amount of out-of-state PAC (ID#:)         Contributor address; City; State; Zip Code       Amount of out-of-state PAC (ID#:)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)	
Healthcare Professional       Hendrick Medical Center         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         11/13/2024       Schmidt, Timothy (Mr.)       \$3         Contributor address; City; State; Zip Code       Abilene, TX 79601       \$3         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$4         Sr Vice President / Chief Financial Officer       Hendrick Medical Center       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         11/22/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         11/22/2024       Georgetown, TX 78633       Employer (See Instructions)       \$2         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$2         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$2	Healthcare Professional       Hendrick Medical Center         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of contributor address; City; State; Zip Code         11/13/2024       Schmidt, Timothy (Mr.)       Contributor address; City; State; Zip Code       Amount of contributor address; City; State; Zip Code         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Employer (See Instructions)         Sr Vice President / Chief Financial Officer       Hendrick Medical Center       Amount of out-of-state PAC (ID#:)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of out-of-state PAC (ID#:)         11/22/2024       Shea, Patrick (Mr.)       Contributor address; City; State; Zip Code       Amount of Georgetown, TX 78633         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Employer (See Instructions)	
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         11/13/2024       Schmidt, Timothy (Mr.)       \$3         Contributor address; City; State; Zip Code       Abilene, TX 79601         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Sr Vice President / Chief Financial Officer       Hendrick Medical Center         Date       Full name of contributor       out-of-state PAC (ID#:)         11/22/2024       Shea, Patrick (Mr.)       \$2         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Shea, Patrick (Mr.)       \$2         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)	Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of contributor         11/13/2024       Schmidt, Timothy (Mr.)	
11/13/2024       Schmidt, Timothy (Mr.)       \$3         Contributor address; City; State; Zip Code       Abilene, TX 79601         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Sr Vice President / Chief Financial Officer       Hendrick Medical Center         Date       Full name of contributor out-of-state PAC (ID#:)         Amount of Contribution (\$)       Shea, Patrick (Mr.)         Shea, Patrick (Mr.)       Contributor address; City; State; Zip Code         Georgetown, TX 78633       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)	11/13/2024       Schmidt, Timothy (Mr.)         Contributor address; City; State; Zip Code         Abilene, TX 79601         Principal occupation / Job title (See Instructions)         Sr Vice President / Chief Financial Officer         Date         Full name of contributor         11/22/2024         Shea, Patrick (Mr.)         Contributor address; City; State; Zip Code         Georgetown, TX 78633         Principal occupation / Job title (See Instructions)         Employer (See Instructions)         Mount of         Date         Full name of contributor         Out-of-state PAC (ID#:	
Contributor address; City; State; Zip Code         Abilene, TX 79601         Principal occupation / Job title (See Instructions)         Sr Vice President / Chief Financial Officer         Date         Full name of contributor         Out-of-state PAC (ID#:)         Amount of Contribution (\$)         Shea, Patrick (Mr.)         Contributor address; City; State; Zip Code         Georgetown, TX 78633         Principal occupation / Job title (See Instructions)         Employer (See Instructions)	Contributor address; City; State; Zip Code         Abilene, TX 79601         Principal occupation / Job title (See Instructions)         Sr Vice President / Chief Financial Officer         Date         Full name of contributor         11/22/2024         Shea, Patrick (Mr.)         Contributor address; City; State; Zip Code         Georgetown, TX 78633         Principal occupation / Job title (See Instructions)         Employer (See Instructions)         Bendress; City; State; Zip Code	ount of Contribution (\$)
Abilene, TX 79601         Principal occupation / Job title (See Instructions) Sr Vice President / Chief Financial Officer       Employer (See Instructions) Hendrick Medical Center         Date       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)         11/22/2024       Shea, Patrick (Mr.)       \$2         Contributor address; City; State; Zip Code       State; Zip Code         Georgetown, TX 78633       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)	Abilene, TX 79601         Principal occupation / Job title (See Instructions)         Sr Vice President / Chief Financial Officer         Date         Full name of contributor         11/22/2024         Shea, Patrick (Mr.)         Contributor address; City; State; Zip Code         Georgetown, TX 78633         Principal occupation / Job title (See Instructions)         Employer (See Instructions)         Employer (See Instructions)	\$3.85
Abilene, TX 79601         Principal occupation / Job title (See Instructions) Sr Vice President / Chief Financial Officer       Employer (See Instructions) Hendrick Medical Center         Date       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)         11/22/2024       Shea, Patrick (Mr.)       \$2         Contributor address; City; State; Zip Code       State; Zip Code         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)	Abilene, TX 79601         Principal occupation / Job title (See Instructions)         Sr Vice President / Chief Financial Officer         Date         Full name of contributor         11/22/2024         Shea, Patrick (Mr.)         Contributor address; City; State; Zip Code         Georgetown, TX 78633         Principal occupation / Job title (See Instructions)         Employer (See Instructions)	
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Sr Vice President / Chief Financial Officer       Hendrick Medical Center         Date       Full name of contributor       out-of-state PAC (ID#:)         Amount of Contribution (\$)       Shea, Patrick (Mr.)       \$2.         Contributor address; City; State; Zip Code       Georgetown, TX 78633       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Employer (See Instructions)	Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Sr Vice President / Chief Financial Officer       Hendrick Medical Center         Date       Full name of contributor       out-of-state PAC (ID#:)         11/22/2024       Shea, Patrick (Mr.)       Amount of Contributor address; City; State; Zip Code         Georgetown, TX 78633       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)	
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Sr Vice President / Chief Financial Officer       Hendrick Medical Center         Date       Full name of contributor       out-of-state PAC (ID#:)         Amount of Contribution (\$)       Shea, Patrick (Mr.)       \$2.         Contributor address; City; State; Zip Code       Georgetown, TX 78633       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Employer (See Instructions)	Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Sr Vice President / Chief Financial Officer       Hendrick Medical Center         Date       Full name of contributor       out-of-state PAC (ID#:)         11/22/2024       Shea, Patrick (Mr.)       Amount of Contributor address; City; State; Zip Code         Georgetown, TX 78633       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)	
Sr Vice President / Chief Financial Officer       Hendrick Medical Center         Date       Full name of contributor       out-of-state PAC (ID#:)         11/22/2024       Shea, Patrick (Mr.)       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       State; Zip Code         Georgetown, TX 78633       Employer (See Instructions)	Sr Vice President / Chief Financial Officer       Hendrick Medical Center         Date       Full name of contributor       out-of-state PAC (ID#:)         11/22/2024       Shea, Patrick (Mr.)       Amount of Contributor address; City; State; Zip Code         Georgetown, TX 78633       Employer (See Instructions)	
Sr Vice President / Chief Financial Officer       Hendrick Medical Center         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         11/22/2024       Shea, Patrick (Mr.)       \$2.         Contributor address; City; State; Zip Code       Georgetown, TX 78633         Principal occupation / Job title (See Instructions)       Employer (See Instructions)	Sr Vice President / Chief Financial Officer       Hendrick Medical Center         Date       Full name of contributor       out-of-state PAC (ID#:)         11/22/2024       Shea, Patrick (Mr.)       Amount of Contributor address; City; State; Zip Code         Georgetown, TX 78633       Employer (See Instructions)	
11/22/2024       Shea, Patrick (Mr.)       \$2.         Contributor address; City; State; Zip Code       Georgetown, TX 78633         Principal occupation / Job title (See Instructions)       Employer (See Instructions)	11/22/2024       Shea, Patrick (Mr.)         Contributor address; City; State; Zip Code         Georgetown, TX 78633         Principal occupation / Job title (See Instructions)         Employer (See Instructions)	
11/22/2024       Shea, Patrick (Mr.)       \$2.         Contributor address; City; State; Zip Code       Georgetown, TX 78633         Principal occupation / Job title (See Instructions)       Employer (See Instructions)	11/22/2024       Shea, Patrick (Mr.)         Contributor address; City; State; Zip Code         Georgetown, TX 78633         Principal occupation / Job title (See Instructions)         Employer (See Instructions)	unt of Contribution (\$)
Contributor address; City; State; Zip Code         Georgetown, TX 78633         Principal occupation / Job title (See Instructions)         Employer (See Instructions)	Contributor address; City; State; Zip Code Georgetown, TX 78633 Principal occupation / Job title (See Instructions) Employer (See Instructions)	\$2.00
Georgetown, TX 78633       Principal occupation / Job title (See Instructions)       Employer (See Instructions)	Georgetown, TX 78633 Principal occupation / Job title (See Instructions) Employer (See Instructions)	Ψ2.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)	Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	Principal occupation / Job title (See Instructions) Employer (See Instructions)	
		anuð

