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** 03/05/2025 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 January 5 April 5 July 5 October 5 REPORT FILING **DEADLINE** February 5 May 5 August 5 November 5 X March 5 September 5 December 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 01/26/2025 02/25/2025

GO TO PAGE 2
www.ethics.state.tx.us

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

2 COMMITTEE NAME				13 Filer		(Ethics Commission Filers)
The Political Action Con	nmittee of the Texas H ·	lospital Associatio	on	0002	15794	
4 COMMITTEE ACTIVITY	1. Candidates	A. Supported				
ACTIVITY	(Identify by name or, if applicable, classify by party.)					
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	Measures (Describe by date and location	A. Supported				
	of election and nature of issue.)					
		B. Opposed				
	3. Officeholders					
	Assisted (Identify by name or, if applicable, classify by party.)					
.5 CONTRIBUTION	1 1 TOTAL UNITEMIZEI	D POLITICAL CON	TRIBUTIONS (OTHER THA	AN		
TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M check here if this report	OR GUARANTEES MADE ELECTRONI	S OF LOANS, OR CALLY)		\$	0.00
	2. TOTAL POLITICA				\$	04.404.45
	(OTHER THAN PLEI	DGES, LOANS, OF	R GUARANTEES OF LOANS	S)	9	24,431.15
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	D POLITICAL EXPI	ENDITURES		\$	0.00
	4. TOTAL POLITICA	L EXPENDITUR	ES		\$	1,470.96
CONTRIBUTION BALANCE	5. TOTAL POLITICAL (OF THE REPORTING		MAINTAINED AS OF THE L	_AST DAY	\$	51,367.21
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL A LAST DAY OF THE I		OUTSTANDING LOANS AS	S OF THE	\$	0.00
L6 AFFIDAVIT	I				l	
		true	ear, or affirm, under penalty and correct and includes all er Title 15, Election Code.	of perjury, the	at the ac equired	ecompanying report is to be reported by me
			Sá	ara Gonzale	Z	
			Signature of	of Campaign	Treasur	er
AFFIX NOTARY	STAMP / SEAL ABOVE					
Sworn to and subscribed	before me. by the said			. this the		day
of						
Signature of officer ad	ministering oath	Printed name of of	fficer administering oath	Title	of office	er administering oath

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

			3 of 44					
17 COMMITT	EE NAME	18 Filer ID	(Ethics Commission Filers)					
The Polit	cal Action Committee of the Texas Hospital Association	00015794						
19 SCHEDUL	E SUBTOTALS							
NAME OF	SCHEDULE		SUBTOTAL AMOUNT					
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 19,716.15					
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$					
3.	3. SCHEDULE B: PLEDGED CONTRIBUTIONS							
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOURGANIZATION	DR	\$					
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$					
6. X	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	SANIZATION	\$ 515.00					
7. X	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	R	\$ 4,200.00					
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR	ORGANIZATION	\$					
9.	SCHEDULE E: LOANS		\$					
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$ 930.46					
11. X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 540.50					
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTI	ONS	\$					
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$					
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$					
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$					

	MONEI	ARY POLITICAL C	ONTRIBUTION	NS		SCHEDUL	E A1
	The Instruc	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 1/34 Rpt: 4/44	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
		Action Committee of the Texas	s Hospital Association			00015794	
4	Date 02/12/2025	5 Full name of contributor Bagchi, Sam (Dr.)6 Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code)	7	Amount of Contribution (\$)	\$165.00
		Irving, TX 75038					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	EVP / Chief	Clinical Officer		CHRISTUS Health			
	Date 02/17/2025	Full name of contributor Ballew, Joel (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$41.50
		Arlington, TX 76011					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	VP Government & Community Affairs Texas			Texas Health Resources	S		
	Date 01/31/2025				Amount of Contribution (\$)	\$27.50	
		Brownwood, TX 76801					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Chief Admini	istrative Officer		Hendrick Medical Cente	r		
	Date 02/12/2025	Full name of contributor Baty, Krista (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$27.50
	•	pation / Job title (See Instructions) istrative Officer		Employer (See Instructions Hendrick Medical Cente			
	Date 01/31/2025	Full name of contributor Benham, Bradley (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code)		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 C	ONTRIBUTION	NS		SCHEDUI	E A1
	The Instruc	ction Guide explains how	to complete this for	rm.	1	Total pages Schedule A1: Sch: 2/34 Rpt: 5/44	
2	FILER NAME The Political	Action Committee of the Texas	s Hospital Association		3	Filer ID (Ethics Commission 00015794	on Filers)
4	Date 02/12/2025	5 Full name of contributor [Benham, Bradley (Mr.) 6 Contributor address; City; Sta	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$9.62
_		Abilene, TX 79601	1-		<u>L</u>		
8	VP HMC Fou		9	Employer (See Instructions Hendrick Medical Cente			
	Date 01/31/2025	Full name of contributor [Bessent, Brian (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$32.50
	Dringing conu	Abilene, TX 79601 pation / Job title (See Instructions)		Employer (See Instructions	<u></u>		
	•	trategy & Experience Officer		Hendrick Medical Cente			
	Date 02/12/2025	Full name of contributor Bessent, Brian (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$32.50
		Abilene, TX 79601					
		pation / Job title (See Instructions) trategy & Experience Officer		Employer (See Instructions Hendrick Medical Cente			
	Date 02/14/2025	Full name of contributor Bingham, Leslie (Ms.) Contributor address; City; Sta Brownsville, TX 78523	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$1,500.00
	•	pation / Job title (See Instructions) sident / Chief Executive Officer		Employer (See Instructions Valley Baptist Medical C		ter - Brownsville	
	Date 02/15/2025	Full name of contributor [Booth, Donny (Mr.) Contributor address; City; Sta Andrews, TX 79714	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$41.66
	Principal occu Chief Execut	pation / Job title (See Instructions) tive Officer		Employer (See Instructions Permian Regional Medic		Center	
			1				

	MONEI	ARY POLITICAL CO	NIRIBUTION	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how to	o complete this for	m.	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 00015794	n Filers)
4	Date 01/31/2025	5 Full name of contributor Bowden, Sherri (Ms.) 6 Contributor address; City; State	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$3.85
_	Dein ein al a a co	Abilene, TX 79601	T _o	Formula and (On a location of the con-	_		
8		pation / Job title (See Instructions) monary Services	9	Employer (See Instructions Hendrick Medical Cente			
	Date 02/12/2025	Full name of contributor Bowden, Sherri (Ms.) Contributor address; City; State	out-of-state PAC (ID#: ; Zip Code)		Amount of Contribution (\$)	\$3.85
	Drincinal occu	Abilene, TX 79601 pation / Job title (See Instructions)		Employer (See Instructions	·)		
		monary Services		Hendrick Medical Cente			
	Date 02/16/2025	Full name of contributor Bowerman, Stephen (Mr.) Contributor address; City; State	out-of-state PAC (ID#: ;; Zip Code)		Amount of Contribution (\$)	\$125.00
		Midland, TX 79701					
		pation / Job title (See Instructions) Chief Executive Officer		Employer (See Instructions Midland Memorial Hosp			
	Date 01/31/2025	Full name of contributor Brockway, Toni (Ms.) Contributor address; City; State Abilene, TX 79601	out-of-state PAC (ID#: ;; Zip Code)		Amount of Contribution (\$)	\$5.00
	·	pation / Job title (See Instructions) Vorkforce Dev		Employer (See Instructions Hendrick Medical Cente			
	Date 02/12/2025	Full name of contributor Brockway, Toni (Ms.) Contributor address; City; State Abilene, TX 79601	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
		pation / Job title (See Instructions) Vorkforce Dev		Employer (See Instructions Hendrick Medical Cente			

