

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: 69	
3 COMMITTEE NAME The Political Action Committee of the Texas Hospital Association				OFFICE USE ONLY Date Received ELECTRONICALLY FILED 04/07/2025 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	
4 COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP 1108 Lavaca Ste 700 Austin, TX 78701				
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Sara NICKNAME LAST SUFFIX Gonzalez				
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	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 checked="" 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 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 THROUGH Month Day Year 02/26/2025 03/25/2025				

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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)	\$ 20,271.90
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,496.91
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 72,603.81
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**FORM MPAC**
COVER SHEET PG 3
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17 COMMITTEE NAME The Political Action Committee of the Texas Hospital Association		18 Filer ID (Ethics Commission Filers) 00015794
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 15,531.40
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	\$ 540.50
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	\$ 751.91
11.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 745.00
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: 1/57 Rpt: 4/69
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 02/28/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amador, Dolores (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Georgetown, TX 78633	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Claims Manager		9 Employer (See Instructions) Texas Hospital Insurance Exchange
Date 02/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andersen, Daniel (Mr.) <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78633	Amount of Contribution (\$) \$14.00
Principal occupation / Job title (See Instructions) VP Underwriting & Business Development		Employer (See Instructions) Texas Hospital Insurance Exchange
Date 03/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bagchi, Sam (Dr.) <hr/> Contributor address; City; State; Zip Code Irving, TX 75038	Amount of Contribution (\$) \$165.00
Principal occupation / Job title (See Instructions) EVP / Chief Clinical Officer		Employer (See Instructions) CHRISTUS Health
Date 03/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ballew, Joel (Mr.) <hr/> 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 02/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baty, Krista (Ms.) <hr/> 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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/57 Rpt: 5/69
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 03/13/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baty, Krista (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Brownwood, TX 76801	7 Amount of Contribution (\$) \$27.50
8 Principal occupation / Job title (See Instructions) Chief Administrative Officer		9 Employer (See Instructions) Hendrick Medical Center
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baty, Krista (Ms.) <hr/> 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 02/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beasley, Sharon (Ms.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$8.00
Principal occupation / Job title (See Instructions) Sr Dir Governance & Exec Administration		Employer (See Instructions) Texas Hospital Association
Date 03/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bell, Billie (Ms.) <hr/> Contributor address; City; State; Zip Code Hondo, TX 78861	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Chief Executive Officer		Employer (See Instructions) Medina Regional Hospital
Date 02/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bell, Jeff (Mr.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Manager Corporate Relations		Employer (See Instructions) THA Foundation

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/57 Rpt: 6/69
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 02/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Benham, Bradley (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Abilene, TX 79601	7 Amount of Contribution (\$) \$9.62
8 Principal occupation / Job title (See Instructions) VP HMC Foundation		9 Employer (See Instructions) Hendrick Medical Center
Date 03/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Benham, Bradley (Mr.) <hr/> 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
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Benham, Bradley (Mr.) <hr/> 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
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bennett, Elaine (Ms.) <hr/> Contributor address; City; State; Zip Code Seguin, TX 78155	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) CEO of Guadalupe Regional Foundation		Employer (See Instructions) Guadalupe Regional Medical Ctr
Date 02/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bessent, Brian (Mr.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$32.50
Principal occupation / Job title (See Instructions) VP / Chief Strategy & Experience 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: 4/57 Rpt: 7/69
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 03/13/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bessent, Brian (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Abilene, TX 79601	7 Amount of Contribution (\$) \$32.50
8 Principal occupation / Job title (See Instructions) VP / Chief Strategy & Experience Officer		9 Employer (See Instructions) Hendrick Medical Center
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bessent, Brian (Mr.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$32.50
Principal occupation / Job title (See Instructions) VP / Chief Strategy & Experience Officer		Employer (See Instructions) Hendrick Medical Center
Date 03/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boom, Marc (Dr.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77030	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions) President and CEO		Employer (See Instructions) Houston Methodist
Date 03/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Booth, Donny (Mr.) <hr/> Contributor address; City; State; Zip Code Andrews, TX 79714	Amount of Contribution (\$) \$41.66
Principal occupation / Job title (See Instructions) Chief Executive Officer		Employer (See Instructions) Permian Regional Medical Center
Date 02/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bowden, Sherri (Ms.) <hr/> 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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/57 Rpt: 8/69
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 03/13/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bowden, Sherri (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 Pulmonary Services		9 Employer (See Instructions) Hendrick Medical Center
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bowden, Sherri (Ms.) <hr/> 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 03/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bowerman, Stephen (Mr.) <hr/> 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 02/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brockway, Toni (Ms.) <hr/> 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 03/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brockway, Toni (Ms.) <hr/> 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: 6/57 Rpt: 9/69
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 03/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brockway, Toni (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Abilene, TX 79601	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Director of Workforce Dev		9 Employer (See Instructions) Hendrick Medical Center
Date 02/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Broderick, Treva (Ms.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$4.81
Principal occupation / Job title (See Instructions) Assistant Vice President Clinical Svs		Employer (See Instructions) Hendrick Medical Center
Date 03/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Broderick, Treva (Ms.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$4.81
Principal occupation / Job title (See Instructions) Assistant Vice President Clinical Svs		Employer (See Instructions) Hendrick Medical Center
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Broderick, Treva (Ms.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$4.81
Principal occupation / Job title (See Instructions) Assistant Vice President Clinical Svs		Employer (See Instructions) Hendrick Medical Center
Date 02/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Calvo, Raul (Mr.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79608	Amount of Contribution (\$) \$2.50
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: 7/57 Rpt: 10/69
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 03/13/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Calvo, Raul (Mr.) 6 Contributor address; City; State; Zip Code Abilene, TX 79608	7 Amount of Contribution (\$) \$2.50
8 Principal occupation / Job title (See Instructions) Board Vice Chair		9 Employer (See Instructions) Hendrick Medical Center
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Calvo, Raul (Mr.) Contributor address; City; State; Zip Code Abilene, TX 79608	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Board Vice Chair		Employer (See Instructions) Hendrick Medical Center
Date 02/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Camacho, Precilla (Ms.) Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$3.85
Principal occupation / Job title (See Instructions) Senior Director Nursing		Employer (See Instructions) Hendrick Medical Center
Date 03/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Camacho, Precilla (Ms.) Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$3.85
Principal occupation / Job title (See Instructions) Senior Director Nursing		Employer (See Instructions) Hendrick Medical Center
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Camacho, Precilla (Ms.) Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$3.85
Principal occupation / Job title (See Instructions) Senior Director Nursing		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: 8/57 Rpt: 11/69
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 02/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Canada, Kirk (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Abilene, TX 79601	7 Amount of Contribution (\$) \$30.00
8 Principal occupation / Job title (See Instructions) Chief Operating Office / System VP		9 Employer (See Instructions) Hendrick Medical Center
Date 03/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Canada, Kirk (Mr.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Chief Operating Office / System VP		Employer (See Instructions) Hendrick Medical Center
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Canada, Kirk (Mr.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Chief Operating Office / System VP		Employer (See Instructions) Hendrick Medical Center
Date 02/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cates, Boyd (Mr.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Diagnostic Technologist		Employer (See Instructions) Hendrick Medical Center
Date 03/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cates, Boyd (Mr.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$1.00
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: 9/57 Rpt: 12/69
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 03/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cates, Boyd (Mr.) <hr/> 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 03/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christopher, Brent (Mr.) <hr/> Contributor address; City; State; Zip Code Dallas, TX 75235	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) President and CEO Children's Med Ctr Foundation		Employer (See Instructions) Children's Medical Center Dallas
Date 03/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clevenger, Erin (Ms.) <hr/> 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 03/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Collins, Chad (Mr.) <hr/> Contributor address; City; State; Zip Code Plano, TX 75093	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Vice President Operations		Employer (See Instructions) Texas Health Presbyterian Hospital Plano
Date 02/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Conger, Cody (Mr.) <hr/> 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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/57 Rpt: 13/69
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 03/13/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Conger, Cody (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Abilene, TX 79601	7 Amount of Contribution (\$) \$4.00
8 Principal occupation / Job title (See Instructions) Health Director, Invasive Cardiology		9 Employer (See Instructions) Hendrick Medical Center
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Conger, Cody (Mr.) <hr/> 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 02/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Connell, Jessica (Ms.) <hr/> 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
Date 03/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Connell, Jessica (Ms.) <hr/> 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
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Connell, Jessica (Ms.) <hr/> 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: 11/57 Rpt: 14/69
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 02/28/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Conner, Cecil (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78731	7 Amount of Contribution (\$) \$4.00
8 Principal occupation / Job title (See Instructions) Risk Management Advisor		9 Employer (See Instructions) Texas Hospital Insurance Exchange
Date 02/27/2025	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 03/13/2025	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 03/20/2025	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 02/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cook, Kenneth (Mr.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) IT Director		Employer (See Instructions) THA Foundation

