FORM MPAC MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** Filer ID 2 Total pages filed: The MPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00015794 3 COMMITTEE NAME **OFFICE USE ONLY** The Political Action Committee of the Texas Hospital Association Date Received **ELECTRONICALLY FILED** 04/07/2025 COMMITTEE ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP **ADDRESS** 1108 Lavaca Ste 700 Austin, TX 78701 Date Hand-delivered or Date Postmarked CAMPAIGN MS / MRS / MR **FIRST** MI **TREASURER** Receipt # Amount Sara NAME Date Processed **NICKNAME SUFFIX** LAST Date Imaged Gonzalez CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE TREASURER 1108 Lavaca Suite 700 STREET **ADDRESS** (Residence or Business) Austin, TX 78701 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** 1108 Lavaca Suite 700 MAILING **ADDRESS** Austin, TX 78701 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (512) 465-1000 REPORT TYPE 10th day after campaign X Monthly Dissolution (Attach PAC-DR) treasurer termination 10 MONTHLY January 5 X April 5 July 5 October 5 REPORT FILING **DEADLINE** February 5 May 5 August 5 November 5 March 5 September 5 December 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 02/26/2025 03/25/2025

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

2 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
The Political Action (Committee of the Texas H	ospital Association	00015794	ļ
4 COMMITTEE ACTIVITY	1. Candidates	A. Supported		
ACTIVITY	(Identify by name or, if applicable, classify by party.)			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	0. Management	A Cupported		
	Measures (Describe by date and location	A. Supported		
	of election and nature of issue.)			
		B. Opposed		
	3. Officeholders			
	Assisted (Identify by name or, if applicable, classify by party.)			
5 CONTRIBUTION	1. TOTAL UNITEMIZEI	D POLITICAL CONTRIBUTIONS (OTHER THAN		
TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA	L CONTRIBUTIONS	\$	20 271 00
	(OTHER THAN PLE	DGES, LOANS, OR GUARANTEES OF LOANS)		20,271.90
EXPENDITURE TOTALS	3. TOTAL UNITEMIZE	D POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	1,496.91
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	72,603.81
OUTSTANDING LOAN TOTALS	1	AMOUNT OF ALL OUTSTANDING LOANS AS OF REPORTING PERIOD	THE \$	0.00
.6 AFFIDAVIT	l		·	
		I swear, or affirm, under penalty of p true and correct and includes all info under Title 15, Election Code.	erjury, that the rmation require	accompanying report is d to be reported by me
		Sara (Gonzalez	
		Signature of Ca		ırer
4551741074	DV 07440 / 0544 AD0V5	orginal of the	ampaign mode.	
AFFIX NOTA	RY STAMP / SEAL ABOVE			
		,	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 offi	cer administering oath
Signature of officer	administering tatti	Times hame of officer duffillistering batti	TIME OF OIL	cor auministering batti

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

					3 of 69
		E NAME	18 Filer ID	(Ethics	Commission Filers)
		cal Action Committee of the Texas Hospital Association	00015794		
		E SUBTOTALS SCHEDULE		S	UBTOTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	15,531.40
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	R	\$	
5.		\$			
6.	Х	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGA	ANIZATION	\$	540.50
7.	Х	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$	4,200.00
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR O	ORGANIZATION	\$	
9.		SCHEDULE E: LOANS		\$	
10.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$	751.91
11.	Х	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	745.00
12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
13.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	

	MONEI	ARY POLITICAL CO	ONTRIBUTION	IS		SCHEDUL	E A1
	The Instru	ction Guide explains how t	o complete this for	n.	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 00015794	n Filers)
4	Date 02/28/2025	5 Full name of contributor Amador, Dolores (Ms.)6 Contributor address; City; Stat	out-of-state PAC (ID#:e; Zip Code)	7	Amount of Contribution (\$)	\$1.00
		Georgetown, TX 78633					
8	Principal occu Claims Mana	pation / Job title (See Instructions)	9	Employer (See Instructions		Evahanga	
				Texas Hospital Insuranc			
	Date 02/28/2025	Full name of contributor Andersen, Daniel (Mr.) Contributor address; City; Stat	out-of-state PAC (ID#:e; Zip Code)		Amount of Contribution (\$)	\$14.00
		Georgetown, TX 78633					
		pation / Job title (See Instructions)		Employer (See Instructions			
	VP Underwri	iting & Business Development		Texas Hospital Insuranc	e E	Exchange	
	Date 03/12/2025	Full name of contributor Bagchi, Sam (Dr.) Contributor address; City; Stat	out-of-state PAC (ID#:e; Zip Code)		Amount of Contribution (\$)	\$165.00
		Irving, TX 75038					
	•	pation / Job title (See Instructions) Clinical Officer		Employer (See Instructions CHRISTUS Health	5)		
	Date 03/17/2025	Full name of contributor Ballew, Joel (Mr.) Contributor address; City; Stat Arlington, TX 76011	out-of-state PAC (ID#:e; Zip Code)		Amount of Contribution (\$)	\$41.50
	•	pation / Job title (See Instructions) nent & Community Affairs		Employer (See Instructions Texas Health Resources			
	Date 02/27/2025	Full name of contributor Baty, Krista (Ms.)	out-of-state PAC (ID#:e; Zip Code)		Amount of Contribution (\$)	\$27.50
		pation / Job title (See Instructions) istrative Officer		Employer (See Instructions Hendrick Medical Cente			
			I				

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instruc	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 2/57 Rpt: 5/69	
2	FILER NAME The Political	Action Committee of the Texa	as Hospital Association		3	Filer ID (Ethics Commission 00015794	n Filers)
4	Date 03/13/2025	5 Full name of contributor Baty, Krista (Ms.)6 Contributor address; City; St	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$27.50
0	Dringing occur	Brownwood, TX 76801	, I	• Employer (See Instructions	<u>''</u>		
8		pation / Job title (See Instructions istrative Officer)	9 Employer (See Instructions Hendrick Medical Cente			
	Date 03/20/2025	Full name of contributor Baty, Krista (Ms.) Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$27.50
	Deinsinal	Brownwood, TX 76801	,	Frankrija (O. a. kratinski ana			
		Principal occupation / Job title (See Instructions) Employer (See InstruChief Administrative Officer Hendrick Medical (
	Date Full name of contributor out-of-state PAC (ID#:) Date Date Full name of contributor out-of-state PAC (ID#:) Beasley, Sharon (Ms.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$8.00		
	Dringing con	Austin, TX 78701 pation / Job title (See Instructions	,	Employer (See Instructions	', 		
		nance & Exec Administration)	Texas Hospital Associat	•	1	
Date Full name of contribution of contribution address;		Full name of contributor Bell, Billie (Ms.) Contributor address; City; St Hondo, TX 78861	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$500.00
	Principal occu Chief Execut	pation / Job title (See Instructions tive Officer)	Employer (See Instructions Medina Regional Hospit			
	Date 02/28/2025	Full name of contributor Bell, Jeff (Mr.) Contributor address; City; St Austin, TX 78701	out-of-state PAC (ID#:_		•	Amount of Contribution (\$)	\$4.00
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Manager Co	rporate Relations		THA Foundation			

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instruc	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 3/57 Rpt: 6/69	
2	FILER NAME	Astis Committee of the Town			3	Filer ID (Ethics Commission	n Filers)
		Action Committee of the Tex			L	00015794	
4	Date 02/27/2025	5 Full name of contributor Benham, Bradley (Mr.)6 Contributor address; City; S	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$9.62
		Abilene, TX 79601					
8	Principal occu	pation / Job title (See Instructions	3)	9 Employer (See Instructions	5)		
	VP HMC Fou	undation		Hendrick Medical Cente	er		
	Date	Full name of contributor	out-of-state PAC (ID#:			Amount of Contribution (\$)	фо co
	03/13/2025	Benham, Bradley (Mr.) Contributor address; City; S	ate; Zip Code				\$9.62
		Abilene, TX 79601					
	Principal occu	rincipal occupation / Job title (See Instructions) Employer (See Instructions)					
	VP HMC Foundation Hendrick Medical			Hendrick Medical Cente	er		
	Date O3/20/2025 Benham, Bradley (Mr.) Contributor address; City; State; Zip Code			•	Amount of Contribution (\$)	\$9.62	
		Abilene, TX 79601					
	Principal occu	pation / Job title (See Instructions	3)	Employer (See Instructions	5)		
	VP HMC Fou	undation		Hendrick Medical Cente	er		
	Date 03/20/2025	Full name of contributor Bennett, Elaine (Ms.) Contributor address; City; S Seguin, TX 78155	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$250.00
	•	pation / Job title (See Instructions	3)	Employer (See Instructions			
	CEO of Gua	dalupe Regional Foundation		Guadalupe Regional Me	edio	cal Ctr	
	Date 02/27/2025	Full name of contributor Bessent, Brian (Mr.) Contributor address; City; S Abilene, TX 79601	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$32.50
	Principal occu	I pation / Job title (See Instructions	s)	Employer (See Instructions	5)		
		trategy & Experience Officer		Hendrick Medical Cente			
			1				

	MONEI	ARY POLITICAL CO	ONTRIBUTIO	NS		SCHEDUI	E A1
	The Instru	ction Guide explains how t	o complete this fo	rm.	1	Total pages Schedule A1: Sch: 4/57 Rpt: 7/69	
2	FILER NAME	Action Committee of the Texas	Hospital Association		3	Filer ID (Ethics Commission 00015794	on Filers)
4					-		
4	Date 03/13/2025	5 Full name of contributor Bessent, Brian (Mr.)6 Contributor address; City; Stat	out-of-state PAC (ID#:e; Zip Code)	′	Amount of Contribution (\$)	\$32.50
	Drivering	Abilene, TX 79601	l.				
8		pation / Job title (See Instructions)	9	Employer (See Instructions			
	VP / Chief St	trategy & Experience Officer		Hendrick Medical Cente	r		
	Date 03/20/2025	Full name of contributor E Bessent, Brian (Mr.) Contributor address; City; Stat	out-of-state PAC (ID#: e; Zip Code)		Amount of Contribution (\$)	\$32.50
		Abilene, TX 79601					
	Principal occu	ncipal occupation / Job title (See Instructions) Employer (See Instruction					
	VP / Chief St	P / Chief Strategy & Experience Officer Hendrick Medical Cent			r		
	Date Full name of contributor out-of-state PAC (ID#:) 03/19/2025 Boom, Marc (Dr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,500.00		
		Houston, TX 77030					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	;) [
	President an			Houston Methodist	,		
					_	Amount of Contribution (A)	
	Date 03/15/2025	Full name of contributor Booth, Donny (Mr.) Contributor address; City; Stat Andrews, TX 79714	out-of-state PAC (ID#: e; Zip Code			Amount of Contribution (\$)	\$41.66
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Chief Execut	tive Officer		Permian Regional Medi	cal	Center	
	Date 02/27/2025	Full name of contributor Bowden, Sherri (Ms.) Contributor address; City; Stat Abilene, TX 79601	out-of-state PAC (ID#: e; Zip Code			Amount of Contribution (\$)	\$3.85
	Principal occu	pation / Job title (See Instructions)	Τ	Employer (See Instructions	.) 		
		nonary Services		Employer (See Instructions Hendrick Medical Cente			

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDUL	E A1
	The Instruc	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 5/57 Rpt: 8/69	
2	FILER NAME The Political	Action Committee of the Texas	s Hospital Association		3	Filer ID (Ethics Commissio 00015794	n Filers)
4	Date 03/13/2025	5 Full name of contributor [Bowden, Sherri (Ms.)6 Contributor address; City; Sta	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$3.85
_	Deinsinal	Abilene, TX 79601	1,) Frankrika (Ozak kastriatia	<u> </u>		
8		pation / Job title (See Instructions) monary Services		Employer (See Instructions Hendrick Medical Center			
	Date 03/20/2025	Full name of contributor Bowden, Sherri (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)	•	Amount of Contribution (\$)	\$3.85
	Principal occu	Abilene, TX 79601 pation / Job title (See Instructions)		Employer (See Instructions	<u>s)</u>		
				Hendrick Medical Cente			
	Date 03/16/2025	Full name of contributor Bowerman, Stephen (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$125.00
		Midland, TX 79701					
	•	pation / Job title (See Instructions) Chief Executive Officer		Employer (See Instructions Midland Memorial Hosp			
		out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00	
	•	pation / Job title (See Instructions) /orkforce Dev		Employer (See Instructions Hendrick Medical Cente	-		
	Date 03/13/2025	Full name of contributor Brockway, Toni (Ms.) Contributor address; City; Sta Abilene, TX 79601	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$5.00
		pation / Job title (See Instructions) /orkforce Dev		Employer (See Instructions Hendrick Medical Cente			
			l				

	MONET	ARY POLITICAL CONTRIBUTI	ONS		SCHEDULE	A1
	The Instru	ction 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 Associati		3	Filer ID (Ethics Commission 00015794	Filers)
4	Date 03/20/2025	5 Full name of contributor out-of-state PAC (ID# Brockway, Toni (Ms.) 6 Contributor address; City; State; Zip Code	#:)	7	Amount of Contribution (\$)	\$5.00
g	Principal occu	Abilene, TX 79601 upation / Job title (See Instructions)	9 Employer (See Instructions)			
0		Vorkforce Dev	Hendrick Medical Center			
	Date 02/27/2025	Full name of contributor out-of-state PAC (ID# Broderick, Treva (Ms.) Contributor address; City; State; Zip Code	<u>;</u>)		Amount of Contribution (\$)	\$4.81
		Abilene, TX 79601				
	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 out-of-state PAC (ID# Broderick, Treva (Ms.) Contributor address; City; State; Zip Code Abilene, TX 79601	<u>; </u>		Amount of Contribution (\$)	\$4.81
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))		
	Assistant Vi	ce President Clinical Svs	Hendrick Medical Center	r		
	Date 03/20/2025	Full name of contributor out-of-state PAC (ID# Broderick, Treva (Ms.) Contributor address; City; State; Zip Code Abilene, TX 79601	#:) 		Amount of Contribution (\$)	\$4.81
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))		
	Assistant Vid	ce President Clinical Svs	Hendrick Medical Center	r		
	Date 02/27/2025	Full name of contributor out-of-state PAC (ID# Calvo, Raul (Mr.) Contributor address; City; State; Zip Code Abilene, TX 79608	<u>; </u>		Amount of Contribution (\$)	\$2.50
	Principal occu	Ipation / Job title (See Instructions)	Employer (See Instructions))		
	Board Vice (Chair	Hendrick Medical Center	٢		

