MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC COVER SHEET PG 1

The MPAC Instruction Guide explains how to complete this form. 1 Filer ID (Ethics Commission Filers) 2 00015794 00015794			2 Total pages filed: 68			
3 COMMITTEE NAME			OFFICE USE ONLY			
The Political Actio	n Committee of the Texas Hospital Associa	ation	Date Received ELECTRONICALLY FILED 05/05/2025			
4 COMMITTEE	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP				
ADDRESS	1108 Lavaca Ste 700					
	Austin, TX 78701		Date Hand-delivered or Date Postmarked			
5 CAMPAIGN	MS / MRS / MR FIRST	MI				
TREASURER NAME	Sara		Receipt # Amount			
	NICKNAME LAST	SUFFIX	Date Processed			
	Gonzalez		Date Imaged			
6 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #; CITY; STA	ATE; ZIP CODE			
TREASURER STREET ADDRESS	1108 Lavaca Suite 700	,, c.,, c.,, c.,	,			
(Residence or Business)	Austin, TX 78701					
7 CAMPAIGN	STREET ADDRESS OR PO BOX;	APT / SUITE #; CITY; ST	ATE; ZIP CODE			
TREASURER MAILING ADDRESS	1108 Lavaca Suite 700					
	Austin, TX 78701					
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION				
TREASURER PHONE	(512) 465-1000					
9 REPORT TYPE	X Monthly	10th day after campaign treasurer termination	Dissolution (Attach PAC-DR)			
10 MONTHLY REPORT FILING DEADLINE	January 5 April	5 July 5	October 5			
DEADLINE	February 5 X May	5 August 5	November 5			
	March 5 June	5 September 5	December 5			
11 PERIOD	Month Day Year	Month FHROUGH	Day Year			
COVERED	03/26/2025	04/25/2	2025			
	GO TO PAGE 2					
Forms provided by Te	rms provided by Texas Ethics Commission www.ethics.state.tx.us Version V4.1.0.e02d6221					

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
The Political Action Con	nmittee of the Texas H	ospital Association	0001579	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	3. Officeholders Assisted			
	(Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	 POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold 	\$	0.00
	2. TOTAL POLITICA	L CONTRIBUTIONS	\$	05 000 00
	(OTHER THAN PLEI	DGES, LOANS, OR GUARANTEES OF LOANS)	l [*]	25,080.82
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	1,731.49
CONTRIBUTION BALANCE	5. TOTAL POLITICAL C OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	78,594.64
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT	1			
		I swear, or affirm, under penalty of pe true and correct and includes all inform under Title 15, Election Code.	rjury, that the mation requir	e accompanying report is ed to be reported by me
		Sara G	onzalez	
		Signature of Ca		surer
			paigir rica	
AFFIX NOTARY	STAMP / SEAL ABOVE			
Sworn to and subscribed	before me, by the said	, tl	nis the	day
of	_, 20, to certify v	which, witness my hand and seal of office.		
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title of of	ficer administering oath
Forms provided by Texas E	thics Commission	www.ethics.state.tx.us		Version V4.1.0.e02d6221

FORM MPAC

COVER SHEET PG 3 3 of 68

		(Ethios Commission Filoro)
The Political Action Committee of the Texas Hospital Association	18 Filer ID 00015794	(Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 20,135.82
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	2	\$
5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORAT	FION OR	\$
6. X SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGA	NIZATION	\$ 745.00
7. X SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$ 4,200.00
8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR OI	RGANIZATION	\$
9. SCHEDULE E: LOANS		\$
10. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS		\$ 1,013.49
11. X SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 718.00
12. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	NS	\$
13. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	NS	\$
15. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RI TO FILER	ETURNED	\$

SUBTOTALS - MPAC

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 1/58 Rpt: 4/68
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
The Political	Action Committee of the Texas Hospital Association	n	00015794
4 Date	5 Full name of contributor out-of-state PAC (ID#:_		7 Amount of Contribution (\$)
04/01/2025	Adrian, Matt (Mr.)		\$250.00
	Contributor address, City, State, Zip Code		
	Plano, TX 75024		
8 Principal occu	I Ipation / Job title (See Instructions)	9 Employer (See Instructions	5)
	eneral Counsel	Community Hospital Co	,
Date	Full name of contributor Out-of-state PAC (ID#:	<u>)</u>	Amount of Contribution (\$)
03/28/2025	Amador, Dolores (Ms.)	/	\$1.00
00,20,2020	· · · ·		
	Contributor address; City; State; Zip Code		
	Georgetown, TX 78633		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	e)
Claims Mana		Texas Hospital Insurand	
			-
Date)	Amount of Contribution (\$)
04/25/2025	Amador, Dolores (Ms.)		\$1.00
	Contributor address; City; State; Zip Code		
	Georgetown, TX 78633		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)
Claims Mana		Texas Hospital Insuranc	ce Exchange
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution (\$)
03/28/2025	Andersen, Daniel (Mr.)		\$14.00
	Contributor address; City; State; Zip Code		
	Georgetown, TX 78633		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	J S)
	iting & Business Development	Texas Hospital Insuranc	,
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
04/25/2025	Andersen, Daniel (Mr.)	,	\$14.00
•	Contributor address; City; State; Zip Code		
	CUltinution address, City, State, Zip Code		
	Georgetown, TX 78633		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ج)
	iting & Business Development	Texas Hospital Insurand	

	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 2/58 Rpt: 5/68	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	The Political	Action Committee of the Texas Hospital Associatio	n		00015794	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:		7	Amount of Contribution (\$)	
Ľ	04/14/2025	Armstrong, Kyle (Mr.))	Ľ	/ouni or ooninibution (+)	\$500.00
	0 11 11 11 2020			1		4000.00
		Contributor address, City, State, Zip Code				
		Grapevine, TX 76051				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	<u>ا</u> د)		
ľ		entral Region of BSW Health	Baylor Scott & White - N		th Texas	
		-		10.		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	#105.00
	04/12/2025	Bagchi, Sam (Dr.)				\$165.00
		Contributor address; City; State; Zip Code				
		Inving TV 75020				
	<u> </u>	Irving, TX 75038		Ĺ		
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	EVP / Chief	Clinical Officer	CHRISTUS Health	_		
	Date)		Amount of Contribution (\$)	
	04/17/2025	Ballew, Joel (Mr.)				\$41.50
		Contributor address; City; State; Zip Code]		
		Arlington, TX 76011				
		pation / Job title (See Instructions)	Employer (See Instructions			
	VP Governm	nent & Community Affairs	Texas Health Resource	s		
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	04/03/2025	Baty, Krista (Ms.)				\$27.50
		Contributor address; City; State; Zip Code		1		
		Brownwood, TX 76801				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Chief Admin	istrative Officer	Hendrick Medical Cente	er		
F	Date	Full name of contributor out-of-state PAC (ID#:_)	Г	Amount of Contribution (\$)	
	04/23/2025	Baty, Krista (Ms.)				\$27.50
		Contributor address; City; State; Zip Code		1		
		Brownwood, TX 76801				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
1		istrative Officer	Hendrick Medical Cente	er		
⊢			1			
1						

	The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 3/58 Rpt: 6/68
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
		Action Committee of the Texas Hospital Association		00015794
4	Date	5 Full name of contributor out-of-state PAC (ID#:_		7 Amount of Contribution (\$)
	04/23/2025	Baugh, Zelia (Ms.)		\$500.00
	•=			
	I			
	I			
	I	Fort Worth, TX 76104		
8	Principal occu	I upation / Job title (See Instructions)	9 Employer (See Instructions	s)
	EVP Behavio		JPS Health Network	-,
⊢	Date			Amount of Contribution (\$)
	03/28/2025	Full name of contributor out-of-state PAC (ID#: Beasley, Sharon (Ms.)	/	\$8.00 \$8.00
	0312012023			ψο.οι
	I	Contributor address; City; State; Zip Code		
	I			
	I	Austin, TX 78701		
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	
	Sr Dir Gover		Texas Hospital Associat	
╞				
	Date)	Amount of Contribution (\$)
	04/25/2025	Beasley, Sharon (Ms.)		
	I	Contributor address; City; State; Zip Code		
	I			
	I			
\vdash	D i sizal essi	Austin, TX 78701		
		ipation / Job title (See Instructions)	Employer (See Instructions	
	Sr Dir Gover		Texas Hospital Associat	
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	03/28/2025	Bell, Jeff (Mr.)		
	I	Contributor address; City; State; Zip Code		
	I			
	I			
		Austin, TX 78701		
	-	pation / Job title (See Instructions)	Employer (See Instructions	s)
	Manager Co	prporate Relations	THA Foundation	
Γ	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	04/25/2025	Bell, Jeff (Mr.)		\$4.00
	I	Contributor address; City; State; Zip Code		
	I			
	I			
		Austin, TX 78701		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
	Manager Co	rporate Relations	THA Foundation	

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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 4/58 Rpt: 7/68	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	The Political	Action Committee of the Texas Hospital Association			00015794	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	04/03/2025	Benham, Bradley (Mr.)				\$9.62
		6 Contributor address; City; State; Zip Code				
		· · · · · · · · · · · · · · · · · · ·				
		Abilene, TX 79601				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	;)		
	VP HMC For	undation	Hendrick Medical Cente	r		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/23/2025	Benham, Bradley (Mr.)				\$9.62
		Contributor address; City; State; Zip Code				
		Abilene, TX 79601				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	VP HMC For	undation	Hendrick Medical Cente	r		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/01/2025	Berdan, Barclay (Mr.)			• -	\$2,500.00
		Contributor address; City; State; Zip Code				
		Arlington, TX 76011				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions			
	Chief Execut	tive Officer	Texas Health Resources	S		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/03/2025	Bessent, Brian (Mr.)				\$32.50
		Contributor address; City; State; Zip Code				
		Abilene, TX 79601				
		pation / Job title (See Instructions)	Employer (See Instructions			
	VP / Chief S	trategy & Experience Officer	Hendrick Medical Cente	r		
Γ	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/23/2025	Bessent, Brian (Mr.)				\$32.50
		Contributor address; City; State; Zip Code				
		Abilene, TX 79601				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	VP / Chief S	trategy & Experience Officer	Hendrick Medical Cente	r		

ſ	The Instru	ction Guide explains how to complete this f	orm	1	Total pages Schedule A1:	
	1116 11150 44	stion dure explains now to complete and h	onn.		Sch: 5/58 Rpt: 8/68	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	The Political	Action Committee of the Texas Hospital Association	n		00015794	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	04/15/2025	Booth, Donny (Mr.)				\$41.66
	ļ	6 Contributor address; City; State; Zip Code		1		
	ļ	Andrews, TX 79714				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Chief Execut	tive Officer	Permian Regional Medio	cal	Center	
⊨	Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	04/03/2025	Bowden, Sherri (Ms.)				\$3.85
		Contributor address; City; State; Zip Code		1		.
	ļ					
	ļ					
		Abilene, TX 79601				
⊢	Principal occu	I Ipation / Job title (See Instructions)	Employer (See Instructions	<u>لــــــــــــــــــــــــــــــــــــ</u>		
		monary Services	Hendrick Medical Cente			
⊨	Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u>)	Γ	Amount of Contribution (\$)	
	04/23/2025	Bowden, Sherri (Ms.)	/		Allount of Continention (+)	\$3.85
	0-120,2020	Contributor address; City; State; Zip Code		•		40 .00
	ļ	Continuation address, City, State, Lip Code				
	ļ					
	ļ	Abilene, TX 79601				
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	L 3)		
	-	monary Services	Hendrick Medical Cente			
⊢	Date		<u> </u>	Γ	Amount of Contribution (\$)	
	Dale 04/16/2025	Full name of contributor out-of-state PAC (ID#: Bowerman, Stephen (Mr.)	/			\$125.00
	04/10/2023					Φ120.00
		Contributor address; City; State; Zip Code				
	ļ					
	ļ	Midland, TX 79701				
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u>		
		Chief Executive Officer	Midland Memorial Hospi		I	
⊢				T		
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	¢100.00
	04/23/2025	Boyd, Lori (Ms.)				\$100.00
		Contributor address; City; State; Zip Code				
	ļ	Canta TV 76472				
		Santo, TX 76472	1 <u> </u>	Ĺ		
		upation / Job title (See Instructions)	Employer (See Instructions		. 1	
	Board Memb	Jer	Palo Pinto General Hos	pita	<u>الا</u>	

⊢						
	The Instru	ction Guide explains how to complete this	; form.	1	Total pages Schedule A1: Sch: 6/58 Rpt: 9/68	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	The Political	Action Committee of the Texas Hospital Associati	ion		00015794	-
4		5 Full name of contributor Out-of-state PAC (ID#		7	Amount of Contribution (\$)	
	04/03/2025	Brockway, Toni (Ms.)			· ····································	\$5.00
		6 Contributor address; City; State; Zip Code		ł		+ ·
		Abilene, TX 79601				
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	<u>ال</u>		
	-	Vorkforce Dev	Hendrick Medical Cente			
⊨					· · · · · · · · · · · · · · · · · · ·	
	Date	Full name of contributor out-of-state PAC (ID#	#:)		Amount of Contribution (\$)	÷= 00
	04/23/2025	Brockway, Toni (Ms.)]		\$5.00
		Contributor address; City; State; Zip Code				
L		Abilene, TX 79601				
		upation / Job title (See Instructions)	Employer (See Instructions			
L	Director of W	Vorkforce Dev	Hendrick Medical Cente	er		
	Date	Full name of contributor out-of-state PAC (ID#	#:)	Γ	Amount of Contribution (\$)	
	04/03/2025	Broderick, Treva (Ms.)				\$4.81
		Contributor address; City; State; Zip Code		1		
		Abilene, TX 79601				
⊢	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	 3)		
	Assistant Vic	ce President Clinical Svs	Hendrick Medical Cente	er		
⊨	Date	Full name of contributor out-of-state PAC (ID#		Γ	Amount of Contribution (\$)	
	04/23/2025	Broderick, Treva (Ms.)	#/			\$4.81
	07/20/2020			•		Ψ-1.0-2
		Contributor address; City; State; Zip Code				
		Abilene, TX 79601				
┝	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
		ce President Clinical Svs	Hendrick Medical Cente			
╘				יי ד		
	Date	Full name of contributor out-of-state PAC (ID#	#:)		Amount of Contribution (\$)	
	04/01/2025	Buckley, John (Mr.)	!]		\$1,000.00
		Contributor address; City; State; Zip Code]		
L		College Station, TX 77843				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	3)		
	Professor of	the Practice	Texas A&M University H	lea	alth Science Center	
\vdash						