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDUI	LE A1
	The Instruc	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 4/34 Rpt: 7/44	
2	FILER NAME The Political	Action Committee of the Texas	s Hospital Association		3	Filer ID (Ethics Commission 00015794	on Filers)
4	Date 01/31/2025	5 Full name of contributor [Broderick, Treva (Ms.)6 Contributor address; City; Sta	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$4.81
		Abilene, TX 79601	1		<u> </u>		
8		pation / Job title (See Instructions) ce President Clinical Svs	!	9 Employer (See Instructions Hendrick Medical Cente			
	Date 02/12/2025	Full name of contributor [Broderick, Treva (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)	•	Amount of Contribution (\$)	\$4.81
	Dringing con	Abilene, TX 79601		Employer (Coo Instructions	<u> </u>		
		pation / Job title (See Instructions) ce President Clinical Svs		Employer (See Instructions Hendrick Medical Cente			
	Date 02/16/2025	Full name of contributor [Callender, David (Dr.) Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)	•	Amount of Contribution (\$)	\$1,750.00
		Houston, TX 77024			Ĺ		
	Principal occu President	pation / Job title (See Instructions)		Employer (See Instructions Memorial Hermann Hea		System	
	Date 01/31/2025	Full name of contributor [Calvo, Raul (Mr.) Contributor address; City; Sta Abilene, TX 79608	out-of-state PAC (ID#: te; Zip Code		-	Amount of Contribution (\$)	\$2.50
	Principal occu Board Vice C	pation / Job title (See Instructions) Chair		Employer (See Instructions Hendrick Medical Cente			
	Date 02/12/2025	Full name of contributor [Calvo, Raul (Mr.) Contributor address; City; Sta Abilene, TX 79608	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$2.50
	Principal occu Board Vice C	pation / Job title (See Instructions) Chair		Employer (See Instructions Hendrick Medical Cente			

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDULE	E A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 5/34 Rpt: 8/44	
2	FILER NAME The Political	Action Committee of the Texa	s Hospital Association		3	Filer ID (Ethics Commission 00015794	ı Filers)
4	Date 01/31/2025	5 Full name of contributor Camacho, Precilla (Ms.)6 Contributor address; City; State	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$3.85
_	5	Abilene, TX 79601	12		Ĺ		
8	Senior Direct	pation / Job title (See Instructions) tor Nursing	,	Employer (See Instructions Hendrick Medical Cente			
	Date 02/12/2025	Full name of contributor Camacho, Precilla (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#:atte; Zip Code)		Amount of Contribution (\$)	\$3.85
	Principal occu	Abilene, TX 79601 pation / Job title (See Instructions)		Employer (See Instructions	·/-		
	Senior Direct		'	Hendrick Medical Cente			
	Date 01/31/2025	Full name of contributor Canada, Kirk (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#: atte; Zip Code)		Amount of Contribution (\$)	\$30.00
		Abilene, TX 79601	· ·				
		pation / Job title (See Instructions) ting Office / System VP		Employer (See Instructions Hendrick Medical Cente			
	Date 02/12/2025	Full name of contributor Canada, Kirk (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$30.00
	•	pation / Job title (See Instructions ting Office / System VP)	Employer (See Instructions Hendrick Medical Cente			
	Date 01/31/2025	Full name of contributor Cates, Boyd (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$1.00
		pation / Job title (See Instructions)		Employer (See Instructions			
	Diagnostic T	ecinologist		Hendrick Medical Cente	:I		

	MONEI	ARY POLITICAL CONT	RIBUTION	S		SCHEDULI	■ A1
	The Instru	ction Guide explains how to com	plete this form	m.	1	Total pages Schedule A1: Sch: 6/34 Rpt: 9/44	
2	FILER NAME The Political	Action Committee of the Texas Hospit	al Association		3	Filer ID (Ethics Commission 00015794	Filers)
4	Date 02/12/2025	Cates, Boyd (Mr.) 6 Contributor address; City; State; Zip C	state PAC (ID#: ode)	7	Amount of Contribution (\$)	\$1.00
_	Dringing aggr	Abilene, TX 79601		Employer (Coa Instructions			
8	Diagnostic T	pation / Job title (See Instructions) echnologist	٩	Employer (See Instructions Hendrick Medical Cente			
	Date 02/10/2025	Full name of contributor out-of-Clevenger, Erin (Ms.) Contributor address; City; State; Zip C	state PAC (ID#:			Amount of Contribution (\$)	\$14.58
		Port Lavaca, TX 77979	1				
	•	pation / Job title (See Instructions) / CNO / Clinical Srvc Administrator		Employer (See Instructions Memorial Medical Cente			
	Date			wemona wedca cente	:1	Amount of Contribution (\$)	
	01/31/2025	Conger, Cody (Mr.) Contributor address; City; State; Zip C	state PAC (ID#:			Amount of Contribution (a)	\$4.00
		Abilene, TX 79601					
		pation / Job title (See Instructions) tor, Invasive Cardiology		Employer (See Instructions Hendrick Medical Cente			
	Date 02/12/2025	Full name of contributor out-of- Conger, Cody (Mr.) Contributor address; City; State; Zip C Abilene, TX 79601	state PAC (ID#:)		Amount of Contribution (\$)	\$4.00
	•	pation / Job title (See Instructions) tor, Invasive Cardiology		Employer (See Instructions Hendrick Medical Cente			
	Date 01/31/2025	Full name of contributor out-of- Connell, Jessica (Ms.) Contributor address; City; State; Zip C Brownwood, TX 76804	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			
			l .				

	MONEI	ARY POLITICAL CONTI	RIBUTION	S		SCHEDULE	A1
	The Instru	ction Guide explains how to com	plete this form	m.	1	Total pages Schedule A1: Sch: 7/34 Rpt: 10/44	
2	FILER NAME The Political	Action Committee of the Texas Hospit	al Association		3	Filer ID (Ethics Commission 00015794	Filers)
4	Date 02/12/2025	 Full name of contributor out-of- Connell, Jessica (Ms.) Contributor address; City; State; Zip C 	state PAC (ID#: ode)	7	Amount of Contribution (\$)	\$4.81
_	Dringing aggr	Brownwood, TX 76804	lo.	Employer (Coa Instructions			
8	Chief Nursin	pation / Job title (See Instructions) g Officer	9	Employer (See Instructions Hendrick Medical Cente			
	Date 01/31/2025	Full name of contributor out-of- Contreras, Rosendo (Ms.) Contributor address; City; State; Zip C	state PAC (ID#:)		Amount of Contribution (\$)	\$1.93
		Abilene, TX 79601					
	•	pation / Job title (See Instructions) Cafety, Infection Preventionist, Perf Imp	rov	Employer (See Instructions Hendrick Medical Cente			
	Date 02/12/2025	Full name of contributor out-of- Contreras, Rosendo (Ms.) Contributor address; City; State; Zip C	state PAC (ID#:)		Amount of Contribution (\$)	\$1.93
		Abilene, TX 79601					
		pation / Job title (See Instructions) afety, Infection Preventionist, Perf Imp	rov	Employer (See Instructions Hendrick Medical Cente			
	Date 01/31/2025	Full name of contributor out-of- Cooper, David (Mr.) Contributor address; City; State; Zip C Abilene, TX 79601	state PAC (ID#: ode			Amount of Contribution (\$)	\$3.85
	Principal occu Lab Supervis	pation / Job title (See Instructions)		Employer (See Instructions Hendrick Medical Cente			
	Date 02/12/2025	Full name of contributor out-of- Cooper, David (Mr.) Contributor address; City; State; Zip C	state PAC (ID#:			Amount of Contribution (\$)	\$3.85
	Principal occu Lab Supervis	pation / Job title (See Instructions) sor		Employer (See Instructions Hendrick Medical Cente			

	MONEI	HETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1			
	The Instru	ction Guide explains how	to complete this for	orı	m.	1	Total pages Schedule A1: Sch: 8/34 Rpt: 11/44			
2	FILER NAME					3	Filer ID (Ethics Commission	n Filers)		
		Action Committee of the Texa					00015794			
4	Date 02/07/2025	5 Full name of contributorDaskevich, Cris (Ms.)6 Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code)	7	Amount of Contribution (\$)	\$145.84		
_	Dianiant	San Antonio, TX 78207		_	Facilities (Control to the still					
8		pation / Job title (See Instructions		9	Employer (See Instructions	5)				
	CEO, CHRIS	STUS Children's & SVP CHRIS	5105 Health		CHRISTUS Children's					
	Date 01/31/2025	Full name of contributor Davis, John (Mr.) Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code)		Amount of Contribution (\$)	\$3.85		
		Cuero, TX 77954								
	Principal occupation / Job title (See Instructions) Employer (See Instruction									
	Director Cardiopulmonary Cuero Region			Cuero Regional Hospita	J					
	Date 02/19/2025				Amount of Contribution (\$)	\$7.70				
		Cuero, TX 77954								
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u></u>				
	Director Card	diopulmonary			Cuero Regional Hospita	I				
	Date 01/30/2025	Full name of contributor DeYoung, Peter (Dr.) Contributor address; City; St Austin, TX 78758	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$41.00		
	Principal occu Chief Medica	pation / Job title (See Instructions al Officer)		Employer (See Instructions St Davids North Austin I		dical Center			
	Date 01/31/2025	Full name of contributor Dennis, Gregory (Mr.) Contributor address; City; St Abilene, TX 79601	out-of-state PAC (ID#:_ ate; Zip Code)		Amount of Contribution (\$)	\$3.85		
	•	pation / Job title (See Instructions)		Employer (See Instructions	5)				
	Director Faci	ility Management			Hendrick Medical Cente	r				