<b></b>			
The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 38/48 Rpt: 46/68	
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	- Il Action Committee of the Texas Hospital Association		00015794
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
11/22/2024			\$2.00
	6 Contributor address; City; State; Zip Code		ł
	Austin, TX 78701		
	upation / Job title (See Instructions)	9 Employer (See Instructions)	
Executive A	dministrative Manager	Texas Hospital Associat	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
11/19/2024			\$83.33
	Contributor address; City; State; Zip Code		1
	Con Antonio TV 70220		
Dringinal occu	Upation / Job title (See Instructions)	Employer (See Instructions	
-	upation / Job title (See Instructions) Idministrative Manager	University Health	3)
			τ ····································
Date 11/22/2024	Full name of contributor out-of-state PAC (ID#: Smith, John (Mr.)	)	Amount of Contribution (\$) \$1.00
11/ <i>22/202</i> 7	Contributor address; City; State; Zip Code		Ψ1.00
	Contributor address, City, State, Zip Coue		
	Austin, TX 78701		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)
Director of E	Education	THA Foundation	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
10/31/2024	Speckels, Donna (Ms.)		\$3.85
	Contributor address; City; State; Zip Code		1
Divinglass	Abilene, TX 79601		Į
Principal occu Director of E	upation / Job title (See Instructions)	Employer (See Instructions Hendrick Medical Center	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
11/13/2024	11/13/2024 Speckels, Donna (Ms.) Contributor address; City; State; Zip Code		\$3.85
	Abilene, TX 79601		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> \$)
Chief Medic		Hendrick Medical Center	
		<u> </u>	