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/57 Rpt: 15/69
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 02/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cooper, David (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) Lab Supervisor		9 Employer (See Instructions) Hendrick Medical Center
Date 03/13/2025	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 03/20/2025	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 02/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Costilla, Nina (Ms.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Clinical Projects Manager		Employer (See Instructions) THA Foundation
Date 02/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cotton, Corey (Mr.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) VP Member Solutions		Employer (See Instructions) Texas Hospital Association

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/57 Rpt: 16/69
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 02/28/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dale, Vicki (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78701	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Sr Director of Business Services		9 Employer (See Instructions) THA Foundation
Date 03/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daskevich, Cris (Ms.) <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78207	Amount of Contribution (\$) \$145.84
Principal occupation / Job title (See Instructions) CEO, CHRISTUS Children's & SVP CHRISTUS Health		Employer (See Instructions) CHRISTUS Children's
Date 02/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davenport, Chad (Mr.) <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78633	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Accounting Specialist		Employer (See Instructions) Texas Hospital Insurance Exchange
Date 02/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davila, Leslie (Ms.) <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78633	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Receptionist		Employer (See Instructions) Texas Hospital Insurance Exchange
Date 02/27/2025	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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/57 Rpt: 17/69
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 03/13/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, John (Mr.) 6 Contributor address; City; State; Zip Code Cuero, TX 77954	7 Amount of Contribution (\$) \$3.85
8 Principal occupation / Job title (See Instructions) Director Cardiopulmonary		9 Employer (See Instructions) Cuero Regional Hospital
Date 03/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, John (Mr.) 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 02/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) De La Garza-Barone, Heather (Ms.) Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Associate General Counsel		Employer (See Instructions) Texas Hospital Association
Date 02/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeYoung, Peter (Dr.) 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 02/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dennis, Gregory (Mr.) 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: 15/57 Rpt: 18/69
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 03/13/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dennis, Gregory (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 Facility Management		9 Employer (See Instructions) Hendrick Medical Center
Date 03/20/2025	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
Date 02/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Devun, Sharn (Ms.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$3.85
Principal occupation / Job title (See Instructions) Director Risk Management		Employer (See Instructions) Hendrick Medical Center
Date 03/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Devun, Sharn (Ms.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$3.85
Principal occupation / Job title (See Instructions) Director Risk Management		Employer (See Instructions) Hendrick Medical Center
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Devun, Sharn (Ms.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$3.85
Principal occupation / Job title (See Instructions) Director Risk 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: 16/57 Rpt: 19/69
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 03/14/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dippel, Douglas (Mr.) <hr style="border-top: 1px dotted black;"/> 6 Contributor address; City; State; Zip Code Sweetwater, TX 79556	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Chief Executive Officer / Administrator		9 Employer (See Instructions) Rolling Plains Memorial Hospital
Date 02/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donaway, Duane (Mr.) <hr style="border-top: 1px dotted black;"/> Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$1.93
Principal occupation / Job title (See Instructions) Director Information Systems		Employer (See Instructions) Hendrick Medical Center
Date 03/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donaway, Duane (Mr.) <hr style="border-top: 1px dotted black;"/> Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$1.93
Principal occupation / Job title (See Instructions) Director Information Systems		Employer (See Instructions) Hendrick Medical Center
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donaway, Duane (Mr.) <hr style="border-top: 1px dotted black;"/> Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$1.93
Principal occupation / Job title (See Instructions) Director Information Systems		Employer (See Instructions) Hendrick Medical Center
Date 02/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doyle, Rosalinda (Ms.) <hr style="border-top: 1px dotted black;"/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Payroll Administrator		Employer (See Instructions) Texas Hospital Association