	MONEI	ARY POLITICAL C	ONTRIBUTION	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 7/57 Rpt: 10/69	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	The Political	Action Committee of the Texa	s Hospital Association			00015794	
4	Date 03/13/2025	5 Full name of contributor Calvo, Raul (Mr.)6 Contributor address; City; Standard	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$2.50
		Abilene, TX 79608					
8	Principal occu	pation / Job title (See Instructions) 9	Employer (See Instructions	:) [
•	Board Vice C		,	Hendrick Medical Cente			
	Date	Full name of contributor	Out of state DAC (ID#)	\	Π	Amount of Contribution (\$)	
	03/20/2025	Calvo, Raul (Mr.)	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$2.50
	03/20/2023						Φ2.50
		Contributor address; City; St	ate; Zip Code				
		Abilene, TX 79608					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
				Hendrick Medical Cente	r		
	Date	Full name of contributor	out-of-state PAC (ID#:)	Π	Amount of Contribution (\$)	
	02/27/2025	Camacho, Precilla (Ms.)				(1)	\$3.85
		Contributor address; City; St.	ate; Zip Code				
		Abilene, TX 79601					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>L</u>		
	Senior Direc			Hendrick Medical Cente			
	Date	Full name of contributor	out-of-state PAC (ID#:	1	Г	Amount of Contribution (\$)	
	03/13/2025	Camacho, Precilla (Ms.) Contributor address; City; St				y another of Containation (c)	\$3.85
		Abilene, TX 79601					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Senior Direc	tor Nursing		Hendrick Medical Cente	r		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	03/20/2025	Camacho, Precilla (Ms.)					\$3.85
		Contributor address; City; St Abilene, TX 79601	ate; Zip Code				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Senior Direc	tor Nursing		Hendrick Medical Cente	r		

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDULI	■ A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 8/57 Rpt: 11/69	
2	FILER NAME The Political	Action Committee of the Texa	s Hospital Association		3	Filer ID (Ethics Commission 00015794	Filers)
4	Date 02/27/2025	5 Full name of contributor Canada, Kirk (Mr.)6 Contributor address; City; Sta	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$30.00
8		Abilene, TX 79601 pation / Job title (See Instructions)	9	Employer (See Instructions The define Anglian Courte			
	Date 03/13/2025	Full name of contributor Canada, Kirk (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code	Hendrick Medical Cente	r	Amount of Contribution (\$)	\$30.00
	Principal occupation / Job title (See Instructions) Employer (See Instructions)			Employer (See Instructions Hendrick Medical Cente			
	Date 03/20/2025	Full name of contributor Canada, Kirk (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#: ite; Zip Code)		Amount of Contribution (\$)	\$30.00
	Principal occu	Abilene, TX 79601 pation / Job title (See Instructions)		Employer (See Instructions) s)		
	Chief Operat	ting Office / System VP		Hendrick Medical Cente	r		
Date 02/27/2025		Full name of contributor out-of-state PAC (ID#:) Cates, Boyd (Mr.) Contributor address; City; State; Zip Code Abilene, TX 79601				Amount of Contribution (\$)	\$1.00
	Principal occu Diagnostic T	pation / Job title (See Instructions) echnologist		Employer (See Instructions Hendrick Medical Cente			
	Date 03/13/2025	Full name of contributor Cates, Boyd (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$1.00
	Principal occu Diagnostic T	pation / Job title (See Instructions) echnologist		Employer (See Instructions Hendrick Medical Cente			
			·				

	MONEI	ARY POLITICAL CONTRIBUTION	אכ	15		SCHEDULI	E A1
	The Instruc	ction Guide explains how to complete this f	or	m.	1	Total pages Schedule A1: Sch: 9/57 Rpt: 12/69	
2	FILER NAME	A single Committee of the Tenneth Committee of the Commit			3	`	r Filers)
		Action Committee of the Texas Hospital Associatio				00015794	
4	Date 03/20/2025	 5 Full name of contributor)	7	Amount of Contribution (\$)	\$1.00
		Abilene, TX 79601					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	()		
	Diagnostic T	echnologist		Hendrick Medical Cente	r		
	Date 03/21/2025	Full name of contributor out-of-state PAC (ID#:_ Christopher, Brent (Mr.) Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$500.00
		Dallas, TX 75235					
		rincipal occupation / Job title (See Instructions) Employer (See Instructions) Children's Medical				- u	
	President and CEO Children's Med Ctr Foundation Children's Medical Ce			er I	Dallas ——————————————————————————————————		
	Date 03/10/2025	Full name of contributor out-of-state PAC (ID#:_ Clevenger, Erin (Ms.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$14.58
		Port Lavaca, TX 77979					
		pation / Job title (See Instructions) / CNO / Clinical Srvc Administrator		Employer (See Instructions Memorial Medical Center			
	Date 03/19/2025	Full name of contributor out-of-state PAC (ID#:_Collins, Chad (Mr.) Contributor address; City; State; Zip Code Plano, TX 75093)		Amount of Contribution (\$)	\$250.00
	•	pation / Job title (See Instructions) ent Operations		Employer (See Instructions Texas Health Presbyter		Hospital Plano	
	Date 02/27/2025	Full name of contributor out-of-state PAC (ID#:_ Conger, Cody (Mr.) Contributor address; City; State; Zip Code Abilene, TX 79601)		Amount of Contribution (\$)	\$4.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Health Direct	tor, Invasive Cardiology		Hendrick Medical Cente	r		

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDULE	A1
	The Instruc	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 10/57 Rpt: 13/69	
2	FILER NAME The Political	Action Committee of the Texa	as Hospital Association		3	Filer ID (Ethics Commission 00015794	Filers)
4	Date 03/13/2025	5 Full name of contributor Conger, Cody (Mr.)6 Contributor address; City; St	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$4.00
	Dringing! goog	Abilene, TX 79601	., I	Employer (See Instructions	<u>''</u>		
8		pation / Job title (See Instructions tor, Invasive Cardiology	5)	Hendrick Medical Cente			
	Date 03/20/2025	Full name of contributor Conger, Cody (Mr.) Contributor address; City; S	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$4.00
		Abilene, TX 79601		Employer (See Instructions	L		
		Principal occupation / Job title (See Instructions) Health Director, Invasive Cardiology Hendri					
	Date 02/27/2025	Full name of contributor Connell, Jessica (Ms.) Contributor address; City; S Brownwood, TX 76804	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$4.81
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	<u> </u>		
	Chief Nursin		,	Hendrick Medical Cente			
Date 03/13/2025		Full name of contributor out-of-state PAC (ID#:) Connell, Jessica (Ms.) Contributor address; City; State; Zip Code Brownwood, TX 76804				Amount of Contribution (\$)	\$4.81
	Principal occu Chief Nursin	pation / Job title (See Instructions g Officer	s)	Employer (See Instructions Hendrick Medical Cente			
	Date 03/20/2025	Full name of contributor Connell, Jessica (Ms.) Contributor address; City; Si Brownwood, TX 76804	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$4.81
	Principal occu Chief Nursin	pation / Job title (See Instructions a Officer	s)	Employer (See Instructions Hendrick Medical Cente			
	,	<u> </u>		3333.00. 33110			

	MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A	A1
	The Instru	ction Guide explains how to complete this t	form.	1 Total pages Schedule A1: Sch: 11/57 Rpt: 14/69	
2	FILER NAME The Political	Action Committee of the Texas Hospital Associatio		3 Filer ID (Ethics Commission Fil 00015794	lers)
4	Date 02/28/2025	5 Full name of contributor out-of-state PAC (ID#: Conner, Cecil (Mr.) 6 Contributor address; City; State; Zip Code		7 Amount of Contribution (\$)	\$4.00
8	Principal occu	Austin, TX 78731 pation / Job title (See Instructions)	9 Employer (See Instructions)		
•		ement Advisor	Texas Hospital Insurance		
	Date 02/27/2025	Full name of contributor out-of-state PAC (ID#:_ Contreras, Rosendo (Ms.) Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$1.93
		Abilene, TX 79601	1		
	•	pation / Job title (See Instructions) Safety, Infection Preventionist, Perf Improv	Employer (See Instructions) Hendrick Medical Center		
	Date 03/13/2025	Full name of contributor out-of-state PAC (ID#: Contreras, Rosendo (Ms.) Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$1.93
	Principal occu	Abilene, TX 79601 pation / Job title (See Instructions)	Employer (See Instructions))	
		Safety, Infection Preventionist, Perf Improv	Hendrick Medical Center		
	Date 03/20/2025	Full name of contributor out-of-state PAC (ID#:_ Contreras, Rosendo (Ms.) Contributor address; City; State; Zip Code Abilene, TX 79601		Amount of Contribution (\$)	\$1.93
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))	
	Dir Patient S	Cafety, Infection Preventionist, Perf Improv	Hendrick Medical Center		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#: Cook, Kenneth (Mr.) Contributor address; City; State; Zip Code Austin, TX 78701		Amount of Contribution (\$)	\$2.00
	Principal occu IT Director	pation / Job title (See Instructions)	Employer (See Instructions) THA Foundation		

	MONEI	ARY POLITICAL C	CONTRIBUTIO	NS		SCHEDULE	■ A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 12/57 Rpt: 15/69	
2	FILER NAME The Political	Action Committee of the Texa	as Hospital Association		3	Filer ID (Ethics Commission 00015794	Filers)
4	Date 02/27/2025	Full name of contributor Cooper, David (Mr.) Contributor address; City; St	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$3.85
8	Principal occu Lab Supervis) [Employer (See Instructions Hendrick Medical Cente			
	Date 03/13/2025	Full name of contributor Cooper, David (Mr.) Contributor address; City; St Abilene, TX 79601	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$3.85
	Principal occupation / Job title (See Instructions) Lab Supervisor		Employer (See Instructions Hendrick Medical Cente				
	Date 03/20/2025	Full name of contributor Cooper, David (Mr.) Contributor address; City; St	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$3.85
	Dringing! goog	Abilene, TX 79601 pation / Job title (See Instructions	<u> </u>	Employer (See Instructions	<u>,,</u>		
	Lab Supervis	,)	Hendrick Medical Cente			
	Date 02/28/2025	Full name of contributor Costilla, Nina (Ms.) Contributor address; City; St Austin, TX 78701	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$2.00
		pation / Job title (See Instructions ects Manager)	Employer (See Instructions THA Foundation	5)		
	Date 02/28/2025	Full name of contributor Cotton, Corey (Mr.) Contributor address; City; St Austin, TX 78701	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$20.00
	Principal occu VP Member	pation / Job title (See Instructions Solutions		Employer (See Instructions Texas Hospital Associa		1	
			•				

	MONEI	ARY POLITICAL CO	DNIRIBUTION	IS		SCHEDUL	E A1
	The Instru	ction Guide explains how to	o complete this for	n.	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 00015794	n Filers)
4	Date 02/28/2025	5 Full name of contributorDale, Vicki (Ms.)6 Contributor address; City; State	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$20.00
•	Dringing aggu	Austin, TX 78701	lo.	Employer (See Instructions	·/_		
8		pation / Job title (See Instructions) of Business Services	g	Employer (See Instructions THA Foundation	5)		
	Date 03/07/2025	Full name of contributor Daskevich, Cris (Ms.) Contributor address; City; State	out-of-state PAC (ID#: ; Zip Code			Amount of Contribution (\$)	\$145.84
	5	San Antonio, TX 78207		5 1 (0 1 : "	Ĺ		
		pation / Job title (See Instructions) STUS Children's & SVP CHRIST	US Health	Employer (See Instructions CHRISTUS Children's	5)		
	Date 02/28/2025	Full name of contributor Davenport, Chad (Mr.) Contributor address; City; State Georgetown, TX 78633	out-of-state PAC (ID#:;			Amount of Contribution (\$)	\$2.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Accounting S			Texas Hospital Insurance		Exchange	
	Date 02/28/2025	Full name of contributor Davila, Leslie (Ms.) Contributor address; City; State Georgetown, TX 78633	out-of-state PAC (ID#: ;; Zip Code)		Amount of Contribution (\$)	\$20.00
	Principal occu Receptionist	pation / Job title (See Instructions)		Employer (See Instructions Texas Hospital Insurance		Exchange	
	Date 02/27/2025	Full name of contributor Davis, John (Mr.) Contributor address; City; State Cuero, TX 77954	out-of-state PAC (ID#: e; Zip Code			Amount of Contribution (\$)	\$3.85
		pation / Job title (See Instructions)		Employer (See Instructions			
	Director Card	diopulmonary		Cuero Regional Hospita			