	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 39/48 Rpt: 47/68	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
		I Action Committee of the Texas Hospital Association		-	00015794	
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	11/07/2024	Speer, Gena (Ms.)				\$14.50
		6 Contributor address; City; State; Zip Code		1		
		Breckenridge, TX 76424				
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	President &	CEO	Stephens Memorial Hos	spit	al	
F	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	11/22/2024	Srubar, Linda (Mrs.)				\$3.00
		Contributor address; City; State; Zip Code		ł		
		Georgetown, TX 78633				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	VP Retireme		Texas Hospital Associat	tior	ı	
⊨	Date	Full name of contributor Out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	10/31/2024	Stafford, Steven (Mr.)	/			\$3.85
	10/01/202			-		40.00
		Contributor address; City; State; Zip Code				
		Abilene, TX 79601				
⊢	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	∟ 3)		
	VP Retireme		Hendrick Medical Cente			
⊨	Date	Full name of contributor Out-of-state PAC (ID#:_		Π	Amount of Contribution (\$)	
	11/13/2024	Stafford, Steven (Mr.)	/			\$3.85
	11/10/2024			-		ψο.υυ
		Contributor address; City; State; Zip Code				
		Abilene, TX 79601				
$\vdash$	Drincinal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Director of P		Hendrick Medical Cente			
╘				ः <del>न्</del>		
Date		Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	÷0.00
	10/31/2024 Stephenson, David (Mr.) Contributor address; City; State; Zip Code				\$9.62	
		Abilene, TX 79601	-			
		upation / Job title (See Instructions)	Employer (See Instructions			
	Director of P	harmacy	Hendrick Medical Cente	er		

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: Sch: 40/48 Rpt: 48/68
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
The Politica	l Action Committee of the Texas Hospital Association	n	00015794
4 Date	5 Full name of contributor Out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
11/13/2024			\$9.62
	6 Contributor address; City; State; Zip Code		1
	Abilene, TX 79601	-	
-	upation / Job title (See Instructions)	9 Employer (See Instructions	
Chief Nursin	ng Officer & COO	Hendrick Medical Cente	۶r
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
10/26/2024			\$20.50
	Contributor address; City; State; Zip Code		1
	Lubbock, TX 79410	1	<u> </u>
-	upation / Job title (See Instructions)	Employer (See Instructions	
Director of C		Covenant Childrens Hos	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
11/13/2024	Tesmer, David (Mr.)		\$250.00
	Contributor address; City; State; Zip Code		
	Arlington, TX 76011		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	e)
-	ctor Health Policy	Texas Health Resources	
			Amount of Contribution (\$)
Date 11/01/2024		)	Amount of Contribution (\$) \$75.00
11/01/2027			ψι 3.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78701		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)
·	ctor Health Policy	Texas Hospital Associat	
Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u> )	Amount of Contribution (\$)
11/22/2024			\$10.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78701		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
Specialist		Texas Hospital Associat	tion

The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 41/48 Rpt: 49/68		
2	2 FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	The Political	Action Committee of the Texas Hospital Association	n .		00015794	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	10/31/2024	Tiffin, Laura (Ms.)				\$1.00
		6 Contributor address; City; State; Zip Code				
		Cuero, TX 77954				
8		pation / Job title (See Instructions)	9 Employer (See Instructions			
	Specialist		Cuero Regional Hospita			
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	11/13/2024					\$1.00
		Contributor address; City; State; Zip Code				
		Cuero, TX 77954				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ເ)		
	Chief Operat		Cuero Regional Hospita			
⊨	Date				Amount of Contribution (\$)	
	Date     Full name of contributor     out-of-state PAC (ID#:)       11/22/2024     Tiffin, Laura (Ms.)		)			\$1.00
	Contributor address; City; State; Zip Code					<b>\$1.00</b>
		Contributor address, City, State, Zip Code				
		Cuero, TX 77954				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Chief Operat	ting Officer	Cuero Regional Hospita	l		
Γ	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	11/13/2024	Tigrett, Justin (Mr.)				\$200.00
		Contributor address; City; State; Zip Code				
$\vdash$	Drineireleseu	Nashville, TN 37203				
	Principal occupation / Job title (See Instructions)Employer (See InstructionChief Executive OfficerHealthTrust		5)			
╞				_		
	Date     Full name of contributor     out-of-state PAC (ID#:)       14/02/02044     Tracting - bucks (Map)		)		Amount of Contribution (\$)	\$4.00
	11/22/2024 Trevino, Judy (Ms.)				φ4.00	
	Contributor address; City; State; Zip Code					
		Austin, TX 78701				
⊢	Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> چ)		
Director of the Health Club Texas Hospital Assoc				ı		
⊢						
Í						

