

MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC
COVER SHEET PG 1

The MPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00015794	2 Total pages filed: 44	
3 COMMITTEE NAME The Political Action Committee of the Texas Hospital Association			OFFICE USE ONLY	
			Date Received ELECTRONICALLY FILED 03/05/2025	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP 1108 Lavaca Ste 700 Austin, TX 78701		Date Hand-delivered or Date Postmarked	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Sara	MI	Receipt # Amount
	NICKNAME	LAST Gonzalez	SUFFIX	Date Processed
				Date Imaged
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1108 Lavaca Suite 700 Austin, TX 78701			
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1108 Lavaca Suite 700 Austin, TX 78701			
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
	(512)	465-1000		
9 REPORT TYPE	<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Dissolution (Attach PAC-DR)			
10 MONTHLY REPORT FILING DEADLINE	<input type="checkbox"/> January 5 <input type="checkbox"/> April 5 <input type="checkbox"/> July 5 <input type="checkbox"/> October 5 <input type="checkbox"/> February 5 <input type="checkbox"/> May 5 <input type="checkbox"/> August 5 <input type="checkbox"/> November 5 <input checked="" type="checkbox"/> March 5 <input type="checkbox"/> June 5 <input type="checkbox"/> September 5 <input type="checkbox"/> December 5			
11 PERIOD COVERED	Month Day Year 01/26/2025		THROUGH	Month Day Year 02/25/2025

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MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC
COVER SHEET PG 2

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

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> 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)	\$ 24,431.15
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,470.96
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 51,367.21
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

16 AFFIDAVIT

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

Sara Gonzalez

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

SUBTOTALS - MPAC

17 COMMITTEE NAME The Political Action Committee of the Texas Hospital Association		18 Filer ID (Ethics Commission Filers) 00015794
19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 19,716.15
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input checked="" type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$ 515.00
7.	<input checked="" type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$ 4,200.00
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 930.46
11.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 540.50
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/34 Rpt: 4/44
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 02/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bagchi, Sam (Dr.) 6 Contributor address; City; State; Zip Code Irving, TX 75038	7 Amount of Contribution (\$) \$165.00
8 Principal occupation / Job title (See Instructions) EVP / Chief Clinical Officer		9 Employer (See Instructions) CHRISTUS Health
Date 02/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ballew, Joel (Mr.) Contributor address; City; State; Zip Code Arlington, TX 76011	Amount of Contribution (\$) \$41.50
Principal occupation / Job title (See Instructions) VP Government & Community Affairs		Employer (See Instructions) Texas Health Resources
Date 01/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baty, Krista (Ms.) Contributor address; City; State; Zip Code Brownwood, TX 76801	Amount of Contribution (\$) \$27.50
Principal occupation / Job title (See Instructions) Chief Administrative Officer		Employer (See Instructions) Hendrick Medical Center
Date 02/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baty, Krista (Ms.) Contributor address; City; State; Zip Code Brownwood, TX 76801	Amount of Contribution (\$) \$27.50
Principal occupation / Job title (See Instructions) Chief Administrative Officer		Employer (See Instructions) Hendrick Medical Center
Date 01/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Benham, Bradley (Mr.) Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$9.62
Principal occupation / Job title (See Instructions) VP HMC Foundation		Employer (See Instructions) Hendrick Medical Center

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/34 Rpt: 5/44
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 02/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Benham, Bradley (Mr.)	7 Amount of Contribution (\$) \$9.62
	6 Contributor address; City; State; Zip Code Abilene, TX 79601	
8 Principal occupation / Job title (See Instructions) VP HMC Foundation		9 Employer (See Instructions) Hendrick Medical Center
Date 01/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bessent, Brian (Mr.)	Amount of Contribution (\$) \$32.50
	Contributor address; City; State; Zip Code Abilene, TX 79601	
Principal occupation / Job title (See Instructions) VP / Chief Strategy & Experience Officer		Employer (See Instructions) Hendrick Medical Center
Date 02/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bessent, Brian (Mr.)	Amount of Contribution (\$) \$32.50
	Contributor address; City; State; Zip Code Abilene, TX 79601	
Principal occupation / Job title (See Instructions) VP / Chief Strategy & Experience Officer		Employer (See Instructions) Hendrick Medical Center
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bingham, Leslie (Ms.)	Amount of Contribution (\$) \$1,500.00
	Contributor address; City; State; Zip Code Brownsville, TX 78523	
Principal occupation / Job title (See Instructions) Sr. Vice President / Chief Executive Officer		Employer (See Instructions) Valley Baptist Medical Center - Brownsville
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Booth, Donny (Mr.)	Amount of Contribution (\$) \$41.66
	Contributor address; City; State; Zip Code Andrews, TX 79714	
Principal occupation / Job title (See Instructions) Chief Executive Officer		Employer (See Instructions) Permian Regional Medical Center

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/34 Rpt: 6/44
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 01/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bowden, Sherri (Ms.) 6 Contributor address; City; State; Zip Code Abilene, TX 79601	7 Amount of Contribution (\$) \$3.85
8 Principal occupation / Job title (See Instructions) Director Pulmonary Services		9 Employer (See Instructions) Hendrick Medical Center
Date 02/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bowden, Sherri (Ms.) Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$3.85
Principal occupation / Job title (See Instructions) Director Pulmonary Services		Employer (See Instructions) Hendrick Medical Center
Date 02/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bowerman, Stephen (Mr.) Contributor address; City; State; Zip Code Midland, TX 79701	Amount of Contribution (\$) \$125.00
Principal occupation / Job title (See Instructions) President & Chief Executive Officer		Employer (See Instructions) Midland Memorial Hospital
Date 01/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brockway, Toni (Ms.) Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Director of Workforce Dev		Employer (See Instructions) Hendrick Medical Center
Date 02/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brockway, Toni (Ms.) Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Director of Workforce Dev		Employer (See Instructions) Hendrick Medical Center