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDULE	A1
	The Instruc	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 14/57 Rpt: 17/69	
2	FILER NAME	Aution Committee of the To			3	•	Filers)
		Action Committee of the Tex			L	00015794	
4	Date 03/13/2025	5 Full name of contributorDavis, John (Mr.)6 Contributor address; City; S	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$3.85
		Cuero, TX 77954					
8	Principal occu	pation / Job title (See Instructions	s) <u> </u>	Employer (See Instructions	5)		
	Director Card	diopulmonary		Cuero Regional Hospita	ıl		
	Date 03/25/2025	Full name of contributor Davis, John (Mr.) Contributor address; City; S	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$3.85
	5	Cuero, TX 77954	,		Ĺ		
		pation / Job title (See Instructions diopulmonary	5)	Employer (See Instructions Cuero Regional Hospita			
			_	Cuero Regional Hospita	ti T		
	Date 02/28/2025	Full name of contributor De La Garza-Barone, Hea Contributor address; City; S				Amount of Contribution (\$)	\$2.00
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	-		
	Associate Ge	eneral Counsel		Texas Hospital Associa	tior	l	
	Date Full name of contributor out-of-state PAC (ID# 02/28/2025 DeYoung, Peter (Dr.) Contributor address; City; State; Zip Code Austin, TX 78758		out-of-state PAC (ID#: tate; Zip Code)		Amount of Contribution (\$)	\$41.00
	Principal occu Chief Medica	pation / Job title (See Instructions al Officer	5)	Employer (See Instructions St Davids North Austin		dical Center	
	Date 02/27/2025	Full name of contributor Dennis, Gregory (Mr.) Contributor address; City; S Abilene, TX 79601	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$3.85
	•	pation / Job title (See Instructions	5)	Employer (See Instructions			
	Director Faci	ility Management		Hendrick Medical Cente	er		

	MONET	ARY POLITICAL CONTRIBU	JTIONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete t	this form.	1	Total pages Schedule A1: Sch: 15/57 Rpt: 18/69	
2	FILER NAME The Political	Action Committee of the Texas Hospital Associ	ciation	3	Filer ID (Ethics Commission 00015794	Filers)
4	Date 03/13/2025	 Full name of contributor out-of-state PAC Dennis, Gregory (Mr.) Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$3.85
8	Principal occu	Abilene, TX 79601 pation / Job title (See Instructions)	9 Employer (See Instructions	 s)		
	Director Fac	ility Management	Hendrick Medical Cente	r		
	Date 03/20/2025	Contributor address; City; State; Zip Code	C (ID#:)		Amount of Contribution (\$)	\$3.85
	Dringinal occu	Abilene, TX 79601 pation / Job title (See Instructions)	Employer (See Instructions	<u>''</u>		
	•	ility Management	Hendrick Medical Cente			
	Date 02/27/2025	Full name of contributor out-of-state PAC Devun, Sharn (Ms.) Contributor address; City; State; Zip Code Abilene, TX 79601	C (ID#:)		Amount of Contribution (\$)	\$3.85
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>. </u>		
	Director Risk	« Management	Hendrick Medical Cente	r		
	Date 03/13/2025	Full name of contributor out-of-state PAC Devun, Sharn (Ms.) Contributor address; City; State; Zip Code Abilene, TX 79601	C (ID#:)	•	Amount of Contribution (\$)	\$3.85
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>L</u> S)		
	Director Risk	« Management	Hendrick Medical Cente	r		
	Date 03/20/2025	Full name of contributor out-of-state PAC Devun, Sharn (Ms.) Contributor address; City; State; Zip Code Abilene, TX 79601	C (ID#:)		Amount of Contribution (\$)	\$3.85
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Director Risk	« Management	Hendrick Medical Cente	er_		

	MONET	ARY POLITICAL CONTRIBUTI	ONS	SCHEDULE A1	
	The Instru	ction 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 Associati	on	3 Filer ID (Ethics Commission Filers) 00015794	
4	Date 03/14/2025	 Full name of contributor		7 Amount of Contribution (\$) \$20.0)0
_	Dringing aggr	Sweetwater, TX 79556	0 Employer (See Instructions		
8	•	pation / Job title (See Instructions) tive Officer / Administrator	9 Employer (See Instructions Rolling Plains Memorial		
	Date 02/27/2025	Full name of contributor out-of-state PAC (ID# Donaway, Duane (Mr.) Contributor address; City; State; Zip Code	#:)	Amount of Contribution (\$) \$1.9	
	Defectional	Abilene, TX 79601	Franks on (O. a. Instruction		
		pation / Job title (See Instructions) rmation Systems	Employer (See Instructions Hendrick Medical Cente		
	Date 03/13/2025	Full name of contributor out-of-state PAC (ID# Donaway, Duane (Mr.) Contributor address; City; State; Zip Code Abilene, TX 79601	#:)	Amount of Contribution (\$) \$1.9	93
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	_
	Director Info	rmation Systems	Hendrick Medical Cente	r	
	Date 03/20/2025	Full name of contributor out-of-state PAC (ID# Donaway, Duane (Mr.) Contributor address; City; State; Zip Code Abilene, TX 79601	#:)	Amount of Contribution (\$)	93
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	_
	•	rmation Systems	Hendrick Medical Cente		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID# Doyle, Rosalinda (Ms.) Contributor address; City; State; Zip Code Austin, TX 78701	±:)	Amount of Contribution (\$)	— 00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
	Payroll Admi	inistrator	Texas Hospital Associat	ion	

	MONEI	ARY POLITICAL CO	ONTRIBUTION	15		SCHEDULI	E A1
	The Instru	ction Guide explains how t	o complete this for	m.	I	Fotal pages Schedule A1: Sch: 17/57 Rpt: 20/69	
2	FILER NAME				I	Filer ID (Ethics Commission	Filers)
	The Political	Action Committee of the Texas	Hospital Association		(00015794	
4	Date 03/18/2025	5 Full name of contributor Drake, Megan (Ms.)6 Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code)	7 /	Amount of Contribution (\$)	\$500.00
		Austin, TX 78704					
8	Principal occu	pation / Job title (See Instructions)	l q	Employer (See Instructions	s) 		
Ü	Chief Operat		ľ	St Davids South Austin		ical Center	
			7		_		
	Date 02/27/2025	Full name of contributor Driskell, Jesiree (Ms.) Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code)		Amount of Contribution (\$)	\$7.50
		Abilene, TX 79601					
		pation / Job title (See Instructions)		Employer (See Instructions			
	AVP Strateg	ic Comms & Digital Expert		Hendrick Medical Cente	er		
	Date 03/13/2025	Full name of contributor Driskell, Jesiree (Ms.) Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code)	<i>'</i>	Amount of Contribution (\$)	\$7.50
		Abilene, TX 79601					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>. </u>		
	AVP Strateg	ic Comms & Digital Expert		Hendrick Medical Cente	er		
	Date 03/20/2025	Full name of contributor Driskell, Jesiree (Ms.) Contributor address; City; State Abilene, TX 79601	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$7.50
		pation / Job title (See Instructions)		Employer (See Instructions			
	AVP Strateg	ic Comms & Digital Expert		Hendrick Medical Cente	er		
	Date 02/28/2025	Full name of contributor Dupree, Anthony (Mr.) Contributor address; City; State Austin, TX 78701	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$4.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Sr. Accounts	Payable Specialist		Texas Hospital Associat	tion		
			·				

	MONET	ARY POLITICAL CONTRIBUT	ΓIONS	SCHEDULE A1
	The Instru	ction Guide explains how to complete th	is form.	1 Total pages Schedule A1: Sch: 18/57 Rpt: 21/69
2	FILER NAME The Political	Action Committee of the Texas Hospital Associa	ation	3 Filer ID (Ethics Commission Filers) 00015794
4	Date 03/18/2025	5 Full name of contributor out-of-state PAC (I Edmondson, Cory (Mr.) 6 Contributor address; City; State; Zip Code		7 Amount of Contribution (\$) \$750.00
8	Principal occu	Wichita Falls, TX 76301 pation / Job title (See Instructions)	9 Employer (See Instructions)
	•	Chief Executive Officer	United Regional Health	Care System
	Date 02/28/2025	Contributor address; City; State; Zip Code	ID#:)	Amount of Contribution (\$) \$14.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions)
	•	ident of Operations	Texas Healthcare Truste	
	Date 02/27/2025	Full name of contributor out-of-state PAC (I Eurek, Andrew (Mr.) Contributor address; City; State; Zip Code Abilene, TX 79601	ID#:)	Amount of Contribution (\$) \$4.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)
		ancial Analysis	Hendrick Medical Cente	
	Date 03/13/2025	Full name of contributor out-of-state PAC (I Eurek, Andrew (Mr.) Contributor address; City; State; Zip Code	ID#:)	Amount of Contribution (\$) \$4.00
	Dringing Loon	Abilene, TX 79601	Employer (See Instructions	Y
	•	pation / Job title (See Instructions) ancial Analysis	Hendrick Medical Cente	,
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	03/20/2025	Eurek, Andrew (Mr.) Contributor address; City; State; Zip Code Abilene, TX 79601		\$4.00
	•	pation / Job title (See Instructions)	Employer (See Instructions)
	Director Fina	ancial Analysis	Hendrick Medical Cente	r

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 19/57 Rpt: 22/69	
2	FILER NAME	Action Committee of the Tour	and Longital Annaistics		3	Filer ID (Ethics Commission	Filers)
		Action Committee of the Texa			_	00015794	
4	Date 02/28/2025	5 Full name of contributor Felton, Chris (Mr.)6 Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)	7	Amount of Contribution (\$)	\$4.00
		Austin, TX 78701					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Regional Am	bassador West Texas		Texas Hospital Associa	tion		
	Date 02/27/2025	Full name of contributor Ford, Christopher (Mr.) Contributor address; City; St	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$9.62
		Abilene, TX 79601					
		pation / Job title (See Instructions)	Employer (See Instructions			
	AVP Suppor	t Services		Hendrick Medical Cente	er		
	Date 03/13/2025	Full name of contributor Ford, Christopher (Mr.) Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code		•	Amount of Contribution (\$)	\$9.62
		Abilene, TX 79601					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	AVP Suppor	t Services		Hendrick Medical Cente	er		
	Date 03/20/2025	Full name of contributor Ford, Christopher (Mr.) Contributor address; City; St Abilene, TX 79601	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$9.62
	Principal occu AVP Suppor	pation / Job title (See Instructions t Services)	Employer (See Instructions Hendrick Medical Cente			
	Date 03/14/2025	Full name of contributor Fox, Jay (Mr.) Contributor address; City; St Austin, TX 78701	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$20.50
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions			
	President BS	SWH Austin Area		Baylor Scott & White Me	edic	cal Center - Pflugerville	

	MONEI	ARY POLITICAL C	ONTRIBUTION	NS		SCHEDULE	A1
	The Instruc	ction Guide explains how	to complete this for	rm.	1	Total pages Schedule A1: Sch: 20/57 Rpt: 23/69	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	The Political	Action Committee of the Texa	s Hospital Association			00015794	
4	Date 02/28/2025	5 Full name of contributor Frazier, Tess (Ms.)6 Contributor address; City; Sta	out-of-state PAC (ID#:ate; Zip Code)	7	Amount of Contribution (\$)	\$20.00
		Georgetown, TX 78633					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u>		
-	President / C			Texas Hospital Insuranc		Exchange	
	Date				Г	Amount of Contribution (\$)	
	02/28/2025	Gaines, Cameron (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#:ate; Zip Code			Amount of Contribution (\$)	\$2.00
		Georgetown, TX 78633					
		pation / Job title (See Instructions)		Employer (See Instructions			
	IT Support Specialist			Texas Hospital Insuranc	e E	Exchange	
	Date 02/28/2025	Full name of contributor Gette, Angela (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#: ate; Zip Code)		Amount of Contribution (\$)	\$2.00
		Georgetown, TX 78633					
		pation / Job title (See Instructions)		Employer (See Instructions			
	Vice Preside	nt Claims		Texas Hospital Insuranc	e E	Exchange	
	Date 02/27/2025	Full name of contributor Gladden, Jaye (Ms.) Contributor address; City; Sta Abilene, TX 79601	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$3.85
	Principal occu Hospital Prof	pation / Job title (See Instructions) fessional		Employer (See Instructions Hendrick Medical Cente			
	Date 03/13/2025	Full name of contributor Gladden, Jaye (Ms.) Contributor address; City; Sta Abilene, TX 79601	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$3.85
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Hospital Prof	fessional		Hendrick Medical Cente	r		

	MONEI	ETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instruc	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 21/57 Rpt: 24/69		
2	FILER NAME The Political	Action Committee of the Texa	s Hospital Association		3	Filer ID (Ethics Commission 00015794	Filers)	
4	Date 03/20/2025	5 Full name of contributor Gladden, Jaye (Ms.)6 Contributor address; City; Sta	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$3.85	
8	Princinal occu	Abilene, TX 79601 pation / Job title (See Instructions)	<u> </u>	Employer (See Instructions	<u>:)</u>			
0	Hospital Prof		,	Hendrick Medical Cente				
	Date 02/27/2025	Full name of contributor Gleitz, Stephen (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#:ate; Zip Code)	•	Amount of Contribution (\$)	\$4.81	
	5	Abilene, TX 79601			Ĺ			
		pation / Job title (See Instructions) ger of Critical Care Unit		Employer (See Instructions Hendrick Medical Cente				
	Date 03/13/2025	Full name of contributor Gleitz, Stephen (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$4.81	
		Abilene, TX 79601						
	•	pation / Job title (See Instructions) ger of Critical Care Unit		Employer (See Instructions Hendrick Medical Cente				
			out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$4.81	
	•	pation / Job title (See Instructions ger of Critical Care Unit)	Employer (See Instructions Hendrick Medical Cente	-			
	Date 02/28/2025	Full name of contributor Gonzalez, Sara (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$41.00	
	•	pation / Job title (See Instructions)		Employer (See Instructions				
	VP Advocacy	y & Pub Policy		Texas Hospital Associa	tior	1		