⊢						
The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 42/48 Rpt: 50/68		
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
		Action Committee of the Texas Hospital Association			00015794	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
	11/22/2024	Trout, Judith (Ms.)				\$2.00
		6 Contributor address; City; State; Zip Code		1		
Ļ		Austin, TX 78701		Ĺ		
8		ipation / Job title (See Instructions)	9 Employer (See Instructions	5)		
L		ne Health Club	THA Foundation	-		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	÷2.05
	10/31/2024	Tucek, Karen (Ms.)				\$3.85
		Contributor address; City; State; Zip Code				
		Abilene, TX 79601				
$\vdash$	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ۱		
		g & Strategic Communications	Hendrick Medical Cente			
╞	Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u> )	Γ	Amount of Contribution (\$)	
	11/13/2024	Tucek, Karen (Ms.)	/		Allount of Contribution (+)	\$3.85
	<b></b>	Contributor address; City; State; Zip Code		$\left  \right $		Ŧ= - ·
		Abilene, TX 79601				
		ipation / Job title (See Instructions)	Employer (See Instructions			
	Dir Marketin	g & Strategic Communications	Hendrick Medical Cente	er		
	Date	Full name of contributor out-of-state PAC (ID#:	)	Ī	Amount of Contribution (\$)	
	11/22/2024	Turner, Matt (Mr.)				\$2.00
		Contributor address; City; State; Zip Code		1		
		Austin, TX 78701				
┡	Drincinal occu		Employer (See Instructions	<u> </u>		
			Texas Hospital Associat		1	
╞			· · · · · · · · · · · · · · · · · · ·	1		
	Date 11/19/2024	Full name of contributor out-of-state PAC (ID#: Tyra, Lindsey (Ms.)	)		Amount of Contribution (\$)	\$250.00
			ł		Ψ200.00	
	Contributor address; City; State; Zip Code					
		Dallas, TX 75235				
┢	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Director of Quality Children's Health					

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 43/48 Rpt: 51/68
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
The Political Action Committee of the Texas Hospital Association	00015794
4 Date 5 Full name of contributor out-of-state PAC (ID#:	) <b>7</b> Amount of Contribution (\$)
10/31/2024 Vidrine, Amanda (Ms.)	\$3.85
6 Contributor address; City; State; Zip Code	
Abilene, TX 79601	
8Principal occupation / Job title (See Instructions)9Employer (See	Instructions)
Director of Quality Hendrick Med	ical Center
Date Full name of contributor out-of-state PAC (ID#:	) Amount of Contribution (\$)
11/13/2024 Vidrine, Amanda (Ms.)	\$3.85
Contributor address; City; State; Zip Code	
Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Employer (See	Instructions)
Chief Executive Officer Hendrick Med	ical Center
Date Full name of contributor out-of-state PAC (ID#:	) Amount of Contribution (\$)
10/31/2024 Wade, Susan (Ms.)	\$15.00
Contributor address; City; State; Zip Code	
Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Employer (See	
Manager Public Policy & Community Benefit Hendrick Med	ical Center
Date Full name of contributor out-of-state PAC (ID#:	) Amount of Contribution (\$)
11/13/2024 Wade, Susan (Ms.)	\$15.00
Contributor address; City; State; Zip Code	
Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Employer (See	-
Senior Director of Human Resources Hendrick Med	ical Center
Date Full name of contributor out-of-state PAC (ID#:	) Amount of Contribution (\$)
10/31/2024 Wagner, Angela (Ms.)	\$3.85
Contributor address; City; State; Zip Code	
Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Employer (See	
Senior Director of Human Resources Hendrick Med	ical Center