The Instru	ction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 7/58 Rpt: 10/68
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
The Political	Action Committee of the Texas Hospital Association		00015794
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
04/03/2025	Calvo, Raul (Mr.)		\$2.50
	6 Contributor address; City; State; Zip Code		1
2 Dringingloogu	Abilene, TX 79608		
Board Vice C	ipation / Job title (See Instructions)	9 Employer (See Instructions) Hendrick Medical Center	
	1		-
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
04/23/2025			\$2.50
	Contributor address; City; State; Zip Code		
	Abilene, TX 79608		
Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions)	1s)
Board Vice C		Hendrick Medical Center	
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution (\$)
04/03/2025	Camacho, Precilla (Ms.)		\$3.85
	Contributor address; City; State; Zip Code		1
	Abilene, TX 79601		
-	Ipation / Job title (See Instructions)	Employer (See Instructions)	
Senior Direc	tor Nursing	Hendrick Medical Center	-
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
04/23/2025	Camacho, Precilla (Ms.)		\$3.85
	Contributor address; City; State; Zip Code		
	Abilene, TX 79601		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	s)
Senior Direc		Hendrick Medical Center	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
04/03/2025	Canada, Kirk (Mr.)		\$30.00
	Contributor address; City; State; Zip Code		1
	Abilene, TX 79601		
	ipation / Job title (See Instructions)	Employer (See Instructions)	
Chief Operat	ting Office / System VP	Hendrick Medical Center	۶r

m. ¹	L Total pages Schedule A1:	
	Sch: 8/58 Rpt: 11/68	
3	B Filer ID (Ethics Commission F	ilers)
	00015794	
) 7	Amount of Contribution (\$)	
		\$30.00
Employer (See Instructions)		
Hendrick Medical Center		
)	Amount of Contribution (\$)	
		\$1.00
Employer (See Instructions)		
Hendrick Medical Center		
)	Amount of Contribution (\$)	
		\$1.00
Employer (See Instructions)		
Hendrick Medical Center		
)	Amount of Contribution (\$)	
		\$29.16
Employer (See Instructions)		
Employer (See Instructions) Memorial Medical Center		
	Amount of Contribution (\$)	
		\$4.00
		\$4.00
		\$4.00
		\$4.00
		\$4.00
		\$4.00
	Employer (See Instructions) Hendrick Medical Center) Employer (See Instructions) Hendrick Medical Center) Employer (See Instructions)	

The Instru	ction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 9/58 Rpt: 12/68
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	Action Committee of the Texas Hospital Association	n	00015794
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
04/23/2025	Conger, Cody (Mr.)		\$4.00
	6 Contributor address; City; State; Zip Code		1
	Abilene, TX 79601		
	ipation / Job title (See Instructions)	9 Employer (See Instructions	
Health Direc	ctor, Invasive Cardiology	Hendrick Medical Cente	۲ ۲
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
04/03/2025	Connell, Jessica (Ms.)		\$4.81
	Contributor address; City; State; Zip Code		1
	Brownwood, TX 76804		
	pation / Job title (See Instructions)	Employer (See Instructions	
Chief Nursin	g Officer	Hendrick Medical Cente	۶۲
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
04/23/2025	Connell, Jessica (Ms.)		\$4.81
	Contributor address; City; State; Zip Code		1
	Brownwood, TX 76804		
	ipation / Job title (See Instructions)	Employer (See Instructions	
Chief Nursin	g Officer	Hendrick Medical Cente	۲
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
03/28/2025	Conner, Cecil (Mr.)		\$4.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78731	1	<u> </u>
	upation / Job title (See Instructions)	Employer (See Instructions	,
RISK Manage	ement Advisor	Texas Hospital Insuranc	e Exchange
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
04/25/2025	Conner, Cecil (Mr.)		\$4.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78731	1	<u> </u>
	Ipation / Job title (See Instructions)	Employer (See Instructions	
RISK Manage	ement Advisor	Texas Hospital Insuranc	e Exchange

Tł	he Instru	ction Guide explains how to complet	te this for	r m.	1	Total pages Schedule A1: Sch: 10/58 Rpt: 13/68	
2 FII	LER NAME				1	Filer ID (Ethics Commission	Eilors)
		Action Committee of the Texas Hospital As	ssociation		3	00015794	Fileisj
4 Da	ate	5 Full name of contributor out-of-state	PAC (ID#:)	7	Amount of Contribution (\$)	
04	4/03/2025	Contreras, Rosendo (Ms.)					\$1.93
	I	6 Contributor address; City; State; Zip Code			1		
	I						
	I						
	I	Abilene, TX 79601					
8 Pri	incipal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	ـــــــــــــــــــــــــــــــــــــ		
		Safety, Infection Preventionist, Perf Improv		Hendrick Medical Cente	۰r		
Da	ate	Full name of contributor out-of-state	PAC (ID#:)	Γ	Amount of Contribution (\$)	
	04/23/2025 Contreras, Rosendo (Ms.)					\$1.93	
-		Contributor address; City; State; Zip Code			\mathbf{I}		Ŧ -
	I	Contributor address, Ory, State, Zip Code					
	I						
	I	Abilene, TX 79601					
Pri	incipal occu	pation / Job title (See Instructions)		Employer (See Instructions	ـــــــــــــــــــــــــــــــــــــ		
Di	ir Patient S	Safety, Infection Preventionist, Perf Improv		Hendrick Medical Cente	ır		
Da	ate	Full name of contributor out-of-state	PAC (ID#:)	Γ	Amount of Contribution (\$)	
	03/28/2025 Cook, Kenneth (Mr.)						\$2.00
	1	Contributor address; City; State; Zip Code			{		
	I						
	I						
	I	Austin, TX 78701					
Pri	incipal occu	pation / Job title (See Instructions)		Employer (See Instructions	ـــــــــــــــــــــــــــــــــــــ		
ІТ	Director			THA Foundation			
Da	ate	Full name of contributor out-of-state	PAC (ID#:)	Γ	Amount of Contribution (\$)	
	4/25/2025	Cook, Kenneth (Mr.)				Amount of Continue	\$2.00
-	1201202	Contributor address; City; State; Zip Code			ł		*
	I						
	I						
	I	Austin, TX 78701					
Pri	incipal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>ا</u>		
	Director			THA Foundation	')		
				·····	—	Amount of Contribution (\$)	
	ate 4/03/2025	Full name of contributor out-of-state Cooper, David (Mr.)	PAC (ID#	J		Amount of Contribution (\$)	\$3.85
U-,	1/03/2025						Φ0.00
	I	Contributor address; City; State; Zip Code					
	I						
	I	Abilene, TX 79601					
Pri	incipal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>الــــــــــــــــــــــــــــــــــــ</u>		
	ab Supervis			Hendrick Medical Cente			
			I_		<u> </u>		

The Instruction Guide explains how to complete this for	m.	1 Total pages Schedule A1: Sch: 11/58 Rpt: 14/68
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
The Political Action Committee of the Texas Hospital Association		00015794
4 Date 5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
04/23/2025 Cooper, David (Mr.)		\$3.85
6 Contributor address; City; State; Zip Code		
Abilene, TX 79601		
8 Principal occupation / Job title (See Instructions) 9	Employer (See Instructions))
Lab Supervisor	Hendrick Medical Center	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
04/23/2025 Copeland, Laura (Ms.)		\$500.00
Fort Worth, TX 76104		
Principal occupation / Job title (See Instructions)	Employer (See Instructions))
Assistant General Counsel	Cook Children's Medical	Center
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
03/28/2025 Cornelson, Laura (Ms.)		\$20.00
Contributor address; City; State; Zip Code		
Austin, TX 78701		
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	
VP Clinical Initiatives	THA Foundation	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
04/25/2025 Cornelson, Laura (Ms.)		\$20.00
Contributor address; City; State; Zip Code		
Austin, TX 78701		
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	1
VP Clinical Initiatives	THA Foundation	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
03/28/2025 Costilla, Nina (Ms.)		\$2.00
Contributor address; City; State; Zip Code		
Austin, TX 78701		
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	1
Clinical Projects Manager	THA Foundation	

	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 12/58 Rpt: 15/68	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	The Political	Action Committee of the Texas Hospital Association	า		00015794	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	04/25/2025	Costilla, Nina (Ms.)				\$2.00
		6 Contributor address; City; State; Zip Code				
		Austin, TX 78701				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Clinical Proje	ects Manager	THA Foundation			
F	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	03/28/2025	Cotton, Corey (Mr.)				\$20.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78701				
		pation / Job title (See Instructions)	Employer (See Instructions			
	VP Member	Solutions	Texas Hospital Associat	tion		
	Date)	Γ	Amount of Contribution (\$)	
	04/25/2025	Cotton, Corey (Mr.)				\$20.00
		Contributor address; City; State; Zip Code]		
	Duin single agen	Austin, TX 78701		Ĺ		
	VP Member	ipation / Job title (See Instructions)	Employer (See Instructions Texas Hospital Associat			
			Τέχας πυςμιται Ασουιαι			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	±00.00
	03/28/2025	Dale, Vicki (Ms.)				\$20.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78701				
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> د)		
		of Business Services	THA Foundation	3)		
╞				T	Amount of Contribution (\$)	
	Date 04/25/2025	Full name of contributor out-of-state PAC (ID#: Dale, Vicki (Ms.))		Amount of Contribution (\$)	\$20.00
	04/23/2023					Φ20.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78701				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	L s)		
		of Business Services	THA Foundation	-,		
\vdash						

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The Instru	ction Guide explains how to complete this f	form.		Total pages Schedule A1: Sch: 13/58 Rpt: 16/68	
2 FILER NAME				Filer ID (Ethics Commission	n Filers)
	I Action Committee of the Texas Hospital Association	n		00015794	11 11013)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
04/22/2025	Darden, Richard (Mr.)				\$25.00
	6 Contributor address; City; State; Zip Code		"		
	Abilene, TX 79601				
-	upation / Job title (See Instructions)	9 Employer (See Instructions			
Trustee		Hendrick Medical Cente	er		
Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
04/07/2025	Daskevich, Cris (Ms.)				\$145.84
	Contributor address; City; State; Zip Code		"		
	San Antonio, TX 78207				
	upation / Job title (See Instructions)	Employer (See Instructions	s)		
CEO, CHRIS	STUS Children's & SVP CHRISTUS Health	CHRISTUS Children's			
Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
03/28/2025	Davenport, Chad (Mr.)				\$2.00
	Contributor address; City; State; Zip Code		"		
	Coorgotown TV 70622				
Dringinal occu	Georgetown, TX 78633 upation / Job title (See Instructions)	Employer (See Instructions			
Accounting S		Texas Hospital Insurand		-vehande	
	·	· · · · ·			
Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	<u> </u>
04/25/2025	Davenport, Chad (Mr.)				\$2.00
	Contributor address; City; State; Zip Code				
	Georgetown, TX 78633				
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions			
Accounting		Texas Hospital Insurance		-vehande	
	·	· ·			
Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	* 20.00
03/28/2025	Davila, Leslie (Ms.)				\$20.00
	Contributor address; City; State; Zip Code				
	Georgetown, TX 78633				
Drincipal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
Receptionist		Texas Hospital Insurand		Vehanda	
Кесерионы					

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 14/58 Rpt: 17/68
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
The Political	Action Committee of the Texas Hospital Association		00015794
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
04/25/2025	Davila, Leslie (Ms.)		\$20.
	6 Contributor address; City; State; Zip Code		
	Georgetown, TX 78633		
-	pation / Job title (See Instructions)	9 Employer (See Instructions)	
Receptionist		Texas Hospital Insuranc	-
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
04/10/2025	Davis, John (Mr.)		\$3.
	Contributor address; City; State; Zip Code		
	Cuero, TX 77954		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	<u></u>
	diopulmonary	Cuero Regional Hospital	
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of Contribution (\$)
Dale 04/23/2025			Amount of Contribution (\$) \$3.
07/20/2020	Contributor address; City; State; Zip Code		
	Contributor address, City, State, Zip Code		
	Cuero, TX 77954		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	;)
Director Care	diopulmonary	Cuero Regional Hospital	d
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
03/28/2025	De La Garza-Barone, Heather (Ms.)		\$2.
	Contributor address; City; State; Zip Code		
Drinsinglagou	Austin, TX 78701		<u>,</u>
	pation / Job title (See Instructions) eneral Counsel	Employer (See Instructions) Texas Hospital Associat	
		· · · · · · · · · · · · · · · · · · ·	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
04/25/2025	De La Garza-Barone, Heather (Ms.)		\$2.
	Contributor address; City; State; Zip Code		
	Austin, TX 78701		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	<u> </u>
	eneral Counsel	Texas Hospital Associat	
ASSOCIATE G		Texas hospital Associat	.ion

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 15/58 Rpt: 18/68	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
	The Political	Action Committee of the Texas Hospital Association			00015794	-
4		5 Full name of contributor out-of-state PAC (ID#:_		7	Amount of Contribution (\$)	
	03/30/2025	DeYoung, Peter (Dr.)				\$41.00
	•	6 Contributor address; City; State; Zip Code				
		Austin, TX 78758				
8	Principal occu		9 Employer (See Instructions	L;)		
	Chief Medica	,	St Davids North Austin M		dical Center	
╞	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/03/2025	Dennis, Gregory (Mr.)	/		Allount of Contribution (*)	\$3.85
	07/00/2020	Contributor address; City; State; Zip Code				Ψ0.00
		Contributor address, City, State, Zip Code				
		Abilene, TX 79601				
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	[;)		
		ility Management	Hendrick Medical Cente			
╞	Date				Amount of Contribution (\$)	
	04/23/2025	Full name of contributor out-of-state PAC (ID#: Dennis, Gregory (Mr.)	/			\$3.85
	0412312023					ψ0.05
		Contributor address; City; State; Zip Code				
		Abilene, TX 79601				
\vdash	Principal occu	I Ipation / Job title (See Instructions)	Employer (See Instructions	L;)		
		ility Management	Hendrick Medical Cente			
╞	Date	Full name of contributor Out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/03/2025	Devun, Sharn (Ms.)	/			\$3.85
	0 100.2.2.2	Contributor address; City; State; Zip Code				Ŧ U
		Abilene, TX 79601				
⊢	Principal occu	I Ipation / Job title (See Instructions)	Employer (See Instructions	L;)		
		k Management	Hendrick Medical Cente	·		
⊨	Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>		Amount of Contribution (\$)	
	04/23/2025	Devun, Sharn (Ms.)	/			\$3.85
	0.20.20	Contributor address; City; State; Zip Code				· · · ·
		Abilene, TX 79601				
\vdash	Principal occu	I Ipation / Job title (See Instructions)	Employer (See Instructions	L;)		
		k Management	Hendrick Medical Cente			
\vdash						