	MONEI	ETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instru	ction Guide explains how to complete this f	orı	m.	1	Total pages Schedule A1: Sch: 22/57 Rpt: 25/69		
2	FILER NAME The Political	Action Committee of the Texas Hospital Association	า		3	Filer ID (Ethics Commission 00015794	Filers)	
4	Date 02/27/2025	 Full name of contributor out-of-state PAC (ID#:_Goolsby, Emily (Ms.) Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$3.85	
8	Principal occu	Abilene, TX 79601 pation / Job title (See Instructions)	۹	Employer (See Instructions	., 			
0		ept of Education and Professional Development		Hendrick Medical Cente				
	Date 03/13/2025	Full name of contributor out-of-state PAC (ID#:_ Goolsby, Emily (Ms.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$3.85	
		Abilene, TX 79601						
	•	pation / Job title (See Instructions) pt of Education and Professional Development		Employer (See Instructions Hendrick Medical Cente				
	Date 03/20/2025	Full name of contributor out-of-state PAC (ID#:_ Goolsby, Emily (Ms.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$3.85	
		Abilene, TX 79601						
		pation / Job title (See Instructions) ept of Education and Professional Development		Employer (See Instructions Hendrick Medical Cente				
	Date Full name of contributor out-of-state PAC (ID#: 02/28/2025 Gordon, Brittanny (Ms.) Contributor address; City; State; Zip Code Austin, TX 78701)		Amount of Contribution (\$)	\$2.00		
	·	pation / Job title (See Instructions)		Employer (See Instructions				
	Date 02/27/2025	Full name of contributor out-of-state PAC (ID#:_ Greenwood, Susan (Ms.) Contributor address; City; State; Zip Code Abilene, TX 79601		Texas Hospital Associat	lior	Amount of Contribution (\$)	\$29.00	
		pation / Job title (See Instructions)		Employer (See Instructions				
	VICE Preside	ent / Chief Nursing Officer		Hendrick Medical Cente	1			

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 23/57 Rpt: 26/69	
2	FILER NAME The Political	Action Committee of the Texas	s Hospital Association		3	Filer ID (Ethics Commission 00015794	Filers)
4	Date 03/13/2025	5 Full name of contributor [Greenwood, Susan (Ms.)6 Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)	7	Amount of Contribution (\$)	\$29.00
_	D: : 1	Abilene, TX 79601	Г.		_		
8		pation / Job title (See Instructions) ent / Chief Nursing Officer	9	Employer (See Instructions Hendrick Medical Cente			
	Date 03/20/2025	Full name of contributor Greenwood, Susan (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$29.00
		Abilene, TX 79601	<u>, </u>				
		pation / Job title (See Instructions) ent / Chief Nursing Officer		Employer (See Instructions Hendrick Medical Cente			
	Date 02/28/2025	Full name of contributor [Haas, Mark (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$4.00
	Principal occu	Georgetown, TX 78633 pation / Job title (See Instructions)		Employer (See Instructions	·/		
	Staff Accoun	· · · · · · · · · · · · · · · · · · ·		Texas Hospital Insuranc		Exchange	
	Date 02/27/2025	Full name of contributor Hair, Donna (Ms.) Contributor address; City; Sta Brownwood, TX 76804	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$3.85
	Principal occu Director of M	pation / Job title (See Instructions)		Employer (See Instructions Hendrick Medical Cente			
	Date 03/13/2025	Full name of contributor [Hair, Donna (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$3.85
	Principal occu Director of M	pation / Job title (See Instructions) larketing		Employer (See Instructions Hendrick Medical Cente			

	MONEI	ARY POLITICAL C	ONTRIBUTION	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 24/57 Rpt: 27/69	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
		Action Committee of the Texa				00015794	
4	Date 03/20/2025	5 Full name of contributor Hair, Donna (Ms.)6 Contributor address; City; States	out-of-state PAC (ID#: atte; Zip Code)	7	Amount of Contribution (\$)	\$3.85
		Brownwood, TX 76804					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Director of M	larketing		Hendrick Medical Cente	r		
	Date 03/16/2025	Full name of contributor Hardaway, Jay (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$208.33
		Abilene, TX 79601	1		Ĺ		
	•	pation / Job title (See Instructions)		Employer (See Instructions Hendrick Health	5)		
	Director Legi	islative & Public Policy		непинск неанп			
	Date 02/27/2025	Full name of contributor Harris, Erica (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$3.85
		Abilene, TX 79601					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	()		
	Admissions I	Director		Hendrick Medical Cente	r		
	Date 03/13/2025	Full name of contributor Harris, Erica (Ms.) Contributor address; City; Sta Abilene, TX 79601	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$3.85
	·	pation / Job title (See Instructions)		Employer (See Instructions			
	Admissions I	Director		Hendrick Medical Cente	r		
	Date 03/20/2025	Full name of contributor Harris, Erica (Ms.) Contributor address; City; Sta Abilene, TX 79601	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$3.85
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Admissions I	Director		Hendrick Medical Cente	r		

	MONET	ARY POLITICAL CONTRIBUT	TIONS	SCHEDULE A1
	The Instru	ction Guide explains how to complete th	is form.	1 Total pages Schedule A1: Sch: 25/57 Rpt: 28/69
2	FILER NAME The Political	Action Committee of the Texas Hospital Associa	ation	3 Filer ID (Ethics Commission Filers) 00015794
4	Date 02/26/2025	 Full name of contributor out-of-state PAC (I Hart, Brandy (Mrs.) Contributor address; City; State; Zip Code 	D#:)	7 Amount of Contribution (\$) \$83.00
8	Dringing agg	Nashville, TN 37203	9 Employer (See Instructions	Y
0	•	ce President / Behavioral Health	HCA Healthcare)
	Date 02/28/2025	Full name of contributor out-of-state PAC (I Hawkins, John (Mr.) Contributor address; City; State; Zip Code	D#:)	Amount of Contribution (\$) \$90.00
	Dringing!	Austin, TX 78701	Franks var (Cook batturations	Y
	Principal occu	pation / Job title (See Instructions) CEO	Employer (See Instructions Texas Hospital Associat	
	Date 02/27/2025	Full name of contributor out-of-state PAC (I Head, Courtney (Ms.) Contributor address; City; State; Zip Code Abilene, TX 79601	D#:)	Amount of Contribution (\$) \$9.62
	Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions)
	Vice Preside	ent of Human Resources	Hendrick Medical Cente	r
	Date 03/13/2025	Full name of contributor out-of-state PAC (I Head, Courtney (Ms.) Contributor address; City; State; Zip Code Abilene, TX 79601	D#:)	Amount of Contribution (\$) \$9.62
	Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions)
	Vice Preside	ent of Human Resources	Hendrick Medical Cente	r
	Date 03/20/2025	Full name of contributor out-of-state PAC (I Head, Courtney (Ms.) Contributor address; City; State; Zip Code Abilene, TX 79601	D#:)	Amount of Contribution (\$) \$9.62
	•	pation / Job title (See Instructions)	Employer (See Instructions	
	Vice Preside	ent of Human Resources	Hendrick Medical Cente	r

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 26/57 Rpt: 29/69	
2	FILER NAME	Action Committee of the Toyle	a Llagrital Appariation		3	•	Filers)
		Action Committee of the Texas	_			00015794	
4	Date 02/27/2025	 5 Full name of contributor [Henry, Elizabeth (Ms.) 6 Contributor address; City; Sta 	out-of-state PAC (ID#: te; Zip Code)	7	Amount of Contribution (\$)	\$4.81
		Abilene, TX 79601					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Director Cas	e Management		Hendrick Medical Cente	r		
	Date 03/13/2025	Full name of contributor Henry, Elizabeth (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$4.81
		Abilene, TX 79601					
		pation / Job title (See Instructions)		Employer (See Instructions			
	Director Cas	e Management		Hendrick Medical Cente	r		
	Date 03/20/2025	Full name of contributor [Henry, Elizabeth (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$4.81
		Abilene, TX 79601					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Director Cas	e Management		Hendrick Medical Cente	r		
	Date 02/28/2025	Full name of contributor Hernandez, Janet (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$8.34
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Accounting N	Manager		Texas Hospital Insuranc	e E	Exchange	
	Date 02/27/2025	Full name of contributor Hess, Heather (Ms.) Contributor address; City; Sta Abilene, TX 79601	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$3.85
	Principal occu	nation / Job title (See Instructions)		Employer (See Instructions	<u>. </u>		
	Market Direc			Hendrick Medical Cente			

	MONEI	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDUL	E A1
	The Instru	ction Guide explains how t	o complete this forn	n.	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 00015794	n Filers)
4	Date 03/13/2025	Full name of contributor Hess, Heather (Ms.) Contributor address; City; State	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$3.85
		Abilene, TX 79601					
8	Market Direc			Employer (See Instructions Hendrick Medical Cente		(1)	
	Date 03/20/2025	Full name of contributor Hess, Heather (Ms.) Contributor address; City; State	out-of-state PAC (ID#: e; Zip Code)		Amount of Contribution (\$)	\$3.85
	Dringing Lagor	Abilene, TX 79601		Franks voy (Coo la struction o	_		
	Market Direc	pation / Job title (See Instructions) ctor		Employer (See Instructions Hendrick Medical Cente			
	Date 03/15/2025	Full name of contributor Hillier, Robert (Mr.) Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$83.33
		Bellaire, TX 77401	1				
		pation / Job title (See Instructions) Policy / Govt Relations		Employer (See Instructions Harris Health System	5)		
	Date 03/19/2025	Full name of contributor Holcomb, Holly (Ms.) Contributor address; City; State Childress, TX 79201	out-of-state PAC (ID#:e; Zip Code)		Amount of Contribution (\$)	\$50.00
	Principal occu Chief Execut	pation / Job title (See Instructions) tive Officer		Employer (See Instructions Childress Regional Med		l Center	
	Date 03/07/2025	Full name of contributor Holland, Brad (Mr.) Contributor address; City; State Abilene, TX 79601	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$145.84
		pation / Job title (See Instructions) Chief Executive Officer		Employer (See Instructions Hendrick Health	()		
			1				

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDULE	■ A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 28/57 Rpt: 31/69	
2	FILER NAME	Action Committee of the Texa	as Hospital Association		3	Filer ID (Ethics Commission 00015794	Filers)
4	Date 02/28/2025	5 Full name of contributor Holleman, Will (Mr.)	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$20.00
	02/20/2023	6 Contributor address; City; St	ate; Zip Code		•		Ψ20.00
_	Deinsinal assu	Austin, TX 78701	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	D. Francis var (Can Instructions	<u></u>		
8		pation / Job title (See Instructions y & Pub Policy)	9 Employer (See Instructions Texas Hospital Associat		1	
		-		Texas Hospital 7 issocial	I		
	Date 03/25/2025	Full name of contributor Honea, Michael (Mr.)	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$41.00
	03/23/2023		oto. Zin Codo		-		Φ41.00
		Contributor address; City; St	ate, zip Code				
		Glen Rose, TX 76043					
		pation / Job title (See Instructions)	Employer (See Instructions			
	Chief Execut	tive Officer		Glen Rose Medical Cen	ter		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	02/27/2025	Howard, Erica (Ms.)					\$3.85
		Contributor address; City; St	ate; Zip Code				
		Abilene, TX 79601					
	Principal occu	nation / Job title (See Instructions)	Employer (See Instructions	<u>. </u>		
	System Dire	ctor Benefits		Hendrick Medical Cente	er		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	03/13/2025	Howard, Erica (Ms.)	_				\$3.85
		Contributor address; City; St	ate; Zip Code				
		Abilene, TX 79601	<u> </u>				
	Principal occu System Dire	pation / Job title (See Instructions ctor Benefits)	Employer (See Instructions Hendrick Medical Cente	•		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	03/20/2025	Howard, Erica (Ms.)					\$3.85
		Contributor address; City; St Abilene, TX 79601	ate; Zip Code				
	Principal occu	pation / Job title (See Instructions) I	Employer (See Instructions	<u>L</u>		
	System Dire		, l	Hendrick Medical Cente			

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	■ A1
	The Instru	ction 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 00015794	Filers)
4	Date 03/21/2025	 Full name of contributor	:)	7	Amount of Contribution (\$)	\$83.00
8	•	Lubbock, TX 79415 upation / Job title (See Instructions)	9 Employer (See Instructions)	•		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID# Huff, Alexander (Mr.) Contributor address; City; State; Zip Code Austin, TX 78701	University Medical Cente	er ——	Amount of Contribution (\$)	\$2.00
	•	pation / Job title (See Instructions) ent of Health IT Programs	Employer (See Instructions) THA Foundation)		
	Date 02/27/2025	Full name of contributor out-of-state PAC (ID# Huffington, Mark (Mr.) Contributor address; City; State; Zip Code	:)		Amount of Contribution (\$)	\$4.81
	Principal occu	Abilene, TX 79601 Ipation / Job title (See Instructions)	Employer (See Instructions))		
	Date 03/13/2025	Full name of contributor out-of-state PAC (ID# Huffington, Mark (Mr.) Contributor address; City; State; Zip Code Abilene, TX 79601	Hendrick Medical Center	r 	Amount of Contribution (\$)	\$4.81
	•	ipation / Job title (See Instructions) istant Vice President Analytics	Employer (See Instructions) Hendrick Medical Center			
_	Date 03/20/2025	Full name of contributor out-of-state PAC (ID# Huffington, Mark (Mr.) Contributor address; City; State; Zip Code Abilene, TX 79601			Amount of Contribution (\$)	\$4.81
	•	I Ipation / Job title (See Instructions) istant Vice President Analytics	Employer (See Instructions) Hendrick Medical Center			