The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 44/48 Rpt: 52/68		
2	FILER NAME				Filer ID (Ethics Commission	Filers)
-		Action Committee of the Texas Hospital Association	n		00015794	T nor of
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	11/13/2024	Wagner, Angela (Ms.)				\$3.85
		6 Contributor address; City; State; Zip Code		1		
		Abilene, TX 79601				
8	Principal occu	I upation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u> ;)		
		/ Facility Management	Hendrick Medical Cente			
╞	Date	Full name of contributor out-of-state PAC (ID#:_	)	Γ	Amount of Contribution (\$)	
	10/31/2024	Wallschlaeger, Erich (Mr.)			• •	\$9.62
		Contributor address; City; State; Zip Code				
		Brownwood, TX 76804				
	-	upation / Job title (See Instructions)	Employer (See Instructions			
	Dir Property	/ Facility Management	Hendrick Medical Cente	r		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	11/13/2024	Wallschlaeger, Erich (Mr.)				\$9.62
	Contributor address; City; State; Zip Code					
		Brownwood, TX 76804				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	Chief Execut	tive Officer	Hendrick Medical Cente	r		
F	Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	10/31/2024	Walzer, Cheryl (Ms.)				\$3.85
		Contributor address; City; State; Zip Code				
$\vdash$	Dringingloggy	Abilene, TX 79601				
		ipation / Job title (See Instructions) ement Coordinator	Employer (See Instructions Hendrick Medical Cente			
$\vdash$				: I		
	Date	Full name of contributor out-of-state PAC (ID#:)	)		Amount of Contribution (\$)	ቀጋ ዕር
	11/13/2024 Walzer, Cheryl (Ms.)				\$3.85	
	Contributor address; City; State; Zip Code					
		Abilene, TX 79601				
$\vdash$	Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
Risk Management Coordinator Hendrick Medical Cen						
$\vdash$						

The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 45/48 Rpt: 53/68		
2	FILER NAME	NAME			Filer ID (Ethics Commissio	on Filers)
	The Political	Action Committee of the Texas Hospital Association	n		00015794	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_		7	Amount of Contribution (\$)	
ľ	11/20/2024	Warner, Freddy (Mr.)	/	·		\$145.50
		6 Contributor address; City; State; Zip Code				Ψ1-0.00
		<b>b</b> Contributor address; City, State, Zip Code	I			
			I			
		Houston, TX 77024				
8	Principal occu	I Ipation / Job title (See Instructions)	9 Employer (See Instructions	<u>لــــــــــــــــــــــــــــــــــــ</u>		
		P Network Hospitals	Memorial Hermann Hea		System	
╞	Date	Full name of contributor Out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	10/31/2024	Waters, Amber (Ms.)				\$3.85
		Contributor address; City; State; Zip Code		ł		• -
			I			
			I			
		Abilene, TX 79601	l			
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Legal Servic	es Specialist	Hendrick Medical Cente	؛r		
F	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	11/13/2024	Waters, Amber (Ms.)				\$3.85
	I			ł		
		Abilene, TX 79601				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	;)		
	Legal Servic	es Specialist	Hendrick Medical Cente	r:		
F	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	11/22/2024	Werner, Theo (Mr.)	I			\$2.00
	I	Contributor address; City; State; Zip Code		1		
			I			
		Austin, TX 78701				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	;)		
	Exec Dir Go	vmnt Relations & Public Policy	Texas Hospital Associat	tior	۱	
	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	11/01/2024	Westerman, Mandy (Ms.)				\$1,000.00
	I	Contributor address; City; State; Zip Code	,	1		
		Kingwood, TX 77339				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	;)		
Director Data & Technology Universal Health Serv				es	Inc	

The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 46/48 Rpt: 54/68	
2 FILER NAME				Filer ID (Ethics Commission	n Filers)
	Action Committee of the Texas Hospital Association	ı	ľ	00015794	
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
10/31/2024	Wharton, Elisha (Ms.)				\$3.85
	6 Contributor address; City; State; Zip Code		1		
	Abilene, TX 79601				
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
Director Data	a & Technology	Hendrick Medical Cente	er		
Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
11/13/2024	Wharton, Elisha (Ms.)				\$3.85
	Contributor address; City; State; Zip Code				
	Abilene, TX 79601				
Principal occu	Principal occupation / Job title (See Instructions) Employer (See Instruction				
Director Hen	drick HouseCalls	Hendrick Medical Cente	er		
Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
11/13/2024					\$750.00
	Contributor address; City; State; Zip Code				
	Round Rock, TX 78681				
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
Director Hen	drick HouseCalls	St. David's Round Rock	Μ	edical Center	
Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
11/22/2024	Williams, Ben (Mr.)				\$14.00
	Contributor address; City; State; Zip Code				
	Austin, TX 78701				
	pation / Job title (See Instructions)	Employer (See Instructions			
Chief Nursin	Chief Nursing Officer Texas Hospital Associa		tior	1	
Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
11/22/2024	Williams, Carrie (Ms.)				\$20.00
	Contributor address; City; State; Zip Code		1		
	Austin, TX 78701				
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
Executive Assistant Texas Hospital Associ			tior	ı	