The Political Action Committee of the Texas Hospital Association 00015794				
2 FILER NAME 3 Filer ID (Elitics Commitsion Filers) 4 Date 0015794 00015794 4 Date 00141/2025 Full name of contributor 0xx of state PAC (Der	The Instrue	ction Guide explains how to complete this f	orm.	
The Political Action Committee of the Texas Hospital Association 00015794 4 Date 5 Full name of contributor aut-of-state PAC (DU) 7 04/14/2025 5 Full name of contributor state state PAC (DU) 7 9 Dippel, Douglas (Mr.) 6 Contributor address; City; State; Zip Code 7 Sweetwater, TX 79556 9 Employer (See Instructions) 7 Chief Executive Officer / Administrator 000-f-state PAC (DU) Amount of Contribution (\$) O4/03/2025 Donaway, Duane (Mr.) 00-f-state PAC (DU) Amount of Contribution (\$) O4/03/2025 Donaway, Duane (Mr.) Employer (See Instructions) Amount of Contribution (\$) Director Information Systems Hendrick Medical Center Amount of Contribution (\$) \$1.93 O4/23/2025 Full name of contributor out-of-state PAC (DU) Amount of Contribution (\$) \$1.93 O4/23/2025 Full name of contributor out-of-state PAC (DU) Amount of Contribution (\$) \$1.93 O4/23/2025 Full name of contributor out-of-state PAC (DU) Amount of Contribution (\$) \$1.93 O4/23/2025 Full name of contributor out-of-state PAC (DU) Amount of Contribution (\$)	2 FILER NAME			·
4 Date 5 Full name of contributor out-of-state PAC (DB:		Action Committee of the Texas Hospital Association	n	
04/14/2025 Dippel, Douglas (Mr.) \$20.00 6 Contributor address; City; State; Zip Code \$20.00 7 Sweetwater, TX 79556 9 Employer (See Instructions) Rolling Plains Memorial Hospital 7 Date Full name of contributor out-of-state PAC (De:	4 Date	5 Full name of contributor Out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
Sweetwater, TX 79556 8 Principal occupation / Job title (See Instructions) Chief Executive Officer / Administrator 9 Employer (See Instructions) Rolling Plains Memorial Hospital Date Fuil name of contributor out-of-state PAC (DE:	04/14/2025	—		\$20.
Sweetwater, TX 79556 8 Principal occupation / Job title (See Instructions) Chief Executive Officer / Administrator 9 Employer (See Instructions) Rolling Plains Memorial Hospital Date Fuil name of contributor out-of-state PAC (De:		6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions) Chief Executive Officer / Administrator 9 Employer (See Instructions) Rolling Plains Memorial Hospital Date 04/03/2025 Full name of contributor out-of-state PAC (Der) Amount of Contribution (\$) \$1.93 Contributor address; City; State; Zip Code Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Director Information Systems Employer (See Instructions) Hendrick Medical Center Date Full name of contributor out-of-state PAC (Der) Amount of Contribution (\$) 04/23/2025 Full name of contributor out-of-state PAC (Der) Amount of Contribution (\$) 04/23/2025 Full name of contributor out-of-state PAC (Der) Amount of Contribution (\$) 04/23/2025 Full name of contributor out-of-state PAC (Der) Amount of Contribution (\$) 03/28/2025 Full name of contributor out-of-state PAC (Der) Amount of Contribution (\$) \$2.00 04/25/2025 Full name of contributor out-of-state PAC (Der) Amount of Contribution (\$) \$2.00 03/28/2025 Full name of contributor out-of-state PAC (Der) Amount of Contribution (\$) \$2.00 04/2				
8 Principal occupation / Job title (See Instructions) Chief Executive Officer / Administrator 9 Employer (See Instructions) Rolling Plains Memorial Hospital Date 04/03/2025 Full name of contributor out-of-state PAC (Der) Amount of Contribution (\$) \$1.93 Contributor address; City; State; Zip Code Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Director Information Systems Employer (See Instructions) Hendrick Medical Center Date Full name of contributor out-of-state PAC (Der) Amount of Contribution (\$) 04/23/2025 Full name of contributor out-of-state PAC (Der) Amount of Contribution (\$) 04/23/2025 Full name of contributor out-of-state PAC (Der) Amount of Contribution (\$) 04/23/2025 Full name of contributor out-of-state PAC (Der) Amount of Contribution (\$) 03/28/2025 Full name of contributor out-of-state PAC (Der) Amount of Contribution (\$) \$2.00 04/25/2025 Full name of contributor out-of-state PAC (Der) Amount of Contribution (\$) \$2.00 03/28/2025 Full name of contributor out-of-state PAC (Der) Amount of Contribution (\$) \$2.00 04/2				
Chief Executive Officer / Administrator Rolling Plains Memorial Hospital Date Full name of contributor out-of-state PAC (DA: Amount of Contribution (S) 04/03/2025 Donaway, Duane (Mr.) \$1.93 Contributor address; City, State; Zip Code Abilene, TX 79601 S1.93 Principal occupation / Job title (See Instructions) Employer (See Instructions) Hendrick Medical Center Date Full name of contributor out-of-state PAC (DA: Amount of Contribution (S) 04/23/2025 Donaway, Duane (Mr.) Contributor address; City, State; Zip Code Amount of Contribution (S) 04/23/2025 Donaway, Duane (Mr.) Contributor address; City, State; Zip Code Amount of Contribution (S) Principal occupation / Job title (See Instructions) Employer (See Instructions) S1.93 Director Information Systems Hendrick Medical Center Date Full name of contributor out-of-state PAC (De: Amount of Contribution (S) 03/28/2025 Doyle, Rosalinda (Ms.) Employer (See Instructions) S2.00 Oate Full name of contributor Out-of-state PAC (De: Amount of Contribution (S) 04/25/2025 Doyle, Rosalinda (Ms.) Texas Hospital Association				
Date Full name of contributor out-of-state PAC (DU:) Amount of Contribution (\$) 04/03/2025 Donaway, Duane (Mr.) \$1.93 Contributor address; City; State; Zip Code Amount of Contribution (\$) \$1.93 Principal occupation / Job title (See Instructions) Employer (See Instructions) Hendrick Medical Center Date Full name of contributor out-of-state PAC (DE:) Amount of Contribution (\$) 04/23/2025 Donaway, Duane (Mr.) Contributor address; City; State; Zip Code Amount of Contribution (\$) 04/23/2025 Donaway, Duane (Mr.) S1.93 S1.93 Contributor address; City; State; Zip Code Amount of Contribution (\$) \$1.93 Director Information Systems Employer (See Instructions) Hendrick Medical Center Date Full name of contributor out-of-state PAC (IDE:	•			
04/03/2025 Donaway, Duane (Mr.) \$1.93 Contributor address; City; State; Zip Code Abilene, TX 79601 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor	Chiet Execut	ive Officer / Administrator	Rolling Plains Memoriai	Hospital
Contributor address: City; State; Zip Code Abilene, TX 79601 Principal occupation / Job title (See Instructions) Date 04/23/2025 Contributor address; City; State; Zip Code Abilene, TX 79601 Principal occupation / Job title (See Instructions) Hendrick Medical Center Abilene, TX 79601 Principal occupation / Job title (See Instructions) Director Information Systems Employer (See Instructions) Director Information Systems Employer (See Instructions) Director Information Systems Bate Oalze Full name of contributor Out-of-state PAC (ID#: Date Full name of contributor Out-of-state PAC (ID#: Oal/28/2025 Doyle, Rosalinda (Ms.) Contributor address; City; State; Zip Code Austin, TX 78701 Principal occupation / Job title (See Instructions) Payroll Administrator Oal-of-state PAC (ID#: Oal/25/2025 Doyle, Rosalinda (Ms.) Contributor address; City; State; Zip Code Au)	
Abilene, TX 79601 Principal occupation / Job title (See Instructions) Director Information Systems Employer (See Instructions) Hendrick Medical Center Date Full name of contributor out-of-state PAC (ID#:) Donaway, Duane (Mr.) Amount of Contribution (\$) S1.93 Contributor address; City; State; Zip Code Amount of Contribution (\$) Abilene, TX 79601 Employer (See Instructions) Hendrick Medical Center Date Full name of contributor	04/03/2025			\$1.
Principal occupation / Job title (See Instructions) Director Information Systems Employer (See Instructions) Hendrick Medical Center Date Full name of contributor out-of-state PAC (D#: Amount of Contribution (\$) 04/23/2025 Donaway, Duane (Mr.) \$1.93 Contributor address; City; State; Zip Code Amount of Contribution (\$) Abilene, TX 79601 Employer (See Instructions) Director Information Systems Date Full name of contributor out-of-state PAC (D#: O3/28/2025 Doyle, Rosalinda (Ms.) \$2.00 Contributor address; City; State; Zip Code Amount of Contribution (\$) Austin, TX 78701 Employer (See Instructions) Texas Hospital Association Date Full name of contributor out-of-state PAC (D#: O4/25/2025 Doyle, Rosalinda (Ms.) Texas Hospital Association Date Full name of contributor out-of-state PAC (D#: Amount of Contribution (\$) O4/25/2025 Doyle, Rosalinda (Ms.) \$2.00 S2.00 <t< td=""><td></td><td>Contributor address; City; State; Zip Code</td><td></td><td></td></t<>		Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions) Director Information Systems Employer (See Instructions) Hendrick Medical Center Date Full name of contributor out-of-state PAC (D#: Amount of Contribution (\$) 04/23/2025 Donaway, Duane (Mr.) \$1.93 Contributor address; City; State; Zip Code Amount of Contribution (\$) Abilene, TX 79601 Employer (See Instructions) Director Information Systems Date Full name of contributor out-of-state PAC (D#: O3/28/2025 Doyle, Rosalinda (Ms.) \$2.00 Contributor address; City; State; Zip Code Amount of Contribution (\$) Austin, TX 78701 Employer (See Instructions) Texas Hospital Association Date Full name of contributor out-of-state PAC (D#: O4/25/2025 Doyle, Rosalinda (Ms.) Texas Hospital Association Date Full name of contributor out-of-state PAC (D#: Amount of Contribution (\$) O4/25/2025 Doyle, Rosalinda (Ms.) \$2.00 S2.00 <t< td=""><td></td><td></td><td></td><td></td></t<>				
Principal occupation / Job title (See Instructions) Director Information Systems Employer (See Instructions) Hendrick Medical Center Date Full name of contributor out-of-state PAC (D#: Amount of Contribution (\$) 04/23/2025 Donaway, Duane (Mr.) \$1.93 Contributor address; City; State; Zip Code Amount of Contribution (\$) Abilene, TX 79601 Employer (See Instructions) Director Information Systems Date Full name of contributor out-of-state PAC (D#: O3/28/2025 Doyle, Rosalinda (Ms.) \$2.00 Contributor address; City; State; Zip Code Amount of Contribution (\$) Austin, TX 78701 Employer (See Instructions) Texas Hospital Association Date Full name of contributor out-of-state PAC (D#: O4/25/2025 Doyle, Rosalinda (Ms.) Texas Hospital Association Date Full name of contributor out-of-state PAC (D#: Amount of Contribution (\$) O4/25/2025 Doyle, Rosalinda (Ms.) \$2.00 S2.00 <t< td=""><td></td><td>Ahilana TY 70601</td><td></td><td></td></t<>		Ahilana TY 70601		
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Abilene, TX 79601 Employer (See Instructions) Hendrick Medical Center Director Information Systems Employer (See Instructions) Hendrick Medical Center Date Full name of contributor out-of-state PAC (D#:) Doyle, Rosalinda (Ms.) Amount of Contribution (\$) 03/28/2025 Doyle, Rosalinda (Ms.) \$2.00 Contributor address; City, State; Zip Code Austin, TX 78701 Principal occupation / Job title (See Instructions) Payroll Administrator Employer (See Instructions) Texas Hospital Association Date Full name of contributor out-of-state PAC (D#:	07/20/2020			Ψ _
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Contributor address; City; State; Zip Code Austin, TX 78701 Principal occupation / Job title (See Instructions) Payroll Administrator Date Full name of contributor out-of-state PAC (ID#:) Date Full name of contributor Out-of-state PAC (ID#:) Date Contributor address; City; State; Zip Code Contributor address; City; State; Zip Code Austin, TX 78701 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions)	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
Austin, TX 78701 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Payroll Administrator Texas Hospital Association Date Full name of contributor out-of-state PAC (ID#:) 04/25/2025 Doyle, Rosalinda (Ms.) Amount of Contribution (\$) Contributor address; City; State; Zip Code Austin, TX 78701 \$2.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$2.00	03/28/2025	Doyle, Rosalinda (Ms.)		\$2.
Principal occupation / Job title (See Instructions) Employer (See Instructions) Payroll Administrator Texas Hospital Association Date Full name of contributor out-of-state PAC (ID#:) 04/25/2025 Doyle, Rosalinda (Ms.) Amount of Contribution (\$) Contributor address; City; State; Zip Code \$2.00 Austin, TX 78701 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions)		Contributor address; City; State; Zip Code		
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Austin, TX 78701 Principal occupation / Job title (See Instructions) Employer (See Instructions)	04/20/2020			ψε.
Principal occupation / Job title (See Instructions) Employer (See Instructions)		Contributor address; City; State, Zip Code		
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
Principal occupation / Job title (See Instructions) Employer (See Instructions)		Austin, TX 78701		
	Principal occu		Employer (See Instructions	l;)
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The In:	struction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 17/58 Rpt: 20/68	
A EU ED N				-	
2 FILER N		N	3	Filer ID (Ethics Commission	i Filers)
	itical Action Committee of the Texas Hospital Associatio		_	00015794	
4 Date	5 Full name of contributor Out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
04/03/2	D25 Driskell, Jesiree (Ms.)				\$7.50
	6 Contributor address; City; State; Zip Code				
	Abilana TX 70601				
0 Dringing	Abilene, TX 79601	0 Employer (Cool patruction)			
-	occupation / Job title (See Instructions)	9 Employer (See Instructions Hendrick Medical Cente			
AVF Su	ategic Comms & Digital Expert				
Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
04/23/2	D25 Driskell, Jesiree (Ms.)				\$7.50
	Contributor address; City; State; Zip Code				
<u> </u>	Abilene, TX 79601		Ĺ		
	occupation / Job title (See Instructions)	Employer (See Instructions			
	ategic Comms & Digital Expert	Hendrick Medical Cente	31 		
Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
03/28/2	· · · · · · · · · · · · · · · · · · ·				\$2.00
	Contributor address; City; State; Zip Code				
Daia sia si	Austin, TX 78701				
	occupation / Job title (See Instructions)	Employer (See Instructions			
SI. ALLI	bunts Payable Specialist	Texas Hospital Associat			
Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
03/28/2	D25 Eskew, Amy (Ms.)				\$14.00
	Contributor address; City; State; Zip Code				
	Austin TV 70701				
Dringing	Austin, TX 78701				
-	occupation / Job title (See Instructions) President of Operations	Employer (See Instructions Texas Healthcare Truste		_	
Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
04/25/2					\$14.00
	Contributor address; City; State; Zip Code				
	Austin, TX 78701	<u> </u>	ļ		
-	occupation / Job title (See Instructions)	Employer (See Instructions			
Sr vice	President of Operations	Texas Healthcare Trust	ees	\$	

The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 18/58 Rpt: 21/68	
2 FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Action Committee of the Texas Hospital Association	n		00015794	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
04/03/2025	Eurek, Andrew (Mr.)				\$4.00
ľ	6 Contributor address; City; State; Zip Code		1		
	Abilene, TX 79601				
	pation / Job title (See Instructions)	9 Employer (See Instructions			
Director Finar	ncial Analysis	Hendrick Medical Cente	er		
Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
04/23/2025	Eurek, Andrew (Mr.)				\$4.00
	Contributor address; City; State; Zip Code		1		
	- · ·				
	Abilene, TX 79601				
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions	5)		
Director Finar	ncial Analysis	Hendrick Medical Cente	er		
Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
04/12/2025	Farris, George (Mr.)				\$250.00
ŀ	Contributor address; City; State; Zip Code		ł		
	· · · · · · · · · · · · · · · · · · ·				
	Houston, TX 77024				
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions	5)		
Board Membe	er	Memorial Hermann Hea	alth	System	
Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
03/28/2025	Felton, Chris (Mr.)				\$4.00
ŀ	Contributor address; City; State; Zip Code		1		
	Austin, TX 78701				
	pation / Job title (See Instructions)	Employer (See Instructions			
Regional Am	bassador West Texas	Texas Hospital Associat	tion		
Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
04/25/2025	Felton, Chris (Mr.)				\$4.00
ľ	Contributor address; City; State; Zip Code		1		
	Austin, TX 78701				
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions	5)		
Regional Am	bassador West Texas	Texas Hospital Associat	tion	1	

	The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 19/58 Rpt: 22/68	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
	The Political	Action Committee of the Texas Hospital Association	n		00015794	-
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	04/03/2025	Ford, Christopher (Mr.)				\$9.62
		6 Contributor address; City; State; Zip Code		·		
		Abilene, TX 79601				
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	AVP Suppor	t Services	Hendrick Medical Cente	er		
	Date	Full name of contributor out-of-state PAC (ID#:_)	Τ	Amount of Contribution (\$)	
	04/23/2025	Ford, Christopher (Mr.)				\$9.62
		Contributor address; City; State; Zip Code		·		
		Abilene, TX 79601				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)		
	AVP Suppor	t Services	Hendrick Medical Cente	er		
╞	Date	Full name of contributor out-of-state PAC (ID#:_)	Τ	Amount of Contribution (\$)	
	04/14/2025	— —			• •	\$20.50
		Contributor address; City; State; Zip Code		·		
		Austin, TX 78701				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)		
	President BS	SWH Austin Area	Baylor Scott & White Me	edi	cal Center - Pflugerville	
F	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	03/28/2025	Frazier, Tess (Ms.)				\$20.00
		Contributor address; City; State; Zip Code		·		
		Georgetown, TX 78633				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions			
	President / C)EO	Texas Hospital Insuranc	ce I	Exchange	
F	Date	Full name of contributor out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)	
	04/25/2025	Frazier, Tess (Ms.)				\$20.00
		Contributor address; City; State; Zip Code		1		
		Georgetown, TX 78633				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)		
	President / C	EO	Texas Hospital Insuranc	ce I	Exchange	
					Exchange	
4						