	MONEI	ARY POLITICAL C	ONTRIBUTION	NS		SCHEDUI	E A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 30/57 Rpt: 33/69	
2	FILER NAME				3	Filer ID (Ethics Commission	on Filers)
	The Political	Action Committee of the Texa	s Hospital Association			00015794	
4	Date 03/25/2025	 Full name of contributor Huffstutler, David (Mr.) Contributor address; City; States 	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$3,500.00
_		Austin, TX 78701	la la	5 1 (0 1 1 1			
8	Principal occu President / C	pation / Job title (See Instructions)	9	Employer (See Instructions St. David's HealthCare	5)		
	President / C			St. David's HealthCare	_		
	Date 02/27/2025	Full name of contributor Hunnicutt, Craig (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$3.85
		Abilene, TX 79601					
		pation / Job title (See Instructions)		Employer (See Instructions			
	Director Reg	ional Services		Hendrick Medical Cente	r		
	Date 03/13/2025	Full name of contributor Hunnicutt, Craig (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$3.85
		Abilene, TX 79601					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Director Reg	ional Services		Hendrick Medical Cente	r		
	Date 03/20/2025	Full name of contributor Hunnicutt, Craig (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$3.85
	•	pation / Job title (See Instructions) ional Services		Employer (See Instructions Hendrick Medical Cente			
	Date 03/19/2025	Full name of contributor Hurst, William (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$125.00
		pation / Job title (See Instructions)		Employer (See Instructions			
	President / (CEO		Patient Physician Netwo	rk		

	MONET	ARY POLITICAL CONTRIBU	JTIONS		SCHEDUL	E A1
	The Instru	ction 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 Asso	ociation	3	Filer ID (Ethics Commission 00015794	n Filers)
4	Date 03/08/2025	5 Full name of contributor out-of-state PAG Hurt-Deitch, Sally (Ms.)		7	Amount of Contribution (\$)	\$145.83
g	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	e)		
0	•	P of Nursing & Operations Infrastructure	Ascension Health	3)		
	Date 02/27/2025	Full name of contributor out-of-state PAG Jackson, Olga (Ms.) Contributor address; City; State; Zip Code Cuero, TX 77954	C (ID#:)		Amount of Contribution (\$)	\$0.97
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	Support Services		Cuero Regional Hospita	al		
	Date 03/13/2025	Full name of contributor out-of-state PAG Jackson, Olga (Ms.) Contributor address; City; State; Zip Code	C (ID#:)		Amount of Contribution (\$)	\$0.97
		Cuero, TX 77954	1	Ĺ		
	Support Ser	pation / Job title (See Instructions) vices	Employer (See Instructions Cuero Regional Hospita	•		
	Date 03/25/2025	Full name of contributor out-of-state PAG Jackson, Olga (Ms.) Contributor address; City; State; Zip Code Cuero, TX 77954	C (ID#:)		Amount of Contribution (\$)	\$0.97
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	Support Serv	. ,	Cuero Regional Hospita			
	Date 02/28/2025	Full name of contributor out-of-state PAG Jackson, Robin (Ms.) Contributor address; City; State; Zip Code Austin, TX 78701	C (ID#:)		Amount of Contribution (\$)	\$4.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Vice Preside	ent Service Center	Texas Hospital Associa	tior	1	

	MONET	ARY POLITICAL CONTRIBU	TIONS	SCHEDULE A1
	The Instru	ction Guide explains how to complete th	his form.	1 Total pages Schedule A1: Sch: 32/57 Rpt: 35/69
2	FILER NAME The Political	Action Committee of the Texas Hospital Assoc	siation	3 Filer ID (Ethics Commission Filers) 00015794
4	Date 02/28/2025	5 Full name of contributor out-of-state PAC Jones, Susan (Ms.)		7 Amount of Contribution (\$) \$20.00
8	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	9 Employer (See Instructions	2)
Ŭ	Member Am		Texas Hospital Associat	
	Date 02/27/2025	Contributor address; City; State; Zip Code	(ID#:)	Amount of Contribution (\$) \$4.81
	Principal occu	Abilene, TX 79601 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
	AVP Revenu	,	Hendrick Medical Cente	
	Date 03/13/2025	Full name of contributor	(ID#:)	Amount of Contribution (\$) \$4.81
		Abilene, TX 79601		
	AVP Revenu	pation / Job title (See Instructions) ue Cycle	Employer (See Instructions Hendrick Medical Cente	
	Date 03/20/2025	Full name of contributor out-of-state PAC Kelly, Tave (Ms.) Contributor address; City; State; Zip Code Abilene, TX 79601	(ID#:)	Amount of Contribution (\$) \$4.81
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> :)
	AVP Revenu	ue Cycle	Hendrick Medical Cente	
	Date 03/12/2025	Full name of contributor out-of-state PAC Kimmel, Stephen (Mr.) Contributor address; City; State; Zip Code Fort Worth, TX 76104	(ID#:)	Amount of Contribution (\$) \$83.00
	•	I pation / Job title (See Instructions)	Employer (See Instructions	
	Chief Financ	ial Officer	Cook Children's Medica	I Center

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDULE	■ A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 33/57 Rpt: 36/69	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	The Political	Action Committee of the Texa	s Hospital Association			00015794	
4	Date 03/10/2025	Full name of contributor Kirkman, Leni (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#: ite; Zip Code		7	Amount of Contribution (\$)	\$41.00
_		San Antonio, TX 78229	1				
8		pation / Job title (See Instructions)		9 Employer (See Instructions	5)		
	Exec VP Cor	rp Communications & Mktg		University Health			
	Date 02/28/2025	Full name of contributor Kroll, Carrie (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code)		Amount of Contribution (\$)	\$82.00
		Austin, TX 78701					
	•	pation / Job title (See Instructions)		Employer (See Instructions			
	Sr Vice Pres	ident Advocacy & Pub Policy		Texas Hospital Associat	ior		
	Date 02/27/2025	Full name of contributor Krupala, Judith (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$1.93
		Cuero, TX 77954					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u></u>		
	Chief Nursin	g Officer		Cuero Regional Hospita	J		
	Date 03/13/2025	Full name of contributor Krupala, Judith (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$1.93
	Principal occu Chief Nursin	pation / Job title (See Instructions) g Officer		Employer (See Instructions Cuero Regional Hospita			
	Date 03/25/2025	Full name of contributor Krupala, Judith (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$1.93
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Chief Nursin	g Officer		Cuero Regional Hospita	l		

	MONEI	ARY POLITICAL CO	SCHEDULE A				
	The Instru	ction Guide explains how to	o complete this for	m.	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 00015794	n Filers)
4	Date 02/27/2025	D2/27/2025 Lafrance, Judith (Ms.) 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$12.50	
8	Principal occu	Abilene, TX 79606 pation / Job title (See Instructions)	9	Employer (See Instructions	() ()		
		Administrative Officer		Hendrick Medical Cente			
	Date 03/13/2025	Full name of contributor Lafrance, Judith (Ms.) Contributor address; City; State	out-of-state PAC (ID#: e; Zip Code)		Amount of Contribution (\$)	\$12.50
		Abilene, TX 79606					
		pation / Job title (See Instructions) Administrative Officer		Employer (See Instructions Hendrick Medical Cente			
	Date Full name of contributor out-of-state PAC (ID#:)		T	Amount of Contribution (\$)			
03/20/2025 Lafrance, Judith (Ms.) Contributor address; City; State; Zip Code					(,)	\$12.50	
		Abilene, TX 79606					
		pation / Job title (See Instructions) Administrative Officer		Employer (See Instructions Hendrick Medical Cente			
	Date Full name of contributor out-of-state PAC (ID#:) 03/05/2025 Leal, Jorge (Mr.) Contributor address; City; State; Zip Code Laredo, TX 78044			Amount of Contribution (\$)	\$125.00		
	Principal occu Chief Execut	pation / Job title (See Instructions) tive Officer		Employer (See Instructions Laredo Medical Center	5)		
	Date 02/27/2025	Full name of contributor Lee, Rachel (Ms.) Contributor address; City; State Abilene, TX 79601	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$3.85
	•	pation / Job title (See Instructions)		Employer (See Instructions			
	DIr Med Staf	f Srvcs & Physician Recruitment		Hendrick Medical Cente	r		

	MONEI	ARY POLITICAL CONTRIBUT	SCHEDULE A				
	The Instru	ction Guide explains how to complete this	s for	rm.	1	Total pages Schedule A1: Sch: 35/57 Rpt: 38/69	
2	FILER NAME The Political	Action Committee of the Texas Hospital Associat	ion		3	Filer ID (Ethics Commission 00015794	Filers)
4	Date 03/13/2025			7	Amount of Contribution (\$)	\$3.85	
•	Dringinal occu	Abilene, TX 79601 pation / Job title (See Instructions)	la	Employer (See Instructions	·/-		
•		ff Srvcs & Physician Recruitment	J	Hendrick Medical Cente			
	Date 03/20/2025	Full name of contributor out-of-state PAC (ID Lee, Rachel (Ms.) Contributor address; City; State; Zip Code	#:		•	Amount of Contribution (\$)	\$3.85
	Deinsinal assu	Abilene, TX 79601	_	Franksian (Coo Instructions	<u></u>		
	•	pation / Job title (See Instructions) ff Srvcs & Physician Recruitment		Employer (See Instructions Hendrick Medical Cente			
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID Lengal, Samantha (Ms.) Contributor address; City; State; Zip Code	#:			Amount of Contribution (\$)	\$4.00
		Georgetown, TX 78633					
		pation / Job title (See Instructions) Coordinator		Employer (See Instructions Texas Hospital Insurance		Exchange	
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID Liscano, Rosie (Ms.) Contributor address; City; State; Zip Code Georgetown, TX 78633	#:)	•	Amount of Contribution (\$)	\$2.00
	•	rpation / Job title (See Instructions) ns Adj/Risk Mgmt Specialist		Employer (See Instructions Texas Hospital Insurance		Exchange	
	Date 02/27/2025	Full name of contributor out-of-state PAC (ID Lowery, James (Mr.) Contributor address; City; State; Zip Code Abilene, TX 79601	#:)		Amount of Contribution (\$)	\$3.85
	Principal occu Director Mar	pation / Job title (See Instructions) naged Care		Employer (See Instructions Hendrick Medical Cente			

	MONET	ARY POLITICAL CONTRIBUTI	SCHEDULE A1			
	The Instru	ction 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 Associati	on	3	Filer ID (Ethics Commission 00015794	Filers)
4	Date 03/13/2025	_ ` <u> </u>		7	Amount of Contribution (\$)	\$3.85
8	Principal occu	Abilene, TX 79601 upation / Job title (See Instructions)	9 Employer (See Instructions	 s)		
	Director Mar	naged Care	Hendrick Medical Cente	er		
	Date 03/20/2025	Contributor address; City; State; Zip Code	<u>; </u>	•	Amount of Contribution (\$)	\$3.85
	Dringinal occu	Abilene, TX 79601 Ipation / Job title (See Instructions)	Employer (See Instructions	-/- 		
	Director Mar		Hendrick Medical Cente			
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID# Lozano, Deborah (Ms.) Contributor address; City; State; Zip Code Austin, TX 78701	; :)		Amount of Contribution (\$)	\$20.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Staff Accour		Texas Hospital Associat	•	1	
	Date 03/22/2025	Contributor address; City; State; Zip Code	±)		Amount of Contribution (\$)	\$41.66
	Dringing Loon	Laredo, TX 78044	Employer (Coo Instructions	<u>,</u>		
	Chief Opera	pation / Job title (See Instructions) ting Officer	Employer (See Instructions Laredo Medical Center	o)		
	Date	Full name of contributor out-of-state PAC (ID#	#:)		Amount of Contribution (\$)	
	02/28/2025	Lusardi, Nicole (Ms.) Contributor address; City; State; Zip Code Austin, TX 78701		•		\$4.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Associate G	eneral Counsel	Texas Hospital Associat	tior	1	

	MONEI	ARY POLITICAL CONTRIBUT	SCHEDULE A1				
	The Instru	ction Guide explains how to complete th	is for	m.	1	Total pages Schedule A1: Sch: 37/57 Rpt: 40/69	
2	FILER NAME				3	•	r Filers)
	The Political	Action Committee of the Texas Hospital Associa	ation			00015794	
4	Date 03/22/2025	3/22/2025 Matens, Brett (Mr.) 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$83.33	
		Austin, TX 78756					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	<u>-</u>		
	Chief Execut	tive Officer		Heart Hospital of Austin			
	Date 03/14/2025	Full name of contributor out-of-state PAC (I McCain, Rebecca (Ms.) Contributor address; City; State; Zip Code	ID#:			Amount of Contribution (\$)	\$41.67
		Electra, TX 76360					
		pation / Job title (See Instructions)		Employer (See Instructions			
	Chief Executive Officer Electra Memorial Hospit		aı				
	Date 02/27/2025	Full name of contributor out-of-state PAC (I McCollough, Kimberly (Ms.) Contributor address; City; State; Zip Code	ID#:			Amount of Contribution (\$)	\$3.85
		Abilene, TX 79606					
		pation / Job title (See Instructions) rogressive Care Services		Employer (See Instructions Hendrick Medical Cente			
				Tienanek Wedicai Gente	_		
	Date 03/13/2025	Full name of contributor out-of-state PAC (I McCollough, Kimberly (Ms.) Contributor address; City; State; Zip Code Abilene, TX 79606	ID#:			Amount of Contribution (\$)	\$3.85
	•	pation / Job title (See Instructions)		Employer (See Instructions			
	Director of P	rogressive Care Services		Hendrick Medical Cente	r		
	Date 03/20/2025	Full name of contributor out-of-state PAC (I McCollough, Kimberly (Ms.) Contributor address; City; State; Zip Code Abilene, TX 79606	ID#:			Amount of Contribution (\$)	\$3.85
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>.</u> 5)		
	Director of P	rogressive Care Services		Hendrick Medical Cente	r		