The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 47/48 Rpt: 55/68		
2	FILER NAME			3	Filer ID (Ethics Commission	ı Filers)
		Action Committee of the Texas Hospital Association			00015794	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	11/22/2024	Williams, Patty (Ms.)				\$2.00
	I	6 Contributor address; City; State; Zip Code		1		
	I					
	I					
		Austin, TX 78701				
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Executive As	ssistant	THA Foundation			
F	Date	Full name of contributor out-of-state PAC (ID#:_	)	Γ	Amount of Contribution (\$)	
	10/26/2024	Willmann, Adam (Mr.)				\$62.50
	I	Contributor address; City; State; Zip Code		1		
	I					
	I					
	I	Clifton, TX 76634				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Director Hen	idrick Clinic	Goodall-Witcher Healtho	car	е	
⊨	Date	Full name of contributor out-of-state PAC (ID#:_	,	Γ	Amount of Contribution (\$)	
	10/31/2024	Willson, Megan (Ms.)			•••	\$4.81
	I	Contributor address; City; State; Zip Code		1		
	I					
	I					
	I	Abilene, TX 79601				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Director Hen	Idrick Clinic	Hendrick Medical Cente	er		
F	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	11/13/2024	Willson, Megan (Ms.)				\$4.81
	I	Contributor address; City; State; Zip Code		1		
	I					
	I					
	I	Abilene, TX 79601				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Vice Preside	ent Policy	Hendrick Medical Cente	er		
F	Date	Full name of contributor out-of-state PAC (ID#:_		Γ	Amount of Contribution (\$)	
	11/22/2024	Wohleb, Stephen (Mr.)				\$41.00
	Contributor address; City; State; Zip Code					
	Contributor address, City, State, Zip Code					
	I					
	I	Austin, TX 78701				
$\vdash$	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)		
	Executive		Texas Hospital Associat	tion	1	
$\vdash$			<u> </u>			

The Instruction Guide explains how to complete this form.				Total pages Schedule A1: Sch: 48/48 Rpt: 56/68	
2 FILER NAME				Filer ID (Ethics Commission	Eilore)
	Action Committee of the Texas Hospital Association	n		00015794	riiers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
10/31/2024	Wood, Adam (Mr.)				\$4.81
ŀ	6 Contributor address; City; State; Zip Code				
	Abilene, TX 79601				
8 Principal occup	pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>		
Executive	· · · · ·	Hendrick Medical Cente			
Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Т	Amount of Contribution (\$)	
11/13/2024	Wood, Adam (Mr.)	)			\$4.81
	· · ·				Ψ4.01
	Contributor address; City; State; Zip Code				
	Abilene, TX 79601	1			
	pation / Job title (See Instructions)	Employer (See Instructions			
Chief Operati	ng Officer	Hendrick Medical Cente	er		
Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
11/09/2024	Yancey, Janay (Ms.)				\$29.00
l i	Contributor address; City; State; Zip Code		1		
	Woodville, TX 75979				
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions	s)		
Mgr Advocac	y / Pub Policy / HOSPAC	Tyler County Hospital			

# MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C3

The Instruction Guide explains how to complete this form.					Total pages Schedule C3: Sch: 1/1 Rpt: 57/68
2	FILER NAME			3	Filer ID (Ethics Commission Filers)
	The Political	Ac	tion Committee of the Texas Hospital Association		00015794
4	Date	5	Corporation / Labor Organization name	6	Amount (\$)
	11/01/2024		Texas Hospital Association		839.00

# NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C4

	The Instru	cti	on Guide explains how to complete this form.	1 Total pages Schedule C4: Sch: 1/1 Rpt: 58/68			
2	FILER NAME			3	Filer ID	(Ethics Commission Filers)	
	The Political	Ac	tion Committee of the Texas Hospital Association		00015794		
4	Date	5	Corporation / Labor Organization name	6	Amount (\$)		
	11/25/2024		Texas Hospital Association			4,200	0.00

	EXPENDITURE CATEGORIES FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense     Loan Repayment/Reimbursement     Solicitation/Fundraising Expense       Fees     Office Overhead/Rental Expense     Transportation Equipment & Related Expense       Food/Beverage Expense     Polling Expense     Travel in District       GitfuAwards/Memorials Expense     Printing Expense     Travel Out of District
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 1/9 Rpt: 59/68	The Political Action Committee of the Texas Hospital00015794
4 Date	5 Payee name
11/15/2024	Angela Paxton Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$3,000.00	5613 S Woodcreek Circle
Expenditure from corporate funds	McKinney, TX 75071
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 Campaign contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought Office held
Date	Payee name
11/22/2024	Brad Buckley Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$2,000.00	7321 FM #2843
Expenditure from corporate funds	Salado, TX 76571
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Campaign contribution</li> </ul> </li> </ul>
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
11/22/2024	Candy Noble Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$2,000.00	1105 E. Main St. #223
Expenditure from corporate funds	Allen, TX 75002
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense     Loan Repayment/Reimbursement     Solicitation/Fundraising Expense       Fees     Office Overhead/Rental Expense     Transportation Equipment & Related Expense       Food/Beverage Expense     Polling Expense     Travel in District       -     Gift/Awards/Memorials Expense     Printing Expense     Travel Out of District						
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)						
Sch: 2/9 Rpt: 60/68	The Political Action Committee of the Texas Hospital00015794						
4 Date	5 Payee name						
11/01/2024	Charles Perry Campaign						
6 Amount (\$)	7 Payee address; City; State; Zip Code						
\$4,000.00	PO Box 94806						
Expenditure from corporate funds	Lubbock, TX 79493						
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee						
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held						
Date	Payee name						
11/22/2024	Cody Harris Campaign						
Amount (\$)	Payee address; City; State; Zip Code						
\$1,500.00	1007 N Mallard St						
Expenditure from corporate funds	Palestine, TX 75801						
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Campaign contribution</li> </ul> </li> </ul>						
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held						
Date	Payee name						
11/08/2024	David Cook Campaign						
Amount (\$)	Payee address; City; State; Zip Code						
\$2,500.00	309 E. Broad Street						
Expenditure from corporate funds	Mansfield, TX 76063						
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description						
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee						
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held						

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense     Loan Repayment/Reimbursement     Solicitation/Fundraising Expense       Fees     Office Overhead/Rental Expense     Transportation Equipment & Related Expense       Food//Beverage Expense     Polling Expense     Travel of District       Gift/Awards/Memorials Expense     Printing Expense     Travel Out of District		
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)		
Sch: 3/9 Rpt: 61/68	The Political Action Committee of the Texas Hospital 00015794		
4 Date	5 Payee name		
11/04/2024	Frost Bank		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$19.95	PO Box 1727		
Expenditure from corporate funds	Austin, TX 78767		
8 PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> </ul>		
EAFENDITORL	Check if Austin, TX, officeholder living expense Credit Card Processing Fees		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
11/04/2024	Frost Bank		
Amount (\$)	Payee address; City; State; Zip Code		
\$54.50	PO Box 1727		
Expenditure from corporate funds	Austin, TX 78767		
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Fees</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Credit Card Processing Fees</li> </ul>		
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
11/04/2024	Frost Bank		
Amount (\$)	Payee address; City; State; Zip Code		
\$72.03	PO Box 1727		
Expenditure from corporate funds	Austin, TX 78767		
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Fees</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Credit Card Processing Fees</li> </ul> </li> </ul>		
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held		

EXPENDITURE CATEGORIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
Sch: 4/9 Rpt: 62/68	The Political Action Committee of the Texas Hospital 00015794	
4 Date	5 Payee name	
11/15/2024	Juan "Chuy" Hinojosa Campaign	
6 Amount (\$) \$5,000.00	7 Payee address; City; State; Zip Code PO Box 1421	
φ3,000.00	PO B0X 1421	
Expenditure from corporate funds	Austin, TX 78767	
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	
	Candidate/Onicenoide/Political Committee Campaign contribution	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
11/01/2024	Judith Zaffirini Campaign	
Amount (\$)	Payee address; City; State; Zip Code	
\$5,000.00	PO Box 627	
Expenditure from corporate funds	Laredo, TX 78042	
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense Campaign contribution</li> </ul> </li> </ul>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
11/01/2024	Lois W Kolkhorst Campaign	
Amount (\$)	Payee address; City; State; Zip Code	
\$8,000.00	PO Box 2546	
Expenditure from corporate funds	Brenham, TX 77834	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held	

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense - Gift/Awards/Memorials Expense Printing Expense	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	<b>3</b> Filer ID (Ethics Commission Filers)	
Sch: 5/9 Rpt: 63/68	The Political Action Committee of the Texas Hospital	00015794	
4 Date	5 Payee name		
11/22/2024	Nicole Collier Campaign		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$1,000.00	PO Box 24241		
Expenditure from corporate funds	Fort Worth, TX 76124		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Contributions/Donations Made By	utside of Texas. Complete Schedule T. TX, officeholder living expense ntribution	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held	
Date	Payee name		
11/01/2024	Robert Nichols Campaign		
Amount (\$)	Payee address; City; State; Zip Code		
\$3,000.00	PO Box 2347		
Expenditure from corporate funds	Jacksonville, TX 75766		
PURPOSE OF EXPENDITURE		nutside of Texas. Complete Schedule T. TX, officeholder living expense ntribution	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held	
Date	Payee name		
10/28/2024	Stripe		
Amount (\$)	Payee address; City; State; Zip Code		
\$582.10	354 Oyster Point Blvd		
Expenditure from corporate funds	South San Francisco, CA 94080		
PURPOSE OF EXPENDITURE	Check if Austin, T Processing fee	nutside of Texas. Complete Schedule T. TX, officeholder living expense es for processing multiple credit card 10/28-11/21/24	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held	