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/57 Rpt: 20/69
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 03/18/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Drake, Megan (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78704	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Chief Operating Officer		9 Employer (See Instructions) St Davids South Austin Medical Center
Date 02/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Driskell, Jesiree (Ms.) <hr/> 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 03/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Driskell, Jesiree (Ms.) <hr/> 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 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Driskell, Jesiree (Ms.) <hr/> 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 02/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dupree, Anthony (Mr.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Sr. Accounts Payable Specialist		Employer (See Instructions) Texas Hospital Association

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/57 Rpt: 21/69
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 03/18/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edmondson, Cory (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Wichita Falls, TX 76301	7 Amount of Contribution (\$) \$750.00
8 Principal occupation / Job title (See Instructions) President & Chief Executive Officer		9 Employer (See Instructions) United Regional Health Care System
Date 02/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eskew, Amy (Ms.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$14.00
Principal occupation / Job title (See Instructions) Sr Vice President of Operations		Employer (See Instructions) Texas Healthcare Trustees
Date 02/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eurek, Andrew (Mr.) <hr/> 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
Date 03/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eurek, Andrew (Mr.) <hr/> 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
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eurek, Andrew (Mr.) <hr/> 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: 19/57 Rpt: 22/69
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 02/28/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Felton, Chris (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78701	7 Amount of Contribution (\$) \$4.00
8 Principal occupation / Job title (See Instructions) Regional Ambassador West Texas		9 Employer (See Instructions) Texas Hospital Association
Date 02/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ford, Christopher (Mr.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$9.62
Principal occupation / Job title (See Instructions) AVP Support Services		Employer (See Instructions) Hendrick Medical Center
Date 03/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ford, Christopher (Mr.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$9.62
Principal occupation / Job title (See Instructions) AVP Support Services		Employer (See Instructions) Hendrick Medical Center
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ford, Christopher (Mr.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$9.62
Principal occupation / Job title (See Instructions) AVP Support Services		Employer (See Instructions) Hendrick Medical Center
Date 03/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fox, Jay (Mr.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$20.50
Principal occupation / Job title (See Instructions) President BSWH Austin Area		Employer (See Instructions) Baylor Scott & White Medical Center - Pflugerville

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/57 Rpt: 23/69
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 02/28/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frazier, Tess (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Georgetown, TX 78633	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) President / CEO		9 Employer (See Instructions) Texas Hospital Insurance Exchange
Date 02/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gaines, Cameron (Mr.) <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78633	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) IT Support Specialist		Employer (See Instructions) Texas Hospital Insurance Exchange
Date 02/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gette, Angela (Ms.) <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78633	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Vice President Claims		Employer (See Instructions) Texas Hospital Insurance Exchange
Date 02/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gladden, Jaye (Ms.) <hr/> 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 03/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gladden, Jaye (Ms.) <hr/> 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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/57 Rpt: 24/69
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 03/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gladden, Jaye (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) Hospital Professional		9 Employer (See Instructions) Hendrick Medical Center
Date 02/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gleitz, Stephen (Mr.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$4.81
Principal occupation / Job title (See Instructions) Nurse Manager of Critical Care Unit		Employer (See Instructions) Hendrick Medical Center
Date 03/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gleitz, Stephen (Mr.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$4.81
Principal occupation / Job title (See Instructions) Nurse Manager of Critical Care Unit		Employer (See Instructions) Hendrick Medical Center
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gleitz, Stephen (Mr.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$4.81
Principal occupation / Job title (See Instructions) Nurse Manager of Critical Care Unit		Employer (See Instructions) Hendrick Medical Center
Date 02/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez, Sara (Ms.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$41.00
Principal occupation / Job title (See Instructions) VP Advocacy & Pub Policy		Employer (See Instructions) Texas Hospital Association