	MONEI	ARY POLITICAL C		SCHEDULE A			
	The Instru	ction Guide explains how	to complete this for	rm.	1	Total pages Schedule A1: Sch: 38/57 Rpt: 41/69	
2	FILER NAME				3	•	n Filers)
	The Political	Action Committee of the Texa	s Hospital Association			00015794	
4	Date 02/27/2025	7/2025 McElrath, Pamela (Ms.) 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$4.00	
		Abilene, TX 79601					
8	Principal occu	pation / Job title (See Instructions) 9	Employer (See Instructions	<u> </u>		
	Registered N			Hendrick Medical Cente			
	Date	Full name of contributor	out-of-state PAC (ID#:)	Г	Amount of Contribution (\$)	
	03/13/2025	McElrath, Pamela (Ms.)				(+)	\$4.00
		Contributor address; City; St.	ate; Zip Code				
		Abilene, TX 79601					
		pation / Job title (See Instructions) .)	Employer (See Instructions			
	Registered Nurse Hendrick Medical Cente		r				
	Date 03/20/2025	Full name of contributor McElrath, Pamela (Ms.) Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$4.00
		Abilene, TX 79601					
	Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Registered N	lurse		Hendrick Medical Cente	r		
	Date	Full name of contributor	out-of-state PAC (ID#:)	Г	Amount of Contribution (\$)	
	03/12/2025	McKinney, Brenda (Mrs.) Contributor address; City; St. Pecos, TX 79772					\$150.00
	•	pation / Job title (See Instructions)	Employer (See Instructions			
	Chief Execut			Reeves Regional Health	1		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	02/28/2025	Merrell, Angie (Ms.)					\$2.00
		Contributor address; City; Sta	ate; Zip Code				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	THIE Vice P	resident of Risk Management		Texas Hospital Insuranc	e E	Exchange	

	MONEI	ARY POLITICAL C	SCHEDULE A1				
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 39/57 Rpt: 42/69	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	The Political	Action Committee of the Texa	as Hospital Association			00015794	
4	Date 03/01/2025	5 Full name of contributor Mitchell, Kenneth (Dr.)6 Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)	7	Amount of Contribution (\$)	\$41.00
		Austin, TX 78701					
8	Principal occu	I pation / Job title (See Instructions) 9	Employer (See Instructions	<u>l</u> ;)		
		Medical Officer		St. David's HealthCare			
	Date 02/28/2025	Full name of contributor Mundfrom, Jessie (Ms.) Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$2.00
		Austin, TX 78701	, T		<u> </u>		
	Principal occupation / Job title (See Instructions) Manager of Virtual Education THA Foundation				5)		
			_				
	Date 02/27/2025	Full name of contributor Murphy, Patrick (Mr.) Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code			Amount of Contribution (\$)	\$3.85
		Abilene, TX 79601					
		pation / Job title (See Instructions)	Employer (See Instructions			
	Healthcare F	Professional Professional		Hendrick Medical Cente	r		
	Date Full name of contributor out-of-state PAC (ID#:) 03/13/2025 Murphy, Patrick (Mr.) Contributor address; City; State; Zip Code Abilene, TX 79601			Amount of Contribution (\$)	\$3.85		
	Principal occu Healthcare F	pation / Job title (See Instructions Professional)	Employer (See Instructions Hendrick Medical Cente			
	Date 03/20/2025	Full name of contributor Murphy, Patrick (Mr.) Contributor address; City; St Abilene, TX 79601	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$3.85
		pation / Job title (See Instructions)	Employer (See Instructions			
	Healthcare F	Professional		Hendrick Medical Cente	r		

	MONEI	ARY POLITICAL CO	SCHEDULE A1				
	The Instru	ction Guide explains how t	o complete this fo	rm.	1	Total pages Schedule A1: Sch: 40/57 Rpt: 43/69	
2	FILER NAME				3	Filer ID (Ethics Commission	r Filers)
	The Political	Action Committee of the Texas	Hospital Association			00015794	
4	Date 02/28/2025	5 Full name of contributor Neiger, David (Mr.)6 Contributor address; City; Stat	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$82.00
		Austin, TX 78701	c, zip code				
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	s)		
	Sr Vice Pres	ident / Chief Financial Officer		Texas Hospital Associat	tion		
	Date 02/28/2025	Full name of contributor O'Neil, Jennifer (Ms.) Contributor address; City; Stat	out-of-state PAC (ID#: e; Zip Code)		Amount of Contribution (\$)	\$10.00
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	S)		
	Executive Administrative Manager Texas Hospital Associa			tion			
Date Full name of contributor out-of-state PAC (ID#: 02/28/2025 Pargac, Ann (Ms.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$2.00		
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>l </u>		
	Sr Director o			THA Foundation	,		
	Date	Full name of contributor	Out-of-state BAC (ID#:	1	Π	Amount of Contribution (\$)	
Date O3/13/2025 Full name of contributor out-of-state PAC (ID#:				, and an extra state of the sta	\$500.00		
_	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>1 </u>		
	President	,		Methodist Dallas Medica		enter	
	Date	Full name of contributor	out-of-state PAC (ID#:)	Π	Amount of Contribution (\$)	
	02/28/2025	Porter, Lea Anne (Ms.)	_ (<u>-</u> _			(1)	\$2.00
		Contributor address; City; Stat Austin, TX 78701	e; Zip Code				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	VP Retireme	ent Plans		Texas Hospital Associat	tion	Retirement Plan	
			-				

	MONEI	ARY POLITICAL C	SCHEDULE A1				
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 41/57 Rpt: 44/69	
2	FILER NAME	Action Committee of the Texa	s Hospital Association		3	Filer ID (Ethics Commission 00015794	Filers)
4				,	-		
4	Date 02/27/2025	5 Full name of contributor Preston, Deborah (Ms.)6 Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$5.00
		Abilene, TX 79601					
8	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Director of P	harmacy		Hendrick Medical Cente	er		
	Date 03/13/2025	Full name of contributor Preston, Deborah (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$5.00
		Abilene, TX 79601					
		pation / Job title (See Instructions)		Employer (See Instructions			
	Director of Pharmacy Hendrick Medical Center		er				
	Date 03/14/2025	Full name of contributor Qualls, Rustin (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#:ate; Zip Code)	•	Amount of Contribution (\$)	\$20.50
		Clifton, TX 76634					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Director of O	perations		Goodall-Witcher Health	car	e	
	Date 02/28/2025	Full name of contributor Ramirez, Erika (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$2.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions			
	Senior Direct	tor Health Policy		Texas Hospital Associa	tior	l	
	Date 02/28/2025	Full name of contributor Ramirez, Lisa (Ms.) Contributor address; City; Sta Austin, TX 78701	out-of-state PAC (ID#: atte; Zip Code)	•	Amount of Contribution (\$)	\$4.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Specialist			Texas Hospital Associa	tior	1	

	MONET	ARY POLITICAL CONTRIBUT	SCHEDULE A1		
	The Instru	ction Guide explains how to complete thi	is form.	1 Total pages Schedule A1: Sch: 42/57 Rpt: 45/69	
2	FILER NAME The Political	Action Committee of the Texas Hospital Associa	ation	3 Filer ID (Ethics Commission Filers) 00015794	
4	Date 03/15/2025			7 Amount of Contribution (\$) \$125.00	
Ω	Drincinal occu	Tahoka, TX 79373 upation / Job title (See Instructions)	9 Employer (See Instructions	1	
0	Chief Execut		Lynn County Hospital Di	,	
	Date 02/27/2025	Contributor address; City; State; Zip Code	D#:)	Amount of Contribution (\$) \$3.85	
	Principal occu	Abilene, TX 79601 pation / Job title (See Instructions)	Employer (See Instructions)	
	Director of the Health Club Hendrick Medical Cent				
	Date 03/13/2025	Full name of contributor out-of-state PAC (I Richert, Ron (Mr.) Contributor address; City; State; Zip Code	D#:)	Amount of Contribution (\$) \$3.85	
		Abilene, TX 79601			
		pation / Job title (See Instructions) ne Health Club	Employer (See Instructions Hendrick Medical Cente	,	
	Date 03/20/2025	Full name of contributor out-of-state PAC (I Richert, Ron (Mr.) Contributor address; City; State; Zip Code Abilene, TX 79601	D#:)	Amount of Contribution (\$) \$3.85	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
	Director of th	ne Health Club	Hendrick Medical Cente		
	Date 02/28/2025	Full name of contributor out-of-state PAC (I Rios, Amy (Ms.) Contributor address; City; State; Zip Code Austin, TX 78701	D#:)	Amount of Contribution (\$) \$2.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
	Dir Marketin	g & Strategic Communications	Texas Hospital Associat	ion	

	MONEI	ARY POLITICAL C	SCHEDULE A1				
	The Instruc	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 43/57 Rpt: 46/69	
2	FILER NAME The Political	Action Committee of the Texa	s Hospital Association		3	Filer ID (Ethics Commission 00015794	ı Filers)
4	Date 03/10/2025			7	Amount of Contribution (\$)	\$42.00	
•	Dringing conu	Bay City, TX 77414 pation / Job title (See Instructions)	lo.	Employer (See Instructions	<u>''</u>		
0	Chief Execut		ا	Matagorda Regional Me		al Center	
	Date 02/27/2025	Full name of contributor Robinson, Tracee (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code)	•	Amount of Contribution (\$)	\$3.85
	Principal occu	Abilene, TX 79601 pation / Job title (See Instructions)		Employer (See Instructions	<u>})</u>		
	Director of Quality Hendrick Medical Cent						
	Date 03/13/2025	Full name of contributor Robinson, Tracee (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code)	•	Amount of Contribution (\$)	\$3.85
		Abilene, TX 79601					
	Principal occu Director of Q	pation / Job title (See Instructions) ruality		Employer (See Instructions Hendrick Medical Cente	•		
	Date 03/20/2025	Full name of contributor Robinson, Tracee (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code		•	Amount of Contribution (\$)	\$3.85
	Principal occu Director of Q	pation / Job title (See Instructions) ruality		Employer (See Instructions Hendrick Medical Cente			
	Date 03/07/2025	Full name of contributor Rodriguez, Micah (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$29.17
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	vice Preside	nt Public Policy & Government	relations	Harris Health System			

	MONEI	ARY POLITICAL C	SCHEDULE A1				
	The Instru	ction Guide explains how	to complete this fo	m.		1 Total pages Schedule A1: Sch: 44/57 Rpt: 47/69	
2	FILER NAME					3 Filer ID (Ethics Commission	Filers)
	The Political	Action Committee of the Texa	s Hospital Association			00015794	
4	Date 03/08/2025	5 Full name of contributor Saenz, Iris (Ms.)6 Contributor address; City; Sta	out-of-state PAC (ID#: ite; Zip Code			7 Amount of Contribution (\$)	\$20.50
8	Principal occu	Houston, TX 77024 pation / Job title (See Instructions)		Employer (Se	ee Instructions)		
Ü		blic Policy & Community Benef			ermann Heal		
	Date 02/28/2025	Full name of contributor Safarik, Paulina (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$2.00
	5	Austin, TX 78701	1				
		pation / Job title (See Instructions) tor of Human Resources			ee Instructions) oital Associati		
				Texas nusp	niai Associali		
Date Full name of contributor out-of-state PAC (ID#:_ 02/27/2025 Schmidt, Timothy (Mr.) Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$3.85		
		Abilene, TX 79601					
	Principal occu	I pation / Job title (See Instructions)		Employer (Se	ee Instructions)		
		/ Facility Management			edical Center		
	Date 03/13/2025	Full name of contributor Schmidt, Timothy (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$3.85
	•	pation / Job title (See Instructions)			ee Instructions) edical Center		
		/ Facility Management		Heriurick ivid	edical Center		
	Date 03/20/2025	Full name of contributor Schmidt, Timothy (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$3.85
	•	pation / Job title (See Instructions)		Employer (Se	ee Instructions)		
	Dir Property	/ Facility Management		Hendrick Me	edical Center	·	

	MONET	ARY POLITICAL CONTRIBUTI	ONS	SCHEDULE A1
	The Instru	ction 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 Associati	on	3 Filer ID (Ethics Commission Filers) 00015794
4	Date 5 Full name of contributor out-of-state PAC (ID#:) Shea, Patrick (Mr.) 6 Contributor address; City; State; Zip Code Georgetown, TX 78633		7 Amount of Contribution (\$) \$2.00	
8	Principal occu	Georgetown, TX 78633 pation / Job title (See Instructions)	9 Employer (See Instructions	(3)
Ĭ		ement Coordinator	Texas Hospital Insurance	,
	Date 02/28/2025	Contributor address; City; State; Zip Code	#:)	Amount of Contribution (\$) \$2.00
	Principal occu	Austin, TX 78701 spation / Job title (See Instructions)	Employer (See Instructions	<u></u>
	•	es Specialist	Texas Hospital Associat	
	Date 03/19/2025	Full name of contributor out-of-state PAC (ID# Smith, Andrew (Mr.) Contributor address; City; State; Zip Code San Antonio, TX 78229	#:)	Amount of Contribution (\$) \$83.33
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)
	Vice Preside	ent of Government Relations & Public Policy	University Health	
	Date 02/28/2025	Contributor address; City; State; Zip Code	#:)	Amount of Contribution (\$) \$1.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
	•	a & Technology	THA Foundation	,
	Date 02/27/2025	Full name of contributor out-of-state PAC (ID# Speckels, Donna (Ms.) Contributor address; City; State; Zip Code Abilene, TX 79601	‡:)	Amount of Contribution (\$) \$3.85
	•	pation / Job title (See Instructions)	Employer (See Instructions	
	Director Hen	ndrick HouseCalls	Hendrick Medical Cente	r