	MONEI	ARY POLITICAL (CONTRIBUTIO	INS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 9/34 Rpt: 12/44	
2	FILER NAME The Political	Action Committee of the Texa	as Hospital Association		3	Filer ID (Ethics Commission 00015794	Filers)
4	Date 02/12/2025	5 Full name of contributor Dennis, Gregory (Mr.)	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	\$3.85
	02/12/2025	6 Contributor address; City; S	ate; Zip Code				ФЗ.0Э
_	Deignaignal annu	Abilene, TX 79601	. 1	O Francisco (Coo Instructions	<u></u>		
8		pation / Job title (See Instructions ility Management	5)	9 Employer (See Instructions Hendrick Medical Center			
	Date 01/31/2025	Full name of contributor Devun, Sharn (Ms.) Contributor address; City; S	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$3.85
		Abilene, TX 79601					
		pation / Job title (See Instructions Management	5)	Employer (See Instructions Hendrick Medical Cente			
	Date Full name of contributor out-of-state PAC (ID#: 02/12/2025 Devun, Sharn (Ms.)				Amount of Contribution (\$)	\$3.85	
		Contributor address; City; S Abilene, TX 79601	ate; Zip Code				
		pation / Job title (See Instructions Management	5)	Employer (See Instructions Hendrick Medical Cente			
	Date 02/17/2025	Full name of contributor Dippel, Douglas (Mr.) Contributor address; City; Si Sweetwater, TX 79556	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$20.00
	•	pation / Job title (See Instructions tive Officer / Administrator	5)	Employer (See Instructions Rolling Plains Memorial		ospital	
	Date 01/31/2025	Full name of contributor Donaway, Duane (Mr.) Contributor address; City; Si Abilene, TX 79601	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$1.93
		pation / Job title (See Instructions rmation Systems	;)	Employer (See Instructions Hendrick Medical Cente			

	MONET	ARY POLITICAL CONTRIBU	JTION	IS		SCHEDUI	LE A1
	The Instruc	ction Guide explains how to complete	this for	m.	1	Total pages Schedule A1: Sch: 10/34 Rpt: 13/44	
2	FILER NAME The Political	Action Committee of the Texas Hospital Asso	ociation		3	Filer ID (Ethics Commission 00015794	on Filers)
4	Date 02/12/2025	 Full name of contributor)	7	Amount of Contribution (\$)	\$1.93
_		Abilene, TX 79601	la la		<u></u>		
8	•	pation / Job title (See Instructions) rmation Systems	9	Employer (See Instructions Hendrick Medical Cente			
	Date 01/31/2025	Full name of contributor out-of-state PAG Driskell, Jesiree (Ms.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$7.50
	Deire sin al access	Abilene, TX 79601	Ī	Faralassa (Osas lastrosticas	<u></u>		
		pation / Job title (See Instructions) ic Comms & Digital Expert		Employer (See Instructions Hendrick Medical Cente			
	Date 02/12/2025	Full name of contributor out-of-state PAG Driskell, Jesiree (Ms.) Contributor address; City; State; Zip Code	C (ID#:)		Amount of Contribution (\$)	\$7.50
		Abilene, TX 79601					
	•	pation / Job title (See Instructions) ic Comms & Digital Expert		Employer (See Instructions Hendrick Medical Cente			
	Date 02/25/2025	Full name of contributor out-of-state PAG Durovich, Chris (Mr.) Contributor address; City; State; Zip Code Dallas, TX 75235				Amount of Contribution (\$)	\$1,000.00
	Principal occu President an	pation / Job title (See Instructions) Id CEO		Employer (See Instructions Children's Health	5)		
	Date 01/31/2025	Full name of contributor out-of-state PAGEUREK, Andrew (Mr.) Contributor address; City; State; Zip Code Abilene, TX 79601	C (ID#:)		Amount of Contribution (\$)	\$4.00
	•	pation / Job title (See Instructions)		Employer (See Instructions Hendrick Medical Cente			
	20007 1 1110						

	MONEI	ARY POLITICAL C	CONTRIBUTIO	NS		SCHEDULI	E A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 11/34 Rpt: 14/44	
2	FILER NAME The Political	Action Committee of the Texa	as Hospital Association		3	Filer ID (Ethics Commission 00015794	n Filers)
4	Date 02/12/2025	5 Full name of contributor Eurek, Andrew (Mr.)6 Contributor address; City; St	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$4.00
_	Dringing con	Abilene, TX 79601	\ \ \ \	• Employer (Coo Instructions	<u></u>		
8		pation / Job title (See Instructions ancial Analysis)	9 Employer (See Instructions Hendrick Medical Center			
	Date 01/31/2025	Full name of contributor Ford, Christopher (Mr.) Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$9.62
		Abilene, TX 79601	1				
	Principal occu AVP Suppor	pation / Job title (See Instructions)	Employer (See Instructions Hendrick Medical Cente			
		Full name of contributor		Hendrick Medical Certic	;i	A (Q) (b)	
	Date 02/12/2025	Ford, Christopher (Mr.) Contributor address; City; St	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$9.62
		Abilene, TX 79601					
	Principal occu AVP Suppor	pation / Job title (See Instructions t Services)	Employer (See Instructions Hendrick Medical Cente	-		
	Date 02/14/2025	Full name of contributor Fox, Jay (Mr.) Contributor address; City; St Austin, TX 78701	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$20.50
	•	pation / Job title (See Instructions SWH Austin Area)	Employer (See Instructions Baylor Scott & White Me	-	cal Center - Pflugerville	
	Date 02/19/2025	Full name of contributor Gann, Kody (Mr.) Contributor address; City; St Seguin, TX 78155	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$250.00
	Principal occu Chief Financ	pation / Job title (See Instructions ial Officer)	Employer (See Instructions Guadalupe Regional Me		cal Ctr	
			1				

	MONET	ARY POLITICAL CONTRIBUTI	ON	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 12/34 Rpt: 15/44	
2	FILER NAME The Political	Action Committee of the Texas Hospital Associati	on		3	Filer ID (Ethics Commission 00015794	Filers)
4	Date 01/31/2025	 Full name of contributor)	7	Amount of Contribution (\$)	\$3.85
8	Principal occur	Abilene, TX 79601 pation / Job title (See Instructions)	T _a	Employer (See Instructions	·)		
0	Hospital Prof		ا ا	Hendrick Medical Cente			
	Date 02/12/2025	Full name of contributor out-of-state PAC (ID# Gladden, Jaye (Ms.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$3.85
	Deinainal assu	Abilene, TX 79601	_	Employer (Cook looks satisfied	<u></u>		
	Hospital Prof	pation / Job title (See Instructions) fessional		Employer (See Instructions Hendrick Medical Cente			
	Date 02/12/2025	Full name of contributor out-of-state PAC (ID# Gleitz, Stephen (Mr.) Contributor address; City; State; Zip Code	#:)		Amount of Contribution (\$)	\$9.62
		Abilene, TX 79601					
		pation / Job title (See Instructions) ger of Critical Care Unit		Employer (See Instructions Hendrick Medical Cente			
	Date 01/31/2025	Full name of contributor out-of-state PAC (ID# Goolsby, Emily (Ms.) Contributor address; City; State; Zip Code Abilene, TX 79601)	•	Amount of Contribution (\$)	\$3.85
		pation / Job title (See Instructions) pt of Education and Professional Development		Employer (See Instructions Hendrick Medical Cente	•		
	Date 02/12/2025	Full name of contributor out-of-state PAC (ID# Goolsby, Emily (Ms.) Contributor address; City; State; Zip Code Abilene, TX 79601	#:			Amount of Contribution (\$)	\$3.85
		pation / Job title (See Instructions) ppt of Education and Professional Development		Employer (See Instructions Hendrick Medical Cente			
	2 3. 410 00	F. D. Bassalon and Frontier Development			-		