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 20/58 Rpt: 23/68
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
The Political Action Committee of the Texas Hospital Association	00015794
4 Date 5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
04/11/2025 Funk, Craig (Mr.)	\$1,000.00
6 Contributor address; City; State; Zip Code	
Houston, TX 77065	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instruction	is)
SW Regional VP Operations Encompass Health Sou	uthwest Region
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
03/28/2025 Gaines, Cameron (Mr.)	\$2.00
Contributor address; City; State; Zip Code	
Georgetown, TX 78633	
Principal occupation / Job title (See Instructions) Employer (See Instruction	is)
IT Support Specialist Texas Hospital Insuran	ice Exchange
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
04/25/2025 Gaines, Cameron (Mr.)	\$2.00
Contributor address; City; State; Zip Code	
Georgetown, TX 78633	
Principal occupation / Job title (See Instructions) Employer (See Instruction	
IT Support Specialist Texas Hospital Insuran	ice Exchange
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
03/28/2025 Gette, Angela (Ms.)	\$2.00
Contributor address; City; State; Zip Code	
Georgetown, TX 78633	
Principal occupation / Job title (See Instructions) Employer (See Instruction	,
Vice President Claims Texas Hospital Insuran	ice Exchange
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
04/25/2025 Gette, Angela (Ms.)	\$2.00
Contributor address; City; State; Zip Code	
Georgetown, TX 78633	
Principal occupation / Job title (See Instructions) Employer (See Instruction	
Vice President Claims Texas Hospital Insuran	ice Exchange

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 21/58 Rpt: 24/68	
2 FILER NAME			3 Filer ID (Ethics Commission Filers	s)
	Action Committee of the Texas Hospital Association		00015794	-,
	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of Contribution (\$)	
04/03/2025	Gladden, Jaye (Ms.)		\$3	3.85
	6 Contributor address; City; State; Zip Code			
	Abilene, TX 79601			
	pation / Job title (See Instructions)	9 Employer (See Instructions)		
Hospital Prof	essional	Hendrick Medical Center	r	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	_
04/23/2025			\$3	3.85
	Contributor address; City; State; Zip Code			
	Abilene, TX 79601			
Principal occur	pation / Job title (See Instructions)	Employer (See Instructions))	
Hospital Prof		Hendrick Medical Center		
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	
04/03/2025				4.81
0-100,2020	Contributor address; City; State; Zip Code		-	7.01
	Abilene, TX 79601			
	pation / Job title (See Instructions)	Employer (See Instructions)		
Nurse Manag	ger of Critical Care Unit	Hendrick Medical Center	r	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
04/23/2025	Gleitz, Stephen (Mr.)		\$4	4.81
	Contributor address; City; State; Zip Code			
	Abilana TV 70601			
Dringingloggur	Abilene, TX 79601 pation / Job title (See Instructions)	Employer (See Instructions)		
	ger of Critical Care Unit	Hendrick Medical Center		
Date 04/23/2025	Full name of contributor out-of-state PAC (ID#: Glenney, Chris (Mr.))	Amount of Contribution (\$)	0.00
04/23/2023			\$230	0.00
	Contributor address; City; State; Zip Code			
	Tyler, TX 75701			
Principal occur	pation / Job title (See Instructions)	Employer (See Instructions))	
	Dperations/CEO NE Texas	CHRISTUS Trinity Moth	er Frances Health System	
	pation / Job title (See Instructions)			

Th	ne Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 22/58 Rpt: 25/68
2 FIL	ER NAME			3 Filer ID (Ethics Commission Filers)
Th	e Political	Action Committee of the Texas Hospital Association	n	00015794
4 Da		5 Full name of contributor out-of-state PAC (ID#:_		7 Amount of Contribution (\$)
03	/28/2025	Gonzalez, Sara (Ms.)		\$41.00
		6 Contributor address; City; State; Zip Code		
		Austin, TX 78701		
8 Pri	ncipal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	;)
VF	P Advocac	y & Pub Policy	Texas Hospital Associat	tion
Da	te	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
04	/25/2025	Gonzalez, Sara (Ms.)		\$41.00
		Contributor address; City; State; Zip Code		
		Austin, TX 78701		
	•	pation / Job title (See Instructions)	Employer (See Instructions	
VF	P Advocac	y & Pub Policy	Texas Hospital Associat	tion
Da	te	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
04	/03/2025	Goolsby, Emily (Ms.)		\$3.85
		Contributor address; City; State; Zip Code		
		Abilene, TX 79601		
	•	pation / Job title (See Instructions)	Employer (See Instructions	
Dır	r of the De	ept of Education and Professional Development	Hendrick Medical Cente	۲ <u> </u>
Da	te	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
04	/23/2025	Goolsby, Emily (Ms.)		\$3.85
		Contributor address; City; State; Zip Code		
		Abilene, TX 79601		
		pation / Job title (See Instructions)	Employer (See Instructions	
Dir	r of the De	ept of Education and Professional Development	Hendrick Medical Cente	r
Da		Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
03	/28/2025	Gordon, Brittanny (Ms.)		\$2.00
		Contributor address; City; State; Zip Code		
		A		
	1 -1	Austin, TX 78701		、 、
		pation / Job title (See Instructions)	Employer (See Instructions	
3	Specialist	t, AR & Association Management System	Texas Hospital Associat	lion

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 23/58 Rpt: 26/68	
2	FILER NAME			3	Filer ID (Ethics Commission	ı Filers)
-		Action Committee of the Texas Hospital Association	n		00015794	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	04/25/2025	Gordon, Brittanny (Ms.)				\$2.00
		6 Contributor address; City; State; Zip Code				
	_	Austin, TX 78701				
8		upation / Job title (See Instructions)	9 Employer (See Instructions			
	Sr Specialist	t, AR & Association Management System	Texas Hospital Associat	ior	1	
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/03/2025	Greenwood, Susan (Ms.)				\$29.00
		Contributor address; City; State; Zip Code				
		Abilene, TX 79601				
		upation / Job title (See Instructions)	Employer (See Instructions	·		
	Vice Preside	ent / Chief Nursing Officer	Hendrick Medical Cente	r		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/23/2025	Greenwood, Susan (Ms.)				\$29.00
		Contributor address; City; State; Zip Code				
		Abilana TV 70601				
\vdash	Dringing occu	Abilene, TX 79601 Ipation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
		ent / Chief Nursing Officer	Hendrick Medical Cente			
				1		
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	¢4.00
	03/28/2025	Haas, Mark (Mr.)				\$4.00
		Contributor address; City; State; Zip Code				
		Georgetown, TX 78633				
⊢	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	L;)		
	Staff Accour		Texas Hospital Insuranc		Exchange	
⊨	Date	Full name of contributor out-of-state PAC (ID#:	· · · · · · · · · · · · · · · · · · ·		Amount of Contribution (\$)	
	04/25/2025	Haas, Mark (Mr.)	/			\$4.00
	07/20/2020	Contributor address; City; State; Zip Code				Ψ1.00
		Continuation address, City, State, Zip Code				
		Georgetown, TX 78633				
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	L;)		
	Staff Accour		Texas Hospital Insuranc		Exchange	
⊢					_	

	The Instrue	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 24/58 Rpt: 27/68	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
		Action Committee of the Texas Hospital Association		-	00015794	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	04/03/2025	Hair, Donna (Ms.)				\$3.85
		6 Contributor address; City; State; Zip Code				
Ļ	- · · ·	Brownwood, TX 76804				
8		pation / Job title (See Instructions)	9 Employer (See Instructions			
	Director of M	-	Hendrick Medical Cente	r		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/23/2025	Hair, Donna (Ms.)				\$3.85
		Contributor address; City; State; Zip Code				
		Brownwood, TX 76804				
		pation / Job title (See Instructions)	Employer (See Instructions			
	Director of M	larketing	Hendrick Medical Cente	r		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/16/2025	Hardaway, Jay (Mr.)				\$208.33
		Contributor address; City; State; Zip Code				
	<u> </u>	Abilene, TX 79601				
		pation / Job title (See Instructions)	Employer (See Instructions			
	Director Legi	islative & Public Policy	Hendrick Medical Cente	r		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/03/2025	Harris, Erica (Ms.)				\$3.85
		Contributor address; City; State; Zip Code				
		Abilana TV 70601				
\vdash	Dringing occu	Abilene, TX 79601	Employer (See Instructions	<u>`</u>		
	Admissions I	pation / Job title (See Instructions)	Employer (See Instructions Hendrick Medical Center			
				1		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	÷0.05
	04/23/2025	Harris, Erica (Ms.)				\$3.85
		Contributor address; City; State; Zip Code				
		Abilana TX 70601				
	Dringinglaggy	Abilene, TX 79601	Frankryer (Cas hastrystians			
	Admissions I	pation / Job title (See Instructions)	Employer (See Instructions Hendrick Medical Cente			
	AUTIISSIUTIS I			I		

The Political Action Committee of the Texas Hospital Association 00015794 4 Date 5 Full name of contributor out-of-state PAC (ID#:) 7 Amount of Contribution (\$) 9 Contributor address; City; State; Zip Code 7 Amount of Contribution (\$) \$8 8 Principal occupation / Job title (See Instructions) Regional Vice President / Behavioral Health 9 Employer (See Instructions) HCA Healthcare Amount of Contribution (\$) 03/28/2025 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$9 03/28/2025 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$9 03/28/2025 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$9 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$9 04/25/2025 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$9 04/25/2025 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$9 O					
The Political Action Committee of the Texas Hospital Association 00015794 4 Date 5 Full name of contributor out-of-state PAC (ID#:) 7 Amount of Contribution (\$) 03/26/2025 6 Contributor address; City; State; Zip Code 7 Amount of Contribution (\$) \$8 8 Principal occupation / Job title (See Instructions) Regional Vice President / Behavioral Health 9 Employer (See Instructions) HCA Healthcare Amount of Contribution (\$) 03/28/2025 Full name of contributor out-of-state PAC (ID#:	The Instru	ction Guide explains how to complete this f	orm.		
The Political Action Committee of the Texas Hospital Association 00015794 4 Date 5 Full name of contributor out-of-state PAC (ID#:) 7 Amount of Contribution (\$) 03/26/2025 6 Contributor address; City; State; Zip Code 7 Amount of Contribution (\$) \$8 8 Principal occupation / Job title (See Instructions) Regional Vice President / Behavioral Health 9 Employer (See Instructions) HCA Healthcare Amount of Contribution (\$) 03/28/2025 Full name of contributor out-of-state PAC (ID#:	2 FILER NAME			3 Filer ID (Ethics Commission Filers	s)
4 Date 03/26/2025 5 Full name of contributor out-of-state PAC (ID#			ı		,
03/26/2025 Hart, Brandy (Mrs.) \$8 6 Contributor address; City; State; Zip Code Nashville, TN 37203 7 Employer (See Instructions) Regional Vice President / Behavioral Health 7 Pate Out-of-state PAC (ID#) 7 Hawkins, John (Mr.) Amount of Contribution (\$) 7 Gold State; Zip Code Amount of Contribution (\$) 7 Hawkins, John (Mr.) \$9 7 Contributor address; City; State; Zip Code Amount of Contribution (\$) 7 Austin, TX 78701 Employer (See Instructions) 7 Full name of contributor out-of-state PAC (ID#) Amount of Contribution (\$) 7 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor 7 Gold Austin, TX 78701 Amount of Contribution (\$) \$9 7 Contributor address; City; State; Zip Code Austin, TX 78701 Amount of Contribution (\$) 7 Full name of contributor out-of-state PAC (ID#		· ·		7 Amount of Contribution (\$)	
6 Contributor address; City; State; Zip Code Nashville, TN 37203 9 8 Principal occupation / Job title (See Instructions) Regional Vice President / Behavioral Health 9 Date Full name of contributor out-of-state PAC (ID#) Amount of Contribution (Mr.) \$3 Contributor address; City; State; Zip Code Austin, TX 78701 Employer (See Instructions) Texas Hospital Association Date Out-of-state PAC (ID#) Advector Amount of Contribution (\$) S9 Contributor address; City; State; Zip Code Austin, TX 78701 Employer (See Instructions) Texas Hospital Association Date Out-of-state PAC (ID#) O4/25/2025 Hawkins, John (Mr.) Contributor address; City; State; Zip Code Amount of Contribution (\$) Austin, TX 78701 Employer (See Instructions) Texas Hospital Association Principal occupation / Job title (See Instructions) Texas Hospital Association Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Contributor address; City; State; Zip Code Amount of Contribution (\$) O4/03/2025 Full name of contributor out-of-state PAC (ID#					33.00
8 Principal occupation / Job title (See Instructions) Regional Vice President / Behavioral Health 9 Employer (See Instructions) HCA Healthcare Date Full name of contributor out-of-state PAC (ID#) Amount of Contribution (\$) 03/28/2025 Hawkins, John (Mr.) \$9 Employer (See Instructions) HCA Healthcare Pate Full name of contributor out-of-state PAC (ID#) Amount of Contribution (\$) S9 Contributor address; City; State; Zip Code Amount of Contribution (\$) Principal occupation / Job title (See Instructions) President / CEO Employer (See Instructions) Texas Hospital Association Date Full name of contributor out-of-state PAC (ID#) Amount of Contribution (\$) 04/25/2025 Hawkins, John (Mr.) contributor address; City; State; Zip Code Amount of Contribution (\$) Principal occupation / Job title (See Instructions) President / CEO Employer (See Instructions) Texas Hospital Association \$9 Principal occupation / Job title (See Instructions) Contributor address; City; State; Zip Code Amount of Contribution (\$) \$ 04/03/2025 Full name of contributor out-of-state PAC (ID#) Amount of Contribution (\$) \$ 04/03/2025 Head, Courtney (Ms.) Abilene, TX 79601				1	
8 Principal occupation / Job title (See Instructions) Regional Vice President / Behavioral Health 9 Employer (See Instructions) HCA Healthcare Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 03/28/2025 Hawkins, John (Mr.) \$9 Contributor address; City; State; Zip Code Austin, TX 78701 Amount of Contributions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Texas Hospital Association Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 04/25/2025 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 04/25/2025 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 04/25/2025 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) \$9 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$9 Odd/03/2025 Full name of contributor out-of-state PAC (ID#:					
8 Principal occupation / Job title (See Instructions) Regional Vice President / Behavioral Health 9 Employer (See Instructions) HCA Healthcare Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 03/28/2025 Hawkins, John (Mr.) \$9 Contributor address; City; State; Zip Code Austin, TX 78701 Amount of Contributions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Texas Hospital Association Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 04/25/2025 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 04/25/2025 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 04/25/2025 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) \$9 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$9 Odd/03/2025 Full name of contributor out-of-state PAC (ID#:				1	
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Contributor address; City; State; Zip Code Austin, TX 78701 Principal occupation / Job title (See Instructions) Employer (See Instructions) President / CEO Texas Hospital Association Date Full name of contributor	03/28/2025	Hawkins, John (Mr.)			90.00
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Principal occupation / Job title (See Instructions) Employer (See Instructions) President / CEO Texas Hospital Association Date Full name of contributor out-of-state PAC (ID#:) 04/25/2025 Hawkins, John (Mr.) \$9 Contributor address; City; State; Zip Code Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) President / CEO Texas Hospital Association Date Full name of contributor out-of-state PAC (ID#:) Austin, TX 78701 Employer (See Instructions) Femployer (See Instructions) President / CEO Texas Hospital Association \$04/03/2025 Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 04/03/2025 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 04/03/2025 Full name of contributor out-of-state; Zip Code Amount of Contribution (\$) Abilene, TX 79601 Employer (See Instructions) \$ Principal occupation / Job title (See Instructions) Employer (See Instructions)					
President / CEO Texas Hospital Association Date Full name of contributor out-of-state PAC (ID#:) 04/25/2025 Hawkins, John (Mr.) \$9 Contributor address; City; State; Zip Code Amount of Contribution (\$) Austin, TX 78701 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) President / CEO Texas Hospital Association Date Full name of contributor out-of-state PAC (ID#:) 04/03/2025 Full name of contributor out-of-state PAC (ID#:) Abilene, TX 79601 Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions)		Austin, TX 78701			
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04/25/2025 Hawkins, John (Mr.) \$9 Contributor address; City; State; Zip Code Austin, TX 78701 Principal occupation / Job title (See Instructions) Employer (See Instructions) President / CEO Texas Hospital Association Date Full name of contributor out-of-state PAC (ID#:) 04/03/2025 Head, Courtney (Ms.) Amount of Contribution (\$) Contributor address; City; State; Zip Code Abilene, TX 79601 Principal occupation / Job title (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions)	President / C)EO	Texas Hospital Associat	ion	
Contributor address; City; State; Zip Code Austin, TX 78701 Principal occupation / Job title (See Instructions) President / CEO Date Full name of contributor Out-of-state PAC (ID#:) Amount of Contribution (\$) Head, Courtney (Ms.) Contributor address; City; State; Zip Code Abilene, TX 79601 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions)	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
Austin, TX 78701 Principal occupation / Job title (See Instructions) President / CEO Date Full name of contributor 04/03/2025 Head, Courtney (Ms.) Contributor address; City; State; Zip Code Abilene, TX 79601 Principal occupation / Job title (See Instructions) Principal occupation / Job title (See Instructions)	04/25/2025	Hawkins, John (Mr.)		\$9'	90.00
Principal occupation / Job title (See Instructions) Employer (See Instructions) President / CEO Texas Hospital Association Date Full name of contributor out-of-state PAC (ID#:) 04/03/2025 Head, Courtney (Ms.) Amount of Contribution (\$) Contributor address; City; State; Zip Code Abilene, TX 79601 Principal occupation / Job title (See Instructions) Employer (See Instructions)		Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions) Employer (See Instructions) President / CEO Texas Hospital Association Date Full name of contributor out-of-state PAC (ID#:) 04/03/2025 Head, Courtney (Ms.) Amount of Contribution (\$) Contributor address; City; State; Zip Code Abilene, TX 79601 Principal occupation / Job title (See Instructions) Employer (See Instructions)					
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President / CEO Texas Hospital Association Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 04/03/2025 Head, Courtney (Ms.) \$ Contributor address; City; State; Zip Code Abilene, TX 79601 Principal occupation / Job title (See Instructions) Employer (See Instructions)					
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 04/03/2025 Head, Courtney (Ms.) \$ Contributor address; City; State; Zip Code \$ Abilene, TX 79601 Employer (See Instructions)					
04/03/2025 Head, Courtney (Ms.) \$ Contributor address; City; State; Zip Code \$ Abilene, TX 79601 \$ Principal occupation / Job title (See Instructions) \$ Employer (See Instructions) \$			lexas Hospital Associat		
Contributor address; City; State; Zip Code Abilene, TX 79601 Principal occupation / Job title (See Instructions) Employer (See Instructions))		
Abilene, TX 79601 Principal occupation / Job title (See Instructions) Employer (See Instructions)	04/03/2025	Head, Courtney (Ms.)		\$	\$9.62
Principal occupation / Job title (See Instructions) Employer (See Instructions)		Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
Principal occupation / Job title (See Instructions) Employer (See Instructions)		Abilana TV 70601			
	Dringing occu		Employer (See Instructions		
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)		—)		
	04/23/2025			Ф	\$9.62
Contributor address; City; State; Zip Code		Contributor address; City; State; Zip Code			
				1	
Abilene, TX 79601					
	Principal occu		Employer (See Instructions	<u></u>	
		pation / Job title (See instructions)			
Principal occupation / Job title (See Instructions) Employer (See Instructions)		ont of Human Resources	Hendrick Medical Cente	r	
		ent of Human Resources	Hendrick Medical Cente	۲ 	