EXPENDITURE CATEGORIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
Sch: 6/9 Rpt: 64/68	The Political Action Committee of the Texas Hospital 00015794	
4 Date	5 Payee name	
10/31/2024	Stripe	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$22.05	354 Oyster Point Blvd	
Expenditure from corporate funds	South San Francisco, CA 94080	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Fees       Check if travel outside of Texas. Complete Schedule T.         Check if Austin, TX, officeholder living expense	
	Credit Card Processing Fees	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
11/05/2024	Stripe	
Amount (\$)	Payee address; City; State; Zip Code	
\$0.63	354 Oyster Point Blvd	
Expenditure from corporate funds	South San Francisco, CA 94080	
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Fees</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Credit Card Processing Fees</li> </ul>	
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
11/12/2024	Stripe	
Amount (\$)	Payee address; City; State; Zip Code	
\$2.32	354 Oyster Point Blvd	
Expenditure from corporate funds	South San Francisco, CA 94080	
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Fees</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Credit Card Processing Fees</li> </ul>	
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			
<b>1</b> Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)		
Sch: 7/9 Rpt: 65/68	The Political Action Committee of the Texas Hospital 00015794		
4 Date 11/14/2024	5 Payee name Stripe		
6 Amount (\$) \$0.15	7 Payee address; City; State; Zip Code 354 Oyster Point Blvd		
corporate funds	South San Francisco, CA 94080		
8 PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Fees</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Credit Card Processing Fees</li> </ul>		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
11/18/2024	Stripe		
Amount (\$) \$0.73	Payee address; City; State; Zip Code 354 Oyster Point Blvd		
Expenditure from corporate funds	South San Francisco, CA 94080		
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Fees</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Credit Card Processing Fees</li> </ul>		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H		
Date	Payee name		
11/19/2024	Stripe		
Amount (\$) \$2.08	Payee address; City; State; Zip Code 354 Oyster Point Blvd		
Expenditure from corporate funds	South San Francisco, CA 94080		
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Fees</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Credit Card Processing Fees</li> </ul>		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H		

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense - Gift/Awards/Memorials Expense Printing Expense	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	<b>3</b> Filer ID (Ethics Commission Filers)	
Sch: 8/9 Rpt: 66/68	The Political Action Committee of the Texas Hospital	00015794	
4 Date 11/22/2024	5 Payee name Texans for Dade		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$5,000.00	PO Box 5990		
Expenditure from corporate funds	Austin, TX 78763		
8 PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense ntribution	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held	
Date	Payee name		
11/01/2024	Texans for Dan Patrick		
Amount (\$) \$25,000.00	Payee address; City; State; Zip Code 1 E. Greenway Plaza, Ste 225		
Expenditure from corporate funds	Houston, TX 77046		
PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense ntribution	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held	
Date	Payee name		
11/01/2024	Texans for Joan Huffman		
Amount (\$)	Payee address; City; State; Zip Code		
\$8,000.00	3373-1 Westheimer Rd		
	Suite 40		
Expenditure from corporate funds	Houston, TX 77027		
PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. . TX, officeholder living expense ntribution	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held	

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 9/9 Rpt: 67/68	The Political Action Committee of the Texas Hospital     00015794
4 Date 11/08/2024	5 Payee name Toni Rose Campaign
6 Amount (\$) \$3,000.00	7 Payee address; City; State; Zip Code PO Box 41867
Expenditure from corporate funds	Dallas, TX 75241
8 PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense Campaign contribution</li> </ul> </li> </ul>
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought Office held

	RRED OBLIGATIONS	SCHEDULE F2
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1 Total pages Schedule F2: Sch: 1/1 Rpt: 68/68	2 FILER NAME The Political Action Committee of the Texas Hospital	3 Filer ID (Ethics Commission Filers) 00015794
<sup>4</sup> TOTAL OF UNITEMI	ZED UNPAID INCURRED OBLIGATIONS	\$
<ul> <li>5 Date 11/25/2024</li> <li>7 Amount (\$)</li> </ul>	<ul> <li>6 Payee name Atchley &amp; Associates LLP</li> <li>8 Payee address; City; State; Zip Code</li> </ul>	
\$985.50 X Expenditure from corporate funds	1005 La Posada Dr Austin, TX 78752	
9 TYPE OF EXPENDITURE	X Political Non-Political	
10 PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense ting and reporting services
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought H	Office held