	MONEI	ARY POLITICAL CO	ONTRIBUTIO	NS		SCHEDU	LE A1
	The Instru	ction Guide explains how t	o complete this fo	rm.	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 00015794	on Filers)
4	Date 01/31/2025	Full name of contributor Greenwood, Susan (Ms.) Contributor address; City; State	out-of-state PAC (ID#: e; Zip Code		7	Amount of Contribution (\$)	\$29.00
_	5	Abilene, TX 79601	T.		<u></u>		
8		pation / Job title (See Instructions) ent / Chief Nursing Officer		Employer (See Instructions Hendrick Medical Cente			
	Date 02/12/2025	Full name of contributor [Greenwood, Susan (Ms.) Contributor address; City; Stat	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$29.00
		Abilene, TX 79601	+		<u> </u>		
	•	pation / Job title (See Instructions) ent / Chief Nursing Officer		Employer (See Instructions Hendrick Medical Cente			
	Date 01/31/2025	Full name of contributor Hair, Donna (Ms.) Contributor address; City; Stat	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$3.85
	Principal occu	Brownwood, TX 76804 pation / Job title (See Instructions)		Employer (See Instructions	:) 		
	Director of M			Hendrick Medical Cente			
	Date 02/12/2025	Full name of contributor Hair, Donna (Ms.) Contributor address; City; Stat Brownwood, TX 76804	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$3.85
	Principal occu Director of M	pation / Job title (See Instructions) larketing		Employer (See Instructions Hendrick Medical Cente	•		
	Date 02/07/2025	Full name of contributor Haralson, Gregory (Mr.) Contributor address; City; Stat Temple, TX 76508	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$1,000.00
		pation / Job title (See Instructions)		Employer (See Instructions		al Taura	
	Central Texa	as Regional President		Baylor Scott & White Ce	entr	ai lexas	

	MONET	ARY POLITICAL C	IS		SCHEDUI	LE A1	
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 14/34 Rpt: 17/44	
2	FILER NAME The Political	Action Committee of the Texas	s Hospital Association		3	Filer ID (Ethics Commission 00015794	on Filers)
4	Date 02/16/2025	Full name of contributor Hardaway, Jay (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code)	7	Amount of Contribution (\$)	\$208.33
		Abilene, TX 79601					
8		pation / Job title (See Instructions) islative & Public Policy	9	Employer (See Instructions Hendrick Health	s) 		
	Date 01/31/2025	Full name of contributor Harris, Erica (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code)		Amount of Contribution (\$)	\$3.85
	Principal occu	Abilene, TX 79601 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
		Adminssions Director Hendrick Medical Cente					
	Date 02/12/2025			•	Amount of Contribution (\$)	\$3.85	
		Abilene, TX 79601					
	Principal occu Adminssions	pation / Job title (See Instructions) Director		Employer (See Instructions Hendrick Medical Cente			
	Date 02/07/2025	Full name of contributor Harrison, Allen (Mr.) Contributor address; City; Sta Dallas, TX 75240	out-of-state PAC (ID#: ite; Zip Code)	•	Amount of Contribution (\$)	\$1,500.00
		pation / Job title (See Instructions) Division President		Employer (See Instructions Medical City Healthcare			
	Date 01/26/2025	Full name of contributor Hart, Brandy (Mrs.) Contributor address; City; Sta Nashville, TN 37203	out-of-state PAC (ID#: ite; Zip Code			Amount of Contribution (\$)	\$83.00
	·	pation / Job title (See Instructions) e President / Behavioral Healt		Employer (See Instructions HCA Healthcare	5)		
			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: 15/34 Rpt: 18/44	
2	FILER NAME The Political	Action Committee of the Texa	s Hospital Association		3	Filer ID (Ethics Commission 00015794	Filers)
4	Date 01/31/2025	5 Full name of contributor Head, Courtney (Ms.)6 Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code		7	Amount of Contribution (\$)	\$9.62
•	Dringing aggr	Abilene, TX 79601	1,	2 Employer (See Instructions	·/		
8		pation / Job title (See Instructions) ent of Human Resources	Ì	Employer (See Instructions Hendrick Medical Cente			
	Date 02/12/2025	Full name of contributor Head, Courtney (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$9.62
		Abilene, TX 79601					
		pation / Job title (See Instructions) ent of Human Resources		Employer (See Instructions Hendrick Medical Cente			
	Date 01/31/2025	Full name of contributor Henry, Elizabeth (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$4.81
		Abilene, TX 79601					
		pation / Job title (See Instructions) e Management		Employer (See Instructions Hendrick Medical Cente			
	Date 02/12/2025	Full name of contributor Henry, Elizabeth (Ms.) Contributor address; City; Sta Abilene, TX 79601	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$4.81
		pation / Job title (See Instructions) e Management		Employer (See Instructions Hendrick Medical Cente			
	Date 01/31/2025	Full name of contributor Hess, Heather (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#:)		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		SCHEDULI	E A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 16/34 Rpt: 19/44	
2	FILER NAME	Action Committee of the Tour	and Linewitch Annualistics		3	•	r Filers)
		Action Committee of the Texa			L	00015794	
4	Date 02/12/2025	5 Full name of contributor Hess, Heather (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	5)		
	Market Direc	etor		Hendrick Medical Cente	r		
	Date 02/15/2025	Full name of contributor Hillier, Robert (Mr.) Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code			Amount of Contribution (\$)	\$83.33
		Bellaire, TX 77401					
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	SVP Public F	Policy / Govt Relations		Harris Health System			
	Date 02/19/2025	Full name of contributor Holcomb, Holly (Ms.) Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code			Amount of Contribution (\$)	\$50.00
		Childress, TX 79201					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Chief Execut	tive Officer		Childress Regional Med	lica	l Center	
	Date 02/25/2025	Full name of contributor Honea, Michael (Mr.) Contributor address; City; St	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$41.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Chief Execut	tive Officer		Glen Rose Medical Cen	ter		
	Date 01/31/2025	Full name of contributor Howard, Erica (Ms.) Contributor address; City; St Abilene, TX 79601	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$3.85
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	System Direct	ctor Benefits		Hendrick Medical Cente	r		
			·				

	MONEI	ARY POLITICAL CONTRIBU	HON	NS		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete th	nis for	m.	1	Total pages Schedule A1: Sch: 17/34 Rpt: 20/44	
2	FILER NAME The Political	Action Committee of the Texas Hospital Assoc	iation		3	Filer ID (Ethics Commission 00015794	ı Filers)
4	Date 02/12/2025	5 Full name of contributor out-of-state PAC Howard, Erica (Ms.) 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$3.85
		Abilene, TX 79601					
8	System Dire	pation / Job title (See Instructions) ctor Benefits	9	Employer (See Instructions Hendrick Medical Cente		Associate of Contribution (f)	
	Date 02/21/2025	Full name of contributor out-of-state PAC Hrncirik, Bobbye (Ms.) Contributor address; City; State; Zip Code	(ID#:)		Amount of Contribution (\$)	\$83.00
	Dringing agg	Lubbock, TX 79415		Employer (See Instructions	_		
		pation / Job title (See Instructions) ental Funding		Employer (See Instructions University Medical Cent			
	Date 01/31/2025	Full name of contributor out-of-state PAC Huffington, Mark (Mr.) Contributor address; City; State; Zip Code	(ID#:			Amount of Contribution (\$)	\$4.81
	5	Abilene, TX 79601		5 1 (0 1 1 1	<u> </u>		
		pation / Job title (See Instructions) stant Vice President Analytics		Employer (See Instructions Hendrick Medical Cente			
	Date 02/12/2025	Full name of contributor	(ID#:)		Amount of Contribution (\$)	\$4.81
	•	pation / Job title (See Instructions) stant Vice President Analytics		Employer (See Instructions Hendrick Medical Cente			
	Date 01/31/2025	Full name of contributor out-of-state PAC Hunnicutt, Craig (Mr.) Contributor address; City; State; Zip Code Abilene, TX 79601)		Amount of Contribution (\$)	\$3.85
		pation / Job title (See Instructions) Jional Services		Employer (See Instructions Hendrick Medical Cente			
	255t61 110g						

	MONEI	ARY POLITICAL C	ONTRIBUTION	15		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 18/34 Rpt: 21/44	
2	FILER NAME	Aution Constitution (Alberta			3	Filer ID (Ethics Commission	n Filers)
		Action Committee of the Texas	_			00015794	
4	Date 02/12/2025	Full name of contributor [Hunnicutt, Craig (Mr.) Contributor address; City; Star	out-of-state PAC (ID#: te; Zip Code)	7	Amount of Contribution (\$)	\$3.85
		Abilene, TX 79601					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	()		
	Director Reg	ional Services		Hendrick Medical Cente	r		
	Date 02/19/2025	Full name of contributor Hurst, William (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$125.00
		Plano, TX 75075					
		pation / Job title (See Instructions)		Employer (See Instructions			
	President / 0			Patient Physician Netwo	rk		
	Date 02/08/2025	Full name of contributor [Hurt-Deitch, Sally (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$145.83
		El Paso, TX 79932					
		pation / Job title (See Instructions) P of Nursing & Operations Infra	astructure	Employer (See Instructions Ascension Health	()		
	Date 01/31/2025	Full name of contributor Jackson, Olga (Ms.) Contributor address; City; Star Cuero, TX 77954	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$0.97
	Principal occu Support Serv	pation / Job title (See Instructions) vices		Employer (See Instructions Cuero Regional Hospita			
	Date 02/19/2025	Full name of contributor Jackson, Olga (Ms.) Contributor address; City; Star Cuero, TX 77954	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$1.94
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	()		
	Support Serv	vices		Cuero Regional Hospita			

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDUI	LE A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 19/34 Rpt: 22/44	
2	FILER NAME	Action Committee of the Toy	as Haarital Association		3	Filer ID (Ethics Commission	on Filers)
		Action Committee of the Texa			L	00015794	
4	Date 01/31/2025	5 Full name of contributor Kelly, Tave (Ms.)6 Contributor address; City; Si	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$4.81
		Abilene, TX 79601					
8	Principal occu	pation / Job title (See Instructions	5)	9 Employer (See Instructions	s)		
	AVP Revenu	ıe Cycle		Hendrick Medical Cente	er		
	Date 02/12/2025	Full name of contributor Kelly, Tave (Ms.) Contributor address; City; Si	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$4.81
	Dringing con	Abilene, TX 79601 pation / Job title (See Instructions	<u> </u>	Employer (See Instructions	<u>'</u>		
	AVP Revenu)	Hendrick Medical Cente			
				Tieriariek Wealear Certie	, ' T		
	Date 02/07/2025	Full name of contributor Kendrick, Jim (Mr.) Contributor address; City; Si	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$2,500.00
		Plano, TX 75024					
	Principal occu	pation / Job title (See Instructions	3)	Employer (See Instructions	5)		
	President &	CEO		Community Hospital Co	rpc	ration	
	Date 02/12/2025	Full name of contributor Kimmel, Stephen (Mr.) Contributor address; City; St	out-of-state PAC (ID#:_)	•	Amount of Contribution (\$)	\$83.00
	Principal occu	pation / Job title (See Instructions	3)	Employer (See Instructions	5)		
	Chief Financ	ial Officer		Cook Children's Medica	l C	enter	
	Date 02/10/2025	Full name of contributor Kirkman, Leni (Ms.) Contributor address; City; Si San Antonio, TX 78229	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$41.00
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	Exec VP Cor	rp Communications & Mktg		University Health			

	MONEI	ARY POLITICAL C	CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instruc	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 20/34 Rpt: 23/44	
2	FILER NAME The Political	Action Committee of the Texa	as Hospital Association		3	Filer ID (Ethics Commission 00015794	n Filers)
4	Date 01/31/2025	5 Full name of contributor Krupala, Judith (Ms.)6 Contributor address; City; St	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$1.93
_	Dringing con	Cuero, TX 77954	\) Employer (See Instructions	<u></u>		
8	Chief Nursin	pation / Job title (See Instructions a Officer)	Employer (See Instructions Cuero Regional Hospita			
	Date 02/19/2025	Full name of contributor Krupala, Judith (Ms.) Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$3.86
	Deinsinalassa	Cuero, TX 77954	, T	Frankrich (O. a. kastrootis as	<u> </u>		
	Chief Nursing	pation / Job title (See Instructions a Officer)	Employer (See Instructions Cuero Regional Hospita			
	Date	Full name of contributor	out-of-state PAC (ID#:	- Cuero regional riospita	T	Amount of Contribution (\$)	
	01/31/2025	Lafrance, Judith (Ms.) Contributor address; City; St				,,	\$12.50
		Abilene, TX 79606			Ĺ		
		pation / Job title (See Instructions Administrative Officer)	Employer (See Instructions Hendrick Medical Cente			
	Date 02/12/2025	Full name of contributor Lafrance, Judith (Ms.) Contributor address; City; St Abilene, TX 79606	out-of-state PAC (ID#: ate; Zip Code)		Amount of Contribution (\$)	\$12.50
	•	pation / Job title (See Instructions Administrative Officer)	Employer (See Instructions Hendrick Medical Cente	•		
	Date 02/02/2025	Full name of contributor Leal, Jorge (Mr.) Contributor address; City; St Laredo, TX 78044	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$125.00
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Chief Execut	tive Officer		Laredo Medical Center			

	MONEI	ARY POLITICAL CO	DNIRIBUTION	IS		SCHEDUL	E A1
	The Instru	ction Guide explains how to	o complete this for	m.	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 00015794	n Filers)
4	Date 01/31/2025	5 Full name of contributor Lee, Rachel (Ms.) 6 Contributor address; City; State	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$3.85
		Abilene, TX 79601					
8	Dir Med Staf	pation / Job title (See Instructions) f Srvcs & Physician Recruitment		Employer (See Instructions Hendrick Medical Cente		A	
	Date 02/12/2025	Full name of contributor Lee, Rachel (Ms.) Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code)		Amount of Contribution (\$)	\$3.85
	Deinsinal assu	Abilene, TX 79601		Franksian (Caalinatuutiana	_		
	•	pation / Job title (See Instructions) ff Srvcs & Physician Recruitment	i	Employer (See Instructions Hendrick Medical Cente			
	Date 02/17/2025	Full name of contributor Love, William (Mr.) Contributor address; City; State	out-of-state PAC (ID#: e; Zip Code			Amount of Contribution (\$)	\$500.00
		Irving, TX 75062					
	Principal occu President / C	pation / Job title (See Instructions) CEO		Employer (See Instructions Dallas-Fort Worth Hospi		Council	
	Date 01/31/2025	Full name of contributor Lowery, James (Mr.) Contributor address; City; State Abilene, TX 79601	out-of-state PAC (ID#: e; Zip Code			Amount of Contribution (\$)	\$3.85
	Principal occu Director Mar	pation / Job title (See Instructions) naged Care		Employer (See Instructions Hendrick Medical Cente			
	Date 02/12/2025	Full name of contributor Lowery, James (Mr.) Contributor address; City; State Abilene, TX 79601	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$3.85
	Principal occu Director Mar	pation / Job title (See Instructions) naged Care		Employer (See Instructions Hendrick Medical Cente			
			1				

	MONEI	ARY POLITICAL C	ONTRIBUTION	NS		SCHEDUI	E A1
	The Instru	ction Guide explains how	to complete this for	rm.	1	Total pages Schedule A1: Sch: 22/34 Rpt: 25/44	
2	FILER NAME	Action Committee of the Toys	as Haspital Association		3	Filer ID (Ethics Commission	on Filers)
		Action Committee of the Texa			L	00015794	
4	Date 02/22/2025	5 Full name of contributor Lozano, Marco (Mr.)6 Contributor address; City; States	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$41.66
		Laredo, TX 78044					
8	Principal occu	pation / Job title (See Instructions) 9	Employer (See Instructions	5)		
	Chief Operat	ting Officer		Laredo Medical Center			
	Date	Full name of contributor	out-of-state PAC (ID#:)	Π	Amount of Contribution (\$)	
	02/07/2025	Martinez, Fernando (Mr.)		,		(+)	\$1,000.00
	02/01/2020	Contributor address; City; St.	ate: 7in Code				Ψ1,000.00
		Contributor address, City, St	ate, Zip code				
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>L</u>		
		Strategy Officer		Texas Hospital Associat		l	
	Date	Full name of contributor	out-of-state PAC (ID#:		Г	Amount of Contribution (\$)	
	02/22/2025	Matens, Brett (Mr.)	United State 1 AC (ID#			ranount of Contribution (¢)	\$83.34
	OLI LLI LOLO	Contributor address; City; St.	nto: Zin Codo		l		Ψ00.0-1
		Continuator address, City, St	ate, Zip Code				
		Austin, TX 78756					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u></u>		
	Chief Execut	tive Officer		Heart Hospital of Austin			
	Date	Full name of contributor	out-of-state PAC (ID#:	1	Г	Amount of Contribution (\$)	
	02/14/2025	McCain, Rebecca (Ms.)	Uni-or-state i AC (ID#			γιποαπι οι Contribution (φ)	\$41.67
	02/14/2023		nto: Zin Codo				Ψ-1.07
		Contributor address; City; St	ate, Zip Code				
		Electra, TX 76360					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Chief Execut	· ·		Electra Memorial Hospit			
	Date	Full name of contributor	out-of-state PAC (ID#:		Г	Amount of Contribution (\$)	
	01/31/2025	McCollough, Kimberly (Ms	_			γιποαπι οι Contribution (φ)	\$3.85
	01/01/2020	Contributor address; City; St.	·				Ψ0.00
		Continuator address, City, St	ate, Zip Code				
		Abilene, TX 79606					
	Principal occu	pation / Job title (See Instructions	<u> </u>	Employer (See Instructions	<u> </u>		
	•	rogessive Care Services	′	Hendrick Medical Cente			
					•		

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDUI	E A1
	The Instruc	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 23/34 Rpt: 26/44	
2	FILER NAME				3	•	on Filers)
	The Political	Action Committee of the Texa			L	00015794	
4	Date 02/12/2025	 5 Full name of contributor McCollough, Kimberly (Ms 6 Contributor address; City; Sta 	·		7	Amount of Contribution (\$)	\$3.85
	Drive in all account	Abilene, TX 79606		Familia (Coo Instruction			
8		pation / Job title (See Instructions)	g	Employer (See Instructions			
	Director of P	rogessive Care Services		Hendrick Medical Cente	r		
	Date 02/16/2025	Full name of contributor McCurley, Jane (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#: ate; Zip Code			Amount of Contribution (\$)	\$1,000.00
		San Antonio, TX 78229					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Chief Nurse	Executive		Methodist Hospital			
	Date 01/31/2025	Full name of contributor McElrath, Pamela (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#: atte; Zip Code)		Amount of Contribution (\$)	\$4.00
		Abilene, TX 79601					
	Principal occu	I pation / Job title (See Instructions)		Employer (See Instructions	<u>L</u>		
	Registered N	lurse		Hendrick Medical Cente			
	Date 02/12/2025	Full name of contributor McElrath, Pamela (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$4.00
	Principal occu Registered N	pation / Job title (See Instructions) Jurse		Employer (See Instructions Hendrick Medical Cente	•		
	Date 02/01/2025	Full name of contributor Mitchell, Kenneth (Dr.) Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$41.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	SVP / Chief I	Medical Officer		St. David's HealthCare			

	MONEI	ARY POLITICAL C	CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 24/34 Rpt: 27/44	
2	FILER NAME The Political	Action Committee of the Texa	es Hospital Association		3	Filer ID (Ethics Commission 00015794	n Filers)
4		5 Full name of contributor	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	
-	01/28/2025	Mitias, Marcus (Mr.) 6 Contributor address; City; St				yanoun or contribution (c)	\$250.00
		Arlington, TX 76011					
8	•	pation / Job title (See Instructions)	Employer (See Instructions			
	Prog Dir Gov	mnt Affairs & Advocacy		Texas Health Resource	s 		
	Date 01/31/2025	Full name of contributor Murphy, Patrick (Mr.) Contributor address; City; St	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$3.85
		Abilene, TX 79601					
		pation / Job title (See Instructions)	Employer (See Instructions			
	Healthcare F	Professional		Hendrick Medical Cente	r		
	Date 02/12/2025	Full name of contributor Murphy, Patrick (Mr.) Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$3.85
		Abilene, TX 79601					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>. </u>		
	Healthcare F	Professional		Hendrick Medical Cente	r		
	Date 02/14/2025	Full name of contributor Olson, Michael (Mr.) Contributor address; City; St Victoria, TX 77901	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$500.00
	Principal occu Chief Execut	pation / Job title (See Instructions tive Officer		Employer (See Instructions Citizens Medical Center			
	Date 02/16/2025	Full name of contributor Pai, Ajith (Mr.) Contributor address; City; St Fort Worth, TX 76132	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$750.00
	Principal occu President	pation / Job title (See Instructions		Employer (See Instructions TX Health Harris Metho		t Hospital SW Fort Worth	
			1				

	MONEI	ARY POLITICAL CO	NIRIBUTION	15		SCHEDULI	E A1
	The Instru	ction Guide explains how to	complete this for	m.	1	Total pages Schedule A1: Sch: 25/34 Rpt: 28/44	
2	FILER NAME	Action Committee of the Texas F	Jospital Association		3	Filer ID (Ethics Commission 00015794	n Filers)
_					L		
4	Date 01/31/2025	 Full name of contributor Preston, Deborah (Ms.) Contributor address; City; State; 	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$5.00
		Abilene, TX 79601					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Director of P	harmacy		Hendrick Medical Cente	r		
	Date 02/12/2025	Full name of contributor Preston, Deborah (Ms.) Contributor address; City; State;	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
		Abilene, TX 79601					
		pation / Job title (See Instructions)		Employer (See Instructions			
	Director of P	harmacy		Hendrick Medical Cente	r		
	Date 02/14/2025	Full name of contributor Qualls, Rustin (Mr.) Contributor address; City; State;	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$20.50
		Clifton, TX 76634					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Director of O	perations		Goodall-Witcher Healtho	car	е	
	Date 02/15/2025	Full name of contributor Richburg, Melanie (Dr.) Contributor address; City; State; Tahoka, TX 79373	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$125.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Chief Execut	tive Officer		Lynn County Hospital D	istr	ict	
	Date 01/31/2025	Full name of contributor Richert, Ron (Mr.) 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	<u>-</u>		
	Director of th	ne Health Club		Hendrick Medical Cente	r		
			'				

	MONEI	ARY POLITICAL C	CONTRIBUTION	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 26/34 Rpt: 29/44	
2	FILER NAME	Aution Committee of the Toron			3	Filer ID (Ethics Commission	on Filers)
		Action Committee of the Texa				00015794	
4	Date 02/12/2025	5 Full name of contributor Richert, Ron (Mr.)6 Contributor address; City; St.	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$3.85
		Abilene, TX 79601					
8		pation / Job title (See Instructions)) 9	Employer (See Instructions			
	Director of th	ne Health Club		Hendrick Medical Cente	r		
	Date 02/07/2025	Full name of contributor Roberts, Kevin (Mr.) Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$1,000.00
		Killeen, TX 76549					
		pation / Job title (See Instructions)	Employer (See Instructions			
	President / C	Chief Executive Officer		AdventHealth Central Te	exa	NS	
	Date 02/10/2025	Full name of contributor Robicheaux, James (Mr.) Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)		Amount of Contribution (\$)	\$42.00
		Bay City, TX 77414					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Chief Execut	· ·	,	Matagorda Regional Me		al Center	
	Date	Full name of contributor	out-of-state PAC (ID#:	,		Amount of Contribution (\$)	
	01/31/2025	Robinson, Tracee (Ms.) Contributor address; City; St. Abilene, TX 79601		,		, another Continues in (4)	\$3.85
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Director of Q	uality		Hendrick Medical Cente	r		
	Date 02/12/2025	Full name of contributor Robinson, Tracee (Ms.) Contributor address; City; St.	out-of-state PAC (ID#:ate; Zip Code			Amount of Contribution (\$)	\$3.85
		Abilene, TX 79601					
		pation / Job title (See Instructions)	Employer (See Instructions			
	Director of Q	uality		Hendrick Medical Cente	r		

	MONEI	ARY POLITICAL CO	NIRIBUTION	IS		SCHEDULE	A1
	The Instru	ction Guide explains how to	complete this for	m.	1	Total pages Schedule A1: Sch: 27/34 Rpt: 30/44	
2	FILER NAME	Action Committee of the Texas F	Hospital Association		3	Filer ID (Ethics Commission 00015794	Filers)
4		_		`	7	Amount of Contribution (\$)	
4	02/07/2025	Rodriguez, Micah (Mr.) 6 Contributor address; City; State;	out-of-state PAC (ID#:		,	Amount of Continuation (4)	\$29.17
		Houston, TX 77266	la.				
8		pation / Job title (See Instructions)		Employer (See Instructions)		
	Vice Preside	ent Public Policy & Government R	elations	Harris Health System			
	Date 02/08/2025	Full name of contributor Saenz, Iris (Ms.) Contributor address; City; State	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$20.50
		Houston, TX 77024					
	•	pation / Job title (See Instructions)		Employer (See Instructions			
	Manager Pu	blic Policy & Community Benefit		Memorial Hermann Hea	lth	System	
	Date 01/31/2025	Full name of contributor Schmidt, Timothy (Mr.) Contributor address; City; State;	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$3.85
		Abilene, TX 79601					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
		/ Facility Management		Hendrick Medical Cente			
	Date 02/12/2025	Full name of contributor Schmidt, Timothy (Mr.) Contributor address; City; State; Abilene, TX 79601	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$3.85
	•	pation / Job title (See Instructions) / Facility Management		Employer (See Instructions Hendrick Medical Cente			
	Date 02/19/2025	Full name of contributor Smith, Andrew (Mr.) Contributor address; City; State; San Antonio, TX 78229	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$83.33
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Vice Preside	ent of Government Relations & Pu	ıblic Policy	University Health			

	MONEI	ARY POLITICAL C	CONTRIBUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 28/34 Rpt: 31/44	
2	FILER NAME The Political	Action Committee of the Texa	as Hospital Association		3	Filer ID (Ethics Commission 00015794	Filers)
4	Date 01/31/2025	5 Full name of contributor Speckels, Donna (Ms.)6 Contributor address; City; St	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$3.85
_	<u> </u>	Abilene, TX 79601			Ĺ		
8		pation / Job title (See Instructions drick HouseCalls)	9 Employer (See Instructions Hendrick Medical Center			
	Date 02/12/2025	Full name of contributor Speckels, Donna (Ms.) Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code)	•	Amount of Contribution (\$)	\$3.85
	Principal occu	Abilene, TX 79601 pation / Job title (See Instructions	<u>, </u>	Employer (See Instructions	<u>s)</u>		
		drick HouseCalls	,	Hendrick Medical Cente			
	Date 02/07/2025	Full name of contributor Speer, Gena (Ms.) Contributor address; City; St	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$14.50
		Breckenridge, TX 76424					
	Principal occu Chief Nursin	pation / Job title (See Instructions g Officer)	Employer (See Instructions Stephens Memorial Hos		al	
	Date 01/31/2025	Full name of contributor Stafford, Steven (Mr.) Contributor address; City; St Abilene, TX 79601	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$3.85
	Principal occu Director Hen	pation / Job title (See Instructions drick Clinic)	Employer (See Instructions Hendrick Medical Cente			
	Date 02/12/2025	Full name of contributor Stafford, Steven (Mr.) Contributor address; City; St Abilene, TX 79601	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$3.85
	Principal occu Director Hen	pation / Job title (See Instructions drick Clinic)	Employer (See Instructions Hendrick Medical Cente			

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDUI	E A1
	The Instruc	ction Guide explains how to	complete this forn	n.	1	Total pages Schedule A1: Sch: 29/34 Rpt: 32/44	
2	FILER NAME The Political	Action Committee of the Texas H	lospital Association		3	Filer ID (Ethics Commission 00015794	on Filers)
4	Date 01/31/2025	5 Full name of contributor Stephenson, David (Mr.)	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$9.62
_	<u> </u>	Abilene, TX 79601	1-	5 1 (0 1 1 1	<u> </u>		
8	Executive	pation / Job title (See Instructions)		Employer (See Instructions Hendrick Medical Cente			
	Date 02/12/2025	Full name of contributor Stephenson, David (Mr.) Contributor address; City; State;				Amount of Contribution (\$)	\$9.62
	Principal occu	Abilene, TX 79601 pation / Job title (See Instructions)		Employer (See Instructions	:)		
	Executive	,		Hendrick Medical Cente			
	Date 02/07/2025	Full name of contributor Sukin, Debra (Ms.) Contributor address; City; State;	out-of-state PAC (ID#: Zip Code			Amount of Contribution (\$)	\$1,000.00
		Houston, TX 77230					
		pation / Job title (See Instructions) Chief Executive Officer		Employer (See Instructions Texas Children's Hospit			
	Date 01/26/2025	Full name of contributor Taylor, Clay (Mr.) Contributor address; City; State; Lubbock, TX 79410				Amount of Contribution (\$)	\$20.50
	Principal occu Chief Operat	pation / Job title (See Instructions) ting Officer		Employer (See Instructions Covenant Childrens Hos		al	
	Date 01/31/2025	Tiffin, Laura (Ms.)				Amount of Contribution (\$)	\$1.00
	·	pation / Job title (See Instructions) fice Manager		Employer (See Instructions Cuero Regional Hospita			
	240111033 011	ind manager		Sasto regional riospita	•		

	MONET	ARY POLITICAL CONT	RIBUTION	S		SCHEDUI	E A1
	The Instruc	ction Guide explains how to cor	mplete this forr	m.	1	Total pages Schedule A1: Sch: 30/34 Rpt: 33/44	
2	FILER NAME The Political	Action Committee of the Texas Hosp	ital Association		3	Filer ID (Ethics Commission 00015794	on Filers)
4	Date 02/19/2025	Tiffin, Laura (Ms.)	of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$2.00
_	Deire sin al access	Cuero, TX 77954		Foundation (Construction	<u></u>		
8	Business Off	pation / Job title (See Instructions) ice Manager	9	Employer (See Instructions Cuero Regional Hospita			
	Date 01/31/2025	Full name of contributor out-o Tucek, Karen (Ms.) Contributor address; City; State; Zip (Abilene, TX 79601				Amount of Contribution (\$)	\$3.85
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	Director, Hos	spice		Hendrick Medical Cente	r		
	Date 02/12/2025	Full name of contributor out-o Tucek, Karen (Ms.) Contributor address; City; State; Zip 0	of-state PAC (ID#:			Amount of Contribution (\$)	\$3.85
		Abilene, TX 79601					
	Principal occu Director, Hos	pation / Job title (See Instructions) spice		Employer (See Instructions Hendrick Medical Cente			
	Date 02/10/2025	Full name of contributor out-on Turley, Susan (Ms.) Contributor address; City; State; Zip of Edinburg, TX 78539)		Amount of Contribution (\$)	\$1,000.00
	Principal occu President	pation / Job title (See Instructions)		Employer (See Instructions Doctors Hospital at Ren		sance	
	Date 01/31/2025	Vidrine, Amanda (Ms.))		Amount of Contribution (\$)	\$3.85
		pation / Job title (See Instructions) gulatory Manager		Employer (See Instructions Hendrick Medical Cente			
	Quality & Re	guiatory iviariagei		TIETIUTICK MEUICAI CEITLE	:1		

	MONET	ARY POLITICAL CONT	RIBUTION	S		SCHEDULI	E A1
	The Instru	ction Guide explains how to com	plete this form	n.	1	Total pages Schedule A1: Sch: 31/34 Rpt: 34/44	
2	FILER NAME The Political	Action Committee of the Texas Hospit	al Association		3	Filer ID (Ethics Commission 00015794	n Filers)
4	Date 02/12/2025	Vidrine, Amanda (Ms.) 6 Contributor address; City; State; Zip C	-state PAC (ID#: ode		7	Amount of Contribution (\$)	\$3.85
_	Dein ein el e e e e	Abilene, TX 79601	la la	Frankrick (October American	_		
8	•	pation / Job title (See Instructions) gulatory Manager	9	Employer (See Instructions Hendrick Medical Cente			
	Date 01/31/2025	Wade, Susan (Ms.) Contributor address; City; State; Zip C)		Amount of Contribution (\$)	\$15.00
	Principal occu	Abilene, TX 79601 pation / Job title (See Instructions)		Employer (See Instructions	·)		
	Abilene Mark	. ,		Hendrick Medical Cente			
	Date 02/12/2025	Full name of contributor out-of- Wade, Susan (Ms.) Contributor address; City; State; Zip C	-state PAC (ID#:)		Amount of Contribution (\$)	\$15.00
		Abilene, TX 79601					
	Principal occu Abilene Mark	pation / Job title (See Instructions) ket COO		Employer (See Instructions Hendrick Medical Cente			
	Date 01/31/2025	Full name of contributor out-of- Wagner, Angela (Ms.) Contributor address; City; State; Zip C Abilene, TX 79601				Amount of Contribution (\$)	\$3.85
	Principal occu Healthcare P	pation / Job title (See Instructions) Professional		Employer (See Instructions Hendrick Medical Cente			
	Date 02/12/2025	Wagner, Angela (Ms.)				Amount of Contribution (\$)	\$3.85
	·	pation / Job title (See Instructions)		Employer (See Instructions			
	Healthcare F	riviessiviidi		Hendrick Medical Cente	1		