The Instruct	tion Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 26/58 Rpt: 29/68	
2 FILER NAME			3	Filer ID (Ethics Commission	Filers)
	action Committee of the Texas Hospital Association	n	-	00015794	
4 Date 5	Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
04/03/2025	Henry, Elizabeth (Ms.)				\$4.81
	Contributor address; City; State; Zip Code		1		
	Abilene, TX 79601				
	ation / Job title (See Instructions)	9 Employer (See Instructions			
Director Case	Management	Hendrick Medical Cente	er		
Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
04/23/2025	Henry, Elizabeth (Ms.)				\$4.81
	Contributor address; City; State; Zip Code		1		
	-				
	Abilene, TX 79601				
Principal occupa	ation / Job title (See Instructions)	Employer (See Instructions	5)		
Director Case	Management	Hendrick Medical Cente	۶r		
Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
03/28/2025	Hernandez, Janet (Ms.)				\$8.34
	Contributor address; City; State; Zip Code		1		
l	Georgetown, TX 78633				
Principal occupa	ation / Job title (See Instructions)	Employer (See Instructions	<u>-</u> 5)		
Accounting Ma	anager	Texas Hospital Insuranc	ce E	Exchange	
Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
04/25/2025	Hernandez, Janet (Ms.)				\$8.34
l	Contributor address; City; State; Zip Code		1		
	Georgetown, TX 78633				
Principal occupa	ation / Job title (See Instructions)	Employer (See Instructions	5)		
Accounting Ma	anager	Texas Hospital Insuranc	ce E	Exchange	
Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
04/03/2025	Hess, Heather (Ms.)				\$3.85
	Contributor address; City; State; Zip Code		1		
	-				
	Abilene, TX 79601				
Principal occupa	ation / Job title (See Instructions)	Employer (See Instructions	<u>-</u> 5)		
Market Directo)r	Hendrick Medical Cente	۶r		
		1			

The Instru	iction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 27/58 Rpt: 30/68	
2 FILER NAME			3	Filer ID (Ethics Commission	n Filers)
The Politica	I Action Committee of the Texas Hospital Association	n		00015794	
4 Date	5 Full name of contributor Out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
04/23/2025					\$3.85
	6 Contributor address; City; State; Zip Code		1		
	Abilene, TX 79601				
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	S)		
Market Dire	ctor	Hendrick Medical Cente	er		
Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
03/31/2025	Hill, Jeffrey (Mr.)				\$500.00
	Contributor address; City; State; Zip Code		1		
	Lubbock, TX 79415				
	upation / Job title (See Instructions)	Employer (See Instructions			
SVP Suppo	rt Services / Gov't Relations	University Medical Center	ter		
Date	Full name of contributor out-of-state PAC (ID#:)	Ī	Amount of Contribution (\$)	
04/15/2025	Hillier, Robert (Mr.)				\$83.33
	Contributor address; City; State; Zip Code		1		
- 1 - 1	Bellaire, TX 77401	1	Ĺ		
	upation / Job title (See Instructions) Policy / Govt Relations	Employer (See Instructions	5)		
	-	Harris Health System	-		
Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	÷=0.00
04/19/2025	Holcomb, Holly (Ms.)				\$50.00
	Contributor address; City; State; Zip Code				
	Childress, TX 79201				
Princinal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
Chief Execu		Childress Regional Med		l Center	
Date	Full name of contributor out-of-state PAC (ID#:		T	Amount of Contribution (\$)	
04/10/2025		/			\$145.83
07/10/2020	Contributor address; City; State; Zip Code		-		Ψ1-0.00
	Continuation dualess, City, State, Zip Code				
	Abilene, TX 79601				
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
President / 0	Chief Executive Officer	Hendrick Health			

	The Instru	ction Guide explains how to comple	te this for	rm.	1	Total pages Schedule A1: Sch: 28/58 Rpt: 31/68	
- -	FILER NAME				2	Filer ID (Ethics Commission	Eilors)
Ĺ		Action Committee of the Texas Hospital A	ssociation			00015794	i i liers)
4	Date	5 Full name of contributor out-of-state	PAC (ID#:)	7	Amount of Contribution (\$)	
	03/28/2025	Holleman, Will (Mr.)					\$20.00
		6 Contributor address; City; State; Zip Code			1		
		Austin, TX 78701					
8		pation / Job title (See Instructions)	9	Employer (See Instructions			
	VP Advocac	y & Pub Policy		Texas Hospital Associat	tior	1	
Γ	Date	Full name of contributor 🛛 out-of-state	PAC (ID#:)		Amount of Contribution (\$)	
	04/25/2025	Holleman, Will (Mr.)					\$20.00
		Contributor address; City; State; Zip Code			1		
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	VP Advocac	y & Pub Policy		Texas Hospital Associat	tior	1	
	Date	Full name of contributor out-of-state	PAC (ID#:)		Amount of Contribution (\$)	
	04/25/2025	Honea, Michael (Mr.)					\$41.00
		Contributor address; City; State; Zip Code			1		
		Glen Rose, TX 76043					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Chief Execut	ive Officer		Glen Rose Medical Cen	ter		
	Date	Full name of contributor out-of-state	PAC (ID#:)		Amount of Contribution (\$)	
	04/03/2025	Howard, Erica (Ms.)					\$3.85
		Contributor address; City; State; Zip Code					
		Abilene, TX 79601					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	System Dire	ctor Benefits		Hendrick Medical Cente	r		
F	Date	Full name of contributor out-of-state	PAC (ID#:)		Amount of Contribution (\$)	
	04/23/2025	Howard, Erica (Ms.)					\$3.85
		Contributor address; City; State; Zip Code					
		Abilene, TX 79601					
F	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	System Dire	ctor Benefits		Hendrick Medical Cente	r		
\vdash			I				
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The Instru	iction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 29/58 Rpt: 32/68	
2 FILER NAME			3 Filer ID (Ethics Commission F	ilers)
The Politica	I Action Committee of the Texas Hospital Association		00015794	
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
04/21/2025	Hrncirik, Bobbye (Ms.)			\$83.00
	6 Contributor address; City; State; Zip Code			
	Lubbock, TX 79415			
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions))	
VP Supplem	nental Funding	University Medical Cente	er	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
03/28/2025	Huff, Alexander (Mr.)			\$2.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78701			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))	
Vice Preside	ent of Health IT Programs	THA Foundation		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
04/25/2025	Huff, Alexander (Mr.)			\$2.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78701			
·	upation / Job title (See Instructions)	Employer (See Instructions))	
Vice Preside	ent of Health IT Programs	THA Foundation		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
04/23/2025	Huff, Michael (Mr.)		S	\$100.00
	Contributor address; City; State; Zip Code			
	Olney, TX 76374			
	upation / Job title (See Instructions)	Employer (See Instructions)		
Chief Execu		Olney Hamilton Hospital		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
04/03/2025	Huffington, Mark (Mr.)			\$4.81
	Contributor address; City; State; Zip Code			
	Abilene, TX 79601			
	upation / Job title (See Instructions)	Employer (See Instructions)		
System Ass	sistant Vice President Analytics	Hendrick Medical Center	r	

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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 30/58 Rpt: 33/68	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
-		Action Committee of the Texas Hospital Association			00015794	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	04/23/2025	Huffington, Mark (Mr.)				\$4.81
		6 Contributor address; City; State; Zip Code				
		- -				
		Abilene, TX 79601				
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions)	;)		
	System Assi	istant Vice President Analytics	Hendrick Medical Center	r		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/03/2025	Hunnicutt, Craig (Mr.)				\$3.85
		Abilene, TX 79601				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	ـــــــــــــــــــــــــــــــــــــ		
		gional Services	Hendrick Medical Center			
	Date	Full name of contributor Out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	04/23/2025	Hunnicutt, Craig (Mr.)	/		Amount of Contribution (7)	\$3.85
						~~
		Contributor address; City; State; Zip Code				
		Abilene, TX 79601				
┢──	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>لــــــــــــــــــــــــــــــــــــ</u>		
		gional Services	Hendrick Medical Center			
╞	Date			_	Amount of Contribution (\$)	
	Dale 04/19/2025	Full name of contributor out-of-state PAC (ID#: Hurst, William (Mr.)	,			\$125.00
	04/19/2025					Φ120.00
		Contributor address; City; State; Zip Code				
		Plano, TX 75075				
┝	Drincinal occu	upation / Job title (See Instructions)	Employer (See Instructions)	L		
	Principal occu President / (Patient Physician Netwo			
╞				—		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	* 224 CC
	04/08/2025	Hurt-Deitch, Sally (Ms.)				\$291.66
		Contributor address; City; State; Zip Code				
\vdash		El Paso, TX 79932		L		
		upation / Job title (See Instructions)	Employer (See Instructions)	;)		
	Executive VI	P of Nursing & Operations Infrastructure	Ascension Health			

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 31/58 Rpt: 34/68	
2 FILER NAME			3 Filer ID (Ethics Commission Filer	rs)
The Political	Action Committee of the Texas Hospital Association		00015794	
4 Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of Contribution (\$)	
04/23/2025	Hyten, Kelly (Ms.)			20.84
	6 Contributor address; City; State; Zip Code			
	Austin, TX 78723			
8 Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions		
Manager, Ac	lvocacy	Ascension Texas		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
04/10/2025	Jackson, Olga (Ms.)		ę	\$0.97
	Contributor address; City; State; Zip Code			
	Cuero, TX 77954			
	ipation / Job title (See Instructions)	Employer (See Instructions		
Support Ser	vices	Cuero Regional Hospita	.!	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
04/23/2025	Jackson, Olga (Ms.)		ę	\$0.97
	Contributor address; City; State; Zip Code			
	Cuero, TX 77954			
	upation / Job title (See Instructions)	Employer (See Instructions	·	
Support Ser	vices	Cuero Regional Hospita	l	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
03/28/2025	Jackson, Robin (Ms.)		Ş	\$4.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78701			
	upation / Job title (See Instructions)	Employer (See Instructions		
	ent Service Center	Texas Hospital Associat	.ion	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	_
04/25/2025	Jackson, Robin (Ms.)		5	\$4.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78701	<u> </u>		
	upation / Job title (See Instructions)	Employer (See Instructions		
VICE Preside	ent Service Center	Texas Hospital Associat	.ion	

	The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 32/58 Rpt: 35/68	
2	FILER NAME			3 Filer ID (Ethics Commission Filers)	
	The Political	Action Committee of the Texas Hospital Association		00015794	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
	03/28/2025	Jones, Susan (Ms.)		\$20.	.00
		6 Contributor address; City; State; Zip Code			
		Austin, TX 78701			
8		upation / Job title (See Instructions)	9 Employer (See Instructions	;)	
	Member Am	bassador	Texas Hospital Associat	lion	
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
	04/25/2025	Jones, Susan (Ms.)		\$20.	.00
		Contributor address; City; State; Zip Code			
		Austin, TX 78701			
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	3)	
	Member Am	bassador	Texas Hospital Associat	lion	
F	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
	04/03/2025	Kelly, Tave (Ms.)		\$4.	.81
		Contributor address; City; State; Zip Code			
		Abilene, TX 79601			
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	\$)	
	AVP Revenu	Je Cycle	Hendrick Medical Cente	r	
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
	04/23/2025	Kelly, Tave (Ms.)		\$4.	.81
		Contributor address; City; State; Zip Code			
		Abilene, TX 79601			
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	;)	
	AVP Revenu	Je Cycle	Hendrick Medical Cente	r	
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
	04/12/2025	Kimmel, Stephen (Mr.)		\$83.	.00
		Contributor address; City; State; Zip Code			
		Fort Worth, TX 76104			
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	\$)	
	Chief Financ	ial Officer	Cook Children's Medical	l Center	
⊢					

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 33/58 Rpt: 36/68	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
	The Political	Action Committee of the Texas Hospital Association			00015794	
$ _{4}$	Date	5 Full name of contributor Out-of-state PAC (ID#:		7	Amount of Contribution (\$)	
[~	04/10/2025	Kirkman, Leni (Ms.)	/	ľ	Allount of Contribution (9)	\$41.00
	04/10/2025					Φ41.00
		6 Contributor address; City; State; Zip Code				
Ļ		San Antonio, TX 78229	· · · · · · · · · · · · · · · · · · ·			
8		upation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Exec VP Co	rp Communications & Mktg	University Health			
	Date	Full name of contributor out-of-state PAC (ID#:)	Ī	Amount of Contribution (\$)	
	03/28/2025	Kroll, Carrie (Ms.)				\$82.00
		Contributor address; City; State; Zip Code		1		
		Austin, TX 78701				
⊢	Principal occu	I Ipation / Job title (See Instructions)	Employer (See Instructions	5)		
		sident Advocacy & Pub Policy	Texas Hospital Associat		1	
╞	Date		· · · · · · · · · · · · · · · · · · ·	Т		
	Dale 04/25/2025)		Amount of Contribution (\$)	ቀወን በበ
	04/25/2025					\$82.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78701	· · · · · · · · · · · · · · · · · · ·			
		ipation / Job title (See Instructions)	Employer (See Instructions			
	Sr Vice Pres	sident Advocacy & Pub Policy	Texas Hospital Associat	tior	l	
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/10/2025	Krupala, Judith (Ms.)				\$1.93
		Contributor address; City; State; Zip Code		1		
		Cuero, TX 77954				
\vdash	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	Chief Nursin		Cuero Regional Hospita	al		
⊨	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	04/23/2025	Krupala, Judith (Ms.)	/		Allount of Contribution (C)	\$1.93
	07/20/2020			ł		Ψ1.00
		Contributor address; City; State; Zip Code				
		Cuoro TV 77054				
	D 1 1 1 1 1 1 1 1 1 1	Cuero, TX 77954		Ĺ		
		Ipation / Job title (See Instructions)	Employer (See Instructions			
	Chief Nursin	g Officer	Cuero Regional Hospita	al		
1						

The Instru	ction Guide explains how to complete this f	orm.		pages Schedule A1: 34/58 Rpt: 37/68	
2 FILER NAME			3 Filer	ID (Ethics Commission	n Filers)
The Political	Action Committee of the Texas Hospital Association			15794	,
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amo	unt of Contribution (\$)	
04/03/2025	Lafrance, Judith (Ms.)				\$12.50
	6 Contributor address; City; State; Zip Code				
	Abilene, TX 79606				
	pation / Job title (See Instructions)	9 Employer (See Instructions)			
HMCS Chief	f Administrative Officer	Hendrick Medical Center	•		
Date	Full name of contributor out-of-state PAC (ID#:)	Amo	unt of Contribution (\$)	
04/23/2025	Lafrance, Judith (Ms.)				\$12.50
	Contributor address; City; State; Zip Code				
	Abilene, TX 79606				
	upation / Job title (See Instructions)	Employer (See Instructions)			
HMCS Chief	f Administrative Officer	Hendrick Medical Center	•		
Date	Full name of contributor out-of-state PAC (ID#:)	Amo	unt of Contribution (\$)	
04/02/2025	Leal, Jorge (Mr.)				\$125.00
	Contributor address; City; State; Zip Code				
	Laredo, TX 78044				
Principal occu Chief Execut	ipation / Job title (See Instructions)	Employer (See Instructions)			
		Laredo Medical Center			
Date	Full name of contributor out-of-state PAC (ID#:)	Amou	unt of Contribution (\$)	
04/03/2025	Lee, Rachel (Ms.)				\$3.85
	Contributor address; City; State; Zip Code				
	Abilene, TX 79601				
Bringinal occu	pation / Job title (See Instructions)	Employer (See Instructions)			
	ff Srvcs & Physician Recruitment	Hendrick Medical Center			
Date	Full name of contributor out-of-state PAC (ID#:)	Amoi	unt of Contribution (\$)	¢2.05
04/23/2025	Lee, Rachel (Ms.)				\$3.85
	Contributor address; City; State; Zip Code				
	Abilene, TX 79601				
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	1		
	ff Srvcs & Physician Recruitment	Hendrick Medical Center			

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 35/58 Rpt: 38/68
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	Action Committee of the Texas Hospital Association	n	00015794
	5 Full name of contributor out-of-state PAC (ID#:_		7 Amount of Contribution (\$)
03/28/2025	Lengal, Samantha (Ms.)		\$4.0
	6 Contributor address; City; State; Zip Code		1
	Georgetown, TX 78633		
8 Principal occup	pation / Job title (See Instructions)	9 Employer (See Instructions	s)
Underwriting	Coordinator	Texas Hospital Insuranc	ce Exchange
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
04/25/2025	Lengal, Samantha (Ms.)		\$4.0
	Contributor address; City; State; Zip Code		1
	1		
	Georgetown, TX 78633		
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions	
Underwriting	Coordinator	Texas Hospital Insuranc	ce Exchange
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
03/28/2025	Liscano, Rosie (Ms.)		\$2.0
	Contributor address; City; State; Zip Code		1
	I		
	I		
	Georgetown, TX 78633		
	pation / Job title (See Instructions)	Employer (See Instructions	,
Senior Claim	s Adj/Risk Mgmt Specialist	Texas Hospital Insuranc	2e Exchange
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
04/25/2025	Liscano, Rosie (Ms.)		\$2.0
	Contributor address; City; State; Zip Code		1
	Georgetown, TX 78633	1	
	pation / Job title (See Instructions)	Employer (See Instructions	
Senior Ciaina	s Adj/Risk Mgmt Specialist	Texas Hospital Insuranc	-
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
04/03/2025	Lowery, James (Mr.)		\$3.8
	Contributor address; City; State; Zip Code]
	Abilene, TX 79601	<u> </u>	
	pation / Job title (See Instructions)	Employer (See Instructions	
Director Man	aged Care	Hendrick Medical Cente	۲·

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 36/58 Rpt: 39/68
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
The Political Action Committee of the Texas Hospital Association	00015794
4 Date 5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
04/23/2025 Lowery, James (Mr.)	\$3.8
6 Contributor address; City; State; Zip Code	
Abilene, TX 79601	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	ions)
Director Managed Care Hendrick Medical Cer	enter
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
03/28/2025 Lozano, Deborah (Ms.)	\$20.0
Contributor address; City; State; Zip Code	
Austin, TX 78701	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ions)
Staff Accountant Texas Hospital Assoc	ciation
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
04/25/2025 Lozano, Deborah (Ms.)	\$20.0
Contributor address; City; State; Zip Code	
Austin, TX 78701	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ions)
Staff Accountant Texas Hospital Assoc	ciation
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
04/22/2025 Lozano, Marco (Mr.)	\$41.6
Contributor address; City; State; Zip Code	
Laredo, TX 78044	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Chief Operating Officer Laredo Medical Cent	ter
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
03/28/2025 Lusardi, Nicole (Ms.)	\$4.0
Contributor address; City; State; Zip Code	
Contributor address; City; State; Zip Code	
Austin, TX 78701	
Austin, TX 78701 Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Austin, TX 78701	

The Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 37/58 Rpt: 40/68	
2 FILER NAME		3 Filer ID (Ethics Commission F	Filers)
The Political Action Committee of the Texas Hospital Association		00015794	,
4 Date 5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
04/25/2025 Lusardi, Nicole (Ms.)			\$4.00
6 Contributor address; City; State; Zip Code			
Austin, TX 78701			
8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions))	
Associate General Counsel	Texas Hospital Associat	ion	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
04/22/2025 Matens, Brett (Mr.)			\$83.33
Contributor address; City; State; Zip Code	Contributor address; City; State; Zip Code		
Austin, TX 78756			
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	
Chief Executive Officer	Heart Hospital of Austin		
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
04/14/2025 McCain, Rebecca (Ms.)			\$41.67
Contributor address; City; State; Zip Code			
Electra, TX 76360			
Principal occupation / Job title (See Instructions)	Employer (See Instructions)		
Chief Executive Officer	Electra Memorial Hospita	al	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
04/08/2025 McCanna, Peter (Mr.)		\$1	1,750.00
Contributor address; City; State; Zip Code			
Dallas, TX 75246			
Principal occupation / Job title (See Instructions)	Employer (See Instructions)		
Chief Executive Officer	Baylor Scott & White He	alth	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
04/03/2025 McCollough, Kimberly (Ms.)			\$3.85
Contributor address; City; State; Zip Code			
Abilene, TX 79606			
Principal occupation / Job title (See Instructions)	Employer (See Instructions)		
Director of Progressive Care Services	Hendrick Medical Center	r	

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The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 38/58 Rpt: 41/68
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	Action Committee of the Texas Hospital Association	n	00015794
4 Date 04/23/2025	5 Full name of contributor out-of-state PAC (ID#:_ McCollough, Kimberly (Ms.) 6 Contributor address; City; State; Zip Code)	7 Amount of Contribution (\$) \$3.85
	Abilene, TX 79606		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	3)
Director of P	Progressive Care Services	Hendrick Medical Cente	۲
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
04/03/2025	McElrath, Pamela (Ms.)		\$4.00
	Contributor address; City; State; Zip Code		
	Abilene, TX 79601		
	upation / Job title (See Instructions)	Employer (See Instructions	•
Registered N	Jurse	Hendrick Medical Cente	۱ ۳
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
04/23/2025	McElrath, Pamela (Ms.)		\$4.00
	Contributor address; City; State; Zip Code Abilene, TX 79601		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
Registered N		Hendrick Medical Cente	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
03/28/2025	Merrell, Angie (Ms.)		\$2.00
	Contributor address; City; State; Zip Code		
	Georgetown, TX 78633		
	upation / Job title (See Instructions)	Employer (See Instructions	
THIE Vice P	resident of Risk Management	Texas Hospital Insuranc	e Exchange
Date 04/25/2025	Full name of contributor out-of-state PAC (ID#: Merrell, Angie (Ms.))	Amount of Contribution (\$) \$2.00
	Contributor address; City; State; Zip Code Georgetown, TX 78633		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
THIE Vice P	President of Risk Management	Texas Hospital Insuranc	ce Exchange
-	upation / Job title (See Instructions)		

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 39/58 Rpt: 42/68	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	The Political	Action Committee of the Texas Hospital Association			00015794	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	04/01/2025	Mitchell, Kenneth (Dr.)				\$41.00
		6 Contributor address; City; State; Zip Code				
		Austin, TX 78701				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	;)		
	SVP / Chief	Medical Officer	St. David's HealthCare			
╞	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/15/2025	Moore, Matt (Mr.)				\$750.00
		Contributor address; City; State; Zip Code				
		Dallas, TX 75235				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	Chief of Staf	ff / Sr VP Govmnt & Community Relations	Children's Health			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	03/28/2025	Mundfrom, Jessie (Ms.)				\$2.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78701				
	•	ipation / Job title (See Instructions)	Employer (See Instructions)		
	Manager of	Virtual Education	THA Foundation			
Γ	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/25/2025	Mundfrom, Jessie (Ms.)				\$2.00
		Contributor address; City; State; Zip Code				
	D i sinchees	Austin, TX 78701		Ĺ		
	•	Ipation / Job title (See Instructions)	Employer (See Instructions)		
		Virtual Education	THA Foundation	_		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	÷0.05
	04/03/2025	Murphy, Patrick (Mr.)				\$3.85
		Contributor address; City; State; Zip Code				
		Abilona TV 70601				
\vdash	Dringing ogg	Abilene, TX 79601	Employer (See Instructions			
	Healthcare F	ipation / Job title (See Instructions)	Employer (See Instructions Hendrick Medical Cente			
	Hedinicale i	TOTESSIONAL		1		

The Instruction C	Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 40/58 Rpt: 43/68	
2 FILER NAME			3 Filer ID (Ethics Commissio	on Filers)
The Political Action	Committee of the Texas Hospital Association		00015794	
4 Date 5 Full	I name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
04/23/2025 Mui	Irphy, Patrick (Mr.)			\$3.85
l	ntributor address; City; State; Zip Code			
Abi	ilene, TX 79601			
8 Principal occupation /	Job title (See Instructions)	9 Employer (See Instructions)	;)	
Healthcare Professi	ional	Hendrick Medical Center	r	
Date Full	I name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
	iger, David (Mr.)			\$82.00
	ntributor address; City; State; Zip Code	,		
Aus	stin, TX 78701			
Principal occupation /	Job title (See Instructions)	Employer (See Instructions	;)	
Sr Vice President / 0	Chief Financial Officer	Texas Hospital Associat	tion	
Date Full	I name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
	iger, David (Mr.)			\$82.00
	ntributor address; City; State; Zip Code			
Aus	stin, TX 78701			
Principal occupation /	Job title (See Instructions)	Employer (See Instructions	3)	
Sr Vice President / 0	Chief Financial Officer	Texas Hospital Associat	tion	
Date Full	I name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
04/23/2025 Nur	nez, Michael (Mr.)			\$1,000.00
Con	ntributor address; City; State; Zip Code			
	Paso, TX 79998			
	Job title (See Instructions)	Employer (See Instructions		
District Chief Financ	cial Officer	University Medical Cente	er of El Paso	
Date Full	I name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
03/28/2025 O'N	veil, Jennifer (Ms.)			\$10.00
Con	ntributor address; City; State; Zip Code			
	stin, TX 78701			
	Job title (See Instructions)	Employer (See Instructions		
Executive Administr	ative Manager	Texas Hospital Associat	tion	

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 41/58 Rpt: 44/68
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
The Political Action Committee of the Texas Hospital Association	00015794
4 Date 5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
04/25/2025 O'Neil, Jennifer (Ms.)	\$10.00
6 Contributor address; City; State; Zip Code	
Austin, TX 78701	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instruction)	ns)
Executive Administrative Manager Texas Hospital Associ	
	Amount of Contribution (\$)
	\$2.00
Contributor address; City; State; Zip Code	
Austin TV 70701	
Austin, TX 78701	
Principal occupation / Job title (See Instructions) Employer (See Instruction	ns)
Sr Director of Education THA Foundation	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
04/25/2025 Pargac, Ann (Ms.)	\$2.00
Contributor address; City; State; Zip Code	
Austin, TX 78701	
Principal occupation / Job title (See Instructions) Employer (See Instruction	ns)
Sr Director of Education THA Foundation	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
04/01/2025 Parisi, James (Mr.)	\$41.67
Contributor address; City; State; Zip Code	
The Woodlands, TX 77384	
Principal occupation / Job title (See Instructions) Employer (See Instruction	ns)
	The Woodlands Hospital
	Amount of Contribution (\$)
Date Full name of contributor out-of-state PAC (ID#:) 03/26/2025 Peterson, Dane (Mr.)	\$750.00
Contributor address; City; State; Zip Code	
Dollag TV 75225	
Dallas, TX 75235	
Principal occupation / Job title (See Instructions) Employer (See Instruction	ns)
Chief Operations Officer Children's Health	

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 42/58 Rpt: 45/68
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
The Political	Action Committee of the Texas Hospital Association	n	00015794
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
03/28/2025	Porter, Lea Anne (Ms.)		\$2.00
	6 Contributor address; City; State; Zip Code		1
	Austin, TX 78701		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	3)
VP Retireme	ent Plans	Texas Hospital Associat	tion Retirement Plan
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
04/25/2025	Porter, Lea Anne (Ms.)		\$2.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78701		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
VP Retireme	ent Plans	Texas Hospital Associat	tion Retirement Plan
Date	Date Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)
04/14/2025	Qualls, Rustin (Mr.)		\$20.50
	Contributor address; City; State; Zip Code		1
	Clifton, TX 76634		
	ipation / Job title (See Instructions)	Employer (See Instructions	,
Data Protect	ion Officer	Goodall-Witcher Healtho	care
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
03/28/2025	Ramirez, Erika (Ms.)		\$2.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78701		
	upation / Job title (See Instructions)	Employer (See Instructions	
Senior Direc	ctor Health Policy	Texas Hospital Associat	tion
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
04/25/2025	Ramirez, Erika (Ms.)		\$2.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78701		
-	upation / Job title (See Instructions)	Employer (See Instructions	
Senior Direc	ctor Health Policy	Texas Hospital Associat	tion

The Instr	ruction Guide explains how to complete this t	form.	1 Total pages Schedule A1: Sch: 43/58 Rpt: 46/68	
2 FILER NAM	٨		3 Filer ID (Ethics Commission Fil	lars)
	cal Action Committee of the Texas Hospital Associatio	งท	00015794	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
03/28/202	5 Ramirez, Lisa (Ms.)			\$4.00
	6 Contributor address; City; State; Zip Code		1	
	Austin, TX 78701			
-	ccupation / Job title (See Instructions)	9 Employer (See Instructions		
Specialist		Texas Hospital Associat		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
04/25/202	5 Ramirez, Lisa (Ms.)			\$4.00
	Contributor address; City; State; Zip Code			
	Austin TV 70701			
Dringingligg	Austin, TX 78701			
Specialist	ccupation / Job title (See Instructions)	Employer (See Instructions Texas Hospital Associat		
-		-		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
04/15/202			↓ →	\$125.00
	Contributor address; City; State; Zip Code			
	Tahoka, TX 79373			
Principal oc	ccupation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
	cutive Officer	Lynn County Hospital D		
Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)	
04/03/202				\$3.85
	Contributor address; City; State; Zip Code		•	
	Abilene, TX 79601			
-	cupation / Job title (See Instructions)	Employer (See Instructions		
Director of	f the Health Club	Hendrick Medical Cente	er	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
04/23/202	5 Richert, Ron (Mr.)			\$3.85
	Contributor address; City; State; Zip Code		1	
	Abilene, TX 79601			
-	ccupation / Job title (See Instructions)	Employer (See Instructions		
Director of	f the Health Club	Hendrick Medical Cente	۶r	

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 44/58 Rpt: 47/68	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
	The Political	Action Committee of the Texas Hospital Association	ı		00015794	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_		7	Amount of Contribution (\$)	
	03/28/2025	Rios, Amy (Ms.)	/			\$1.00
		6 Contributor address; City; State; Zip Code				
		Austin, TX 78701				
8	Principal occu	I pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>		
	Dir Marketin	g & Strategic Communications	Texas Hospital Associat		ı	
⊨	Date	Full name of contributor out-of-state PAC (ID#:)	Г	Amount of Contribution (\$)	
	04/10/2025	Robicheaux, James (Mr.)				\$42.00
	04/10/2020	· · ·				Ψ-12.00
		Contributor address; City; State; Zip Code				
		Bay City, TX 77414				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
	Chief Execut		Matagorda Regional Me		al Center	
⊢	Date	Full name of contributor Out-of-state PAC (ID#:)	Г	Amount of Contribution (\$)	
	04/03/2025	Robinson, Tracee (Ms.))			\$3.85
	04/00/2020	Contributor address; City; State; Zip Code				φ0.00
		Contributor address, City, State, Zip Code				
		Abilene, TX 79601				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	1 5)		
	Director of Q	Juality	Hendrick Medical Cente	er		
⊨	Date	Full name of contributor Out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	04/23/2025	Robinson, Tracee (Ms.)	/		(י)	\$3.85
		Contributor address; City; State; Zip Code				,
		Abilene, TX 79601				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	1 5)		
	Director of Q	Puality	Hendrick Medical Cente	er		
⊨	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	04/07/2025	Rodriguez, Micah (Mr.)	/		(י)	\$29.17
		Contributor address; City; State; Zip Code				
		Houston, TX 77266				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> چ)		
l		nt Public Policy & Government Relations	Harris Health System			
⊢			<u> </u>			
I						

	The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 45/58 Rpt: 48/68	
2	FILER NAME			3	Filer ID (Ethics Commission	ı Filers)
		Action Committee of the Texas Hospital Association	n		00015794	
4	Date	5 Full name of contributor out-of-state PAC (ID#:		7	Amount of Contribution (\$)	
	03/28/2025	Safarik, Paulina (Ms.)				\$2.00
		6 Contributor address; City; State; Zip Code		•		
		Austin, TX 78701				
8	Principal occu	I pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>		
	Senior Direc	tor of Human Resources	Texas Hospital Associat	tion	I	
╞	Date	Full name of contributor Out-of-state PAC (ID#:_)	Τ	Amount of Contribution (\$)	
	04/25/2025	Safarik, Paulina (Ms.)				\$2.00
		Contributor address; City; State; Zip Code		•		
		Austin, TX 78701				
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Senior Direc	tor of Human Resources	Texas Hospital Associat	tion	I	
F	Date	Full name of contributor out-of-state PAC (ID#:_)	Г	Amount of Contribution (\$)	
	03/28/2025	Scheresky, Candace (Ms.)			• •	\$62.50
		Contributor address; City; State; Zip Code		1		
		Houston, TX 77024				
Γ	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Registered N	lurse	Memorial Hermann Hea	alth	System	
F	Date	Full name of contributor out-of-state PAC (ID#:		Γ	Amount of Contribution (\$)	
	04/03/2025	Schmidt, Timothy (Mr.)				\$3.85
		Contributor address; City; State; Zip Code		1		
		Abilene, TX 79601				
		pation / Job title (See Instructions)	Employer (See Instructions			_
	Dir Property	/ Facility Management	Hendrick Medical Cente	er		
Γ	Date	Full name of contributor out-of-state PAC (ID#:)	Ī	Amount of Contribution (\$)	
	04/23/2025	Schmidt, Timothy (Mr.)				\$3.85
		Contributor address; City; State; Zip Code		1		
		Abilene, TX 79601				
		pation / Job title (See Instructions)	Employer (See Instructions			_
	Dir Property	/ Facility Management	Hendrick Medical Cente	er		

	The Instru	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 46/58 Rpt: 49/68
2	FILER NAME	-		3 Filer ID (Ethics Commission Filers)
	The Political	Action Committee of the Texas Hospital Association	n	00015794
4	Date	5 Full name of contributor out-of-state PAC (ID#:_		7 Amount of Contribution (\$)
	04/23/2025	Scoggin, Terry (Mr.)		\$350.00
	0	6 Contributor address; City; State; Zip Code		
		Contributor address, City, State, Zip Code		
		Greenville, TX 75403	l	
8	Principal occu		9 Employer (See Instructions	s)
	CFO / VP Fir		Hunt Regional Medical (
╞				1
	Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
	03/28/2025	Shea, Patrick (Mr.)		\$2.00
		Contributor address; City; State; Zip Code	I	
L		Georgetown, TX 78633		
	•	upation / Job title (See Instructions)	Employer (See Instructions	
	Risk Manage	ement Coordinator	Texas Hospital Insuranc	ce Exchange
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	04/25/2025	Shea, Patrick (Mr.)	I	\$2.00
	I	Contributor address; City; State; Zip Code	,	
			I	
			I	
		Georgetown, TX 78633		
┢	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
	Risk Manage	ement Coordinator	Texas Hospital Insuranc	ce Exchange
⊨	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	04/02/2025	Sheppard, Faye (Ms.)	/	\$100.00
	0-10212020			
		Contributor address; City; State; Zip Code		
		Cuero, TX 77954		
⊢	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	c)
	Vice Chairma		Cuero Regional Hospita	
╞				
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	03/28/2025	Sipes, Michael (Mr.)		\$2.00
		Contributor address; City; State; Zip Code		
		Austin, TX 78701		
Γ	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
	Legal Servic	ces Specialist	Texas Hospital Associat	tion
\vdash			1	
1				

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 47/58 Rpt: 50/68	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
	The Political	Action Committee of the Texas Hospital Association	n		00015794	
4	Date	5 Full name of contributor Out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	04/25/2025	Sipes, Michael (Mr.)				\$2.00
		6 Contributor address; City; State; Zip Code				
		Austin, TX 78701				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Legal Servic	es Specialist	Texas Hospital Associat	tior	ı	
⊨	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	04/19/2025	Smith, Andrew (Mr.)	/			\$83.33
		Contributor address; City; State; Zip Code				
		San Antonio, TX 78229				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	 ;)		
	Vice Preside	ent of Government Relations & Public Policy	University Health			
F	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	03/28/2025	Smith, John (Mr.)				\$1.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	Director Data	a & Technology	THA Foundation			
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/25/2025	Smith, John (Mr.)				\$1.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	Director Data	a & Technology	THA Foundation			
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/03/2025	Speckels, Donna (Ms.)				\$3.85
		Contributor address; City; State; Zip Code				
		Abilene, TX 79601				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	Director Hen	drick HouseCalls	Hendrick Medical Cente	r		

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 48/58 Rpt: 51/68	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
		Action Committee of the Texas Hospital Association		-	00015794	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	04/23/2025	Speckels, Donna (Ms.)				\$3.85
		6 Contributor address; City; State; Zip Code		1		
		Abilene, TX 79601				
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Director Hen	ndrick HouseCalls	Hendrick Medical Cente	er		
F	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	03/28/2025	Srubar, Linda (Mrs.)				\$3.00
		Contributor address; City; State; Zip Code		1		
		Georgetown, TX 78633				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Executive As	ssistant	Texas Hospital Associat	tior	1	
⊨	Date	Full name of contributor Out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	04/25/2025	Srubar, Linda (Mrs.)				\$3.00
	• • • • • • •	Contributor address; City; State; Zip Code		-		
		Georgetown, TX 78633				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	⊥ 3)		
	Executive As		Texas Hospital Associat		ı	
⊨	Date	Full name of contributor out-of-state PAC (ID#:	· · · · · · · · · · · · · · · · · · ·	Τ	Amount of Contribution (\$)	
	04/03/2025	Stafford, Steven (Mr.)	/			\$3.85
	04/00/2020			-		ψ0.00
		Contributor address; City; State; Zip Code				
		Abilene, TX 79601				
┝	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ال</u>		
	Director Hen		Hendrick Medical Cente			
┝						
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$2.0 5
	04/23/2025	Stafford, Steven (Mr.)				\$3.85
		Contributor address; City; State; Zip Code				
		Abilene TV 70601				
\vdash		Abilene, TX 79601		Ĺ		
		pation / Job title (See Instructions)	Employer (See Instructions			
	Director Hen		Hendrick Medical Cente	۶r		

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 49/58 Rpt: 52/68
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
The Political Action Committee of the Texas Hospital Association	00015794
4 Date 5 Full name of contributor out-of-state PAC (ID#:	_) 7 Amount of Contribution (\$) \$9.62
Abilene, TX 79601	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Executive Hendrick Medical (
Date Full name of contributor out-of-state PAC (ID#:	_) Amount of Contribution (\$)
04/23/2025 Stephenson, David (Mr.)	\$9.62
Contributor address; City; State; Zip Code Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Employer (See Instru Executive	
Executive Hendrick Medical C	
Date Full name of contributor out-of-state PAC (ID#:)	_) Amount of Contribution (\$)
04/23/2025 Stout, Cindy (Dr.)	\$1,000.00
El Paso, TX 79905	
Principal occupation / Job title (See Instructions) Employer (See Instru	uctions)
President / Chief Executive Officer El Paso Children's	Hospital
Date Full name of contributor out-of-state PAC (ID#:	_) Amount of Contribution (\$) \$500.00
Dallas. TX 75265	
Dallas, TX 75265 Principal occupation / Job title (See Instructions) Employer (See Instru	
Dallas, TX 75265Principal occupation / Job title (See Instructions)Employer (See Instru Methodist Health SChief Operating OfficerMethodist Health S	
Principal occupation / Job title (See Instructions) Employer (See Instru	
Principal occupation / Job title (See Instructions) Employer (See InstruCtions) Chief Operating Officer Methodist Health S	System
Principal occupation / Job title (See Instructions) Employer (See Instru Chief Operating Officer Methodist Health S Date Full name of contributor out-of-state PAC (ID#:	System Amount of Contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instru Chief Operating Officer Methodist Health S Date Full name of contributor out-of-state PAC (ID#:	System Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Employer (See Instru Chief Operating Officer Methodist Health S Date Full name of contributor out-of-state PAC (ID#:	System Amount of Contribution (\$) \$500.00 uctions)

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 50/58 Rpt: 53/68
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
The Political Action Committee of the Texas Hospital Association	00015794
4 Date 5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
03/28/2025 Thomas, Wendy (Ms.)	\$10.00
6 Contributor address; City; State; Zip Code	
Austin, TX 78701	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	 (S)
Mgr Advocacy / Pub Policy / HOSPAC Texas Hospital Associa	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
04/01/2025 Thomas, Wendy (Ms.)	\$25.00
Contributor address; City; State; Zip Code	
Austin, TX 78701	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Mgr Advocacy / Pub Policy / HOSPAC Texas Hospital Associa	ation
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
04/25/2025 Thomas, Wendy (Ms.)	\$10.00
Contributor address; City; State; Zip Code	
Austin, TX 78701	
Principal occupation / Job title (See Instructions) Employer (See Instruction	IS)
Mgr Advocacy / Pub Policy / HOSPAC Texas Hospital Associa	ation
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
04/10/2025 Tiffin, Laura (Ms.)	\$1.00
Contributor address; City; State; Zip Code	
Cuero, TX 77954	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	 IS)
Business Office Manager Cuero Regional Hospita	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
04/23/2025 Tiffin, Laura (Ms.)	\$1.00
Contributor address; City; State; Zip Code	
Cuero, TX 77954	
Principal occupation / Job title (See Instructions) Employer (See Instruction	
Principal occupation / Job title (See Instructions) Employer (See Instructions) Cuero Regional Hospita	
Principal occupation / Job title (See Instructions) Employer (See Instructions) Business Office Manager Cuero Regional Hospita	

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 51/58 Rpt: 54/68
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
The Political	Action Committee of the Texas Hospital Association	n	00015794
4 Date	5 Full name of contributor out-of-state PAC (ID#:_		7 Amount of Contribution (\$)
03/28/2025	Trevino, Judy (Ms.)		\$4.0
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78701		
8 Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	
Vice Preside	ent Finance	Texas Hospital Associat	tion
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
04/25/2025	Trevino, Judy (Ms.)		\$4.0
	Contributor address; City; State; Zip Code		
	Austin, TX 78701		
-	ipation / Job title (See Instructions)	Employer (See Instructions	
Vice Preside	ent Finance	Texas Hospital Associat	tion
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
03/28/2025	Trout, Judith (Ms.)		\$2.0
	Contributor address; City; State; Zip Code		
	Austin, TX 78701		
	upation / Job title (See Instructions)	Employer (See Instructions	3)
Healthcare D	Data Analyst	THA Foundation	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
04/25/2025	Trout, Judith (Ms.)		\$2.0
	Contributor address; City; State; Zip Code		
	Austin, TX 78701		
	upation / Job title (See Instructions)	Employer (See Instructions	3)
Healthcare D	Data Analyst	THA Foundation	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
04/03/2025	Tucek, Karen (Ms.)		\$3.8
	Contributor address; City; State; Zip Code		1
	Abilene, TX 79601	-	
-	upation / Job title (See Instructions)	Employer (See Instructions	
Director, Hos	spice	Hendrick Medical Cente	<u>، ۲</u>

The Political Action Committee of the Texas Hospital Association 00015794 4 Date 5 Full name of contributor out-of-state PAC (ID#:) 7 Amount of Contribution (\$) 04/23/2025 Tucek, Karen (Ms.) \$3.85 6 Contributor address; City; State; Zip Code Abilene, TX 79601				
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2 FILER NAME			3	Filer ID (Ethics Commission	ı Filers)
The Political Act	tion Committee of the Texas Hospital Association	n		00015794	
4 Date 5	Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
04/03/2025	Wade, Susan (Ms.)				\$15.00
	Contributor address; City; State; Zip Code		1		
	Abilene, TX 79601				
8 Principal occupation	on / Job title (See Instructions)	9 Employer (See Instructions	;)		
Abilene Market (00	Hendrick Medical Cente	r		
Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
04/23/2025	Wade, Susan (Ms.)				\$15.00
	Contributor address; City; State; Zip Code		1		
	Abilene, TX 79601				
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions	;)		
Abilene Market (00	Hendrick Medical Cente	r		
Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
04/03/2025	Wagner, Angela (Ms.)				\$3.85
	Contributor address; City; State; Zip Code				
	Abilene, TX 79601				
	on / Job title (See Instructions)	Employer (See Instructions			
Healthcare Profe	essional	Hendrick Medical Cente	r		
Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
04/23/2025	Wagner, Angela (Ms.)				\$3.85
	Contributor address; City; State; Zip Code		1		
	Abilene, TX 79601				
	on / Job title (See Instructions)	Employer (See Instructions			
Healthcare Profe	essional	Hendrick Medical Cente	r		
Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
04/03/2025	Wallschlaeger, Erich (Mr.)				\$9.62
	Contributor address; City; State; Zip Code				
	Brownwood, TX 76804				
	on / Job title (See Instructions)	Employer (See Instructions			
Chief Financial C	Officer	Hendrick Medical Cente	r		

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The Instru	iction Guide explains how to complete this f	form.	1	Total pages Schedule A1: Sch: 54/58 Rpt: 57/68	
2 FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	I Action Committee of the Texas Hospital Association	n		00015794	
4 Date	5 Full name of contributor Out-of-state PAC (ID#:_		7	Amount of Contribution (\$)	
04/23/2025				• •	\$9.62
	6 Contributor address; City; State; Zip Code		ł		
	Brownwood, TX 76804				
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	5)		
Chief Financ	cial Officer	Hendrick Medical Cente	ŧ٢		
Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
04/03/2025	Walzer, Cheryl (Ms.)				\$3.85
	Contributor address; City; State; Zip Code		ł		
	Abilene, TX 79601				
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)		
Director of M	Medsurg / Tele	Hendrick Medical Cente	۶r		
Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
04/23/2025	Walzer, Cheryl (Ms.)				\$3.85
	Contributor address; City; State; Zip Code		1		
	Abilene, TX 79601				
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)		
Director of N	Medsurg / Tele	Hendrick Medical Cente	۶r		
Date	Full name of contributor out-of-state PAC (ID#:	<u>.</u>)	Γ	Amount of Contribution (\$)	
04/20/2025	Warner, Freddy (Mr.)				\$145.50
	Contributor address; City; State; Zip Code		1		
	Houston, TX 77024				
	upation / Job title (See Instructions)	Employer (See Instructions			
Chief Gover	rnment Relations Officer	Memorial Hermann Hea	llth	System	
Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Γ	Amount of Contribution (\$)	
04/03/2025	Waters, Amber (Ms.)				\$3.85
	Contributor address; City; State; Zip Code		1		
	Abilene, TX 79601				
	upation / Job title (See Instructions)	Employer (See Instructions			
Director of A	Admissions	Hendrick Medical Cente	۶r		
					ſ

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	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 55/58 Rpt: 58/68	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
		Action Committee of the Texas Hospital Associatio	n	-	00015794	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	04/23/2025	Waters, Amber (Ms.)				\$3.85
		6 Contributor address; City; State; Zip Code		ł		
		Abilene, TX 79601				
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Director of A	.dmissions	Hendrick Medical Cente	۶r		
F	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	04/11/2025	Weller, Meghan (Ms.)				\$1,000.00
		Contributor address; City; State; Zip Code		•		
		Austin, TX 78701				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	3)		
	Director of G	Government Relations	HCA Healthcare-Centra	ıl &	West Texas Division	
F	Date	Full name of contributor out-of-state PAC (ID#:	• :)	Γ	Amount of Contribution (\$)	
	03/28/2025	Werner, Theo (Mr.)				\$2.00
		Contributor address; City; State; Zip Code		1		
		Austin, TX 78701				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	Advocacy / M	Multimedia Writer	Texas Hospital Associat	tior	l	
F	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	04/25/2025	Werner, Theo (Mr.)				\$2.00
		Contributor address; City; State; Zip Code		ł		
		Austin, TX 78701				
⊢	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Advocacy / M	Multimedia Writer	Texas Hospital Associat	tior	ı	
F	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	04/03/2025	Wharton, Elisha (Ms.)				\$3.85
		Contributor address; City; State; Zip Code		1		
		Abilene, TX 79601				
\vdash	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	Sr Practice N	vlanager	Hendrick Medical Cente	er		
⊢			<u> </u>			

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 56/58 Rpt: 59/68	
2 FILER NAME			3 Filer ID (Ethics Commission Filer	rs)
	Action Committee of the Texas Hospital Association	n	00015794	,
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
04/23/2025	Wharton, Elisha (Ms.)		.,	\$3.85
	6 Contributor address; City; State; Zip Code			
	Abilene, TX 79601			
	pation / Job title (See Instructions)	9 Employer (See Instructions		
Sr Practice N	Manager	Hendrick Medical Cente	r	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
03/28/2025	Williams, Ben (Mr.)	ſ	\$1	14.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78701	1		
	ipation / Job title (See Instructions)	Employer (See Instructions		
VP Advocac	y & Pub Policy	Texas Hospital Associat	tion	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
04/25/2025	Williams, Ben (Mr.)		\$3	14.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78701			
	ipation / Job title (See Instructions)	Employer (See Instructions		
VP Advocac	y & Pub Policy	Texas Hospital Associat	tion	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
03/28/2025	Williams, Carrie (Ms.)		\$2	20.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78701			
Bringinal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
	nunications Officer	Texas Hospital Associat		
Date	Full name of contributor out-of-state PAC (ID#:))	Amount of Contribution (\$)	~~~~
04/25/2025	Williams, Carrie (Ms.)		φ2	20.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78701			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
	nunications Officer	Texas Hospital Associat		

	The Instruc	ction Guide explains how to complete this f	form.	1	Total pages Schedule A1: Sch: 57/58 Rpt: 60/68	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
		Action Committee of the Texas Hospital Associatio	אר 		00015794	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	03/28/2025	Williams, Patty (Ms.)				\$2.00
		6 Contributor address; City; State; Zip Code				
		Austin, TX 78701				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Relationship	Manager Business Srvcs	THA Foundation			
╞	Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>		Amount of Contribution (\$)	
	04/25/2025	Williams, Patty (Ms.)	/			\$2.00
	04/20/2020			·		¥2.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78701				
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Relationship	Manager Business Srvcs	THA Foundation			
⊨	Date	Full name of contributor Out-of-state PAC (ID#:	<u> </u>	Т	Amount of Contribution (\$)	
	03/26/2025	Willmann, Adam (Mr.)				\$62.50
	• • • • • • •	Contributor address; City; State; Zip Code		·		Ŧ -
		Clifton, TX 76634				
\vdash	Principal occu	I Ipation / Job title (See Instructions)	Employer (See Instructions	us)		
	President / C)EO	Goodall-Witcher Health	icare	9	
╞	Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Τ	Amount of Contribution (\$)	
	03/28/2025	Wohleb, Stephen (Mr.)	/			\$41.00
	00/20/2020	Contributor address; City; State; Zip Code		·		Ψ 12.00
		Continuator address, City, State, Zip Code				
		Austin, TX 78701				
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	 (S)		
	General Cou		Texas Hospital Associat		I	
╞				T		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	¢41.00
	04/25/2025	Wohleb, Stephen (Mr.)				\$41.00
		Contributor address; City; State; Zip Code				
		Augustic TV 20201				
		Austin, TX 78701	<u> </u>	Ť		
		pation / Job title (See Instructions)	Employer (See Instructions			
	General Cou	insel	Texas Hospital Associat	tion		

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 Total pages Schedule A1: 1 The Instruction Guide explains how to complete this form. Sch: 58/58 Rpt: 61/68 2 FILER NAME Filer ID (Ethics Commission Filers) 3 The Political Action Committee of the Texas Hospital Association 00015794 Amount of Contribution (\$) 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 04/03/2025 Wood, Adam (Mr.) \$4.81 6 Contributor address; City; State; Zip Code Abilene, TX 79601 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) System Assistant Vice President Supply Chain Hendrick Medical Center Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/23/2025 \$4.81 Wood, Adam (Mr.) Contributor address; City; State; Zip Code Abilene, TX 79601 Principal occupation / Job title (See Instructions) Employer (See Instructions) System Assistant Vice President Supply Chain Hendrick Medical Center

MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C3

	The Instruction Guide explains how to complete this form.			1	1 Total pages Schedule C3: Sch: 1/1 Rpt: 62/68	
2	FILER NAME			3	Filer ID (Ethics Commission Filers)	
	The Political Action Committee of the Texas Hospital Association				00015794	
4	Date	5	Corporation / Labor Organization name	6	Amount (\$)	
	03/28/2025		Texas Hospital Association		745.00	

NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C4

	The Instruction Guide explains how to complete this form.			1	Total pages S Sch: 1/1 Rp	Schedule C4: it: 63/68	
2	FILER NAME			3	Filer ID	(Ethics Commission Filers)	
	The Political Action Committee of the Texas Hospital Association			00015794			
4	Date	5	Corporation / Labor Organization name	6	Amount (\$)		
	04/25/2025		Texas Hospital Association			4,20	00.00

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Re Fees Office O Food/Beverage Expense Polling E Gift/Awards/Memorials Expense Printing f	ayment/Reimbursement erhead/Rental Expense pense xpense Xages/Contract Labor Solicitation/Fundraising E Transportation Equipmen Travel in District Travel Out of District OTHER (enter a category	t & Related Expense			
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethic	s Commission Filers)			
Sch: 1/4 Rpt: 64/68	The Political Action Committee of the Texas Hospital 00015794					
4 Date	5 Payee name					
04/02/2025	Frost Bank					
6 Amount (\$) \$53.05	7 Payee address; City; State; Zip C PO Box 1727	de				
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 Sch				
		Check if Austin, TX, officeholder living expense	e			
		Credit Card Processing Fees				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sol	ght Office held				
Date	Payee name					
04/03/2025	Frost Bank					
Amount (\$)	Payee address; City; State; Zip C	de				
\$19.95	PO Box 1727					
φ10.00						
Expenditure from corporate funds	Austin, TX 78767					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Check if travel outside of Texas. Complete Sch 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 sol	ght Office held				
Date	Payee name					
04/03/2025	Frost Bank					
Amount (\$)	Payee address; City; State; Zip C	de				
\$64.13	PO Box 1727					
+•0						
Expenditure from corporate funds	Austin, TX 78767					
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
OF FEES Check if travel outside of Texas. Complete Schedule T.						
		Credit Cord Proceeding Food	e			
		Credit Card Processing Fees				
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sol	ght Office held				

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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EXPENDITURE CATEGORIES FOR BOX 8(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 Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Sch: 2/4 Rpt: 65/68 The Political Action Committee of the Texas Hospital 00015794 4 Date 5 Payee name 03/26/2025 Stripe 6 Amount (\$) Payee address; City; State; Zip Code 7 354 Oyster Point Blvd \$864.46 Expenditure from South San Francisco, CA 94080 corporate funds PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense Processing fees for processing multiple credit card contributions 03/26/25-04/25/25 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 04/04/2025 Stripe Amount (\$) Payee address; City; State; Zip Code \$0.42 354 Oyster Point Blvd Expenditure from South San Francisco, CA 94080 corporate funds PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Fees EXPENDITURE Check if Austin, TX, officeholder living expense Credit Card Processing Fees Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 04/09/2025 Stripe Amount (\$) Payee address; City: State; Zip Code \$0.63 354 Oyster Point Blvd Expenditure from corporate funds South San Francisco, CA 94080 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Fees EXPENDITURE Check if Austin, TX, officeholder living expense Credit Card Processing Fees Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment					
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
Sch: 3/4 Rpt: 66/68	The Political Action Committee of the Texas Hospital00015794				
4 Date 04/10/2025	5 Payee name Stripe				
6 Amount (\$) \$1.60	7 Payee address; City; State; Zip Code 354 Oyster Point Blvd				
Expenditure from corporate funds	South San Francisco, CA 94080				
8 PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Credit Card Processing Fees 				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought Office held				
Date	Payee name				
04/14/2025	Stripe				
Amount (\$) \$3.49	Payee address; City; State; Zip Code 354 Oyster Point Blvd				
Expenditure from corporate funds	South San Francisco, CA 94080				
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Credit Card Processing Fees 				
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held				
Date	Payee name				
04/17/2025	Stripe				
Amount (\$) \$0.52	Payee address; City; State; Zip Code 354 Oyster Point Blvd				
Expenditure from corporate funds	South San Francisco, CA 94080				
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Credit Card Processing Fees 				
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held				

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment					
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
Sch: 4/4 Rpt: 67/68	The Political Action Committee of the Texas Hospital 00015794				
4 Date 04/18/2025	5 Payee name Stripe				
6 Amount (\$) \$0.62	7 Payee address; City; State; Zip Code 354 Oyster Point Blvd				
Expenditure from corporate funds	South San Francisco, CA 94080				
8 PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Credit Card Processing Fees 				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held				
Date	Payee name				
04/23/2025	Stripe				
Amount (\$) \$4.00	Payee address; City; State; Zip Code 354 Oyster Point Blvd				
Expenditure from corporate funds	South San Francisco, CA 94080				
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Credit Card Processing Fees 				
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held				
Date	Payee name				
04/25/2025	Stripe				
Amount (\$) \$0.62	Payee address; City; State; Zip Code 354 Oyster Point Blvd				
Expenditure from corporate funds	South San Francisco, CA 94080				
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Credit Card Processing Fees 				
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held				

UNPAID INCU	RRED OBLIGATIONS	SCHEDULE F2
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1 Total pages Schedule F2: Sch: 1/1 Rpt: 68/68	2 FILER NAME The Political Action Committee of the Texas Hospital	3 Filer ID (Ethics Commission Filers) 00015794
⁴ TOTAL OF UNITEMIZ	ZED UNPAID INCURRED OBLIGATIONS	\$
5 Date 04/24/2025	6 Payee name Atchley & Associates LLP 9 Payee addresses City City State: Zin Code	•
7 Amount (\$) \$718.00	 8 Payee address; City; State; Zip Code 1005 La Posada Dr 	
System 2 System 2	Austin, TX 78752	
EXPENDITURE 10 PURPOSE	X Political (a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Accounting/Banking	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense nting and reporting services
11 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held