	MONEI	ARY POLITICAL C	CONTRIBUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 46/57 Rpt: 49/69	
2	FILER NAME	Action Committee of the Texa	as Hospital Association		3	Filer ID (Ethics Commission 00015794	Filers)
_					L		
4	Date 03/13/2025	5 Full name of contributor Speckels, Donna (Ms.)6 Contributor address; City; St	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$3.85
		Abilene, TX 79601					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Director Hen	drick HouseCalls		Hendrick Medical Cente	er		
	Date 03/20/2025	Full name of contributor Speckels, Donna (Ms.) Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code			Amount of Contribution (\$)	\$3.85
		Abilene, TX 79601					
		pation / Job title (See Instructions)	Employer (See Instructions			
	Director Hen	drick HouseCalls		Hendrick Medical Cente	er		
	Date 02/28/2025	Full name of contributor Srubar, Linda (Mrs.) Contributor address; City; St	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$3.00
		Georgetown, TX 78633					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Executive As	ssistant		Texas Hospital Associa	tior	1	
	Date 02/27/2025	Full name of contributor Stafford, Steven (Mr.) Contributor address; City; St Abilene, TX 79601	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$3.85
	Principal occu Director Hen	pation / Job title (See Instructions drick Clinic)	Employer (See Instructions Hendrick Medical Cente			
	Date 03/13/2025	Full name of contributor Stafford, Steven (Mr.) Contributor address; City; St Abilene, TX 79601	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$3.85
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Director Hen	drick Clinic		Hendrick Medical Cente	er		
			<u> </u>				

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this t	form.	1	Total pages Schedule A1: Sch: 47/57 Rpt: 50/69	
2	FILER NAME The Political	Action Committee of the Texas Hospital Associatio	n	3	Filer ID (Ethics Commission 00015794	n Filers)
4	Date 03/20/2025	 5 Full name of contributor out-of-state PAC (ID#:_Stafford, Steven (Mr.) 6 Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$3.85
8	Principal occu	Abilene, TX 79601 pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>		
0	Director Hen		Hendrick Medical Center			
	Date 02/27/2025	Full name of contributor out-of-state PAC (ID#:_ Stephenson, David (Mr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$9.62
		Abilene, TX 79601				
	Executive	pation / Job title (See Instructions)	Employer (See Instructions Hendrick Medical Center			
	Date 03/13/2025	Full name of contributor out-of-state PAC (ID#:_ Stephenson, David (Mr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$9.62
		Abilene, TX 79601				
	Principal occu Executive	pation / Job title (See Instructions)	Employer (See Instructions Hendrick Medical Center			
	Date 03/20/2025	Full name of contributor out-of-state PAC (ID#:_ Stephenson, David (Mr.) Contributor address; City; State; Zip Code Abilene, TX 79601			Amount of Contribution (\$)	\$9.62
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions			
	Executive		Hendrick Medical Cente	r		
	Date 03/13/2025	Full name of contributor out-of-state PAC (ID#:_ Stern, Andrew (Mr.) Contributor address; City; State; Zip Code Dallas, TX 75248)		Amount of Contribution (\$)	\$250.00
	Principal occu Trustee	pation / Job title (See Instructions)	Employer (See Instructions Medical City Dallas)		

	MONET	ARY POLITICAL CONTRIBUT	TONS	SCHEDULE A1
	The Instru	ction Guide explains how to complete thi	is form.	1 Total pages Schedule A1: Sch: 48/57 Rpt: 51/69
2	FILER NAME The Political	Action Committee of the Texas Hospital Associa	ation	3 Filer ID (Ethics Commission Filers) 00015794
4	Date 03/17/2025	5 Full name of contributor out-of-state PAC (II Swindle, Patrick (Mr.) 6 Contributor address; City; State; Zip Code	D#:)	7 Amount of Contribution (\$) \$500.00
_	Deinsinal assu	Harker Heights, TX 76548	O Frankrika (Cooka kashiri shi ana	Y
8	Chief Execu	pation / Job title (See Instructions) tive Officer	9 Employer (See InstructionsSeton Medical Center H	
	Date 02/28/2025	Full name of contributor out-of-state PAC (II Thomas, Wendy (Ms.) Contributor address; City; State; Zip Code Austin, TX 78701	D#:)	Amount of Contribution (\$) \$10.00
	•	pation / Job title (See Instructions)	Employer (See Instructions	
	Mgr Advoca	cy / Pub Policy / HOSPAC	Texas Hospital Associat	
	Date 02/27/2025	Full name of contributor out-of-state PAC (II Tiffin, Laura (Ms.) Contributor address; City; State; Zip Code	D#:)	Amount of Contribution (\$) \$1.00
		Cuero, TX 77954		
	•	pation / Job title (See Instructions) fice Manager	Employer (See Instructions Cuero Regional Hospita	,
	Date 03/13/2025	Contributor address; City; State; Zip Code	D#:)	Amount of Contribution (\$) \$1.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)
	•	fice Manager	Cuero Regional Hospita	
	Date	Full name of contributor out-of-state PAC (II	D#:)	Amount of Contribution (\$)
	03/25/2025	Tiffin, Laura (Ms.) Contributor address; City; State; Zip Code Cuero, TX 77954		\$1.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)
	Business Of	fice Manager	Cuero Regional Hospita	I

	MONET	ARY POLITICAL CONTRIBU	UTIONS	SCHEDULE A	1
	The Instru	ction 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 Asso	ociation	3 Filer ID (Ethics Commission Filers 00015794	;)
4	Date 02/28/2025	 Full name of contributor	AC (ID#:)	7 Amount of Contribution (\$) \$4	4.00
8	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	9 Employer (See Instructions)	
Ü	Vice Preside		Texas Hospital Associat		
	Date 02/28/2025	Full name of contributor out-of-state PA Trout, Judith (Ms.) Contributor address; City; State; Zip Code Austin, TX 78701	AC (ID#:)	Amount of Contribution (\$)	2.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
	Healthcare D	Data Analyst	THA Foundation		
	Date 02/27/2025	Full name of contributor	AC (ID#:)	Amount of Contribution (\$) \$:	3.85
		Abilene, TX 79601			
	Principal occu Director, Hos	pation / Job title (See Instructions) spice	Employer (See Instructions Hendrick Medical Center		
	Date 03/13/2025	Full name of contributor out-of-state PA Tucek, Karen (Ms.) Contributor address; City; State; Zip Code Abilene, TX 79601	AC (ID#:)	Amount of Contribution (\$) \$:	3.85
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
	Director, Hos	spice	Hendrick Medical Cente	r	
	Date 03/20/2025	Full name of contributor out-of-state PA Tucek, Karen (Ms.) Contributor address; City; State; Zip Code Abilene, TX 79601	AC (ID#:)	Amount of Contribution (\$) \$:	3.85
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
	Director, Hos	spice	Hendrick Medical Cente	r 	
	2.100.01, 1103		FIGHWHOK MEGICAL CENTER	•	

	MONEI	ARY POLITICAL C	ONTRIBUTION	NS		SCHEDULE	A1
	The Instru	ction Guide explains how t	o complete this fo	rm.	1	Total pages Schedule A1: Sch: 50/57 Rpt: 53/69	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	The Political	Action Committee of the Texas	Hospital Association			00015794	
4	Date 02/28/2025	5 Full name of contributor Turner, Matt (Mr.)6 Contributor address; City; State	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$2.00
		Austin, TX 78701					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u>		
	Senior Direct	tor Quality & Payment		Texas Hospital Associat	ion		
	Date 03/16/2025	Full name of contributor Turner, McCann (Mr.) Contributor address; City; Stat	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
		Arlington, TX 76011					
		pation / Job title (See Instructions)		Employer (See Instructions			
	Specialist of	Gov Affairs and Advocacy		Texas Health Resources	S		
	Date 02/27/2025	Full name of contributor [Vidrine, Amanda (Ms.) Contributor address; City; Stat	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$3.85
		Abilene, TX 79601					
	•	pation / Job title (See Instructions)		Employer (See Instructions			
	Quality & Re	gulatory Manager		Hendrick Medical Cente	r		
	Date 03/13/2025	Full name of contributor Vidrine, Amanda (Ms.) Contributor address; City; Stat Abilene, TX 79601	out-of-state PAC (ID#: e; Zip Code			Amount of Contribution (\$)	\$3.85
	•	pation / Job title (See Instructions) gulatory Manager		Employer (See Instructions Hendrick Medical Cente			
	Date 03/20/2025	Full name of contributor Vidrine, Amanda (Ms.) Contributor address; City; Stat Abilene, TX 79601	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$3.85
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	()		
	Quality & Re	gulatory Manager		Hendrick Medical Cente	r		

	MONEI	ARY POLITICAL C	CONTRIBUTIO	NS		SCHEDULI	E A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 51/57 Rpt: 54/69	
2	FILER NAME The Political	Action Committee of the Texa	as Hospital Association		3	Filer ID (Ethics Commission 00015794	ı Filers)
4	Date 02/27/2025	5 Full name of contributor Wade, Susan (Ms.)6 Contributor address; City; St	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$15.00
8	Principal occu Abilene Mark	Abilene, TX 79601 pation / Job title (See Instructions ket COO		Employer (See Instructions Hendrick Medical Center			
	Date 03/13/2025	Full name of contributor Wade, Susan (Ms.) Contributor address; City; St Abilene, TX 79601	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$15.00
	Principal occu Abilene Mark	pation / Job title (See Instructions)	Employer (See Instructions Hendrick Medical Cente			
	Date 03/20/2025	Full name of contributor Wade, Susan (Ms.) Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$15.00
	Dringing! aggs	Abilene, TX 79601 pation / Job title (See Instructions	1	Employer (Co.) Instruction	<u></u>		
	Abilene Mark	,)	Employer (See Instructions Hendrick Medical Cente			
	Date 02/27/2025	Full name of contributor Wagner, Angela (Ms.) Contributor address; City; St Abilene, TX 79601	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$3.85
	Principal occu Healthcare F	pation / Job title (See Instructions Professional)	Employer (See Instructions Hendrick Medical Cente			
	Date 03/13/2025	Full name of contributor Wagner, Angela (Ms.) Contributor address; City; St Abilene, TX 79601	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$3.85
	Principal occu Healthcare F	pation / Job title (See Instructions Professional)	Employer (See Instructions Hendrick Medical Cente			
			1				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction 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	on	3	Filer ID (Ethics Commission 00015794	Filers)
4	Date 03/20/2025	 Full name of contributor	:)	7	Amount of Contribution (\$)	\$3.85
8	Principal occu	Abilene, TX 79601 upation / Job title (See Instructions)	9 Employer (See Instructions)		
	Healthcare F		Hendrick Medical Cente			
	Date 02/27/2025	Contributor address; City; State; Zip Code	:)		Amount of Contribution (\$)	\$9.62
	Principal occu	Brownwood, TX 76804 upation / Job title (See Instructions)	Employer (See Instructions)		
	Chief Financ	,	Hendrick Medical Center			
	Date 03/13/2025	Full name of contributor out-of-state PAC (ID#: Wallschlaeger, Erich (Mr.) Contributor address; City; State; Zip Code	:)		Amount of Contribution (\$)	\$9.62
	Principal occu	Brownwood, TX 76804 upation / Job title (See Instructions)	Employer (See Instructions)		
	Chief Financ	·	Hendrick Medical Center			
	Date 03/20/2025	Contributor address; City; State; Zip Code	:)		Amount of Contribution (\$)	\$9.62
	Dringinal occu	Brownwood, TX 76804 upation / Job title (See Instructions)	Employer (See Instructions			
	Chief Financ		Hendrick Medical Center			
	Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>		Amount of Contribution (\$)	
	02/27/2025	Walzer, Cheryl (Ms.) Contributor address; City; State; Zip Code Abilene, TX 79601				\$3.85
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Director of M	Medsurg / Tele	Hendrick Medical Cente	r		

	MONET	ARY POLITICAL CONTRIE	BUTIONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to comple	te this form.	1	Total pages Schedule A1: Sch: 53/57 Rpt: 56/69	
2	FILER NAME The Political	Action Committee of the Texas Hospital As	ssociation	3	Filer ID (Ethics Commission 00015794	n Filers)
4	Date 03/13/2025	 Full name of contributor out-of-state Walzer, Cheryl (Ms.) Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$3.85
8	Principal occu	Abilene, TX 79601 pation / Job title (See Instructions)	9 Employer (See Instructions	 s)		
		Medsurg / Tele	Hendrick Medical Cente			
	Date 03/20/2025	Full name of contributor out-of-state Walzer, Cheryl (Ms.) Contributor address; City; State; Zip Code	PAC (ID#:)		Amount of Contribution (\$)	\$3.85
	Principal occu	Abilene, TX 79601 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	•	ledsurg / Tele	Hendrick Medical Cente			
	Date 03/20/2025	Full name of contributor out-of-state Warner, Freddy (Mr.) Contributor address; City; State; Zip Code	PAC (ID#:)		Amount of Contribution (\$)	\$145.50
	Principal occu	Houston, TX 77024 pation / Job title (See Instructions)	Employer (See Instructions	s)		
	•	nment Relations Officer	Memorial Hermann Hea	,	System	
	Date 02/27/2025	Waters, Amber (Ms.)	PAC (ID#:)		Amount of Contribution (\$)	\$3.85
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	Director of A	dmissions	Hendrick Medical Cente	r		
	Date 03/13/2025	Full name of contributor out-of-state Waters, Amber (Ms.) Contributor address; City; State; Zip Code Abilene, TX 79601	PAC (ID#:)		Amount of Contribution (\$)	\$3.85
	•	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Director of A	dmissions	Hendrick Medical Cente	r		