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/34 Rpt: 7/44
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 01/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Broderick, Treva (Ms.)	7 Amount of Contribution (\$) \$4.81
	6 Contributor address; City; State; Zip Code Abilene, TX 79601	
8 Principal occupation / Job title (See Instructions) Assistant Vice President Clinical Svs		9 Employer (See Instructions) Hendrick Medical Center
Date 02/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Broderick, Treva (Ms.)	Amount of Contribution (\$) \$4.81
	Contributor address; City; State; Zip Code Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Assistant Vice President Clinical Svs		Employer (See Instructions) Hendrick Medical Center
Date 02/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Callender, David (Dr.)	Amount of Contribution (\$) \$1,750.00
	Contributor address; City; State; Zip Code Houston, TX 77024	
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Memorial Hermann Health System
Date 01/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Calvo, Raul (Mr.)	Amount of Contribution (\$) \$2.50
	Contributor address; City; State; Zip Code Abilene, TX 79608	
Principal occupation / Job title (See Instructions) Board Vice Chair		Employer (See Instructions) Hendrick Medical Center
Date 02/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Calvo, Raul (Mr.)	Amount of Contribution (\$) \$2.50
	Contributor address; City; State; Zip Code Abilene, TX 79608	
Principal occupation / Job title (See Instructions) Board Vice Chair		Employer (See Instructions) Hendrick Medical Center

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/34 Rpt: 8/44
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 01/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Camacho, Precilla (Ms.)	7 Amount of Contribution (\$) \$3.85
	6 Contributor address; City; State; Zip Code Abilene, TX 79601	
8 Principal occupation / Job title (See Instructions) Senior Director Nursing		9 Employer (See Instructions) Hendrick Medical Center
Date 02/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Camacho, Precilla (Ms.)	Amount of Contribution (\$) \$3.85
	Contributor address; City; State; Zip Code Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Senior Director Nursing		Employer (See Instructions) Hendrick Medical Center
Date 01/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Canada, Kirk (Mr.)	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Chief Operating Office / System VP		Employer (See Instructions) Hendrick Medical Center
Date 02/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Canada, Kirk (Mr.)	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Chief Operating Office / System VP		Employer (See Instructions) Hendrick Medical Center
Date 01/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cates, Boyd (Mr.)	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Diagnostic Technologist		Employer (See Instructions) Hendrick Medical Center

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/34 Rpt: 9/44
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 02/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cates, Boyd (Mr.) 6 Contributor address; City; State; Zip Code Abilene, TX 79601	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Diagnostic Technologist		9 Employer (See Instructions) Hendrick Medical Center
Date 02/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clevenger, Erin (Ms.) Contributor address; City; State; Zip Code Port Lavaca, TX 77979	Amount of Contribution (\$) \$14.58
Principal occupation / Job title (See Instructions) Interim CEO / CNO / Clinical Srvc Administrator		Employer (See Instructions) Memorial Medical Center
Date 01/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Conger, Cody (Mr.) Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Health Director, Invasive Cardiology		Employer (See Instructions) Hendrick Medical Center
Date 02/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Conger, Cody (Mr.) Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Health Director, Invasive Cardiology		Employer (See Instructions) Hendrick Medical Center
Date 01/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Connell, Jessica (Ms.) Contributor address; City; State; Zip Code Brownwood, TX 76804	Amount of Contribution (\$) \$4.81
Principal occupation / Job title (See Instructions) Chief Nursing Officer		Employer (See Instructions) Hendrick Medical Center

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/34 Rpt: 10/44
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 02/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Connell, Jessica (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Brownwood, TX 76804	7 Amount of Contribution (\$) \$4.81
8 Principal occupation / Job title (See Instructions) Chief Nursing Officer		9 Employer (See Instructions) Hendrick Medical Center
Date 01/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contreras, Rosendo (Ms.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$1.93
Principal occupation / Job title (See Instructions) Dir Patient Safety, Infection Preventionist, Perf Improv		Employer (See Instructions) Hendrick Medical Center
Date 02/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contreras, Rosendo (Ms.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$1.93
Principal occupation / Job title (See Instructions) Dir Patient Safety, Infection Preventionist, Perf Improv		Employer (See Instructions) Hendrick Medical Center
Date 01/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cooper, David (Mr.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$3.85
Principal occupation / Job title (See Instructions) Lab Supervisor		Employer (See Instructions) Hendrick Medical Center
Date 02/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cooper, David (Mr.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$3.85
Principal occupation / Job title (See Instructions) Lab Supervisor		Employer (See Instructions) Hendrick Medical Center

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/34 Rpt: 11/44
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 02/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daskevich, Cris (Ms.) <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78207	7 Amount of Contribution (\$) \$145.84
8 Principal occupation / Job title (See Instructions) CEO, CHRISTUS Children's & SVP CHRISTUS Health		9 Employer (See Instructions) CHRISTUS Children's
Date 01/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, John (Mr.) <hr/> Contributor address; City; State; Zip Code Cuero, TX 77954	Amount of Contribution (\$) \$3.85
Principal occupation / Job title (See Instructions) Director Cardiopulmonary		Employer (See Instructions) Cuero Regional Hospital
Date 02/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, John (Mr.) <hr/> Contributor address; City; State; Zip Code Cuero, TX 77954	Amount of Contribution (\$) \$7.70
Principal occupation / Job title (See Instructions) Director Cardiopulmonary		Employer (See Instructions) Cuero Regional Hospital
Date 01/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeYoung, Peter (Dr.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78758	Amount of Contribution (\$) \$41.00
Principal occupation / Job title (See Instructions) Chief Medical Officer		Employer (See Instructions) St Davids North Austin Medical Center
Date 01/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dennis, Gregory (Mr.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$3.85
Principal occupation / Job title (See Instructions) Director Facility Management		Employer (See Instructions) Hendrick Medical Center

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/34 Rpt: 12/44
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 02/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dennis, Gregory (Mr.)	7 Amount of Contribution (\$) \$3.85
	6 Contributor address; City; State; Zip Code Abilene, TX 79601	
8 Principal occupation / Job title (See Instructions) Director Facility Management		9 Employer (See Instructions) Hendrick Medical Center
Date 01/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Devun, Sharn (Ms.)	Amount of Contribution (\$) \$3.85
	Contributor address; City; State; Zip Code Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Director Risk Management		Employer (See Instructions) Hendrick Medical Center
Date 02/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Devun, Sharn (Ms.)	Amount of Contribution (\$) \$3.85
	Contributor address; City; State; Zip Code Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Director Risk Management		Employer (See Instructions) Hendrick Medical Center
Date 02/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dippel, Douglas (Mr.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Sweetwater, TX 79556	
Principal occupation / Job title (See Instructions) Chief Executive Officer / Administrator		Employer (See Instructions) Rolling Plains Memorial Hospital
Date 01/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donaway, Duane (Mr.)	Amount of Contribution (\$) \$1.93
	Contributor address; City; State; Zip Code Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Director Information Systems		Employer (See Instructions) Hendrick Medical Center

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/34 Rpt: 13/44
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 02/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donaway, Duane (Mr.) 6 Contributor address; City; State; Zip Code Abilene, TX 79601	7 Amount of Contribution (\$) \$1.93
8 Principal occupation / Job title (See Instructions) Director Information Systems		9 Employer (See Instructions) Hendrick Medical Center
Date 01/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Driskell, Jesiree (Ms.) Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$7.50
Principal occupation / Job title (See Instructions) AVP Strategic Comms & Digital Expert		Employer (See Instructions) Hendrick Medical Center
Date 02/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Driskell, Jesiree (Ms.) Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$7.50
Principal occupation / Job title (See Instructions) AVP Strategic Comms & Digital Expert		Employer (See Instructions) Hendrick Medical Center
Date 02/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Durovich, Chris (Mr.) Contributor address; City; State; Zip Code Dallas, TX 75235	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) President and CEO		Employer (See Instructions) Children's Health
Date 01/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eurek, Andrew (Mr.) Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Director Financial Analysis		Employer (See Instructions) Hendrick Medical Center

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/34 Rpt: 14/44
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 02/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eurek, Andrew (Mr.)	7 Amount of Contribution (\$) \$4.00
	6 Contributor address; City; State; Zip Code Abilene, TX 79601	
8 Principal occupation / Job title (See Instructions) Director Financial Analysis		9 Employer (See Instructions) Hendrick Medical Center
Date 01/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ford, Christopher (Mr.)	Amount of Contribution (\$) \$9.62
	Contributor address; City; State; Zip Code Abilene, TX 79601	
Principal occupation / Job title (See Instructions) AVP Support Services		Employer (See Instructions) Hendrick Medical Center
Date 02/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ford, Christopher (Mr.)	Amount of Contribution (\$) \$9.62
	Contributor address; City; State; Zip Code Abilene, TX 79601	
Principal occupation / Job title (See Instructions) AVP Support Services		Employer (See Instructions) Hendrick Medical Center
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fox, Jay (Mr.)	Amount of Contribution (\$) \$20.50
	Contributor address; City; State; Zip Code Austin, TX 78701	
Principal occupation / Job title (See Instructions) President BSWH Austin Area		Employer (See Instructions) Baylor Scott & White Medical Center - Pflugerville
Date 02/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gann, Kody (Mr.)	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Seguin, TX 78155	
Principal occupation / Job title (See Instructions) Chief Financial Officer		Employer (See Instructions) Guadalupe Regional Medical Ctr

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/34 Rpt: 15/44
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 01/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gladden, Jaye (Ms.) 6 Contributor address; City; State; Zip Code Abilene, TX 79601	7 Amount of Contribution (\$) \$3.85
8 Principal occupation / Job title (See Instructions) Hospital Professional		9 Employer (See Instructions) Hendrick Medical Center
Date 02/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gladden, Jaye (Ms.) Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$3.85
Principal occupation / Job title (See Instructions) Hospital Professional		Employer (See Instructions) Hendrick Medical Center
Date 02/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gleitz, Stephen (Mr.) Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$9.62
Principal occupation / Job title (See Instructions) Nurse Manager of Critical Care Unit		Employer (See Instructions) Hendrick Medical Center
Date 01/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goolsby, Emily (Ms.) Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$3.85
Principal occupation / Job title (See Instructions) Dir of the Dept of Education and Professional Development		Employer (See Instructions) Hendrick Medical Center
Date 02/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goolsby, Emily (Ms.) Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$3.85
Principal occupation / Job title (See Instructions) Dir of the Dept of Education and Professional Development		Employer (See Instructions) Hendrick Medical Center

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/34 Rpt: 16/44
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 01/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greenwood, Susan (Ms.)	7 Amount of Contribution (\$) \$29.00
	6 Contributor address; City; State; Zip Code Abilene, TX 79601	
8 Principal occupation / Job title (See Instructions) Vice President / Chief Nursing Officer		9 Employer (See Instructions) Hendrick Medical Center
Date 02/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greenwood, Susan (Ms.)	Amount of Contribution (\$) \$29.00
	Contributor address; City; State; Zip Code Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Vice President / Chief Nursing Officer		Employer (See Instructions) Hendrick Medical Center
Date 01/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hair, Donna (Ms.)	Amount of Contribution (\$) \$3.85
	Contributor address; City; State; Zip Code Brownwood, TX 76804	
Principal occupation / Job title (See Instructions) Director of Marketing		Employer (See Instructions) Hendrick Medical Center
Date 02/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hair, Donna (Ms.)	Amount of Contribution (\$) \$3.85
	Contributor address; City; State; Zip Code Brownwood, TX 76804	
Principal occupation / Job title (See Instructions) Director of Marketing		Employer (See Instructions) Hendrick Medical Center
Date 02/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haralson, Gregory (Mr.)	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Temple, TX 76508	
Principal occupation / Job title (See Instructions) Central Texas Regional President		Employer (See Instructions) Baylor Scott & White Central Texas

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/34 Rpt: 17/44
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 02/16/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hardaway, Jay (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Abilene, TX 79601	7 Amount of Contribution (\$) \$208.33
8 Principal occupation / Job title (See Instructions) Director Legislative & Public Policy		9 Employer (See Instructions) Hendrick Health
Date 01/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Erica (Ms.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$3.85
Principal occupation / Job title (See Instructions) Adminssions Director		Employer (See Instructions) Hendrick Medical Center
Date 02/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Erica (Ms.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$3.85
Principal occupation / Job title (See Instructions) Adminssions Director		Employer (See Instructions) Hendrick Medical Center
Date 02/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrison, Allen (Mr.) <hr/> Contributor address; City; State; Zip Code Dallas, TX 75240	Amount of Contribution (\$) \$1,500.00
Principal occupation / Job title (See Instructions) North Texas Division President		Employer (See Instructions) Medical City Healthcare
Date 01/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hart, Brandy (Mrs.) <hr/> Contributor address; City; State; Zip Code Nashville, TN 37203	Amount of Contribution (\$) \$83.00
Principal occupation / Job title (See Instructions) Regional Vice President / Behavioral Health		Employer (See Instructions) HCA Healthcare

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/34 Rpt: 18/44
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 01/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Head, Courtney (Ms.)	7 Amount of Contribution (\$) \$9.62
	6 Contributor address; City; State; Zip Code Abilene, TX 79601	
8 Principal occupation / Job title (See Instructions) Vice President of Human Resources		9 Employer (See Instructions) Hendrick Medical Center
Date 02/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Head, Courtney (Ms.)	Amount of Contribution (\$) \$9.62
	Contributor address; City; State; Zip Code Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Vice President of Human Resources		Employer (See Instructions) Hendrick Medical Center
Date 01/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henry, Elizabeth (Ms.)	Amount of Contribution (\$) \$4.81
	Contributor address; City; State; Zip Code Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Director Case Management		Employer (See Instructions) Hendrick Medical Center
Date 02/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henry, Elizabeth (Ms.)	Amount of Contribution (\$) \$4.81
	Contributor address; City; State; Zip Code Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Director Case Management		Employer (See Instructions) Hendrick Medical Center
Date 01/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hess, Heather (Ms.)	Amount of Contribution (\$) \$3.85
	Contributor address; City; State; Zip Code Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Market Director		Employer (See Instructions) Hendrick Medical Center

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/34 Rpt: 19/44
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 02/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hess, Heather (Ms.)	7 Amount of Contribution (\$) \$3.85
	6 Contributor address; City; State; Zip Code Abilene, TX 79601	
8 Principal occupation / Job title (See Instructions) Market Director		9 Employer (See Instructions) Hendrick Medical Center
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hillier, Robert (Mr.)	Amount of Contribution (\$) \$83.33
	Contributor address; City; State; Zip Code Bellaire, TX 77401	
Principal occupation / Job title (See Instructions) SVP Public Policy / Govt Relations		Employer (See Instructions) Harris Health System
Date 02/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holcomb, Holly (Ms.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Childress, TX 79201	
Principal occupation / Job title (See Instructions) Chief Executive Officer		Employer (See Instructions) Childress Regional Medical Center
Date 02/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Honea, Michael (Mr.)	Amount of Contribution (\$) \$41.00
	Contributor address; City; State; Zip Code Glen Rose, TX 76043	
Principal occupation / Job title (See Instructions) Chief Executive Officer		Employer (See Instructions) Glen Rose Medical Center
Date 01/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howard, Erica (Ms.)	Amount of Contribution (\$) \$3.85
	Contributor address; City; State; Zip Code Abilene, TX 79601	
Principal occupation / Job title (See Instructions) System Director Benefits		Employer (See Instructions) Hendrick Medical Center

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/34 Rpt: 20/44
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 02/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howard, Erica (Ms.)	7 Amount of Contribution (\$) \$3.85
	6 Contributor address; City; State; Zip Code Abilene, TX 79601	
8 Principal occupation / Job title (See Instructions) System Director Benefits		9 Employer (See Instructions) Hendrick Medical Center
Date 02/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hrncirik, Bobbye (Ms.)	Amount of Contribution (\$) \$83.00
	Contributor address; City; State; Zip Code Lubbock, TX 79415	
Principal occupation / Job title (See Instructions) VP Supplemental Funding		Employer (See Instructions) University Medical Center
Date 01/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Huffington, Mark (Mr.)	Amount of Contribution (\$) \$4.81
	Contributor address; City; State; Zip Code Abilene, TX 79601	
Principal occupation / Job title (See Instructions) System Assistant Vice President Analytics		Employer (See Instructions) Hendrick Medical Center
Date 02/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Huffington, Mark (Mr.)	Amount of Contribution (\$) \$4.81
	Contributor address; City; State; Zip Code Abilene, TX 79601	
Principal occupation / Job title (See Instructions) System Assistant Vice President Analytics		Employer (See Instructions) Hendrick Medical Center
Date 01/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hunnicut, Craig (Mr.)	Amount of Contribution (\$) \$3.85
	Contributor address; City; State; Zip Code Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Director Regional Services		Employer (See Instructions) Hendrick Medical Center

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/34 Rpt: 21/44
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 02/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hunnicut, Craig (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Abilene, TX 79601	7 Amount of Contribution (\$) \$3.85
8 Principal occupation / Job title (See Instructions) Director Regional Services		9 Employer (See Instructions) Hendrick Medical Center
Date 02/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hurst, William (Mr.) <hr/> Contributor address; City; State; Zip Code Plano, TX 75075	Amount of Contribution (\$) \$125.00
Principal occupation / Job title (See Instructions) President / CEO		Employer (See Instructions) Patient Physician Network
Date 02/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hurt-Deitch, Sally (Ms.) <hr/> Contributor address; City; State; Zip Code El Paso, TX 79932	Amount of Contribution (\$) \$145.83
Principal occupation / Job title (See Instructions) Executive VP of Nursing & Operations Infrastructure		Employer (See Instructions) Ascension Health
Date 01/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Olga (Ms.) <hr/> Contributor address; City; State; Zip Code Cuero, TX 77954	Amount of Contribution (\$) \$0.97
Principal occupation / Job title (See Instructions) Support Services		Employer (See Instructions) Cuero Regional Hospital
Date 02/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Olga (Ms.) <hr/> Contributor address; City; State; Zip Code Cuero, TX 77954	Amount of Contribution (\$) \$1.94
Principal occupation / Job title (See Instructions) Support Services		Employer (See Instructions) Cuero Regional Hospital

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/34 Rpt: 22/44
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 01/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly, Tave (Ms.)	7 Amount of Contribution (\$) \$4.81
	6 Contributor address; City; State; Zip Code Abilene, TX 79601	
8 Principal occupation / Job title (See Instructions) AVP Revenue Cycle		9 Employer (See Instructions) Hendrick Medical Center
Date 02/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly, Tave (Ms.)	Amount of Contribution (\$) \$4.81
	Contributor address; City; State; Zip Code Abilene, TX 79601	
Principal occupation / Job title (See Instructions) AVP Revenue Cycle		Employer (See Instructions) Hendrick Medical Center
Date 02/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kendrick, Jim (Mr.)	Amount of Contribution (\$) \$2,500.00
	Contributor address; City; State; Zip Code Plano, TX 75024	
Principal occupation / Job title (See Instructions) President & CEO		Employer (See Instructions) Community Hospital Corporation
Date 02/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kimmel, Stephen (Mr.)	Amount of Contribution (\$) \$83.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76104	
Principal occupation / Job title (See Instructions) Chief Financial Officer		Employer (See Instructions) Cook Children's Medical Center
Date 02/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kirkman, Leni (Ms.)	Amount of Contribution (\$) \$41.00
	Contributor address; City; State; Zip Code San Antonio, TX 78229	
Principal occupation / Job title (See Instructions) Exec VP Corp Communications & Mktg		Employer (See Instructions) University Health

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/34 Rpt: 23/44
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 01/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krupala, Judith (Ms.) 6 Contributor address; City; State; Zip Code Cuero, TX 77954	7 Amount of Contribution (\$) \$1.93
8 Principal occupation / Job title (See Instructions) Chief Nursing Officer		9 Employer (See Instructions) Cuero Regional Hospital
Date 02/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krupala, Judith (Ms.) Contributor address; City; State; Zip Code Cuero, TX 77954	Amount of Contribution (\$) \$3.86
Principal occupation / Job title (See Instructions) Chief Nursing Officer		Employer (See Instructions) Cuero Regional Hospital
Date 01/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lafrance, Judith (Ms.) Contributor address; City; State; Zip Code Abilene, TX 79606	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) HMCS Chief Administrative Officer		Employer (See Instructions) Hendrick Medical Center
Date 02/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lafrance, Judith (Ms.) Contributor address; City; State; Zip Code Abilene, TX 79606	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) HMCS Chief Administrative Officer		Employer (See Instructions) Hendrick Medical Center
Date 02/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leal, Jorge (Mr.) Contributor address; City; State; Zip Code Laredo, TX 78044	Amount of Contribution (\$) \$125.00
Principal occupation / Job title (See Instructions) Chief Executive Officer		Employer (See Instructions) Laredo Medical Center

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/34 Rpt: 24/44
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 01/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee, Rachel (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Abilene, TX 79601	7 Amount of Contribution (\$) \$3.85
8 Principal occupation / Job title (See Instructions) Dir Med Staff Srvcs & Physician Recruitment		9 Employer (See Instructions) Hendrick Medical Center
Date 02/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee, Rachel (Ms.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$3.85
Principal occupation / Job title (See Instructions) Dir Med Staff Srvcs & Physician Recruitment		Employer (See Instructions) Hendrick Medical Center
Date 02/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Love, William (Mr.) <hr/> Contributor address; City; State; Zip Code Irving, TX 75062	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) President / CEO		Employer (See Instructions) Dallas-Fort Worth Hospital Council
Date 01/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lowery, James (Mr.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$3.85
Principal occupation / Job title (See Instructions) Director Managed Care		Employer (See Instructions) Hendrick Medical Center
Date 02/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lowery, James (Mr.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$3.85
Principal occupation / Job title (See Instructions) Director Managed Care		Employer (See Instructions) Hendrick Medical Center

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/34 Rpt: 25/44
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 02/22/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lozano, Marco (Mr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Laredo, TX 78044	
8 Principal occupation / Job title (See Instructions) Chief Operating Officer		9 Employer (See Instructions) Laredo Medical Center
Date 02/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Fernando (Mr.)	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Austin, TX 78701	
Principal occupation / Job title (See Instructions) SVP / Chief Strategy Officer		Employer (See Instructions) Texas Hospital Association
Date 02/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matens, Brett (Mr.)	Amount of Contribution (\$) \$83.34
	Contributor address; City; State; Zip Code Austin, TX 78756	
Principal occupation / Job title (See Instructions) Chief Executive Officer		Employer (See Instructions) Heart Hospital of Austin
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCain, Rebecca (Ms.)	Amount of Contribution (\$) \$41.67
	Contributor address; City; State; Zip Code Electra, TX 76360	
Principal occupation / Job title (See Instructions) Chief Executive Officer		Employer (See Instructions) Electra Memorial Hospital
Date 01/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCollough, Kimberly (Ms.)	Amount of Contribution (\$) \$3.85
	Contributor address; City; State; Zip Code Abilene, TX 79606	
Principal occupation / Job title (See Instructions) Director of Progressive Care Services		Employer (See Instructions) Hendrick Medical Center

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 23/34 Rpt: 26/44
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 02/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCollough, Kimberly (Ms.) 6 Contributor address; City; State; Zip Code Abilene, TX 79606	7 Amount of Contribution (\$) \$3.85
8 Principal occupation / Job title (See Instructions) Director of Progressive Care Services		9 Employer (See Instructions) Hendrick Medical Center
Date 02/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCurlley, Jane (Ms.) Contributor address; City; State; Zip Code San Antonio, TX 78229	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Chief Nurse Executive		Employer (See Instructions) Methodist Hospital
Date 01/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McElrath, Pamela (Ms.) Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions) Hendrick Medical Center
Date 02/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McElrath, Pamela (Ms.) Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions) Hendrick Medical Center
Date 02/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mitchell, Kenneth (Dr.) Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$41.00
Principal occupation / Job title (See Instructions) SVP / Chief Medical Officer		Employer (See Instructions) St. David's HealthCare

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 24/34 Rpt: 27/44
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 01/28/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mitias, Marcus (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Arlington, TX 76011	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Prog Dir Govmnt Affairs & Advocacy		9 Employer (See Instructions) Texas Health Resources
Date 01/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murphy, Patrick (Mr.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$3.85
Principal occupation / Job title (See Instructions) Healthcare Professional		Employer (See Instructions) Hendrick Medical Center
Date 02/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murphy, Patrick (Mr.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$3.85
Principal occupation / Job title (See Instructions) Healthcare Professional		Employer (See Instructions) Hendrick Medical Center
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olson, Michael (Mr.) <hr/> Contributor address; City; State; Zip Code Victoria, TX 77901	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Chief Executive Officer		Employer (See Instructions) Citizens Medical Center
Date 02/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pai, Ajith (Mr.) <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76132	Amount of Contribution (\$) \$750.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) TX Health Harris Methodist Hospital SW Fort Worth

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 25/34 Rpt: 28/44
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 01/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Preston, Deborah (Ms.)	7 Amount of Contribution (\$) \$5.00
	6 Contributor address; City; State; Zip Code Abilene, TX 79601	
8 Principal occupation / Job title (See Instructions) Director of Pharmacy		9 Employer (See Instructions) Hendrick Medical Center
Date 02/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Preston, Deborah (Ms.)	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Director of Pharmacy		Employer (See Instructions) Hendrick Medical Center
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Qualls, Rustin (Mr.)	Amount of Contribution (\$) \$20.50
	Contributor address; City; State; Zip Code Clifton, TX 76634	
Principal occupation / Job title (See Instructions) Director of Operations		Employer (See Instructions) Goodall-Witcher Healthcare
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richburg, Melanie (Dr.)	Amount of Contribution (\$) \$125.00
	Contributor address; City; State; Zip Code Tahoka, TX 79373	
Principal occupation / Job title (See Instructions) Chief Executive Officer		Employer (See Instructions) Lynn County Hospital District
Date 01/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richert, Ron (Mr.)	Amount of Contribution (\$) \$3.85
	Contributor address; City; State; Zip Code Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Director of the Health Club		Employer (See Instructions) Hendrick Medical Center

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 26/34 Rpt: 29/44
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 02/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richert, Ron (Mr.)	7 Amount of Contribution (\$) \$3.85
	6 Contributor address; City; State; Zip Code Abilene, TX 79601	
8 Principal occupation / Job title (See Instructions) Director of the Health Club		9 Employer (See Instructions) Hendrick Medical Center
Date 02/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberts, Kevin (Mr.)	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Killeen, TX 76549	
Principal occupation / Job title (See Instructions) President / Chief Executive Officer		Employer (See Instructions) AdventHealth Central Texas
Date 02/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robicheaux, James (Mr.)	Amount of Contribution (\$) \$42.00
	Contributor address; City; State; Zip Code Bay City, TX 77414	
Principal occupation / Job title (See Instructions) Chief Executive Officer		Employer (See Instructions) Matagorda Regional Medical Center
Date 01/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Tracee (Ms.)	Amount of Contribution (\$) \$3.85
	Contributor address; City; State; Zip Code Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Director of Quality		Employer (See Instructions) Hendrick Medical Center
Date 02/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Tracee (Ms.)	Amount of Contribution (\$) \$3.85
	Contributor address; City; State; Zip Code Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Director of Quality		Employer (See Instructions) Hendrick Medical Center

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 27/34 Rpt: 30/44
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 02/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Micah (Mr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Houston, TX 77266	
8 Principal occupation / Job title (See Instructions) Vice President Public Policy & Government Relations		9 Employer (See Instructions) Harris Health System
Date 02/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saenz, Iris (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Houston, TX 77024	
Principal occupation / Job title (See Instructions) Manager Public Policy & Community Benefit		Employer (See Instructions) Memorial Hermann Health System
Date 01/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schmidt, Timothy (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Dir Property / Facility Management		Employer (See Instructions) Hendrick Medical Center
Date 02/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schmidt, Timothy (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Dir Property / Facility Management		Employer (See Instructions) Hendrick Medical Center
Date 02/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Andrew (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code San Antonio, TX 78229	
Principal occupation / Job title (See Instructions) Vice President of Government Relations & Public Policy		Employer (See Instructions) University Health

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 28/34 Rpt: 31/44
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 01/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Speckels, Donna (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Abilene, TX 79601	7 Amount of Contribution (\$) \$3.85
8 Principal occupation / Job title (See Instructions) Director Hendrick HouseCalls		9 Employer (See Instructions) Hendrick Medical Center
Date 02/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Speckels, Donna (Ms.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$3.85
Principal occupation / Job title (See Instructions) Director Hendrick HouseCalls		Employer (See Instructions) Hendrick Medical Center
Date 02/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Speer, Gena (Ms.) <hr/> Contributor address; City; State; Zip Code Breckenridge, TX 76424	Amount of Contribution (\$) \$14.50
Principal occupation / Job title (See Instructions) Chief Nursing Officer		Employer (See Instructions) Stephens Memorial Hospital
Date 01/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stafford, Steven (Mr.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$3.85
Principal occupation / Job title (See Instructions) Director Hendrick Clinic		Employer (See Instructions) Hendrick Medical Center
Date 02/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stafford, Steven (Mr.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$3.85
Principal occupation / Job title (See Instructions) Director Hendrick Clinic		Employer (See Instructions) Hendrick Medical Center

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 29/34 Rpt: 32/44
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 01/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephenson, David (Mr.)	7 Amount of Contribution (\$) \$9.62
	6 Contributor address; City; State; Zip Code Abilene, TX 79601	
8 Principal occupation / Job title (See Instructions) Executive		9 Employer (See Instructions) Hendrick Medical Center
Date 02/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephenson, David (Mr.)	Amount of Contribution (\$) \$9.62
	Contributor address; City; State; Zip Code Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Executive		Employer (See Instructions) Hendrick Medical Center
Date 02/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sukin, Debra (Ms.)	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Houston, TX 77230	
Principal occupation / Job title (See Instructions) President / Chief Executive Officer		Employer (See Instructions) Texas Children's Hospital
Date 01/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Clay (Mr.)	Amount of Contribution (\$) \$20.50
	Contributor address; City; State; Zip Code Lubbock, TX 79410	
Principal occupation / Job title (See Instructions) Chief Operating Officer		Employer (See Instructions) Covenant Childrens Hospital
Date 01/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tiffin, Laura (Ms.)	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code Cuero, TX 77954	
Principal occupation / Job title (See Instructions) Business Office Manager		Employer (See Instructions) Cuero Regional Hospital

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 30/34 Rpt: 33/44
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 02/19/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tiffin, Laura (Ms.)	7 Amount of Contribution (\$) \$2.00
	6 Contributor address; City; State; Zip Code Cuero, TX 77954	
8 Principal occupation / Job title (See Instructions) Business Office Manager		9 Employer (See Instructions) Cuero Regional Hospital
Date 01/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tucek, Karen (Ms.)	Amount of Contribution (\$) \$3.85
	Contributor address; City; State; Zip Code Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Director, Hospice		Employer (See Instructions) Hendrick Medical Center
Date 02/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tucek, Karen (Ms.)	Amount of Contribution (\$) \$3.85
	Contributor address; City; State; Zip Code Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Director, Hospice		Employer (See Instructions) Hendrick Medical Center
Date 02/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turley, Susan (Ms.)	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Edinburg, TX 78539	
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Doctors Hospital at Renaissance
Date 01/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vidrine, Amanda (Ms.)	Amount of Contribution (\$) \$3.85
	Contributor address; City; State; Zip Code Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Quality & Regulatory Manager		Employer (See Instructions) Hendrick Medical Center

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 31/34 Rpt: 34/44
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 02/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vidrine, Amanda (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Abilene, TX 79601	7 Amount of Contribution (\$) \$3.85
8 Principal occupation / Job title (See Instructions) Quality & Regulatory Manager		9 Employer (See Instructions) Hendrick Medical Center
Date 01/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wade, Susan (Ms.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Abilene Market COO		Employer (See Instructions) Hendrick Medical Center
Date 02/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wade, Susan (Ms.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Abilene Market COO		Employer (See Instructions) Hendrick Medical Center
Date 01/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wagner, Angela (Ms.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$3.85
Principal occupation / Job title (See Instructions) Healthcare Professional		Employer (See Instructions) Hendrick Medical Center
Date 02/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wagner, Angela (Ms.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$3.85
Principal occupation / Job title (See Instructions) Healthcare Professional		Employer (See Instructions) Hendrick Medical Center

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 32/34 Rpt: 35/44
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 01/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wallschlaeger, Erich (Mr.) 6 Contributor address; City; State; Zip Code Brownwood, TX 76804	7 Amount of Contribution (\$) \$9.62
8 Principal occupation / Job title (See Instructions) Chief Financial Officer		9 Employer (See Instructions) Hendrick Medical Center
Date 02/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wallschlaeger, Erich (Mr.) Contributor address; City; State; Zip Code Brownwood, TX 76804	Amount of Contribution (\$) \$9.62
Principal occupation / Job title (See Instructions) Chief Financial Officer		Employer (See Instructions) Hendrick Medical Center
Date 01/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walzer, Cheryl (Ms.) Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$3.85
Principal occupation / Job title (See Instructions) Director of Medsurg / Tele		Employer (See Instructions) Hendrick Medical Center
Date 02/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walzer, Cheryl (Ms.) Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$3.85
Principal occupation / Job title (See Instructions) Director of Medsurg / Tele		Employer (See Instructions) Hendrick Medical Center
Date 02/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warner, Freddy (Mr.) Contributor address; City; State; Zip Code Houston, TX 77024	Amount of Contribution (\$) \$145.50
Principal occupation / Job title (See Instructions) Chief Government Relations Officer		Employer (See Instructions) Memorial Hermann Health System

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 33/34 Rpt: 36/44
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 01/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Waters, Amber (Ms.)	7 Amount of Contribution (\$) \$3.85
	6 Contributor address; City; State; Zip Code Abilene, TX 79601	
8 Principal occupation / Job title (See Instructions) Director of Admissions		9 Employer (See Instructions) Hendrick Medical Center
Date 02/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Waters, Amber (Ms.)	Amount of Contribution (\$) \$3.85
	Contributor address; City; State; Zip Code Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Director of Admissions		Employer (See Instructions) Hendrick Medical Center
Date 01/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wharton, Elisha (Ms.)	Amount of Contribution (\$) \$3.85
	Contributor address; City; State; Zip Code Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Sr Practice Manager		Employer (See Instructions) Hendrick Medical Center
Date 02/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wharton, Elisha (Ms.)	Amount of Contribution (\$) \$3.85
	Contributor address; City; State; Zip Code Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Sr Practice Manager		Employer (See Instructions) Hendrick Medical Center
Date 01/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Willmann, Adam (Mr.)	Amount of Contribution (\$) \$62.50
	Contributor address; City; State; Zip Code Clifton, TX 76634	
Principal occupation / Job title (See Instructions) President / CEO		Employer (See Instructions) Goodall-Witcher Healthcare

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 34/34 Rpt: 37/44
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 01/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wood, Adam (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Abilene, TX 79601	7 Amount of Contribution (\$) \$4.81
8 Principal occupation / Job title (See Instructions) System Assistant Vice President Supply Chain		9 Employer (See Instructions) Hendrick Medical Center
Date 02/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wood, Adam (Mr.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$4.81
Principal occupation / Job title (See Instructions) System Assistant Vice President Supply Chain		Employer (See Instructions) Hendrick Medical Center

MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C3

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C3: Sch: 1/1 Rpt: 38/44
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 01/31/2025	5 Corporation / Labor Organization name Texas Hospital Association	6 Amount (\$) 515.00

NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE **C4**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C4: Sch: 1/1 Rpt: 39/44
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 02/25/2025	5 Corporation / Labor Organization name Texas Hospital Association	6 Amount (\$) 4,200.00

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/4 Rpt: 40/44	2 FILER NAME The Political Action Committee of the Texas Hospital	3 Filer ID (Ethics Commission Filers) 00015794
4 Date 02/03/2025	5 Payee name Frost Bank	
6 Amount (\$) \$19.95 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 1727 Austin, TX 78767	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/03/2025	Payee name Frost Bank	
Amount (\$) \$65.84 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 1727 Austin, TX 78767	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/04/2025	Payee name Frost Bank	
Amount (\$) \$54.40 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 1727 Austin, TX 78767	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/4 Rpt: 41/44	2 FILER NAME The Political Action Committee of the Texas Hospital	3 Filer ID (Ethics Commission Filers) 00015794
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4 Date 01/30/2025	5 Payee name Stripe
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6 Amount (\$) \$774.03	7 Payee address; City; State; Zip Code 354 Oyster Point Blvd South San Francisco, CA 94080
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Expenditure from corporate funds

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing fees for processing multiple credit card contributions 01/30/25-02/21/25
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/30/2025	Payee name Stripe
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Amount (\$) \$0.63	Payee address; City; State; Zip Code 354 Oyster Point Blvd South San Francisco, CA 94080
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Expenditure from corporate funds

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fees
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/05/2025	Payee name Stripe
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Amount (\$) \$0.63	Payee address; City; State; Zip Code 354 Oyster Point Blvd South San Francisco, CA 94080
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Expenditure from corporate funds

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fees
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/4 Rpt: 42/44	2 FILER NAME The Political Action Committee of the Texas Hospital	3 Filer ID (Ethics Commission Filers) 00015794
4 Date 02/11/2025	5 Payee name Stripe	
6 Amount (\$) \$1.60 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 354 Oyster Point Blvd South San Francisco, CA 94080	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/12/2025	Candidate/Officeholder name Office sought Office held	
Payee name Stripe		
Amount (\$) \$1.46 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 354 Oyster Point Blvd South San Francisco, CA 94080	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/13/2025	Candidate/Officeholder name Office sought Office held	
Payee name Stripe		
Amount (\$) \$0.42 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 354 Oyster Point Blvd South San Francisco, CA 94080	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Credit Card Payment | 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: 4/4 Rpt: 43/44	2 FILER NAME The Political Action Committee of the Texas Hospital	3 Filer ID (Ethics Commission Filers) 00015794
4 Date 02/19/2025	5 Payee name Stripe	
6 Amount (\$) \$11.50 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 354 Oyster Point Blvd South San Francisco, CA 94080	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2: Sch: 1/1 Rpt: 44/44	2 FILER NAME The Political Action Committee of the Texas Hospital	3 Filer ID (Ethics Commission Filers) 00015794
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
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5 Date 02/25/2025	6 Payee name Atchley & Associates LLP
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7 Amount (\$) \$540.50	8 Payee address; City; State; Zip Code 1005 La Posada Dr Austin, TX 78752
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Expenditure from corporate funds

9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PAC accounting and reporting services
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11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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