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/57 Rpt: 25/69
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 02/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goolsby, Emily (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 of the Dept of Education and Professional Development		9 Employer (See Instructions) Hendrick Medical Center
Date 03/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goolsby, Emily (Ms.) <hr/> 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 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goolsby, Emily (Ms.) <hr/> 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 02/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gordon, Brittany (Ms.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Sr Specialist, AR & Association Management System		Employer (See Instructions) Texas Hospital Association
Date 02/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greenwood, Susan (Ms.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$29.00
Principal occupation / Job title (See Instructions) Vice President / 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: 23/57 Rpt: 26/69
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 03/13/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greenwood, Susan (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Abilene, TX 79601	7 Amount of Contribution (\$) \$29.00
8 Principal occupation / Job title (See Instructions) Vice President / Chief Nursing Officer		9 Employer (See Instructions) Hendrick Medical Center
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greenwood, Susan (Ms.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$29.00
Principal occupation / Job title (See Instructions) Vice President / Chief Nursing Officer		Employer (See Instructions) Hendrick Medical Center
Date 02/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haas, Mark (Mr.) <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78633	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Staff Accountant		Employer (See Instructions) Texas Hospital Insurance Exchange
Date 02/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hair, Donna (Ms.) <hr/> Contributor address; City; State; Zip Code Brownwood, TX 76804	Amount of Contribution (\$) \$3.85
Principal occupation / Job title (See Instructions) Director of Marketing		Employer (See Instructions) Hendrick Medical Center
Date 03/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hair, Donna (Ms.) <hr/> Contributor address; City; State; Zip Code Brownwood, TX 76804	Amount of Contribution (\$) \$3.85
Principal occupation / Job title (See Instructions) Director of Marketing		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: 24/57 Rpt: 27/69
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 03/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hair, Donna (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Brownwood, TX 76804	7 Amount of Contribution (\$) \$3.85
8 Principal occupation / Job title (See Instructions) Director of Marketing		9 Employer (See Instructions) Hendrick Medical Center
Date 03/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hardaway, Jay (Mr.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$208.33
Principal occupation / Job title (See Instructions) Director Legislative & Public Policy		Employer (See Instructions) Hendrick Health
Date 02/27/2025	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) Admissions Director		Employer (See Instructions) Hendrick Medical Center
Date 03/13/2025	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) Admissions Director		Employer (See Instructions) Hendrick Medical Center
Date 03/20/2025	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) Admissions 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: 25/57 Rpt: 28/69
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 02/26/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hart, Brandy (Mrs.) <hr/> 6 Contributor address; City; State; Zip Code Nashville, TN 37203	7 Amount of Contribution (\$) \$83.00
8 Principal occupation / Job title (See Instructions) Regional Vice President / Behavioral Health		9 Employer (See Instructions) HCA Healthcare
Date 02/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hawkins, John (Mr.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$90.00
Principal occupation / Job title (See Instructions) President / CEO		Employer (See Instructions) Texas Hospital Association
Date 02/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Head, Courtney (Ms.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$9.62
Principal occupation / Job title (See Instructions) Vice President of Human Resources		Employer (See Instructions) Hendrick Medical Center
Date 03/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Head, Courtney (Ms.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$9.62
Principal occupation / Job title (See Instructions) Vice President of Human Resources		Employer (See Instructions) Hendrick Medical Center
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Head, Courtney (Ms.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$9.62
Principal occupation / Job title (See Instructions) Vice President of Human Resources		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: 26/57 Rpt: 29/69
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 02/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henry, Elizabeth (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Abilene, TX 79601	7 Amount of Contribution (\$) \$4.81
8 Principal occupation / Job title (See Instructions) Director Case Management		9 Employer (See Instructions) Hendrick Medical Center
Date 03/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henry, Elizabeth (Ms.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$4.81
Principal occupation / Job title (See Instructions) Director Case Management		Employer (See Instructions) Hendrick Medical Center
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henry, Elizabeth (Ms.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$4.81
Principal occupation / Job title (See Instructions) Director Case Management		Employer (See Instructions) Hendrick Medical Center
Date 02/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez, Janet (Ms.) <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78633	Amount of Contribution (\$) \$8.34
Principal occupation / Job title (See Instructions) Accounting Manager		Employer (See Instructions) Texas Hospital Insurance Exchange
Date 02/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hess, Heather (Ms.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$3.85
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: 27/57 Rpt: 30/69
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 03/13/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hess, Heather (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) Market Director		9 Employer (See Instructions) Hendrick Medical Center
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hess, Heather (Ms.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$3.85
Principal occupation / Job title (See Instructions) Market Director		Employer (See Instructions) Hendrick Medical Center
Date 03/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hillier, Robert (Mr.) <hr/> Contributor address; City; State; Zip Code Bellaire, TX 77401	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) SVP Public Policy / Govt Relations		Employer (See Instructions) Harris Health System
Date 03/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holcomb, Holly (Ms.) <hr/> Contributor address; City; State; Zip Code Childress, TX 79201	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Chief Executive Officer		Employer (See Instructions) Childress Regional Medical Center
Date 03/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holland, Brad (Mr.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$145.84
Principal occupation / Job title (See Instructions) President / Chief Executive Officer		Employer (See Instructions) Hendrick Health

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 28/57 Rpt: 31/69
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 02/28/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holleman, Will (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78701	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) VP Advocacy & Pub Policy		9 Employer (See Instructions) Texas Hospital Association
Date 03/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Honea, Michael (Mr.) <hr/> Contributor address; City; State; Zip Code Glen Rose, TX 76043	Amount of Contribution (\$) \$41.00
Principal occupation / Job title (See Instructions) Chief Executive Officer		Employer (See Instructions) Glen Rose Medical Center
Date 02/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howard, Erica (Ms.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$3.85
Principal occupation / Job title (See Instructions) System Director Benefits		Employer (See Instructions) Hendrick Medical Center
Date 03/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howard, Erica (Ms.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$3.85
Principal occupation / Job title (See Instructions) System Director Benefits		Employer (See Instructions) Hendrick Medical Center
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howard, Erica (Ms.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$3.85
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: 29/57 Rpt: 32/69
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 03/21/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hrncirik, Bobbye (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Lubbock, TX 79415	7 Amount of Contribution (\$) \$83.00
8 Principal occupation / Job title (See Instructions) VP Supplemental Funding		9 Employer (See Instructions) University Medical Center
Date 02/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Huff, Alexander (Mr.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Vice President of Health IT Programs		Employer (See Instructions) THA Foundation
Date 02/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Huffington, Mark (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 Analytics		Employer (See Instructions) Hendrick Medical Center
Date 03/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Huffington, Mark (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 Analytics		Employer (See Instructions) Hendrick Medical Center
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Huffington, Mark (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 Analytics		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: 30/57 Rpt: 33/69
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 03/25/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Huffstutler, David (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78701	7 Amount of Contribution (\$) \$3,500.00
8 Principal occupation / Job title (See Instructions) President / CEO		9 Employer (See Instructions) St. David's HealthCare
Date 02/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hunnicut, Craig (Mr.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$3.85
Principal occupation / Job title (See Instructions) Director Regional Services		Employer (See Instructions) Hendrick Medical Center
Date 03/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hunnicut, Craig (Mr.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$3.85
Principal occupation / Job title (See Instructions) Director Regional Services		Employer (See Instructions) Hendrick Medical Center
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hunnicut, Craig (Mr.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$3.85
Principal occupation / Job title (See Instructions) Director Regional Services		Employer (See Instructions) Hendrick Medical Center
Date 03/19/2025	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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 31/57 Rpt: 34/69
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 03/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hurt-Deitch, Sally (Ms.) <hr/> 6 Contributor address; City; State; Zip Code El Paso, TX 79932	7 Amount of Contribution (\$) \$145.83
8 Principal occupation / Job title (See Instructions) Executive VP of Nursing & Operations Infrastructure		9 Employer (See Instructions) Ascension Health
Date 02/27/2025	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 03/13/2025	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 03/25/2025	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 02/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Robin (Ms.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Vice President Service Center		Employer (See Instructions) Texas Hospital Association