	MONET	ARY POLITICAL CONTRIBU	TIONS	SCHEDULE A1
	The Instru	ction Guide explains how to complete t	his form.	1 Total pages Schedule A1: Sch: 54/57 Rpt: 57/69
2	FILER NAME The Political	Action Committee of the Texas Hospital Assoc	ciation	3 Filer ID (Ethics Commission Filers) 00015794
4	Date 03/20/2025	5 Full name of contributor uut-of-state PAC Waters, Amber (Ms.)		7 Amount of Contribution (\$) \$3.85
8	Principal occu	Abilene, TX 79601 upation / Job title (See Instructions)	9 Employer (See Instructions	
Ü	Director of A		Hendrick Medical Center	
	Date 02/28/2025	Full name of contributor out-of-state PAC Werner, Theo (Mr.) Contributor address; City; State; Zip Code Austin, TX 78701	(ID#:)	Amount of Contribution (\$) \$2.00
	Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions	
	Advocacy / N	Multimedia Writer	Texas Hospital Associat	on
	Date 02/27/2025	Full name of contributor out-of-state PAC Wharton, Elisha (Ms.) Contributor address; City; State; Zip Code	(ID#:)	Amount of Contribution (\$) \$3.85
		Abilene, TX 79601		
	Sr Practice N	ıpation / Job title (See Instructions) Manager	Employer (See Instructions Hendrick Medical Center	
	Date 03/13/2025	Full name of contributor out-of-state PAC Wharton, Elisha (Ms.) Contributor address; City; State; Zip Code Abilene, TX 79601	C (ID#:)	Amount of Contribution (\$) \$3.85
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	
	Sr Practice N	Manager	Hendrick Medical Cente	
	Date 03/20/2025	Full name of contributor out-of-state PAC Wharton, Elisha (Ms.) Contributor address; City; State; Zip Code Abilene, TX 79601	: (ID#:)	Amount of Contribution (\$) \$3.85
	Principal occu	Ipation / Job title (See Instructions)	Employer (See Instructions	
	Sr Practice N	Manager	Hendrick Medical Cente	·
			'	

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS	SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1 Total pages Schedule A1: Sch: 55/57 Rpt: 58/69	
2	FILER NAME				3 Filer ID (Ethics Commission F	-ilers)
	The Political	Action Committee of the Texa	as Hospital Association		00015794	
4	Date 02/28/2025	5 Full name of contributor Williams, Ben (Mr.)6 Contributor address; City; St	out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	\$14.00
		Austin, TX 78701				
8	Principal occu	I pation / Job title (See Instructions)	9 Employer (See Instructions	 S)	
		y & Pub Policy	,	Texas Hospital Associa		
	Date 02/28/2025	Full name of contributor Williams, Carrie (Ms.) Contributor address; City; St	out-of-state PAC (ID#:		Amount of Contribution (\$)	\$20.00
		Austin, TX 78701				
		pation / Job title (See Instructions)	Employer (See Instructions		
	Chief Comm	unications Officer		Texas Hospital Associa	tion	
	Date 02/28/2025	Full name of contributor Williams, Patty (Ms.) Contributor address; City; St	out-of-state PAC (ID#:)	Amount of Contribution (\$)	\$2.00
		Austin, TX 78701				
		pation / Job title (See Instructions)	Employer (See Instructions	5)	
	Relationship	Manager Business Srvcs		THA Foundation		
	Date 03/20/2025	Full name of contributor Williams, Sheri (Ms.) Contributor address; City; St Seguin, TX 78155	out-of-state PAC (ID#: ate; Zip Code)	Amount of Contribution (\$)	\$250.00
	•	pation / Job title (See Instructions)	Employer (See Instructions	5)	
	Chief Operat	ting Officer		Guadalupe Regional Me	edical Ctr	
	Date 02/26/2025	Full name of contributor Willmann, Adam (Mr.) Contributor address; City; St Clifton, TX 76634	out-of-state PAC (ID#:)	Amount of Contribution (\$)	\$62.50
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)	
	President / C	CEO		Goodall-Witcher Health	care	

	MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A1
	The Instru	ction 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	 Full name of contributor out-of-state PAC (ID#: Wilson, Melissa (Ms.) Contributor address; City; State; Zip Code)	7 Amount of Contribution (\$) \$100.00
•	Dringinal occu	Fairfield, TX 75840	9 Employer (See Instructions)	1
0	CEO / Admir	pation / Job title (See Instructions) nistrator	Freestone Medical Center	
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#: Wohleb, Stephen (Mr.) Contributor address; City; State; Zip Code Austin, TX 78701		Amount of Contribution (\$) \$41.00
	•	pation / Job title (See Instructions)	Employer (See Instructions)	•
	General Cou	ınsel	Texas Hospital Associati	ion
	Date 02/27/2025	Full name of contributor out-of-state PAC (ID#: Wood, Adam (Mr.) Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$4.81
		Abilene, TX 79601		
	•	pation / Job title (See Instructions) stant Vice President Supply Chain	Employer (See Instructions) Hendrick Medical Center	
	Date 03/13/2025	Full name of contributor out-of-state PAC (ID#: Wood, Adam (Mr.) Contributor address; City; State; Zip Code Abilene, TX 79601		Amount of Contribution (\$) \$4.81
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))
	•	stant Vice President Supply Chain	Hendrick Medical Center	
	Date 03/20/2025	Full name of contributor out-of-state PAC (ID#: Wood, Adam (Mr.) Contributor address; City; State; Zip Code Abilene, TX 79601		Amount of Contribution (\$) \$4.81
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
	System Assi	stant Vice President Supply Chain	Hendrick Medical Center	r

6 Contributor address; City; State; Zip Code Dallas, TX 75235 8 Principal occupation / Job title (See Instructions) Senior VP & Chief Legal Officer Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)		MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The Political Action Committee of the Texas Hospital Association 4 Date 03/20/2025		The Instruction Guide explains how to complete this form.	
A Date 03/20/2025 5 Full name of contributor	2		
8 Principal occupation / Job title (See Instructions) Senior VP & Chief Legal Officer Date 03/09/2025 Principal occupation / Job title (See Instructions) Children's Health Amount of Contribution (\$) \$125.00 Contributor address; City; State; Zip Code Lubbock, TX 79430 Principal occupation / Job title (See Instructions) Employer (See Instructions)	4	Date 5 Full name of contributor out-of-state PAC (ID#:	
Senior VP & Chief Legal Officer Children's Health Date Full name of contributor out-of-state PAC (ID#:			
03/09/2025 Yoder-Wise, Patricia (Ms.) Contributor address; City; State; Zip Code Lubbock, TX 79430 Principal occupation / Job title (See Instructions) Employer (See Instructions)	8		
Principal occupation / Job title (See Instructions) Employer (See Instructions)		03/09/2025 Yoder-Wise, Patricia (Ms.)	Amount of Contribution (\$) \$125.00
		Lubbock, TX 79430	

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			3	Filer ID (Ethics Commission Filers)
	The Political	Ac	tion Committee of the Texas Hospital Association		00015794
4	Date	5	Corporation / Labor Organization name	6	Amount (\$)
	03/11/2025		Texas Hospital Association		540.50

NON-MONETARY SUPPORT FROM CORPORATION SCHEDULE C4 **OR LABOR ORGANIZATION** 1 Total pages Schedule C4: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 62/69 2 FILER NAME 3 Filer ID (Ethics Commission Filers) The Political Action Committee of the Texas Hospital Association 00015794 Date 5 Corporation / Labor Organization name 6 Amount (\$) 03/25/2025 4,200.00 **Texas Hospital Association**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
TTHER (order a cotogony pet listed above)

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 1/6 Rpt: 63/69	The Political Action Committee of the Texas Hospital 00015794
4 Date	5 Payee name
02/27/2025	Frost Bank
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$0.08	PO Box 1727
Expenditure from corporate funds	Austin, TX 78767
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Credit Card Processing Fees
	Credit Card Processing Fees
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
Date	Payee name
03/03/2025	Frost Bank
Amount (\$)	Payee address; City; State; Zip Code
\$19.95	PO Box 1727
Expenditure from corporate funds	Austin, TX 78767
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	Check if Austin, TX, officeholder living expense
	Credit Card Processing Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experialitate to better civot	'
Date	Payee name
03/03/2025	Frost Bank
Amount (\$)	Payee address; City; State; Zip Code
\$64.73	PO Box 1727
Expenditure from corporate funds	Austin, TX 78767
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Credit Card Processing Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiorare to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarice Magnet/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
Sch: 2/6 Rpt: 64/69	The Political Action Committee of the Texas Hospital 00015794
4 Date	5 Payee name
03/04/2025	Frost Bank
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$52.55	PO Box 1727
Expenditure from corporate funds	Austin, TX 78767
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Credit Card Processing Fees
	3
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Davisa nama
02/26/2025	Payee name Stripe
Amount (\$)	Payee address; City; State; Zip Code
\$598.70	354 Oyster Point Blvd
Expenditure from corporate funds	South San Francisco, CA 94080
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Processing fees for processing multiple credit card contributions 02/26/25-03/25/25
2 1 2 2 1 1 2 1 1	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/26/2025	Stripe
Amount (\$)	Payee address; City; State; Zip Code
\$4.42	354 Oyster Point Blvd
Ψτ.τΔ	SOF CYSICI I GIRL BIVE
Expenditure from corporate funds	South San Francisco, CA 94080
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Credit Card Processing Fees
0 1 0 0 1 0 0 1 0 0 1	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 3/6 Rpt: 65/69	The Political Action Committee of the Texas Hospital 00015794
4 Date	5 Payee name
03/05/2025	Stripe
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$0.63	354 Oyster Point Blvd
Expenditure from	
corporate funds	South San Francisco, CA 94080
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Credit Card Processing Fees
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
experientale to belieff C/O	
Date	Payee name
03/11/2025	Stripe
Amount (\$)	Payee address; City; State; Zip Code
\$3.06	354 Oyster Point Blvd
Expenditure from	
corporate funds	South San Francisco, CA 94080
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Credit Card Processing Fees
	Stout Sala Frosconing Food
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
03/12/2025	Stripe
Amount (\$)	Payee address; City; State; Zip Code
\$1.46	354 Oyster Point Blvd
Expenditure from corporate funds	South San Francisco, CA 94080
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Credit Card Processing Fees
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

Contributions/ Donations Made By Candidate/Officeholder/Politica		
Credit Card Payment	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
Sch: 4/6 Rpt: 66/69	The Political Action Committee of the Texas Hospital 00015794	
4 Date	5 Payee name	
03/13/2025	Stripe	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$0.42	354 Oyster Point Blvd	
Expenditure from corporate funds	South San Francisco, CA 94080	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense	
	Credit Card Processing Fees	
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
03/14/2025	Stripe	
Amount (\$)	Payee address; City; State; Zip Code	_
\$0.15	354 Oyster Point Blvd	
Expenditure from corporate funds	South San Francisco, CA 94080	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
LAFENDITORE	Check if Austin, TX, officeholder living expense	
	Credit Card Processing Fees	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
Date	Payee name	_
03/17/2025	Stripe	
Amount (\$)	Payee address; City; State; Zip Code	_
\$0.52	354 Oyster Point Blvd	
40.02	oo i oyala i ama ziva	
Expenditure from corporate funds	South San Francisco, CA 94080	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
2/4 2/15/10/12	Check if Austin, TX, officeholder living expense	
	Credit Card Processing Fees	
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
		_

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 5/6 Rpt: 67/69	The Political Action Committee of the Texas Hospital 00015794
4 Date	5 Payee name
03/18/2025	Stripe
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$0.62	354 Oyster Point Blvd
Expenditure from corporate funds	South San Francisco, CA 94080
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Credit Card Processing Fees
	Great Salar ressents
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
03/19/2025	Stripe
Amount (\$)	Payee address; City; State; Zip Code
\$2.71	354 Oyster Point Blvd
Ψ2.71	334 Oyster Fornt Bivu
Expenditure from corporate funds	South San Francisco, CA 94080
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Credit Card Processing Fees
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
<u> </u>	
Date	Payee name
03/24/2025	Stripe
Amount (\$)	Payee address; City; State; Zip Code
\$1.29	354 Oyster Point Blvd
Expenditure from	
corporate funds	South San Francisco, CA 94080
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Credit Card Processing Fees
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Food/Beverage Expense Polling Expense Travel in District Gift/Awards/Memorials Expense Printing Expense Travel Out of District I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 6/6 Rpt: 68/69	The Political Action Committee of the Texas Hospital 00015794
4 Date	5 Payee name
03/25/2025	Stripe
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$0.62	354 Oyster Point Blvd
Expenditure from corporate funds	South San Francisco, CA 94080
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Credit Card Processing Fees
	Greate State 1 100033ing 1 003
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

UNPAID INCURRED OBLIGATIONS SCHEDULE F2 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F2: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 1/1 Rpt: 69/69 The Political Action Committee of the Texas Hospital 00015794 \$ TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS 5 Date Payee name 03/25/2025 Atchley & Associates LLP Amount (\$) Payee address; State; Zip Code \$745.00 1005 La Posada Dr Expenditure from Х Austin, TX 78752 corporate funds TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Accounting/Banking **EXPENDITURE** Check if Austin, TX, officeholder living expense PAC accounting and reporting services 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH