FORM MPAC MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** Filer ID 2 Total pages filed: The MPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00015794 3 COMMITTEE NAME **OFFICE USE ONLY** The Political Action Committee of the Texas Hospital Association Date Received **ELECTRONICALLY FILED** 01/06/2025 COMMITTEE ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP **ADDRESS** 1108 Lavaca Ste 700 Change of Address Austin, TX 78701 Date Hand-delivered or Date Postmarked MS / MRS / MR **CAMPAIGN FIRST** MI **TREASURER** Receipt # Amount Sara NAME Date Processed **NICKNAME SUFFIX** LAST Date Imaged Gonzalez CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE TREASURER 1108 Lavaca Suite 700 STREET **ADDRESS** (Residence or Business) Austin, TX 78701 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** 1108 Lavaca Suite 700 MAILING **ADDRESS** Change of Address Austin, TX 78701 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (512) 465-1000 REPORT TYPE 10th day after campaign X Monthly Dissolution (Attach PAC-DR) treasurer termination 10 MONTHLY X January 5 April 5 July 5 October 5 REPORT FILING **DEADLINE** February 5 May 5 August 5 November 5 September 5 December 5 March 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 11/26/2024 12/25/2024

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MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

2 COMMITTEE NAME 13 File	r ID (Ethics Commission Filers)
	15794
1. Candidates ACTIVITY 1. Candidates (Identify by name or, if applicable, classify by party.) A. Supported The Honorable Greg Abbott Governor The Honorabl	or
(Attach lists on plain paper to complete this report if necessary.) B. Opposed	
Measures (Describe by date and location of election and nature of issue.) A. Supported	
B. Opposed	
3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	
1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) check here if this report qualifies for the higher itemization threshold	\$ 0.00
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 9,551.38
EXPENDITURE 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES TOTALS	\$ 0.00
4. TOTAL POLITICAL EXPENDITURES	\$ 45,211.07
CONTRIBUTION BALANCE 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 20,788.50
OUTSTANDING 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LOAN TOTALS LAST DAY OF THE REPORTING PERIOD	\$ 0.00
6 AFFIDAVIT	
I swear, or affirm, under penalty of perjury, th true and correct and includes all information i under Title 15, Election Code.	
Sara Gonzale	ez
Signature of Campaign	Treasurer
AFFIX NOTARY STAMP / SEAL ABOVE	
Sworn to and subscribed before me, by the said, this the _	day
of, 20, to certify which, witness my hand and seal of office.	
Signature of officer administering oath Printed name of officer administering oath Title	e of officer administering oath

MONTHLY FILING GPAC REPORT: PURPOSE

FORM MPAC

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13 Filer ID (Ethics Commission Filers)
00015794
niel W. Parker IV State Senator
s Gregory Bonnen State Representative
ate Representative

MONTHLY FILING GPAC REPORT: PURPOSE

FORM MPAC **ADDENDUM**

2 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
he Political Action Comm	oittee of the Teyas Hr	enital Associa	ation	00015794	,
					+
4 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Mrs. Denise Villalobos Sta	te 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			
	Officeholders Assisted (Identify by name or, if				
	applicable, classify by party.)	<u> </u>			
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	The Honorable Ryan A. Gu	illen State Repres	entative
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		The Honorable Angie Cher	Button State Rep	resentative
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if				
	applicable, classify by party.)	,			

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3 5 of 58

					3 01 30
		EE NAME	18 Filer ID	(Eth	ics Commission Filers)
		cal Action Committee of the Texas Hospital Association	00015794		
		E SUBTOTALS SCHEDULE			SUBTOTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	4,365.88
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOURGANIZATION)R	\$	
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$	
6.	Х	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$	985.50
7.	Х	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$	4,200.00
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (ORGANIZATION	\$	
9.		SCHEDULE E: LOANS		\$	
10.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$	44,255.57
11.	X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	955.50
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.	X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$	2,000.00

	MONEI	ARY POLITICAL CONTRIBU	HON	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete th	is for	m.	1	Total pages Schedule A1: Sch: 1/42 Rpt: 6/58	
2	FILER NAME The Political	Action Committee of the Texas Hospital Associ	ation		3	Filer ID (Ethics Commission 00015794	n Filers)
4	Date 12/20/2024	 Full name of contributor	ID#:		7	Amount of Contribution (\$)	\$1.00
		Georgetown, TX 78633					
8		pation / Job title (See Instructions)	9	. , \		-vala ang sa	
	Claims Mana	ager 		Texas Hospital Insuranc	e ı	=xcnange ====================================	
	Date 12/20/2024	Full name of contributor out-of-state PAC (Andersen, Daniel (Mr.) Contributor address; City; State; Zip Code	ID#:			Amount of Contribution (\$)	\$14.00
		Georgetown, TX 78633					
		pation / Job title (See Instructions)		Employer (See Instructions			
	VP Underwr	iting & Business Development		Texas Hospital Insuranc	e I	Exchange	
	Date 11/26/2024	Full name of contributor	ID#:)		Amount of Contribution (\$)	\$19.23
		Abilene, TX 79601					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Hendrick Medical Cente			
	Date 12/12/2024	Full name of contributor out-of-state PAC (Bagchi, Sam (Dr.) Contributor address; City; State; Zip Code Irving, TX 75038	ID#:)		Amount of Contribution (\$)	\$165.00
	•	pation / Job title (See Instructions) Clinical Officer		Employer (See Instructions CHRISTUS Health	5)		
	Date 12/17/2024	Full name of contributor out-of-state PAC (Ballew, Joel (Mr.) Contributor address; City; State; Zip Code Arlington, TX 76011)		Amount of Contribution (\$)	\$41.50
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	VP Governm	nent & Community Affairs		Texas Health Resources	S		

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDULI	A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 2/42 Rpt: 7/58	
2	FILER NAME The Political	Action Committee of the Texas	s Hospital Association		3	Filer ID (Ethics Commission 00015794	ı Filers)
4	Date 11/26/2024	5 Full name of contributor Baty, Krista (Ms.) 6 Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code		7	Amount of Contribution (\$)	\$27.50
g	Principal occu	Brownwood, TX 76801 pation / Job title (See Instructions)	1.	9 Employer (See Instructions	;) 		
Ü		istrative Officer		Hendrick Medical Cente			
	Date 12/11/2024	Full name of contributor Baty, Krista (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$27.50
	Delegale al acces	Brownwood, TX 76801		Formlesson (October American			
				Employer (See Instructions Hendrick Medical Cente			
	Date 12/20/2024	Full name of contributor Beasley, Sharon (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)	•	Amount of Contribution (\$)	\$8.00
		Austin, TX 78701			Ĺ		
		pation / Job title (See Instructions) nance & Exec Administration		Employer (See Instructions Texas Hospital Associa	•	1	
	Date 12/20/2024	Full name of contributor Bell, Jeff (Mr.) Contributor address; City; Sta Austin, TX 78701	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$4.00
	•	pation / Job title (See Instructions) rporate Relations		Employer (See Instructions THA Foundation	5)		
	Date 11/26/2024	Full name of contributor Benham, Bradley (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$9.62
	Principal occu VP HMC Fou	pation / Job title (See Instructions) undation		Employer (See Instructions Hendrick Medical Cente			

	MONEI	ARY POLITICAL CON	IRIBUTION	IS		SCHEDULE	A1
	The Instru	ction Guide explains how to co	mplete this for	n.	1	Total pages Schedule A1: Sch: 3/42 Rpt: 8/58	
2	FILER NAME	Action Committee of the Texas Hos	nital Association		3	Filer ID (Ethics Commission 00015794	Filers)
4	Date 12/11/2024	 5 Full name of contributor	of-state PAC (ID#: Code		7	Amount of Contribution (\$)	\$9.62
		Abilene, TX 79601					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions)		
	VP HMC Fou	undation		Hendrick Medical Cente	r		
	Date 11/26/2024	Full name of contributor out- Bessent, Brian (Mr.) Contributor address; City; State; Zip	of-state PAC (ID#:			Amount of Contribution (\$)	\$32.50
		Abilene, TX 79601					
				Employer (See Instructions			
	VP / Chief Strategy & Experience Officer H			Hendrick Medical Cente	r		
	Date 12/11/2024	Full name of contributor out- Bessent, Brian (Mr.) Contributor address; City; State; Zip	of-state PAC (ID#: Code)		Amount of Contribution (\$)	\$32.50
		Abilene, TX 79601					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	VP / Chief St	trategy & Experience Officer		Hendrick Medical Cente	r		
	Date 12/15/2024	Full name of contributor out- Booth, Donny (Mr.) Contributor address; City; State; Zip Andrews, TX 79714	of-state PAC (ID#:)		Amount of Contribution (\$)	\$41.67
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Chief Execut	tive Officer		Permian Regional Medio	cal	Center	
	Date 11/26/2024	Full name of contributor out- Bowden, Sherri (Ms.) Contributor address; City; State; Zip Abilene, TX 79601	of-state PAC (ID#:			Amount of Contribution (\$)	\$3.85
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Director Puln	nonary Services		Hendrick Medical Cente	r		

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDULE	A1
	The Instruc	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 4/42 Rpt: 9/58	
2	FILER NAME The Political	Action Committee of the Texa	as Hospital Association		3	Filer ID (Ethics Commission 00015794	Filers)
4	Date 12/11/2024	5 Full name of contributor Bowden, Sherri (Ms.)6 Contributor address; City; St	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$3.85
0	Dringing aggu	Abilene, TX 79601	\ \ \ \	Employer (See Instructions	<u></u>		
8		pation / Job title (See Instructions nonary Services)	9 Employer (See Instructions Hendrick Medical Center			
	Date 11/26/2024	Full name of contributor Brockway, Toni (Ms.) Contributor address; City; St	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$5.00
		Abilene, TX 79601					
	•	pation / Job title (See Instructions /orkforce Dev)	Employer (See Instructions Hendrick Medical Cente			
	Date 12/11/2024	Full name of contributor Brockway, Toni (Ms.) Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$5.00
		Abilene, TX 79601					
		pation / Job title (See Instructions /orkforce Dev)	Employer (See Instructions Hendrick Medical Cente			
	Date 11/26/2024	Full name of contributor Broderick, Treva (Ms.) Contributor address; City; St Abilene, TX 79601	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$4.81
	•	pation / Job title (See Instructions ce President Clinical Svs)	Employer (See Instructions Hendrick Medical Cente			
	Date 12/11/2024	Full name of contributor Broderick, Treva (Ms.) Contributor address; City; St Abilene, TX 79601	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$4.81
	·	pation / Job title (See Instructions ce President Clinical Svs)	Employer (See Instructions Hendrick Medical Cente			
	ASSISTANT VIC	oc i resident Cililledi SVS		rienunck Medical Celile	z1		

	MONEI	ARY POLITICAL C	ONTRIBUTION	IS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 5/42 Rpt: 10/58	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	The Political	Action Committee of the Texas	Hospital Association			00015794	
4	Date 11/26/2024	5 Full name of contributor [Calvo, Raul (Mr.)6 Contributor address; City; State	out-of-state PAC (ID#: te; Zip Code)	7	Amount of Contribution (\$)	\$2.50
		Abilene, TX 79608					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions)		
	Board Vice C			Hendrick Medical Cente			
	Date	Full name of contributor Γ	Tout of state BAC (ID#:	\		Amount of Contribution (\$)	
	Date Full name of contributor out-of-state PAC (ID#:) 12/11/2024 Calvo, Raul (Mr.) Contributor address; City; State; Zip Code				, another of Continuation (c)	\$2.50	
	Principal occu	Abilene, TX 79608		Employer (See Instructions			
	Principal occupation / Job title (See Instructions) Board Vice Chair			Hendrick Medical Cente			
				Tieriurick Medical Cerite	_		
	Date 11/26/2024	Full name of contributor [Camacho, Precilla (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$3.85
		Abilene, TX 79601					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Senior Direc	tor Nursing		Hendrick Medical Cente	r		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
12/11/2024		Camacho, Precilla (Ms.) Contributor address; City; State Abilene, TX 79601	te; Zip Code				\$3.85
	Principal occu Senior Direc	pation / Job title (See Instructions) tor Nursing		Employer (See Instructions Hendrick Medical Cente			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	11/26/2024	Canada, Kirk (Mr.)	_				\$30.00
		Contributor address; City; Star Abilene, TX 79601	te; Zip Code				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Chief Operat	ting Office / System VP		Hendrick Medical Cente	r		
			·				

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 6/42 Rpt: 11/58	
2	FILER NAME The Political	Action Committee of the Texa	s Hospital Association		3	Filer ID (Ethics Commission 00015794	n Filers)
4	Date 12/11/2024	5 Full name of contributor Canada, Kirk (Mr.)6 Contributor address; City; States	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$30.00
Ω	Drincinal occu	Abilene, TX 79601 pation / Job title (See Instructions)		9 Employer (See Instructions	·)		
0		ting Office / System VP		Hendrick Medical Cente			
	Date 11/26/2024	Full name of contributor Cates, Boyd (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#: atte; Zip Code)	•	Amount of Contribution (\$)	\$1.00
	Dringing aggr	Abilene, TX 79601 pation / Job title (See Instructions)		Employer (See Instructions	<u>''</u>		
				Hendrick Medical Cente			
	Date 12/11/2024	Full name of contributor Cates, Boyd (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$1.00
		Abilene, TX 79601	_				
	Principal occu Diagnostic T	pation / Job title (See Instructions) echnologist		Employer (See Instructions Hendrick Medical Cente			
	Date 12/10/2024	Full name of contributor Clevenger, Erin (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#: atte; Zip Code)	•	Amount of Contribution (\$)	\$14.59
		I pation / Job title (See Instructions / CNO / Clinical Srvc Adminis		Employer (See Instructions Memorial Medical Cente			
	Date 12/04/2024	Full name of contributor Cole, Brin (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$750.00
	Principal occu VP of Opera	pation / Job title (See Instructions)).	Employer (See Instructions Metropolitan Methodist		spital	

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 7/42 Rpt: 12/58	
2	FILER NAME The Political	Action Committee of the Texa	s Hospital Association		3	Filer ID (Ethics Commission 00015794	Filers)
4	Date 12/12/2024	5 Full name of contributor Collins, Chad (Mr.)6 Contributor address; City; Sta	out-of-state PAC (ID#: atte; Zip Code		7	Amount of Contribution (\$)	\$14.50
_	5	Plano, TX 75093	1.		<u> </u>		
8		pation / Job title (See Instructions) ent Operations	[9 Employer (See Instructions Texas Health Presbyter		Hospital Plano	
	Date 11/26/2024	Full name of contributor Conger, Cody (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$4.00
		Abilene, TX 79601					
		pation / Job title (See Instructions)		Employer (See Instructions Hendrick Medical Cente			
	Health Director, Invasive Cardiology Date Full name of contributor Out-of-state PAC			nenunck Medical Cente	;ı	Amount of Contribution (\$)	
	12/11/2024	Conger, Cody (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#:		•	Amount of Contribution (4)	\$4.00
		Abilene, TX 79601					
	•	pation / Job title (See Instructions) tor, Invasive Cardiology		Employer (See Instructions Hendrick Medical Cente			
	Date 11/26/2024	Full name of contributor Connell, Jessica (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$4.81
	Principal occu Chief Nursin	pation / Job title (See Instructions) g Officer		Employer (See Instructions Hendrick Medical Cente			
	Date 12/11/2024	Full name of contributor Connell, Jessica (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$4.81
	Principal occu Chief Nursin	pation / Job title (See Instructions) g Officer		Employer (See Instructions Hendrick Medical Cente			

	MONET	ARY POLITICAL CONTRIBUTION	Ν	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 8/42 Rpt: 13/58	
2	FILER NAME The Political	Action Committee of the Texas Hospital Associatio	n		3	Filer ID (Ethics Commission 00015794	Filers)
4	Date 12/20/2024	 Full name of contributor out-of-state PAC (ID#: Conner, Cecil (Mr.) Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$4.00
		Austin, TX 78731					
8		pation / Job title (See Instructions) ement Advisor	9	Employer (See Instructions Texas Hospital Insurand		Exchange	
	Date 11/26/2024	Full name of contributor out-of-state PAC (ID#: Contreras, Rosendo (Ms.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$1.93
	Deinsinal assu	Abilene, TX 79601	_		<u></u>		
	•	pation / Job title (See Instructions) Safety, Infection Preventionist, Perf Improv		Employer (See Instructions Hendrick Medical Cente			
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#: Contreras, Rosendo (Ms.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$1.93
		Abilene, TX 79601					
		pation / Job title (See Instructions) cafety, Infection Preventionist, Perf Improv		Employer (See Instructions Hendrick Medical Center			
	Date 12/20/2024	Full name of contributor out-of-state PAC (ID#: Cook, Kenneth (Mr.) Contributor address; City; State; Zip Code Austin, TX 78701)		Amount of Contribution (\$)	\$2.00
	Principal occu IT Director	pation / Job title (See Instructions)		Employer (See Instructions THA Foundation	5)		
	Date 11/26/2024	Full name of contributor out-of-state PAC (ID#: Cooper, David (Mr.) Contributor address; City; State; Zip Code Abilene, TX 79601)		Amount of Contribution (\$)	\$3.85
	Principal occu Lab Supervis	pation / Job title (See Instructions)		Employer (See Instructions Hendrick Medical Cente			
	200 00000	 ·	<u> </u>		•		

	MONEI	ARY POLITICAL CO	NIRIBUTION	S		SCHEDULE	A1
	The Instru	ction Guide explains how to o	complete this form	n.	1	Total pages Schedule A1: Sch: 9/42 Rpt: 14/58	
2	FILER NAME The Political	Action Committee of the Texas Ho	spital Association		3	Filer ID (Ethics Commission 00015794	Filers)
4	Date 12/11/2024	5 Full name of contributor	ut-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$3.85
		Abilene, TX 79601					
8	Lab Supervis			Employer (See Instructions Hendrick Medical Cente			
	Date 12/20/2024	Full name of contributor	ut-of-state PAC (ID#:)		Amount of Contribution (\$)	\$2.00
		Austin, TX 78701					
		pation / Job title (See Instructions) ects Manager		Employer (See Instructions THA Foundation	i)		
	Date 12/20/2024	Full name of contributor of cotton, Corey (Mr.) Contributor address; City; State; Z	ut-of-state PAC (ID#:			Amount of Contribution (\$)	\$20.00
		Austin, TX 78701					
	Principal occu VP Member	pation / Job title (See Instructions) Solutions		Employer (See Instructions Texas Hospital Associat		1	
	Date 12/20/2024	Full name of contributor on the contributor on the contributor address; City; State; Zity; State; Zity; Austin, TX 78701	ut-of-state PAC (ID#:			Amount of Contribution (\$)	\$20.00
	•	pation / Job title (See Instructions) f Business Services		Employer (See Instructions THA Foundation	i)		
	Date 12/20/2024	Davenport, Chad (Mr.)	ut-of-state PAC (ID#:			Amount of Contribution (\$)	\$2.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions Texas Hospital Insurance		Exchange	
	, toodaring c	Specialist		Tondo Hoopital Houlding			

	MONEI	ARY POLITICAL (CONTRIBUTION	NS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how	to complete this for	rm.	1	Total pages Schedule A1: Sch: 10/42 Rpt: 15/58	
2	FILER NAME				1	Filer ID (Ethics Commission	Filers)
	The Political	Action Committee of the Texa	as Hospital Association			00015794	
4	Date 12/20/2024	 5 Full name of contributor Davila, Leslie (Ms.) 6 Contributor address; City; St 	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$20.00
	Diaria	Georgetown, TX 78633		Fuel and One land with the			
8		pation / Job title (See Instructions	9	Employer (See Instructions		valanna	
	Receptionist			Texas Hospital Insurand	_		
	Date 12/11/2024	Full name of contributor Davis, John (Mr.) Contributor address; City; Si	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$3.85
		Cuero, TX 77954	1				
		pation / Job title (See Instructions	3)	Employer (See Instructions			
	Director Card	diopulmonary		Cuero Regional Hospita	ર્ગ ——		
	Date 12/20/2024	Full name of contributor De La Garza-Barone, Hea Contributor address; City; Si)		Amount of Contribution (\$)	\$2.00
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	 s)		
	Associate Ge	eneral Counsel		Texas Hospital Associat	tion		
	Date 11/30/2024	Full name of contributor DeYoung, Peter (Dr.) Contributor address; City; Si Austin, TX 78758	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$41.00
	Principal occu Chief Medica	pation / Job title (See Instructions al Officer	5)	Employer (See Instructions St Davids North Austin I		ical Center	
	Date 11/26/2024	Full name of contributor Dennis, Gregory (Mr.) Contributor address; City; Si Abilene, TX 79601	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$3.85
	Principal occu	pation / Job title (See Instructions	3)	Employer (See Instructions	s)		
	Director Faci	lity Management		Hendrick Medical Cente	er		

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDULE	A1
	The Instruc	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 11/42 Rpt: 16/58	
2	FILER NAME The Political	Action Committee of the Texa	s Hospital Association		3	Filer ID (Ethics Commission 00015794	Filers)
4	Date 12/11/2024	Full name of contributor Dennis, Gregory (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#: atte; Zip Code		7	Amount of Contribution (\$)	\$3.85
•	Dringinal accu	Abilene, TX 79601 pation / Job title (See Instructions)	Ta	Employer (See Instructions	·/		
0		ility Management		Hendrick Medical Cente			
	Date 11/26/2024	Full name of contributor Devun, Sharn (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#: atte; Zip Code)		Amount of Contribution (\$)	\$3.85
		Abilene, TX 79601					
		pation / Job title (See Instructions) Management		Employer (See Instructions Hendrick Medical Cente			
	Date 12/11/2024	Full name of contributor Devun, Sharn (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#: atte; Zip Code)		Amount of Contribution (\$)	\$3.85
		Abilene, TX 79601			Ĺ		
		pation / Job title (See Instructions) ‹ Management		Employer (See Instructions Hendrick Medical Cente			
	Date 12/14/2024	Full name of contributor Dippel, Douglas (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$20.00
	•	pation / Job title (See Instructions) tive Officer / Administrator		Employer (See Instructions Rolling Plains Memorial		spital	
	Date 11/26/2024	Full name of contributor Donaway, Duane (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$1.93
		pation / Job title (See Instructions) rmation Systems		Employer (See Instructions Hendrick Medical Cente			
			I				

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 12/42 Rpt: 17/58	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	The Political	Action Committee of the Texas	s Hospital Association			00015794	
4	Date 12/11/2024	Full name of contributor Donaway, Duane (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code)	7	Amount of Contribution (\$)	\$1.93
		Abilene, TX 79601					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	<u>. </u>		
	Director Info	rmation Systems		Hendrick Medical Cente	r		
	Date	Full name of contributor	out-of-state PAC (ID#:	1	Π	Amount of Contribution (\$)	
	12/20/2024	Doyle, Rosalinda (Ms.) Contributor address; City; Sta				Amount of Continuation (4)	\$2.00
		Austin, TX 78701					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Payroll Admi	inistrator		Texas Hospital Associat	tion	l	
	Date 11/26/2024	Full name of contributor [Driskell, Jesiree (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code)		Amount of Contribution (\$)	\$7.50
		Abilene, TX 79601					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	AVP Strateg	ic Comms & Digital Expert		Hendrick Medical Cente	r		
	Date 12/11/2024	Full name of contributor Driskell, Jesiree (Ms.) Contributor address; City; Sta Abilene, TX 79601	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$7.50
	•	pation / Job title (See Instructions)		Employer (See Instructions			
	AVP Strateg	ic Comms & Digital Expert		Hendrick Medical Cente	r		
	Date 12/20/2024	Full name of contributor Dupree, Anthony (Mr.) Contributor address; City; Sta Austin, TX 78701	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$4.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Sr. Accounts	Payable Specialist		Texas Hospital Associat	tion	l	

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 13/42 Rpt: 18/58	
2	FILER NAME	Action Committee of the Texa	s Hospital Association		3	Filer ID (Ethics Commission 00015794	Filers)
4	Date	5 Full name of contributor	out-of-state PAC (ID#:			Amount of Contribution (\$)	
4	11/26/2024	Escobar, Jaye (Ms.) 6 Contributor address; City; Sta				Amount of Contribution (5)	\$3.85
		Abilene, TX 79601					
8	Principal occu	pation / Job title (See Instructions)	9	9 Employer (See Instructions	5)		
	Director of C	orrectional Health		Hendrick Medical Cente	er		
	Date 12/11/2024	Full name of contributor Escobar, Jaye (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#: atte; Zip Code			Amount of Contribution (\$)	\$3.85
		Abilene, TX 79601					
		pation / Job title (See Instructions)		Employer (See Instructions			
	Director of C	orrectional Health		Hendrick Medical Cente	er		
	Date 12/20/2024	Full name of contributor Eskew, Amy (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$14.00
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>. </u>		
	President / C	CEO		Texas Healthcare Trust	ees	3	
	Date 11/26/2024	Full name of contributor Eurek, Andrew (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$4.00
	•	pation / Job title (See Instructions) ancial Analysis		Employer (See Instructions Hendrick Medical Cente			
	Date 12/11/2024	Full name of contributor Eurek, Andrew (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$4.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Director Fina	ancial Analysis		Hendrick Medical Cente	er		

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains how t	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 14/42 Rpt: 19/58	
2	FILER NAME	Action Committee of the Toyas	Hospital Association		3	Filer ID (Ethics Commission	Filers)
		Action Committee of the Texas			L	00015794	
4	Date 12/20/2024	5 Full name of contributor [Felton, Chris (Mr.)6 Contributor address; City; State	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$4.00
		Austin, TX 78701					
8	Principal occu	pation / Job title (See Instructions)	g	Employer (See Instructions	s)		
	Regional Am	bassador West Texas		Texas Hospital Associat	tion		
	Date 11/26/2024	Full name of contributor Ford, Christopher (Mr.) Contributor address; City; Stat	out-of-state PAC (ID#: ie; Zip Code			Amount of Contribution (\$)	\$9.62
		Abilene, TX 79601					
		pation / Job title (See Instructions)		Employer (See Instructions			
	AVP Suppor	t Services		Hendrick Medical Cente	er		
	Date 12/11/2024	Full name of contributor [Ford, Christopher (Mr.) Contributor address; City; Stat	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$9.62
		Abilene, TX 79601					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u></u>		
	AVP Suppor	t Services		Hendrick Medical Cente	er		
	Date 12/14/2024	Full name of contributor Fox, Jay (Mr.) Contributor address; City; Stat Austin, TX 78701	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$20.50
	•	pation / Job title (See Instructions)		Employer (See Instructions			
	President BS	SWH Austin Area		Baylor Scott & White Me	edio	cal Center - Pflugerville	
	Date 12/20/2024	Full name of contributor Frazier, Tess (Ms.) Contributor address; City; Stat Georgetown, TX 78633	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$20.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	President / C	CEO		Texas Hospital Insuranc	ce E	Exchange	

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	es Schedule A1: 12 Rpt: 20/58	
2	FILER NAME				l	(Ethics Commission	n Filers)
	The Political	Action Committee of the Texas	Hospital Association		0001579	4	
4	Date 12/20/2024	5 Full name of contributor [Gaines, Cameron (Mr.)6 Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)	7 Amount of	f Contribution (\$)	\$2.00
		Georgetown, TX 78633					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	<u>1 </u>		
	IT Support S			Texas Hospital Insuranc			
	Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of	f Contribution (\$)	
	12/20/2024	Gette, Angela (Ms.) Contributor address; City; Sta		,	, unduit o	Control Dation (c)	\$2.00
		Georgetown, TX 78633					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Vice Preside	nt Claims		Texas Hospital Insuranc	ce Exchange		
	Date 11/26/2024	Full name of contributor [Gleitz, Stephen (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)	Amount of	f Contribution (\$)	\$4.81
		Abilene, TX 79601					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Nurse Mana	ger of Critical Care Unit		Hendrick Medical Cente	er		
	Date 12/11/2024	Full name of contributor [Gleitz, Stephen (Mr.) Contributor address; City; Sta Abilene, TX 79601	out-of-state PAC (ID#: te; Zip Code)	Amount of	f Contribution (\$)	\$4.81
	•	pation / Job title (See Instructions) ger of Critical Care Unit		Employer (See Instructions Hendrick Medical Cente	•		
	Date 12/20/2024	Full name of contributor [Gonzalez, Sara (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#:		Amount of	f Contribution (\$)	\$41.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)		
	VP Advocacy	y & Pub Policy		Texas Hospital Associat	tion		

	MONEI	ARY POLITICAL CONTRIBUTION)N	IS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	or	m.	1	Total pages Schedule A1: Sch: 16/42 Rpt: 21/58	
2	FILER NAME The Political	Action Committee of the Texas Hospital Association	n		3	Filer ID (Ethics Commission 00015794	Filers)
4	Date 11/26/2024	 Full name of contributor out-of-state PAC (ID#:_Goolsby, Emily (Ms.) Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$3.85
8		Abilene, TX 79601 upation / Job title (See Instructions)	9	Employer (See Instructions Hendrick Medical Cente			
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#:_ Goolsby, Emily (Ms.) Contributor address; City; State; Zip Code	<u> </u>)		Amount of Contribution (\$)	\$3.85
	•	Abilene, TX 79601 Ipation / Job title (See Instructions) Lept of Education and Professional Development		Employer (See Instructions Hendrick Medical Cente			
	Date 12/20/2024	Full name of contributor out-of-state PAC (ID#:_ Gordon, Brittanny (Ms.) Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$2.00
	Deignigal	Austin, TX 78701		Franksian (Cookaranian			
		pation / Job title (See Instructions) t, AR & Association Management System		Employer (See Instructions Texas Hospital Associat		1	
	Date 11/26/2024	Full name of contributor out-of-state PAC (ID#:_ Greenwood, Susan (Ms.) Contributor address; City; State; Zip Code Abilene, TX 79601				Amount of Contribution (\$)	\$29.00
	•	pation / Job title (See Instructions) ent / Chief Nursing Officer		Employer (See Instructions Hendrick Medical Cente			
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#:_Greenwood, Susan (Ms.) Contributor address; City; State; Zip Code Abilene, TX 79601				Amount of Contribution (\$)	\$29.00
		upation / Job title (See Instructions) ent / Chief Nursing Officer		Employer (See Instructions Hendrick Medical Cente			

	MONEI	ARY POLITICAL CO	NIRIBUTION	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to	complete this for	n.	1	Total pages Schedule A1: Sch: 17/42 Rpt: 22/58	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	The Political	Action Committee of the Texas H	lospital Association			00015794	
4	Date 12/20/2024	5 Full name of contributor Haas, Mark (Mr.)6 Contributor address; City; State;	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$4.00
		Georgetown, TX 78633					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u>		
-	Staff Accoun			Texas Hospital Insuranc		Exchange	
	Date	Full name of contributor	out-of-state PAC (ID#:	٠ , ا	Π	Amount of Contribution (\$)	
	11/26/2024	Hair, Donna (Ms.) Contributor address; City; State;				Amount of Continuation (4)	\$3.85
		Brownwood, TX 76804					
		pation / Job title (See Instructions)		Employer (See Instructions			
	Director of M	larketing		Hendrick Medical Cente	r		
	Date 12/11/2024	Full name of contributor Hair, Donna (Ms.) Contributor address; City; State;	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$3.85
		Brownwood, TX 76804					
		pation / Job title (See Instructions)		Employer (See Instructions			
	Director of M	larketing		Hendrick Medical Cente	r		
	Date 12/16/2024	Full name of contributor Hardaway, Jay (Mr.) Contributor address; City; State; Abilene, TX 79601	out-of-state PAC (ID#: Zip Code			Amount of Contribution (\$)	\$208.34
		pation / Job title (See Instructions) islative & Public Policy		Employer (See Instructions Hendrick Health	5)		
	Date 11/26/2024	Full name of contributor Harris, Erica (Ms.) Contributor address; City; State; Abilene, TX 79601	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$3.85
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Admissions I	Director		Hendrick Medical Cente	r		

	MONEI	ARY POLITICAL CO	ONTRIBUTION	15		SCHEDULE	■ A1
	The Instru	ction Guide explains how t	o complete this for	m.	1	Total pages Schedule A1: Sch: 18/42 Rpt: 23/58	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
		Action Committee of the Texas	_			00015794	
4	Date 12/11/2024	5 Full name of contributor Harris, Erica (Ms.)6 Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code)	7	Amount of Contribution (\$)	\$3.85
		Abilene, TX 79601					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Admissions I	Director		Hendrick Medical Cente	r		
	Date 11/26/2024	Full name of contributor Hart, Brandy (Mrs.) Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$83.00
		Nashville, TN 37203			Ĺ		
		pation / Job title (See Instructions)	,	Employer (See Instructions	5)		
	Regional Vice President / Behavioral Health HCA Healthcare		HCA Healthcare	_			
	Date 12/20/2024	Full name of contributor Hawkins, John (Mr.) Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code)		Amount of Contribution (\$)	\$90.00
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>L</u>		
	President / C	CEO		Texas Hospital Associat	ior	l	
	Date 11/26/2024	Full name of contributor Head, Courtney (Ms.) Contributor address; City; State Abilene, TX 79601	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$9.62
		pation / Job title (See Instructions) ent of Human Resources		Employer (See Instructions Hendrick Medical Cente			
	Date 12/11/2024	Full name of contributor Head, Courtney (Ms.) Contributor address; City; State Abilene, TX 79601	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$9.62
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Vice Preside	nt of Human Resources		Hendrick Medical Cente	r		

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 19/42 Rpt: 24/58	
2	FILER NAME	Action Committee of the Toyo	a Hoopital Association		3	Filer ID (Ethics Commission	Filers)
_		Action Committee of the Texas			L	00015794	
4	Date 11/26/2024	5 Full name of contributor [Henry, Elizabeth (Ms.)6 Contributor address; City; Sta	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$4.81
		Abilene, TX 79601					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Director Cas	e Management		Hendrick Medical Cente	r		
	Date 12/11/2024	Full name of contributor Henry, Elizabeth (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code			Amount of Contribution (\$)	\$4.81
		Abilene, TX 79601					
		pation / Job title (See Instructions)		Employer (See Instructions			
	Director Cas	e Management		Hendrick Medical Cente	r		
	Date 12/20/2024	Full name of contributor Hernandez, Janet (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#: ite; Zip Code			Amount of Contribution (\$)	\$8.34
		Georgetown, TX 78633					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Accounting N	Manager		Texas Hospital Insuranc	e E	Exchange	
	Date 11/26/2024	Full name of contributor Hess, Heather (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code)		Amount of Contribution (\$)	\$3.85
	Principal occu Market Direc	pation / Job title (See Instructions)		Employer (See Instructions Hendrick Medical Cente			
	Date 12/11/2024	Full name of contributor Hess, Heather (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#: ite; Zip Code)		Amount of Contribution (\$)	\$3.85
	Principal occu Market Direc	pation / Job title (See Instructions) ctor		Employer (See Instructions Hendrick Medical Cente			

	MONEI	ARY POLITICAL (CONTRIBUTION	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this for	rm.	1	Total pages Schedule A1: Sch: 20/42 Rpt: 25/58	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	The Political	Action Committee of the Texa			L	00015794	
4	Date 12/15/2024	Full name of contributor Hillier, Robert (Mr.) Contributor address; City; S	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$83.33
	Drive in all cases	Bellaire, TX 77401		Family or (Cooks by Atrustian			
8		pation / Job title (See Instructions	9	, , ,	5)		
	VP Public Po	olicy / Govt Relations		Harris Health System			
	Date 12/19/2024	Full name of contributor Holcomb, Holly (Ms.) Contributor address; City; S	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
		Childress, TX 79201					
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	Chief Execut	tive Officer		Childress Regional Med	ica	l Center	
	Date 12/20/2024	Full name of contributor Holleman, Will (Mr.) Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$20.00
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	VP Advocac	y & Pub Policy		Texas Hospital Associat	ior	1	
	Date 12/25/2024	Full name of contributor Honea, Michael (Mr.) Contributor address; City; S Glen Rose, TX 76043	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$41.00
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	Chief Execut	tive Officer		Glen Rose Medical Cen	ter		
	Date 11/26/2024	Full name of contributor Howard, Erica (Ms.) Contributor address; City; S Abilene, TX 79601	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$3.85
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	<u> </u>		
		ctor Benefits	·	Hendrick Medical Cente			

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 21/42 Rpt: 26/58	
2	FILER NAME				3	•	Filers)
	The Political	Action Committee of the Texa	as Hospital Association			00015794	
4	Date 12/11/2024	5 Full name of contributor Howard, Erica (Ms.)6 Contributor address; City; St	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$3.85
		Abilene, TX 79601					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
•	System Dire		,	Hendrick Medical Cente			
	Date	Full name of contributor	D suit of state BAC (ID)		_	Amount of Contribution (\$)	
	12/21/2024	Hrncirik, Bobbye (Ms.)	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$83.00
	12/21/2024						φου.υυ
		Contributor address; City; St	ate; Zip Code				
		Lubbock, TX 79415					
	Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions	 S)		
	VP Supplemental Funding			University Medical Cent	er		
	Date	Full name of contributor	out-of-state PAC (ID#:)	Π	Amount of Contribution (\$)	
	12/20/2024	Huff, Alexander (Mr.)	_ \ _			, ,	\$2.00
		Contributor address; City; State; Zip Code			1		
		, ,,	,				
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Vice Preside	nt of Health IT Programs		THA Foundation			
	Date	Full name of contributor	out-of-state PAC (ID#:			Amount of Contribution (\$)	
	11/26/2024	Huffington, Mark (Mr.)					\$4.81
		Contributor address; City; St	ate; Zip Code		1		
		Abilene, TX 79601					
	•	pation / Job title (See Instructions	·	Employer (See Instructions			
	System Assi	stant Vice President Analytics		Hendrick Medical Cente	er		
	Date	Full name of contributor	ut-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/11/2024	Huffington, Mark (Mr.)					\$4.81
		Contributor address; City; St	ate; Zip Code				
		AL 'I TV 70004					
		Abilene, TX 79601	<u>, </u>		Ĺ		
		pation / Job title (See Instructions		Employer (See Instructions			
	System Assi	stant Vice President Analytics		Hendrick Medical Cente	er		

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 22/42 Rpt: 27/58	
2	FILER NAME	Action Committee of the Toyo	Lipspital Association		3	Filer ID (Ethics Commission 00015794	n Filers)
		Action Committee of the Texas			L		
4	Date 11/26/2024	Full name of contributor [Hunnicutt, Craig (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$3.85
		Abilene, TX 79601					
8	Principal occu	pation / Job title (See Instructions)	ę	Employer (See Instructions	5)		
	Director Reg	jional Services		Hendrick Medical Cente	er		
	Date 12/11/2024	Full name of contributor Hunnicutt, Craig (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$3.85
		Abilene, TX 79601	· ·				
			Employer (See Instructions				
			Hendrick Medical Cente	r			
	Date 12/19/2024	Full name of contributor [Hurst, William (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$125.00
		Plano, TX 75075					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	President /	CEO		Patient Physician Netwo	ork		
	Date 12/08/2024	Full name of contributor Hurt-Deitch, Sally (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$145.84
	•	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Sr. Vice Pres	sident of Operations		Ascension Health			
	Date 12/11/2024	Full name of contributor Jackson, Olga (Ms.) Contributor address; City; Sta Cuero, TX 77954	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$0.97
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Support Serv	vices		Cuero Regional Hospita	ıl		

	MONET	ARY POLITICAL CONTRIBUTION	NC	S		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	forn	n.	1	Total pages Schedule A1: Sch: 23/42 Rpt: 28/58	
	FILER NAME	Action Committee of the Toyac Hasnital Association	'n		3	Filer ID (Ethics Commission 00015794	r Filers)
		Action Committee of the Texas Hospital Association		,	_		
	Date 12/20/2024	5 Full name of contributor out-of-state PAC (ID#:_ Jackson, Robin (Ms.))	7	Amount of Contribution (\$)	\$4.00
		6 Contributor address; City; State; Zip Code					
		Austin, TX 78701					
		pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
,	Vice Preside	ent Service Center		Texas Hospital Associat	ior	l	
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	12/20/2024	Jones, Susan (Ms.)					\$20.00
		Contributor address; City; State; Zip Code					
		Austin, TX 78701					
		pation / Job title (See Instructions)		Employer (See Instructions			
	Member Am	bassador		Texas Hospital Associat	ior	1	
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	11/26/2024	Kelly, Tave (Ms.)					\$4.81
		Contributor address; City; State; Zip Code					
	Data da al acces	Abilene, TX 79601	_	(O(O	<u></u>		
	AVP Revenu	pation / Job title (See Instructions)		Employer (See Instructions Hendrick Medical Cente			
		<u> </u>		, vicination wedical center	_	Associated Contribution (A)	
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#:_ Kelly, Tave (Ms.))		Amount of Contribution (\$)	\$4.81
	12/11/2024						Ψ4.01
		Contributor address; City; State; Zip Code					
		Abilene, TX 79601					
	•	pation / Job title (See Instructions)		Employer (See Instructions Hendrick Medical Cente			
	AVP Revenu			——————————————————————————————————————	_		
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	***
	12/20/2024						\$20.00
		Contributor address; City; State; Zip Code					
		Austin, TX 78701					
	•	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	VP Quality &	2 Patient Safety		THA Foundation			

MONET	TARY POLITICAL CONTRIBUTIO	NS		SCHEDULI	E A1
The Instru	action Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 24/42 Rpt: 29/58	
2 FILER NAME			1	Filer ID (Ethics Commission 00015794	n Filers)
	I Action Committee of the Texas Hospital Association 5 Full name of contributor			Amount of Contribution (\$)	
4 Date 12/12/2024	5 Full name of contributor out-of-state PAC (ID#: Kimmel, Stephen (Mr.))	′ ^	(4)	\$83.00
	6 Contributor address; City; State; Zip Code				
	Fort Worth, TX 76104				
	' '	9 Employer (See Instructions	•		
Chief Finan	cial Officer	Cook Children's Medica	al Cen	nter 	
Date	Full name of contributor)	A	Amount of Contribution (\$)	
12/10/2024	Kirkman, Leni (Ms.)				\$41.00
	Contributor address; City; State; Zip Code				
	San Antonio, TX 78229				
	upation / Job title (See Instructions)	Employer (See Instructions	s)		
Exec VP Co	orp Communications & Mktg	University Health			
Date	Full name of contributor uut-of-state PAC (ID#:)	A	Amount of Contribution (\$)	
12/20/2024	Kroll, Carrie (Ms.)				\$62.00
	Contributor address; City; State; Zip Code				
	Austin, TX 78701				
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)		
Sr VP Advo	cacy & Pub Policy	Texas Hospital Associa	tion		
Date	Full name of contributor ut-of-state PAC (ID#:		А	Amount of Contribution (\$)	
12/11/2024	Krupala, Judith (Ms.)				\$1.93
	Contributor address; City; State; Zip Code]		
	Cuero, TX 77954				
•	upation / Job title (See Instructions)	Employer (See Instructions	•		
Chief Nursir		Cuero Regional Hospita			
Date	Full name of contributor out-of-state PAC (ID#:)	A	Amount of Contribution (\$)	
11/26/2024	Lafrance, Judith (Ms.)				\$12.50
	Contributor address; City; State; Zip Code				
	Abilene, TX 79606				
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)		
HMCS Chie	f Administrative Officer	Hendrick Medical Cente	er		

	MONET	ARY POLITICAL CON	TRIBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to co	omplete this forr	n.	1	Total pages Schedule A1: Sch: 25/42 Rpt: 30/58	
2	FILER NAME	Action Committee of the Texas Hos	nital Association		3	Filer ID (Ethics Commission 00015794	n Filers)
_					L		
4	Date 12/11/2024	 5 Full name of contributor	:-of-state PAC (ID#:) Code)	7	Amount of Contribution (\$)	\$12.50
		Abilene, TX 79606					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	()		
	HMCS Chief	Administrative Officer		Hendrick Medical Cente	r		
	Date 12/02/2024	Leal, Jorge (Mr.) Contributor address; City; State; Zip	o Code			Amount of Contribution (\$)	\$125.00
		Laredo, TX 78044					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Chief Execut	tive Officer		Laredo Medical Center			
	Date 11/26/2024	Full name of contributor out Lee, Rachel (Ms.) Contributor address; City; State; Zip	-of-state PAC (ID#:)		Amount of Contribution (\$)	\$3.85
		Abilene, TX 79601					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Dir Med Staf	f Srvcs & Physician Recruitment		Hendrick Medical Cente	r		
	Date 12/11/2024	Full name of contributor out Lee, Rachel (Ms.) Contributor address; City; State; Zip Abilene, TX 79601	o Code)		Amount of Contribution (\$)	\$3.85
	•	pation / Job title (See Instructions)		Employer (See Instructions			
	Dir Med Staf	f Srvcs & Physician Recruitment		Hendrick Medical Cente	r		
	Date 12/20/2024	Full name of contributor out Lengal, Samantha (Ms.) Contributor address; City; State; Zip Georgetown, TX 78633	o Code)		Amount of Contribution (\$)	\$4.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	()		
	Underwriting	Coordinator		Texas Hospital Insuranc	e E	Exchange	
			•				

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDULI	E A1
	The Instruc	ction Guide explains how t	to complete this fo	rm.	1	tal pages Schedule A1: h: 26/42 Rpt: 31/58	
2	FILER NAME				I	er ID (Ethics Commission	Filers)
		Action Committee of the Texas	_			015794	
4	Date 12/20/2024	5 Full name of contributor	out-of-state PAC (ID#:)	7 Am	nount of Contribution (\$)	\$2.00
		Georgetown, TX 78633					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	<u>. </u>		
	Senior Claim	ns Adj/Risk Mgmt Specialist		Texas Hospital Insuranc	ce Excl	nange	
	Date	Full name of contributor	out-of-state PAC (ID#:)	Am	nount of Contribution (\$)	
	11/26/2024	Lowery, James (Mr.)		/		(+)	\$3.85
		Contributor address; City; Stat	te; Zip Code				
		Abilene, TX 79601					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Director Managed Care			Hendrick Medical Cente	er		
	Date 12/11/2024	Full name of contributor [Lowery, James (Mr.) Contributor address; City; Stat	out-of-state PAC (ID#: e; Zip Code)	Am	nount of Contribution (\$)	\$3.85
		Abilene, TX 79601					
		pation / Job title (See Instructions)		Employer (See Instructions Hendrick Medical Cente	•		
	Director Man	-		Heriurick Medical Cerile			
	Date 12/20/2024	Full name of contributor [Lozano, Deborah (Ms.) Contributor address; City; State Austin, TX 78701	out-of-state PAC (ID#:)		nount of Contribution (\$)	\$10.00
	Principal occu Staff Accoun	pation / Job title (See Instructions)		Employer (See Instructions Texas Hospital Associat			
				Texas Huspital Associal			
	Date	Full name of contributor	out-of-state PAC (ID#:)	Am	nount of Contribution (\$)	0.44 .07
	12/22/2024	Lozano, Marco (Mr.) Contributor address; City; Stat Laredo, TX 78044	te; Zip Code				\$41.67
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Chief Operat	ting Officer		Laredo Medical Center			

	MONET	ARY POLITICAL CONTRIBUTION	ΟN	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete this f	or	m.	1	Total pages Schedule A1: Sch: 27/42 Rpt: 32/58	
2	FILER NAME The Political	Action Committee of the Texas Hospital Associatio	n		3	Filer ID (Ethics Commission 00015794	Filers)
4	Date 12/20/2024	 Full name of contributor out-of-state PAC (ID#:_Lusardi, Nicole (Ms.) Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$4.00
		Austin, TX 78701	_				
8		pation / Job title (See Instructions) eneral Counsel	9	Employer (See Instructions Texas Hospital Associat		1	
	Date 12/22/2024	Full name of contributor out-of-state PAC (ID#:_ Matens, Brett (Mr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$83.34
	Principal occu	Austin, TX 78756 pation / Job title (See Instructions)	Г	Employer (See Instructions	<u> </u>		
	Chief Execut	,		Heart Hospital of Austin			
	Date 11/26/2024	Full name of contributor out-of-state PAC (ID#:_McCollough, Kimberly (Ms.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$3.85
		Abilene, TX 79606					
		pation / Job title (See Instructions) rogressive Care Services		Employer (See Instructions Hendrick Medical Cente			
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#:_McCollough, Kimberly (Ms.) Contributor address; City; State; Zip Code Abilene, TX 79606)		Amount of Contribution (\$)	\$3.85
	·	pation / Job title (See Instructions) rogressive Care Services		Employer (See Instructions Hendrick Medical Cente			
	Date 11/26/2024	Full name of contributor out-of-state PAC (ID#:_McElrath, Pamela (Ms.) Contributor address; City; State; Zip Code Abilene, TX 79601)		Amount of Contribution (\$)	\$4.00
	Principal occup	pation / Job title (See Instructions)		Employer (See Instructions Hendrick Medical Cente			
	. registered iv		<u>l </u>	TOTALISA MOGICAL CENTE	•		

	MONEI	ARY POLITICAL CON	NIRIBUTION	S		SCHEDULE	A1
	The Instru	ction Guide explains how to c	complete this for	n.	1	Total pages Schedule A1: Sch: 28/42 Rpt: 33/58	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	The Political	Action Committee of the Texas Ho	spital Association			00015794	
4	Date 12/11/2024	 5 Full name of contributor	ut-of-state PAC (ID#: ip Code)	7	Amount of Contribution (\$)	\$4.00
Q	Principal occu	Abilene, TX 79601 pation / Job title (See Instructions)	I o	Employer (See Instructions	.)		
0	Registered N		٩	Hendrick Medical Cente			
				Tieriariek Wedicar Cente	_		
	Date 12/20/2024	Full name of contributor	ut-of-state PAC (ID#:)		Amount of Contribution (\$)	\$2.00
		Georgetown, TX 78633					
		pation / Job title (See Instructions)		Employer (See Instructions			
	THIE Vice President of Risk Management T		Texas Hospital Insuranc	e E	Exchange		
	Date 12/01/2024	Full name of contributor	ut-of-state PAC (ID#:)		Amount of Contribution (\$)	\$41.00
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>.</u>		
	•	Medical Officer		St. David's HealthCare	,		
	Date	Full name of contributor 0	ut-of-state PAC (ID#:	\		Amount of Contribution (\$)	
	12/20/2024	Mundfrom, Jessie (Ms.) Contributor address; City; State; Z Austin, TX 78701				, another of Continuation (c)	\$2.00
	•	pation / Job title (See Instructions) Virtual Education		Employer (See Instructions THA Foundation	5)		
	Date 11/26/2024	Full name of contributor of Murphy, Patrick (Mr.) Contributor address; City; State; Z Abilene, TX 79601	ut-of-state PAC (ID#:)		Amount of Contribution (\$)	\$3.85
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Healthcare F	Professional		Hendrick Medical Cente	r		

	MONEI	ARY POLITICAL CON	IRIBUTION	IS		SCHEDULE	A1
	The Instru	ction Guide explains how to co	mplete this for	n.	1	Total pages Schedule A1: Sch: 29/42 Rpt: 34/58	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	The Political	Action Committee of the Texas Hosp	oital Association			00015794	
4	Date 12/11/2024	 5 Full name of contributor	of-state PAC (ID#: Code)	7	Amount of Contribution (\$)	\$3.85
		Abilene, TX 79601					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u>		
	Healthcare F			Hendrick Medical Cente			
	Date	Full name of contributor out-	of-state PAC (ID#:	\	Г	Amount of Contribution (\$)	
	12/20/2024	Neiger, David (Mr.)	oi-state PAC (ID#	J		Amount of Contribution (\$)	\$82.00
	12/20/2024		Codo				Ψ02.00
		Contributor address; City; State; Zip	Code				
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Sr Vice President / Chief Financial Officer			Texas Hospital Associat			
	Date	Full name of contributor Out-	of-state PAC (ID#:)	Π	Amount of Contribution (\$)	
	12/20/2024	O'Neil, Jennifer (Ms.)	or state 1710 (1511	/		7 another 51 Contains attent (4)	\$10.00
		Contributor address; City; State; Zip	Code		l		,
		Contributor address, Oity, State, 21p	Odde				
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u></u>		
	Executive Ad	dministrative Manager		Texas Hospital Associat	tior		
	Date	Full name of contributor out-	of-state PAC (ID#:)	Π	Amount of Contribution (\$)	
	12/20/2024	Pargac, Ann (Ms.)				(· /	\$2.00
		Contributor address; City; State; Zip	Code				
		Contributor address, Oily, State, Elp	Couc				
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u></u>		
	Director of E	ducation		THA Foundation			
	Date	Full name of contributor out-	of-state PAC (ID#:)	Π	Amount of Contribution (\$)	
	12/20/2024	Porter, Lea Anne (Ms.)				(,,	\$2.00
		Contributor address; City; State; Zip	Code		l		
		Contributor address, Oily, State, 21p	Couc				
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions			
	VP Retireme			Texas Hospital Associat		Retirement Plan	
_							

	MONET	ARY POLITICAL CONTR	RIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to comp	olete this form	n.	1	Total pages Schedule A1: Sch: 30/42 Rpt: 35/58	
2	FILER NAME The Political	Action Committee of the Texas Hospital	l Association		3	Filer ID (Ethics Commission 00015794	Filers)
4	Date 11/26/2024	Preston, Deborah (Ms.)	tate PAC (ID#:)	7	Amount of Contribution (\$)	\$5.00
_		Abilene, TX 79601			L		
8	Principal occu Director of P	pation / Job title (See Instructions) harmacy	9	Employer (See Instructions Hendrick Medical Cente			
	Date 12/11/2024	Full name of contributor out-of-st Preston, Deborah (Ms.) Contributor address; City; State; Zip Cod			•	Amount of Contribution (\$)	\$5.00
	Principal occur	Abilene, TX 79601 pation / Job title (See Instructions)		Employer (See Instructions	·/-		
	Director of P	,		Hendrick Medical Cente			
	Date 12/14/2024	Full name of contributor out-of-st Qualls, Rustin (Mr.) Contributor address; City; State; Zip Cod	ate PAC (ID#:)	•	Amount of Contribution (\$)	\$20.50
		Clifton, TX 76634					
	Principal occur Director of O	pation / Job title (See Instructions) perations		Employer (See Instructions Goodall-Witcher Health		е	
	Date 12/20/2024	Ramirez, Erika (Ms.))		Amount of Contribution (\$)	\$2.00
		pation / Job title (See Instructions) tor Health Policy		Employer (See Instructions Texas Hospital Associate		1	
	Date 12/20/2024	Full name of contributor out-of-st Ramirez, Lisa (Ms.) Contributor address; City; State; Zip Cod Austin, TX 78701	ate PAC (ID#:)		Amount of Contribution (\$)	\$4.00
	Principal occu Specialist	pation / Job title (See Instructions)		Employer (See Instructions Texas Hospital Associat		1	
			1				

	MONET	ARY POLITICAL CONTRII	BUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to comple	ete this forr	n.	1	Total pages Schedule A1: Sch: 31/42 Rpt: 36/58	
2	FILER NAME The Political	Action Committee of the Texas Hospital A	ssociation		3	Filer ID (Ethics Commission 00015794	n Filers)
4	Date 12/15/2024	Richburg, Melanie (Dr.)	PAC (ID#:)	7	Amount of Contribution (\$)	\$125.00
_	Dringing! aggr	Tahoka, TX 79373	lo.	Employer (See Instructions	<u></u>		
0	Chief Execut	pation / Job title (See Instructions) tive Officer	9	Employer (See Instructions Lynn County Hospital D	′	ict	
	Date 11/26/2024	Richert, Ron (Mr.))		Amount of Contribution (\$)	\$3.85
	Principal occur	Abilene, TX 79601 pation / Job title (See Instructions)		Employer (See Instructions	z)		
		ne Health Club		Hendrick Medical Cente			
	Date 12/11/2024	Full name of contributor out-of-state Richert, Ron (Mr.) Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$3.85
		Abilene, TX 79601					
		pation / Job title (See Instructions) ne Health Club		Employer (See Instructions Hendrick Medical Center			
	Date 12/20/2024	Rios, Amy (Ms.))	•	Amount of Contribution (\$)	\$2.00
		pation / Job title (See Instructions) g & Strategic Communications		Employer (See Instructions Texas Hospital Associa	′	1	
	Date 12/10/2024	Full name of contributor out-of-state Robicheaux, James (Mr.) Contributor address; City; State; Zip Code Bay City, TX 77414)		Amount of Contribution (\$)	\$42.00
	Principal occu Chief Execut	pation / Job title (See Instructions)		Employer (See Instructions Matagorda Regional Me		al Center	
	Silici Excout			aagoraa regionai Me		A. John	

	MONEI	ARY POLITICAL CO	NIRIBUTION	IS		SCHEDULE	A1
	The Instru	ction Guide explains how to	complete this for	n.	1	Total pages Schedule A1: Sch: 32/42 Rpt: 37/58	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	The Political	Action Committee of the Texas F	Iospital Association			00015794	
4	Date 11/26/2024	 5 Full name of contributor Robinson, Tracee (Ms.) 6 Contributor address; City; State; 	out-of-state PAC (ID#: Zip Code)	7	Amount of Contribution (\$)	\$3.85
		Abilene, TX 79601					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Director of Q	uality		Hendrick Medical Cente	r		
	Date 12/11/2024	Robinson, Tracee (Ms.) Contributor address; City; State;	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$3.85
	Dringing coou	Abilene, TX 79601		Employer (See Instructions	·/_		
				Hendrick Medical Cente			
				,	· -	Amount of Contribution (\$)	
	Date Full name of contributor out-of-state PAC (I 12/07/2024 Rodriguez, Micah (Mr.) Contributor address; City; State; Zip Code					, another of Continuation (c)	\$29.17
		Houston, TX 77266					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	VP Governm	nent Relations		Harris Health System			
	Date 12/08/2024	Full name of contributor Saenz, Iris (Ms.) Contributor address; City; State; Houston, TX 77024	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$20.50
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Manager Pu	blic Policy & Community Benefit		Memorial Hermann Hea	lth	System	
	Date Full name of contributor out-of-state PAC (ID#:) 12/20/2024 Safarik, Paulina (Ms.) Contributor address; City; State; Zip Code Austin, TX 78701)		Amount of Contribution (\$)	\$2.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Senior Direc	tor of Human Resources		Texas Hospital Associat	ior	l.	

	MONET	ARY POLITICAL CONTRIBU	TION	IS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete t	his for	m.	1	Total pages Schedule A1: Sch: 33/42 Rpt: 38/58	
2	FILER NAME The Political	Action Committee of the Texas Hospital Assoc	ciation		3	Filer ID (Ethics Commission 00015794	Filers)
4	Date 11/26/2024	Full name of contributor	,)	7	Amount of Contribution (\$)	\$3.85
		Abilene, TX 79601					
8		pation / Job title (See Instructions) / Facility Management	9	Employer (See Instructions Hendrick Medical Cente			
	Date 12/11/2024	Full name of contributor out-of-state PAC Schmidt, Timothy (Mr.) Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$3.85
		Abilene, TX 79601					
		pation / Job title (See Instructions) / Facility Management		Employer (See Instructions Hendrick Medical Cente			
	Date Full name of contributor out-of-state PAC (ID#:_ 12/20/2024 Shea, Patrick (Mr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$2.00
		Georgetown, TX 78633					
		pation / Job title (See Instructions) ement Coordinator		Employer (See Instructions Texas Hospital Insurance		Exchange	
	Date 12/20/2024	Full name of contributor out-of-state PAC Sipes, Michael (Mr.) Contributor address; City; State; Zip Code Austin, TX 78701)		Amount of Contribution (\$)	\$2.00
		pation / Job title (See Instructions) es Specialist		Employer (See Instructions Texas Hospital Associa	•	ı	
	Date Full name of contributor out-of-state PAC (ID#:) 12/19/2024 Smith, Andrew (Mr.) Contributor address; City; State; Zip Code San Antonio, TX 78229					Amount of Contribution (\$)	\$83.33
	·	pation / Job title (See Instructions) vmnt Relations & Public Policy		Employer (See Instructions University Health	5)		
		The state of the s		Svs.oxy (Todau)			

	MONET	ARY POLITICAL CONTRIB	BUTION	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete	e this for	n.	1	Total pages Schedule A1: Sch: 34/42 Rpt: 39/58	
2	FILER NAME The Political	Action Committee of the Texas Hospital Ass	sociation		3	Filer ID (Ethics Commission 00015794	Filers)
4	Date 12/20/2024	 5 Full name of contributor out-of-state P Smith, John (Mr.) 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$1.00
		Austin, TX 78701					
8	•	pation / Job title (See Instructions) a & Technology	9	Employer (See Instructions THA Foundation	5)		
	Date 11/26/2024	Full name of contributor out-of-state P Speckels, Donna (Ms.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$3.85
	Deinsinal assu	Abilene, TX 79601		Franksian (Cook batwatian	<u></u>		
	•	pation / Job title (See Instructions) drick HouseCalls		Employer (See Instructions Hendrick Medical Cente			
	Date Full name of contributor out-of-state PAC (ID#: 12/11/2024 Speckels, Donna (Ms.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$3.85
		Abilene, TX 79601					
		pation / Job title (See Instructions) drick HouseCalls		Employer (See Instructions Hendrick Medical Center			
	Date 12/07/2024	Full name of contributor out-of-state P Speer, Gena (Ms.) Contributor address; City; State; Zip Code Breckenridge, TX 76424				Amount of Contribution (\$)	\$14.50
	Principal occu Chief Nursin	pation / Job title (See Instructions) g Officer		Employer (See Instructions Stephens Memorial Hos		al	
	Date Full name of contributor out-of-state PAC (ID#:) 12/20/2024 Srubar, Linda (Mrs.) Contributor address; City; State; Zip Code Georgetown, TX 78633)		Amount of Contribution (\$)	\$3.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions Texas Hospital Associa		1	
	Excounve As	Solotati		TONGO FIOSPILAI MOSOUIA	LIUI	•	

	MONEI	ARY POLITICAL CO	ONTRIBUTION	15		SCHEDULE	A1
	The Instru	ction Guide explains how t	o complete this for	m.	1	Total pages Schedule A1: Sch: 35/42 Rpt: 40/58	
2	FILER NAME The Political	Action Committee of the Texas	Hospital Association		3	Filer ID (Ethics Commission 00015794	Filers)
4		Full name of contributor Stafford, Steven (Mr.) Contributor address; City; Stat	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$3.85
_		Abilene, TX 79601	1-				
8	Principal occu Director Hen		9	Employer (See Instructions Hendrick Medical Cente			
	Date 12/11/2024	Full name of contributor Stafford, Steven (Mr.) Contributor address; City; Stat	out-of-state PAC (ID#: e; Zip Code			Amount of Contribution (\$)	\$3.85
	Deinsinal assu	Abilene, TX 79601		Employer (Cook both satisface	_		
	Director Hen	pation / Job title (See Instructions) adrick Clinic		Employer (See Instructions Hendrick Medical Cente			
	Date Full name of contributor out-of-state PAC (ID# 11/26/2024 Stephenson, David (Mr.) Contributor address; City; State; Zip Code		out-of-state PAC (ID#:e; Zip Code)		Amount of Contribution (\$)	\$9.62
		Abilene, TX 79601					
	Principal occu Executive	pation / Job title (See Instructions)		Employer (See Instructions Hendrick Medical Cente			
	Date 12/11/2024	Full name of contributor Stephenson, David (Mr.) Contributor address; City; Stat Abilene, TX 79601	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$9.62
	Principal occu Executive	pation / Job title (See Instructions)		Employer (See Instructions Hendrick Medical Cente			
	Date Full name of contributor out-of-state PAC (ID#:) 11/26/2024 Taylor, Clay (Mr.) Contributor address; City; State; Zip Code Lubbock, TX 79410)		Amount of Contribution (\$)	\$20.50
	Principal occu Chief Operat	ipation / Job title (See Instructions) ting Officer		Employer (See Instructions Covenant Childrens Hos		al	
			<u>'</u>				

MONE	FARY POLITICAL CONTRIBUTIO	ONS		SCHEDUL	E A1
The Instru	uction Guide explains how to complete this fo	orm.		l pages Schedule A1: : 36/42 Rpt: 41/58	
2 FILER NAME				ID (Ethics Commission	n Filers)
	A Action Committee of the Texas Hospital Association	1		15794	
4 Date 12/20/2024	5 Full name of contributor			ount of Contribution (\$)	\$10.00
	Austin, TX 78701				
•	`	9 Employer (See Instructions	s)		
Mgr Advoca	acy / Pub Policy / HOSPAC	Texas Hospital Associa	tion		
Date 12/11/2024	Full name of contributor out-of-state PAC (ID#:_ Tiffin, Laura (Ms.) Contributor address; City; State; Zip Code)	Amo	ount of Contribution (\$)	\$1.00
	Cuero, TX 77954				
	upation / Job title (See Instructions)	Employer (See Instructions			
Business O	ffice Manager	Cuero Regional Hospita	tl 		
Date Full name of contributor out-of-state P/ 12/20/2024 Trevino, Judy (Ms.) Contributor address; City; State; Zip Code)	Amc	ount of Contribution (\$)	\$4.00
	Austin, TX 78701				
	upation / Job title (See Instructions)	Employer (See Instructions	•		
Vice Presid	ent Finance	Texas Hospital Associat	tion		
Date 12/20/2024)	Amc	ount of Contribution (\$)	\$2.00
•	upation / Job title (See Instructions) Data Analyst	Employer (See Instructions THA Foundation	s)		
Date 11/26/2024			Amo	ount of Contribution (\$)	\$3.85
	Abilene, TX 79601				
Principal occ Director, Ho	upation / Job title (See Instructions) ospice	Employer (See Instructions Hendrick Medical Cente			

	MONEI	ARY POLITICAL CO	NIRIBUTION	S		SCHEDULE	A1
	The Instru	ction Guide explains how to	complete this forr	n.	1	Total pages Schedule A1: Sch: 37/42 Rpt: 42/58	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	The Political	Action Committee of the Texas H	ospital Association			00015794	
4	Date 12/11/2024	5 Full name of contributor Tucek, Karen (Ms.)6 Contributor address; City; State;	out-of-state PAC (ID#: Zip Code)	7	Amount of Contribution (\$)	\$3.85
_	Deinsinal	Abilene, TX 79601	lo.	Family on (Cool Instruction			
8		pation / Job title (See Instructions)	9	Employer (See Instructions Hendrick Medical Cente			
	Director, Hos			Hendrick Medical Cente	r		
	Date 12/20/2024	Full name of contributor Turner, Matt (Mr.) Contributor address; City; State;	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$2.00
		Austin, TX 78701					
	•	pation / Job title (See Instructions)		Employer (See Instructions			
	Senior Direct	tor Quality & Payment		Texas Hospital Associat	ion		
	Date Full name of contributor out-of-state PAC (IE 11/26/2024 Vidrine, Amanda (Ms.) Contributor address; City; State; Zip Code		out-of-state PAC (ID#: Zip Code)		Amount of Contribution (\$)	\$3.85
		Abilene, TX 79601					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
		gulatory Manager		Hendrick Medical Cente			
	Date 12/11/2024	Full name of contributor Vidrine, Amanda (Ms.) Contributor address; City; State; Abilene, TX 79601	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$3.85
	·	pation / Job title (See Instructions) gulatory Manager		Employer (See Instructions Hendrick Medical Cente			
	Date Full name of contributor out-of-state PAC (ID#:) 11/26/2024 Wade, Susan (Ms.) Contributor address; City; State; Zip Code Abilene, TX 79601)		Amount of Contribution (\$)	\$15.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Abilene Mark	ket COO		Hendrick Medical Cente	r		
			•				

	MONEI	ARY POLITICAL CO	ONTRIBUTION	IS		SCHEDULE	E A1
	The Instru	ction Guide explains how t	o complete this for	m.	1	Total pages Schedule A1: Sch: 38/42 Rpt: 43/58	
2	FILER NAME The Political	Action Committee of the Texas	Hospital Association		3	Filer ID (Ethics Commission 00015794	ı Filers)
4	Date 12/11/2024	Full name of contributor Wade, Susan (Ms.)Contributor address; City; State	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$15.00
_	Driverinal con-	Abilene, TX 79601	I _o .	Franksias (Cooksatsustiasa	_		
8	Abilene Mark	pation / Job title (See Instructions) ket COO	9	Employer (See Instructions Hendrick Medical Cente			
	Date 11/26/2024	Full name of contributor Wagner, Angela (Ms.) Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code)		Amount of Contribution (\$)	\$3.85
	Principal occu	Abilene, TX 79601 upation / Job title (See Instructions)		Employer (See Instructions	<u>.</u>		
	Healthcare Professional			Hendrick Medical Cente			
	Date Full name of contributor out-of-state PAC (ID#:					Amount of Contribution (\$)	\$3.85
		Abilene, TX 79601					
	Principal occu Healthcare F	pation / Job title (See Instructions) Professional		Employer (See Instructions Hendrick Medical Cente			
	Date 11/26/2024	Full name of contributor Wallschlaeger, Erich (Mr.) Contributor address; City; State Brownwood, TX 76804	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$9.62
	Principal occu Chief Financ	pation / Job title (See Instructions)		Employer (See Instructions Hendrick Medical Cente			
	Date 12/11/2024	Date Full name of contributor out-of-state PAC (ID#:)				Amount of Contribution (\$)	\$9.62
	Principal occu Chief Financ	ipation / Job title (See Instructions) cial Officer		Employer (See Instructions Hendrick Medical Cente			
			<u>'</u>				

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 39/42 Rpt: 44/58	
2	FILER NAME The Political	Action Committee of the Texas	s Hospital Association		3	Filer ID (Ethics Commission 00015794	n Filers)
4	Date 11/26/2024	5 Full name of contributor [Walzer, Cheryl (Ms.)6 Contributor address; City; Sta	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$3.85
_	Deinsinal	Abilene, TX 79601		O Faralassa (Octobrations	Ĺ		
8		pation / Job title (See Instructions) ledsurg / Tele		9 Employer (See Instructions Hendrick Medical Cente			
	Date 12/11/2024	Full name of contributor Walzer, Cheryl (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$3.85
	Principal occu	Abilene, TX 79601 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Director of Medsurg / Tele			Hendrick Medical Cente			
	Date Full name of contributor out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$145.50
		Houston, TX 77024					
		pation / Job title (See Instructions) nment Relations Officer		Employer (See Instructions Memorial Hermann Hea	•	System	
	Date 11/26/2024	Full name of contributor Waters, Amber (Ms.) Contributor address; City; Sta Abilene, TX 79601	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$3.85
	Principal occu Director of A	pation / Job title (See Instructions) dmissions		Employer (See Instructions Hendrick Medical Cente			
	Date Full name of contributor out-of-state PAC (ID#:) 12/11/2024 Waters, Amber (Ms.) Contributor address; City; State; Zip Code Abilene, TX 79601				Amount of Contribution (\$)	\$3.85	
	Principal occu Director of A	pation / Job title (See Instructions) dmissions		Employer (See Instructions Hendrick Medical Cente			
			L				

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS	SCHEDULE A1
	The Instruc	ction Guide explains how	to complete this fo	rm.	1 Total pages Schedule A1: Sch: 40/42 Rpt: 45/58
2	FILER NAME				3 Filer ID (Ethics Commission Filers)
		Action Committee of the Texa			00015794
4	Date 12/20/2024	5 Full name of contributor Werner, Theo (Mr.)6 Contributor address; City; Sta	out-of-state PAC (ID#:)	7 Amount of Contribution (\$) \$2.00
		Austin, TX 78701			
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions	s)
		Aultimedia Writer		Texas Hospital Associat	
	Date	Full name of contributor	out-of-state PAC (ID#:		Amount of Contribution (\$)
	11/26/2024	Wharton, Elisha (Ms.) Contributor address; City; Sta			\$3.85
		Abilene, TX 79601			
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)
	Sr Practice N	Manager		Hendrick Medical Cente	er
	Date Full name of contributor 12/11/2024 Wharton, Elisha (Ms.) Contributor address; City; State; Zip Code		out-of-state PAC (ID#:		Amount of Contribution (\$) \$3.85
		Abilene, TX 79601			
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)
	Sr Practice N	Manager		Hendrick Medical Cente	er
	Date 12/20/2024	Full name of contributor Williams, Ben (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#:)	Amount of Contribution (\$) \$14.00
	•	pation / Job title (See Instructions)		Employer (See Instructions	
	VP Advocacy	y & Pub Policy		Texas Hospital Associa	tion
	Date Full name of contributor out-of-state PAC (ID#:) 12/20/2024 Williams, Carrie (Ms.) Contributor address; City; State; Zip Code Austin, TX 78701)	Amount of Contribution (\$) \$20.00
		pation / Job title (See Instructions)		Employer (See Instructions	
	Chief Comm	unications Officer		Texas Hospital Associat	tion

	MONEI	ARY POLITICAL CO		SCHEDULE A1			
	The Instruc	ction Guide explains how to	complete this for	m.	ı	Total pages Schedule A1: Sch: 41/42 Rpt: 46/58	
2	FILER NAME The Political	Action Committee of the Texas H	ospital Association		ı	Filer ID (Ethics Commission 00015794	Filers)
4	Date 12/20/2024	_	out-of-state PAC (ID#:)	<u> </u>	Amount of Contribution (\$)	\$2.00
		Austin, TX 78701	<u></u>				
8	•	pation / Job title (See Instructions) Manager Business Srvcs	9	Employer (See Instructions THA Foundation	5)		
	Date 11/26/2024	Willmann, Adam (Mr.) Contributor address; City; State;	out-of-state PAC (ID#: Zip Code			Amount of Contribution (\$)	\$62.50
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	President / CEO			Goodall-Witcher Healtho			
	Date Full name of contributor out-of-state PAC (ID#:					Amount of Contribution (\$)	\$4.81
		Abilene, TX 79601					
		pation / Job title (See Instructions) ket Director PAT/PreOp/PACU		Employer (See Instructions Hendrick Medical Cente	•		
	Date 12/11/2024	Full name of contributor Willson, Megan (Ms.) Contributor address; City; State; Abilene, TX 79601	out-of-state PAC (ID#: Zip Code			Amount of Contribution (\$)	\$4.81
	•	pation / Job title (See Instructions) ket Director PAT/PreOp/PACU		Employer (See Instructions Hendrick Medical Cente	•		
	Date Full name of contributor out-of-state PAC (ID#:) 12/20/2024 Wohleb, Stephen (Mr.) Contributor address; City; State; Zip Code Austin, TX 78701					Amount of Contribution (\$)	\$41.00
	Principal occu General Cou	pation / Job title (See Instructions) Insel		Employer (See Instructions Texas Hospital Associat			
			•				

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 42/42 Rpt: 47/58	
2	FILER NAME The Political	Action Committee of the Texas Hospital Association		3	Filer ID (Ethics Commission 00015794	n Filers)
4	Date 11/26/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$4.81
_	Dringing con	Abilene, TX 79601	O Employer (Coo Instructions	<u></u>		
8		pation / Job title (See Instructions) stant Vice President Supply Chain	9 Employer (See Instructions Hendrick Medical Cente			
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#:_ Wood, Adam (Mr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$4.81
		Abilene, TX 79601		Ĺ		
		pation / Job title (See Instructions) stant Vice President Supply Chain	Employer (See Instructions Hendrick Medical Cente			
	Date 12/09/2024	Full name of contributor out-of-state PAC (ID#: Yancey, Janay (Ms.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$29.00
	Principal occu	Woodville, TX 75979 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
	Chief Opera	ting Officer	Tyler County Hospital			

MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C3

	The Instruction Guide explains how to complete this form.				Total pages So Sch: 1/1 Rpt		
2	FILER NAME			3	Filer ID	(Ethics Commission Filers)	
	The Political Action Committee of the Texas Hospital Association				00015794		
4	Date	5	Corporation / Labor Organization name	6	Amount (\$)		
	12/16/2024		Texas Hospital Association			985.50)

NON-MONETARY SUPPORT FROM CORPORATION SCHEDULE C4 **OR LABOR ORGANIZATION** 1 Total pages Schedule C4: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 49/58 2 FILER NAME 3 Filer ID (Ethics Commission Filers) The Political Action Committee of the Texas Hospital Association 00015794 Date 5 Corporation / Labor Organization name 6 Amount (\$) 4,200.00 12/25/2024 **Texas Hospital Association**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1: Sch: 1/7 Rpt: 50/58	2 FILER NAME 3 Filer ID (Ethics Commission Filers) The Political Action Committee of the Texas Hospital 00015794
3CII. 1/7 Kpt. 30/38	
4 Date	5 Payee name
12/06/2024	Angie Chen Button Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,000.00	6914 Clear Springs Cir
Expenditure from	Garland, TX 75044
corporate funds	
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/Officeholder Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Campaign contribution
	Campaign contribution
O Consulate ONLY if dispert	On alidate (Office hadden grown of the constitution of the constit
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
11/29/2024	Denise Villalobos Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$2,000.00	10330 Kingsbury
Ψ2,000.00	10000 rungusury
Expenditure from	
corporate funds	Corpus Christi, TX 78410
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
_/	Candidate/Officeholder/Political Committee
	Campaign contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
11/29/2024	Friends of Dr. Greg Bonnen
Amount (\$)	
\$5,000.00	PO Box 1183
Expenditure from	
corporate funds	Friendswood, TX 77549
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EVENDITURE	Contributions/Donations Made By
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaign contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 2/7 Rpt: 51/58	The Political Action Committee of the Texas Hospital 00015794
4 Date	5 Payee name
12/03/2024	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	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Credit Card Processing Fees
	Credit Card Processing Fees
Complete ONLY if direct	Candidate/Officeholder name Office sought Office hold
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/03/2024	Frost Bank
Amount (\$)	Payee address; City; State; Zip Code
\$54.40	PO Box 1727
Expenditure from corporate funds	Austin, TX 78767
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Credit Card Processing Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/03/2024	Frost Bank
Amount (\$)	Payee address; City; State; Zip Code
\$66.06	PO Box 1727
Funanditure from	
Expenditure from corporate funds	Austin, TX 78767
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Credit Card Processing Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiorare to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

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

Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 3/7 Rpt: 52/58	The Political Action Committee of the Texas Hospital 00015794
4 Date	5 Payee name
11/29/2024	Paul Dyson Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,000.00	4040 State Hwy 6 S
Expenditure from	Suite 200
corporate funds	College Station, TX 77845
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee Campaign contribution
	Campagn contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
12/06/2024	Ryan Guillen Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1.000.00	PO Box 1024
+=,000.00	
Expenditure from corporate funds	Austin, TX 78767
PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaign contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
11/26/2024	Stripe
Amount (\$)	Payee address; City; State; Zip Code
\$105.41	354 Oyster Point Blvd
Expenditure from	
corporate funds	South San Francisco, CA 94080
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Processing fees for processing multiple credit card
	contributions 11/26-12/23/24
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political C Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expen mmittee Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1: Sch: 4/7 Rpt: 53/58	2 FILER NAME 3 Filer ID (Ethics Commission Filers) The Political Action Committee of the Texas Hospital 00015794
	·
4 Date	5 Payee name
11/26/2024	Stripe
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2.55	354 Oyster Point Blvd
Expenditure from	Courte Com Francisco CA 04000
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.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Credit Card Processing Fees
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
12/06/2024	Stripe
	·
Amount (\$)	Payee address; City; State; Zip Code
\$0.63	354 Oyster Point Blvd
Expenditure from corporate funds	South San Francisco, CA 94080
PURPOSE	(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.
EXPENDITORE	Check if Austin, TX, officeholder living expense
	Credit Card Processing Fees
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
12/11/2024	Stripe
Amount (\$)	Payee address; City; State; Zip Code
\$0.15	354 Oyster Point Blvd
Forman 20 or Co	
Expenditure from corporate funds	South San Francisco, CA 94080
PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule) Fees (D) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Credit Card Processing Fees
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

SCHEDULE F1

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 5/7 Rpt: 54/58	The Political Action Committee of the Texas Hospital 00015794
4 Date	5 Payee name
12/12/2024	Stripe
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.60	354 Oyster Point Blvd
Expenditure from corporate funds	South San Francisco, CA 94080
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Credit Card Processing Fees
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/13/2024	Stripe
Amount (\$)	Payee address; City; State; Zip Code
\$0.42	354 Oyster Point Blvd
Expenditure from corporate funds	South San Francisco, CA 94080
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Credit Card Processing Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/18/2024	Stripe
Amount (\$)	Payee address; City; State; Zip Code
\$0.73	354 Oyster Point Blvd
Expenditure from corporate funds	South San Francisco, CA 94080
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Credit Card Processing Fees
	Great Gara Frodessing Fees
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
rtising Expense Event Expense Loan Repayment/Reimbu

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
TTHER (order a cotocomy set listed above)

Candidate/Officenolder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 6/7 Rpt: 55/58	The Political Action Committee of the Texas Hospital 00015794
4 Date	5 Payee name
12/23/2024	Stripe
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$3.37	354 Oyster Point Blvd
Expenditure from	
corporate funds	South San Francisco, CA 94080
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Credit Card Processing Fees
	Greate Sara 1 100033111g 1 003
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
12/16/2024	Stripe
Amount (\$)	Payee address; City; State; Zip Code
\$0.30	354 Oyster Point Blvd
Expenditure from corporate funds	South San Francisco, CA 94080
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Cradit Cord Processing Foos
	Credit Card Processing Fees
Commission ONII V if dispose	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
Date	Payee name
11/29/2024	Tan Parker Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$2,000.00	P.O. Box 271741
Expenditure from corporate funds	Flower Mound, TX 75027-1741
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXPENDITORE	Candidate/Officeholder/Political Committee
	Campaign contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a cottogen pat listed above)

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	- Gift/Awards/Memorials Expense Printing Expense Travel Out of District Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 7/7 Rpt: 56/58	The Political Action Committee of the Texas Hospital 00015794
4 Date	5 Payee name
11/29/2024	Texans for Greg Abbott
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$30,000.00	PO Box 308
Expenditure from corporate funds	Austin, TX 78767
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
LAFENDITORE	Candidate/Officeholder/Political Committee
	Campaign contribution
O Commission ONLY if allowed	Out if date 10ff as helder a second to the s
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

UNPAID INCURRED OBLIGATIONS SCHEDULE F2 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F2: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 1/1 Rpt: 57/58 The Political Action Committee of the Texas Hospital 00015794 \$ TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS 5 Date Payee name 12/23/2024 Atchley & Associates LLP Amount (\$) Payee address; State; Zip Code \$955.50 1005 La Posada Dr Expenditure from Х Austin, TX 78752 corporate funds TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Accounting/Banking **EXPENDITURE** Check if Austin, TX, officeholder living expense PAC accounting and reporting services 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 58/58 2 FILER NAME 3 Filer ID (Ethics Commission Filers) The Political Action Committee of the Texas Hospital Association 00015794 8 Amount (\$) Date 5 Name of person from whom amount is received 12/06/2024 \$2,000.00 Angie Chen Button Campaign 6 Address of person from whom amount is received; City; State; Zip Code Garland, TX 75044 Purpose for which amount is received Check if political contribution returned to filer to void lost contribution check