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 32/57 Rpt: 35/69
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 02/28/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Susan (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78701	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Member Ambassador		9 Employer (See Instructions) Texas Hospital Association
Date 02/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly, Tave (Ms.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$4.81
Principal occupation / Job title (See Instructions) AVP Revenue Cycle		Employer (See Instructions) Hendrick Medical Center
Date 03/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly, Tave (Ms.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$4.81
Principal occupation / Job title (See Instructions) AVP Revenue Cycle		Employer (See Instructions) Hendrick Medical Center
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly, Tave (Ms.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$4.81
Principal occupation / Job title (See Instructions) AVP Revenue Cycle		Employer (See Instructions) Hendrick Medical Center
Date 03/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kimmel, Stephen (Mr.) <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76104	Amount of Contribution (\$) \$83.00
Principal occupation / Job title (See Instructions) Chief Financial Officer		Employer (See Instructions) Cook Children's Medical Center

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 33/57 Rpt: 36/69
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 03/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kirkman, Leni (Ms.) <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78229	7 Amount of Contribution (\$) \$41.00
8 Principal occupation / Job title (See Instructions) Exec VP Corp Communications & Mktg		9 Employer (See Instructions) University Health
Date 02/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kroll, Carrie (Ms.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$82.00
Principal occupation / Job title (See Instructions) Sr Vice President Advocacy & Pub Policy		Employer (See Instructions) Texas Hospital Association
Date 02/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krupala, Judith (Ms.) <hr/> Contributor address; City; State; Zip Code Cuero, TX 77954	Amount of Contribution (\$) \$1.93
Principal occupation / Job title (See Instructions) Chief Nursing Officer		Employer (See Instructions) Cuero Regional Hospital
Date 03/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krupala, Judith (Ms.) <hr/> Contributor address; City; State; Zip Code Cuero, TX 77954	Amount of Contribution (\$) \$1.93
Principal occupation / Job title (See Instructions) Chief Nursing Officer		Employer (See Instructions) Cuero Regional Hospital
Date 03/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krupala, Judith (Ms.) <hr/> Contributor address; City; State; Zip Code Cuero, TX 77954	Amount of Contribution (\$) \$1.93
Principal occupation / Job title (See Instructions) Chief Nursing Officer		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: 34/57 Rpt: 37/69
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 02/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lafrance, Judith (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Abilene, TX 79606	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) HMCS Chief Administrative Officer		9 Employer (See Instructions) Hendrick Medical Center
Date 03/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lafrance, Judith (Ms.) <hr/> 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 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lafrance, Judith (Ms.) <hr/> 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 03/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leal, Jorge (Mr.) <hr/> 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
Date 02/27/2025	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 Srvc & Physician Recruitment		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: 35/57 Rpt: 38/69
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 03/13/2025	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 03/20/2025	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 02/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lengal, Samantha (Ms.) <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78633	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Underwriting Coordinator		Employer (See Instructions) Texas Hospital Insurance Exchange
Date 02/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Liscano, Rosie (Ms.) <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78633	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Senior Claims Adj/Risk Mgmt Specialist		Employer (See Instructions) Texas Hospital Insurance Exchange
Date 02/27/2025	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: 36/57 Rpt: 39/69
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 03/13/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lowery, James (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 Managed Care		9 Employer (See Instructions) Hendrick Medical Center
Date 03/20/2025	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 02/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lozano, Deborah (Ms.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Staff Accountant		Employer (See Instructions) Texas Hospital Association
Date 03/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lozano, Marco (Mr.) <hr/> Contributor address; City; State; Zip Code Laredo, TX 78044	Amount of Contribution (\$) \$41.66
Principal occupation / Job title (See Instructions) Chief Operating Officer		Employer (See Instructions) Laredo Medical Center
Date 02/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lusardi, Nicole (Ms.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Associate General Counsel		Employer (See Instructions) Texas Hospital Association

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 37/57 Rpt: 40/69
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 03/22/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matens, Brett (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78756	7 Amount of Contribution (\$) \$83.33
8 Principal occupation / Job title (See Instructions) Chief Executive Officer		9 Employer (See Instructions) Heart Hospital of Austin
Date 03/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCain, Rebecca (Ms.) <hr/> Contributor address; City; State; Zip Code Electra, TX 76360	Amount of Contribution (\$) \$41.67
Principal occupation / Job title (See Instructions) Chief Executive Officer		Employer (See Instructions) Electra Memorial Hospital
Date 02/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCollough, Kimberly (Ms.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79606	Amount of Contribution (\$) \$3.85
Principal occupation / Job title (See Instructions) Director of Progressive Care Services		Employer (See Instructions) Hendrick Medical Center
Date 03/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCollough, Kimberly (Ms.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79606	Amount of Contribution (\$) \$3.85
Principal occupation / Job title (See Instructions) Director of Progressive Care Services		Employer (See Instructions) Hendrick Medical Center
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCollough, Kimberly (Ms.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79606	Amount of Contribution (\$) \$3.85
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: 38/57 Rpt: 41/69
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 02/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McElrath, Pamela (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Abilene, TX 79601	7 Amount of Contribution (\$) \$4.00
8 Principal occupation / Job title (See Instructions) Registered Nurse		9 Employer (See Instructions) Hendrick Medical Center
Date 03/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McElrath, Pamela (Ms.) <hr/> 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 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McElrath, Pamela (Ms.) <hr/> 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 03/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKinney, Brenda (Mrs.) <hr/> Contributor address; City; State; Zip Code Pecos, TX 79772	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Chief Executive Officer		Employer (See Instructions) Reeves Regional Health
Date 02/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Merrell, Angie (Ms.) <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78633	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) THIE Vice President of Risk Management		Employer (See Instructions) Texas Hospital Insurance Exchange

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 39/57 Rpt: 42/69
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 03/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mitchell, Kenneth (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78701	7 Amount of Contribution (\$) \$41.00
8 Principal occupation / Job title (See Instructions) SVP / Chief Medical Officer		9 Employer (See Instructions) St. David's HealthCare
Date 02/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mundfrom, Jessie (Ms.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Manager of Virtual Education		Employer (See Instructions) THA Foundation
Date 02/27/2025	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 03/13/2025	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 03/20/2025	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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 40/57 Rpt: 43/69
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 02/28/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neiger, David (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78701	7 Amount of Contribution (\$) \$82.00
8 Principal occupation / Job title (See Instructions) Sr Vice President / Chief Financial Officer		9 Employer (See Instructions) Texas Hospital Association
Date 02/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Neil, Jennifer (Ms.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Executive Administrative Manager		Employer (See Instructions) Texas Hospital Association
Date 02/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pargac, Ann (Ms.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Sr Director of Education		Employer (See Instructions) THA Foundation
Date 03/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phillips, John (Mr.) <hr/> Contributor address; City; State; Zip Code Dallas, TX 75265	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Methodist Dallas Medical Center
Date 02/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Porter, Lea Anne (Ms.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) VP Retirement Plans		Employer (See Instructions) Texas Hospital Association Retirement Plan

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 41/57 Rpt: 44/69
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 02/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Preston, Deborah (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Abilene, TX 79601	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Director of Pharmacy		9 Employer (See Instructions) Hendrick Medical Center
Date 03/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Preston, Deborah (Ms.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Director of Pharmacy		Employer (See Instructions) Hendrick Medical Center
Date 03/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Qualls, Rustin (Mr.) <hr/> Contributor address; City; State; Zip Code Clifton, TX 76634	Amount of Contribution (\$) \$20.50
Principal occupation / Job title (See Instructions) Director of Operations		Employer (See Instructions) Goodall-Witcher Healthcare
Date 02/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramirez, Erika (Ms.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Senior Director Health Policy		Employer (See Instructions) Texas Hospital Association
Date 02/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramirez, Lisa (Ms.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Specialist		Employer (See Instructions) Texas Hospital Association

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 42/57 Rpt: 45/69
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 03/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richburg, Melanie (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Tahoka, TX 79373	7 Amount of Contribution (\$) \$125.00
8 Principal occupation / Job title (See Instructions) Chief Executive Officer		9 Employer (See Instructions) Lynn County Hospital District
Date 02/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richert, Ron (Mr.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$3.85
Principal occupation / Job title (See Instructions) Director of the Health Club		Employer (See Instructions) Hendrick Medical Center
Date 03/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richert, Ron (Mr.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$3.85
Principal occupation / Job title (See Instructions) Director of the Health Club		Employer (See Instructions) Hendrick Medical Center
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richert, Ron (Mr.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$3.85
Principal occupation / Job title (See Instructions) Director of the Health Club		Employer (See Instructions) Hendrick Medical Center
Date 02/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rios, Amy (Ms.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Dir Marketing & Strategic Communications		Employer (See Instructions) Texas Hospital Association

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 43/57 Rpt: 46/69
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 03/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robicheaux, James (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Bay City, TX 77414	7 Amount of Contribution (\$) \$42.00
8 Principal occupation / Job title (See Instructions) Chief Executive Officer		9 Employer (See Instructions) Matagorda Regional Medical Center
Date 02/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Tracee (Ms.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$3.85
Principal occupation / Job title (See Instructions) Director of Quality		Employer (See Instructions) Hendrick Medical Center
Date 03/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Tracee (Ms.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$3.85
Principal occupation / Job title (See Instructions) Director of Quality		Employer (See Instructions) Hendrick Medical Center
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Tracee (Ms.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$3.85
Principal occupation / Job title (See Instructions) Director of Quality		Employer (See Instructions) Hendrick Medical Center
Date 03/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Micah (Mr.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77266	Amount of Contribution (\$) \$29.17
Principal occupation / Job title (See Instructions) Vice President Public Policy & Government Relations		Employer (See Instructions) Harris Health System

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 44/57 Rpt: 47/69
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 03/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saenz, Iris (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77024	7 Amount of Contribution (\$) \$20.50
8 Principal occupation / Job title (See Instructions) Manager Public Policy & Community Benefit		9 Employer (See Instructions) Memorial Hermann Health System
Date 02/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Safarik, Paulina (Ms.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Senior Director of Human Resources		Employer (See Instructions) Texas Hospital Association
Date 02/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schmidt, Timothy (Mr.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$3.85
Principal occupation / Job title (See Instructions) Dir Property / Facility Management		Employer (See Instructions) Hendrick Medical Center
Date 03/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schmidt, Timothy (Mr.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$3.85
Principal occupation / Job title (See Instructions) Dir Property / Facility Management		Employer (See Instructions) Hendrick Medical Center
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schmidt, Timothy (Mr.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$3.85
Principal occupation / Job title (See Instructions) Dir Property / 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: 45/57 Rpt: 48/69
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 02/28/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shea, Patrick (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Georgetown, TX 78633	7 Amount of Contribution (\$) \$2.00
8 Principal occupation / Job title (See Instructions) Risk Management Coordinator		9 Employer (See Instructions) Texas Hospital Insurance Exchange
Date 02/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sipes, Michael (Mr.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Legal Services Specialist		Employer (See Instructions) Texas Hospital Association
Date 03/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Andrew (Mr.) <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78229	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) Vice President of Government Relations & Public Policy		Employer (See Instructions) University Health
Date 02/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, John (Mr.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Director Data & Technology		Employer (See Instructions) THA Foundation
Date 02/27/2025	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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 46/57 Rpt: 49/69
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 03/13/2025	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 03/20/2025	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 02/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Srubar, Linda (Mrs.) <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78633	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Executive Assistant		Employer (See Instructions) Texas Hospital Association
Date 02/27/2025	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 03/13/2025	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: 47/57 Rpt: 50/69
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 03/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stafford, Steven (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 Hendrick Clinic		9 Employer (See Instructions) Hendrick Medical Center
Date 02/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephenson, David (Mr.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$9.62
Principal occupation / Job title (See Instructions) Executive		Employer (See Instructions) Hendrick Medical Center
Date 03/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephenson, David (Mr.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$9.62
Principal occupation / Job title (See Instructions) Executive		Employer (See Instructions) Hendrick Medical Center
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephenson, David (Mr.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$9.62
Principal occupation / Job title (See Instructions) Executive		Employer (See Instructions) Hendrick Medical Center
Date 03/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stern, Andrew (Mr.) <hr/> Contributor address; City; State; Zip Code Dallas, TX 75248	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Trustee		Employer (See Instructions) Medical City Dallas

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 48/57 Rpt: 51/69
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 03/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swindle, Patrick (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Harker Heights, TX 76548	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Chief Executive Officer		9 Employer (See Instructions) Seton Medical Center Harker Heights
Date 02/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Wendy (Ms.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Mgr Advocacy / Pub Policy / HOSPAC		Employer (See Instructions) Texas Hospital Association
Date 02/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tiffin, Laura (Ms.) <hr/> Contributor address; City; State; Zip Code Cuero, TX 77954	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Business Office Manager		Employer (See Instructions) Cuero Regional Hospital
Date 03/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tiffin, Laura (Ms.) <hr/> Contributor address; City; State; Zip Code Cuero, TX 77954	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Business Office Manager		Employer (See Instructions) Cuero Regional Hospital
Date 03/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tiffin, Laura (Ms.) <hr/> Contributor address; City; State; Zip Code Cuero, TX 77954	Amount of Contribution (\$) \$1.00
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: 49/57 Rpt: 52/69
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 02/28/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trevino, Judy (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78701	7 Amount of Contribution (\$) \$4.00
8 Principal occupation / Job title (See Instructions) Vice President Finance		9 Employer (See Instructions) Texas Hospital Association
Date 02/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trout, Judith (Ms.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Healthcare Data Analyst		Employer (See Instructions) THA Foundation
Date 02/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tucek, Karen (Ms.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$3.85
Principal occupation / Job title (See Instructions) Director, Hospice		Employer (See Instructions) Hendrick Medical Center
Date 03/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tucek, Karen (Ms.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$3.85
Principal occupation / Job title (See Instructions) Director, Hospice		Employer (See Instructions) Hendrick Medical Center
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tucek, Karen (Ms.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$3.85
Principal occupation / Job title (See Instructions) Director, Hospice		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: 50/57 Rpt: 53/69
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 02/28/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turner, Matt (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78701	7 Amount of Contribution (\$) \$2.00
8 Principal occupation / Job title (See Instructions) Senior Director Quality & Payment		9 Employer (See Instructions) Texas Hospital Association
Date 03/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turner, McCann (Mr.) <hr/> Contributor address; City; State; Zip Code Arlington, TX 76011	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Specialist of Gov Affairs and Advocacy		Employer (See Instructions) Texas Health Resources
Date 02/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vidrine, Amanda (Ms.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$3.85
Principal occupation / Job title (See Instructions) Quality & Regulatory Manager		Employer (See Instructions) Hendrick Medical Center
Date 03/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vidrine, Amanda (Ms.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$3.85
Principal occupation / Job title (See Instructions) Quality & Regulatory Manager		Employer (See Instructions) Hendrick Medical Center
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vidrine, Amanda (Ms.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$3.85
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: 51/57 Rpt: 54/69
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 02/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wade, Susan (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Abilene, TX 79601	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Abilene Market COO		9 Employer (See Instructions) Hendrick Medical Center
Date 03/13/2025	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 03/20/2025	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 02/27/2025	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 03/13/2025	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: 52/57 Rpt: 55/69
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 03/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wagner, Angela (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) Healthcare Professional		9 Employer (See Instructions) Hendrick Medical Center
Date 02/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wallschlaeger, Erich (Mr.) <hr/> 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 03/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wallschlaeger, Erich (Mr.) <hr/> 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 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wallschlaeger, Erich (Mr.) <hr/> 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 02/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walzer, Cheryl (Ms.) <hr/> 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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 53/57 Rpt: 56/69
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 03/13/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walzer, Cheryl (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 of Medsurg / Tele		9 Employer (See Instructions) Hendrick Medical Center
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walzer, Cheryl (Ms.) <hr/> 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 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warner, Freddy (Mr.) <hr/> 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
Date 02/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Waters, Amber (Ms.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$3.85
Principal occupation / Job title (See Instructions) Director of Admissions		Employer (See Instructions) Hendrick Medical Center
Date 03/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Waters, Amber (Ms.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$3.85
Principal occupation / Job title (See Instructions) Director of Admissions		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: 54/57 Rpt: 57/69
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 03/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Waters, Amber (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 of Admissions		9 Employer (See Instructions) Hendrick Medical Center
Date 02/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Werner, Theo (Mr.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Advocacy / Multimedia Writer		Employer (See Instructions) Texas Hospital Association
Date 02/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wharton, Elisha (Ms.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$3.85
Principal occupation / Job title (See Instructions) Sr Practice Manager		Employer (See Instructions) Hendrick Medical Center
Date 03/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wharton, Elisha (Ms.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$3.85
Principal occupation / Job title (See Instructions) Sr Practice Manager		Employer (See Instructions) Hendrick Medical Center
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wharton, Elisha (Ms.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$3.85
Principal occupation / Job title (See Instructions) Sr Practice 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: 55/57 Rpt: 58/69
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 02/28/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Ben (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78701	7 Amount of Contribution (\$) \$14.00
8 Principal occupation / Job title (See Instructions) VP Advocacy & Pub Policy		9 Employer (See Instructions) Texas Hospital Association
Date 02/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Carrie (Ms.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Chief Communications Officer		Employer (See Instructions) Texas Hospital Association
Date 02/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Patty (Ms.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Relationship Manager Business Svcs		Employer (See Instructions) THA Foundation
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Sheri (Ms.) <hr/> Contributor address; City; State; Zip Code Seguin, TX 78155	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Chief Operating Officer		Employer (See Instructions) Guadalupe Regional Medical Ctr
Date 02/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Willmann, Adam (Mr.) <hr/> Contributor address; City; State; Zip Code Clifton, TX 76634	Amount of Contribution (\$) \$62.50
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: 56/57 Rpt: 59/69
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 03/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Melissa (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Fairfield, TX 75840	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) CEO / Administrator		9 Employer (See Instructions) Freestone Medical Center
Date 02/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wohleb, Stephen (Mr.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$41.00
Principal occupation / Job title (See Instructions) General Counsel		Employer (See Instructions) Texas Hospital Association
Date 02/27/2025	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
Date 03/13/2025	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
Date 03/20/2025	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 POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 57/57 Rpt: 60/69
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 03/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yeager, Amy (Ms.) 6 Contributor address; City; State; Zip Code Dallas, TX 75235	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Senior VP & Chief Legal Officer		9 Employer (See Instructions) Children's Health
Date 03/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yoder-Wise, Patricia (Ms.) Contributor address; City; State; Zip Code Lubbock, TX 79430	Amount of Contribution (\$) \$125.00
Principal occupation / Job title (See Instructions) Professor & Dean Emerita - School of Nursing		Employer (See Instructions) Texas Tech Univ Health Sciences 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: 61/69