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDULI	E A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 32/34 Rpt: 35/44	
2	FILER NAME				3	Filer ID (Ethics Commission	r Filers)
		Action Committee of the Texa			L	00015794	
4	Date 01/31/2025	 Full name of contributor Wallschlaeger, Erich (Mr.) Contributor address; City; Sta 	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$9.62
		Brownwood, TX 76804					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Chief Financ	ial Officer		Hendrick Medical Cente	r		
	Date 02/12/2025	Full name of contributor Wallschlaeger, Erich (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#: atte; Zip Code)		Amount of Contribution (\$)	\$9.62
		Brownwood, TX 76804	į.				
		pation / Job title (See Instructions)		Employer (See Instructions			
	Chief Financ	cial Officer		Hendrick Medical Cente	r		
	Date 01/31/2025	Full name of contributor Walzer, Cheryl (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 M	ledsurg / Tele		Hendrick Medical Cente	r		
	Date 02/12/2025	Full name of contributor Walzer, Cheryl (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#: atte; Zip Code			Amount of Contribution (\$)	\$3.85
	•	pation / Job title (See Instructions) ledsurg / Tele		Employer (See Instructions Hendrick Medical Cente	•		
	Date 02/20/2025	Full name of contributor Warner, Freddy (Mr.) Contributor address; City; Sta Houston, TX 77024	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$145.50
		pation / Job title (See Instructions)		Employer (See Instructions			
	Chief Govern	nment Relations Officer		Memorial Hermann Hea	lth	System	
_							

	MONEI	ARY POLITICAL C	CONTRIBUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 33/34 Rpt: 36/44	
2	FILER NAME The Political	Action Committee of the Texa	as Hospital Association		3	Filer ID (Ethics Commission 00015794	Filers)
4	Date 01/31/2025	5 Full name of contributor Waters, Amber (Ms.)6 Contributor address; City; St	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$3.85
0	Dringing oggu	Abilene, TX 79601	\ \ \ \ \	• Employer (See Instructions	<u>'</u>		
ð	Director of A	pation / Job title (See Instructions dmissions)	9 Employer (See Instructions Hendrick Medical Center			
	Date 02/12/2025	Full name of contributor Waters, Amber (Ms.) Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$3.85
	Dringinal occu	Abilene, TX 79601 pation / Job title (See Instructions)	Employer (See Instructions	5) 		
	Director of A		,	Hendrick Medical Cente			
	Date 01/31/2025	Full name of contributor Wharton, Elisha (Ms.) Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code			Amount of Contribution (\$)	\$3.85
		Abilene, TX 79601					
	Principal occu Sr Practice N	pation / Job title (See Instructions Manager)	Employer (See Instructions Hendrick Medical Cente			
	Date 02/12/2025	Full name of contributor Wharton, Elisha (Ms.) Contributor address; City; St Abilene, TX 79601	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$3.85
	Principal occu Sr Practice N	pation / Job title (See Instructions Manager)	Employer (See Instructions Hendrick Medical Cente	•		
	Date 01/26/2025	Full name of contributor Willmann, Adam (Mr.) Contributor address; City; St Clifton, TX 76634	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$62.50
	Principal occu President / C	pation / Job title (See Instructions CEO)	Employer (See Instructions Goodall-Witcher Health		e	

6 Contributor address; City; State; Zip Code Abilene, TX 79601 8 Principal occupation / Job title (See Instructions) System Assistant Vice President Supply Chain Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)		MONETARY POLITICAL CONTRIBUTIONS		SCHEDULE	A1
The Political Action Committee of the Texas Hospital Association 4 Date		The Instruction Guide explains how to complete this form.	1		
4 Date 01/31/2025	2		3		Filers)
8 Principal occupation / Job title (See Instructions) System Assistant Vice President Supply Chain Pate Date Date 02/12/2025 Wood, Adam (Mr.) Contributor address; City; State; Zip Code Abilene, TX 79601 Principal occupation / Job title (See Instructions) Principal occupation / Job title (See Instructions)	4	Date 5 Full name of contributor out-of-state PAC (ID#:			\$4.81
System Assistant Vice President Supply Chain Date					
02/12/2025 Wood, Adam (Mr.) Contributor address; City; State; Zip Code Abilene, TX 79601 Principal occupation / Job title (See Instructions) Employer (See Instructions)	8				
Principal occupation / Job title (See Instructions) Employer (See Instructions)		02/12/2025 Wood, Adam (Mr.)		Amount of Contribution (\$)	\$4.81
		Abilene, TX 79601			

MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C3

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

NON-MONETARY SUPPORT FROM CORPORATION SCHEDULE C4 **OR LABOR ORGANIZATION** 1 Total pages Schedule C4: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 39/44 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 02/25/2025 **Texas Hospital Association**

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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	ll 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: 1/4 Rpt: 40/44	The Political Action Committee of the Texas Hospital 00015794	
4 Date	5 Payee name	
02/03/2025	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.	
	Check if Austin, TX, officeholder living expense Credit Card Processing Fees	
	Credit Card Processing Fees	
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
Dete		_
Date	Payee name	
02/03/2025	Frost Bank	
Amount (\$)	Payee address; City; State; Zip Code	
\$65.84	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.	
	Check if Austin, TX, officeholder living expense	
	Credit Card Processing Fees	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI	1	
Date	Payee name	
02/04/2025	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.	
LA LIBITORE	Check if Austin, TX, officeholder living expense	
	Credit Card Processing Fees	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·	

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Event Expense Fees

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

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

Candidate/Officenoider/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: 2/4 Rpt: 41/44	The Political Action Committee of the Texas Hospital 00015794
4 Date	5 Payee name
01/30/2025	Stripe
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$774.03	354 Oyster Point Blvd
Expenditure from corporate funds	South San Francisco, CA 94080
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Processing fees for processing multiple credit card contributions 01/30/25-02/21/25
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/30/2025	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.
	Check if Austin, TX, officeholder living expense Credit Card Processing Fees
	Credit Start 100033mg 1 cc3
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/05/2025	Stripe
Amount (\$)	Payee address; City; State; Zip Code
\$0.63	354 Oyster Point Blvd
70.00	
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 ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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: 3/4 Rpt: 42/44	The Political Action Committee of the Texas Hospital 00015794
4 Date	5 Payee name
02/11/2025	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
	Credit Card Processing Pees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experience to belief of or	
Date	Payee name
02/12/2025	Stripe
Amount (\$)	Payee address; City; State; Zip Code
\$1.46	354 Oyster Point Blvd
41.10	oo i oyata i ama bira
Expenditure from corporate funds	South San Francisco, CA 94080
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Fees Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Credit Card Processing Fees
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
02/13/2025	Stripe
Amount (\$)	Payee address; City; State; Zip Code
\$0.42	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	Fees Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Credit Card Processing Fees
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Foundative age Expense Foundation Committee Foundation Committee Foundation F
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 4/4 Rpt: 43/44	The Political Action Committee of the Texas Hospital 00015794
4 Date 02/19/2025	5 Payee name Stripe
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$11.50	354 Oyster Point Blvd
Expenditure from corporate funds	South San Francisco, CA 94080
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description 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/OI	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: 44/44 The Political Action Committee of the Texas Hospital 00015794 \$ TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS 5 Date Payee name 02/25/2025 Atchley & Associates LLP Amount (\$) Payee address; State; Zip Code \$540.50 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