2 FILER NAME

The Political Action Committee of the Texas Hospital Association

3 Filer ID (Ethics Commission Filers)
00015794

4 Date

03/11/2025

5 Corporation / Labor Organization name

Texas Hospital Association

6 Amount (\$)

540.50

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: 62/69

2 FILER NAME

The Political Action Committee of the Texas Hospital Association

3 Filer ID (Ethics Commission Filers)
00015794

4 Date

03/25/2025

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: 1/6 Rpt: 63/69	2 FILER NAME The Political Action Committee of the Texas Hospital	3 Filer ID (Ethics Commission Filers) 00015794
4 Date 02/27/2025	5 Payee name Frost Bank	
6 Amount (\$) \$0.08 <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 <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/03/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$19.95 <input type="checkbox"/> Expenditure from corporate funds	Payee name Frost Bank 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 <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/03/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$64.73 <input type="checkbox"/> Expenditure from corporate funds	Payee name Frost Bank 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 <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
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: 2/6 Rpt: 64/69	2 FILER NAME The Political Action Committee of the Texas Hospital	3 Filer ID (Ethics Commission Filers) 00015794
4 Date 03/04/2025	5 Payee name Frost Bank	
6 Amount (\$) \$52.55 <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 <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/26/2025	Candidate/Officeholder name Office sought Office held	
Payee name Stripe		
Amount (\$) \$598.70 <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 Processing fees for processing multiple credit card contributions 02/26/25-03/25/25
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/26/2025	Candidate/Officeholder name Office sought Office held	
Payee name Stripe		
Amount (\$) \$4.42 <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
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: 3/6 Rpt: 65/69	2 FILER NAME The Political Action Committee of the Texas Hospital	3 Filer ID (Ethics Commission Filers) 00015794
4 Date 03/05/2025	5 Payee name Stripe	
6 Amount (\$) \$0.63 <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 03/11/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$3.06 <input type="checkbox"/> Expenditure from corporate funds	Payee name Stripe 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 03/12/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$1.46 <input type="checkbox"/> Expenditure from corporate funds	Payee name Stripe 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
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: 4/6 Rpt: 66/69	2 FILER NAME The Political Action Committee of the Texas Hospital	3 Filer ID (Ethics Commission Filers) 00015794
4 Date 03/13/2025	5 Payee name Stripe	
6 Amount (\$) \$0.42 <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 03/14/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$0.15 <input type="checkbox"/> Expenditure from corporate funds	Payee name Stripe 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 03/17/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$0.52 <input type="checkbox"/> Expenditure from corporate funds	Payee name Stripe 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
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: 5/6 Rpt: 67/69	2 FILER NAME The Political Action Committee of the Texas Hospital	3 Filer ID (Ethics Commission Filers) 00015794
4 Date 03/18/2025	5 Payee name Stripe	
6 Amount (\$) \$0.62 <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 03/19/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$2.71 <input type="checkbox"/> Expenditure from corporate funds	Payee name Stripe 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 03/24/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$1.29 <input type="checkbox"/> Expenditure from corporate funds	Payee name Stripe 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
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: 6/6 Rpt: 68/69	2 FILER NAME The Political Action Committee of the Texas Hospital	3 Filer ID (Ethics Commission Filers) 00015794
4 Date 03/25/2025	5 Payee name Stripe	
6 Amount (\$) \$0.62 <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
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee

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 F2: Sch: 1/1 Rpt: 69/69	2 FILER NAME The Political Action Committee of the Texas Hospital	3 Filer ID (Ethics Commission Filers) 00015794
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$
5 Date 03/25/2025	6 Payee name Atchley & Associates LLP	
7 Amount (\$) \$745.00 <input checked="" type="checkbox"/> Expenditure from corporate funds	8 Payee address; City; State; Zip Code 1005 La Posada Dr Austin, TX 78752	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
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
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held