MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC COVER SHEET PG 1

The MPAC Instruction	2 Total pages filed: 53					
3 COMMITTEE NAME	E	00015794	OFFICE USE ONLY			
The Political Actio	n Committee of the Texas Hospital Associa	ation	Date Received			
			ELECTRONICALLY FILED			
			06/05/2025			
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 TREASURER	MS / MRS / MR FIRST	MI	Receipt # Amount			
NAME	Sara		Anount			
			Date Processed			
	NICKNAME LAST	SUFFIX				
	Gonzale	Z	Date Imaged			
6 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #; CITY; ST/	ATE; ZIP CODE			
TREASURER STREET	1108 Lavaca Suite 700					
ADDRESS						
(Residence or Business)	Austin, TX 78701					
7 CAMPAIGN	STREET ADDRESS OR PO BOX;	APT / SUITE #; CITY; ST	ATE; ZIP CODE			
TREASURER MAILING	1108 Lavaca Suite 700					
ADDRESS						
	Austin, TX 78701					
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION				
TREASURER PHONE	(512) 465-1000					
9 REPORT TYPE						
9 REPORTITE	X Monthly	10th day after campaign treasurer termination	Dissolution (Attach PAC-DR)			
10 MONTHLY REPORT FILING	January 5 Apri	5 July 5	October 5			
DEADLINE						
	February 5 May	5 August 5	November 5			
	March 5 X June	e 5 September 5	December 5			
11 PERIOD	Month Day Year	Month THROUGH	Day Year			
COVERED	04/26/2025	05/25/2	2025			
GO TO PAGE 2						
Forms provided by Te	orms 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	imittee of the Texas H	ospital Association	0001579	4
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		
	o. 14			
	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	\$	10 577 00
	(OTHER THAN PLEI	DGES, LOANS, OR GUARANTEES OF LOANS)	l"	19,577.83
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	1,429.17
CONTRIBUTION BALANCE	5. TOTAL POLITICAL C OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	99,263.86
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT				
		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
		Signature of Ca	mpaigir riea:	50101
AFFIX NOTARY	STAMP / SEAL ABOVE			
Sworn to and subscribed	before me, by the said	, ti	nis the	day
of	, 20, to certify v	which, witness my hand and seal of office.		
Signature of officer adr	ninistering 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 53

	(Ethics Commission Filers)		
The Politic	1		
19 SCHEDUL	SUBTOTAL AMOUNT		
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 14,659.83
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	R	\$
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA LABOR ORGANIZATION	TION OR	\$
6. X	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG.	ANIZATION	\$ 718.00
7. X	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$ 4,200.00
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (ORGANIZATION	\$
9.	SCHEDULE E: LOANS		\$
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$ 670.67
11. X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 758.50
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	DNS	\$
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$

SUBTOTALS - MPAC

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 1/43 Rpt: 4/53	
Ļ						
2	FILER NAME		_	3	Filer ID (Ethics Commission	n ⊢liers)
		Action Committee of the Texas Hospital Association	1		00015794	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	05/23/2025	Amador, Dolores (Ms.)				\$1.00
		6 Contributor address; City; State; Zip Code		1		
		Georgetown, TX 78633				
8		pation / Job title (See Instructions)	9 Employer (See Instructions			
	Claims Mana	ager	Texas Hospital Insuranc	ce I	Exchange	
F	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	05/23/2025	Andersen, Daniel (Mr.)				\$14.00
		Contributor address; City; State; Zip Code				
		Georgetown, TX 78633				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
		iting & Business Development	Texas Hospital Insuranc		Exchange	
⊨	Date		· · · · · · · · · · · · · · · · · · ·	Г		
	05/12/2025)		Amount of Contribution (\$)	\$165.00
	05/12/2025	Bagchi, Sam (Dr.)				\$105.00
		Contributor address; City; State; Zip Code				
		Irving, TX 75038				
_	Dringingloggy	-	Employer (See Instructions			
	•	pation / Job title (See Instructions) Clinical Officer	CHRISTUS Health	5)		
	EVF / Ciller			_		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	05/17/2025	Ballew, Joel (Mr.)				\$41.50
		Contributor address; City; State; Zip Code		1		
		Arlington, TX 76011				
	•	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	VP Governm	ent & Community Affairs	Texas Health Resources	S		
F	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	05/13/2025	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	<u>і</u> S)		
l		istrative Officer	Hendrick Medical Cente			
⊢						
I						

	The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 2/43 Rpt: 5/53	
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 (\$)	
	05/21/2025	Baty, Krista (Ms.)				\$27.50
		6 Contributor address; City; State; Zip Code		ł		
		Brownwood, TX 76801				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	ـــــــــــــــــــــــــــــــــــــ		
	Chief Admini	istrative Officer	Hendrick Medical Center	۰r		
⊨	Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	05/23/2025	Beasley, Sharon (Ms.)			• -	\$8.00
		Contributor address; City; State; Zip Code	······			
		Austin, TX 78701				
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	ـــــــــــــــــــــــــــــــــــــ		
	Sr Dir Gover	nance	Texas Hospital Associat	tior	1	
╞	Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	05/23/2025	Bell, Jeff (Mr.)	,			\$4.00
		Contributor address; City; State; Zip Code		•		
		Austin, TX 78701				
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	ـــــــــــــــــــــــــــــــــــــ		
	Manager Co	rporate Relations	THA Foundation			
╞	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	05/13/2025	Benham, Bradley (Mr.)				\$9.62
		Contributor address; City; State; Zip Code		•		
		Abilene, TX 79601				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	VP HMC Fou	undation	Hendrick Medical Center	؛r		
╞	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	05/21/2025	Benham, Bradley (Mr.)				\$9.62
	Contributor address; City; State; Zip Code		1			
		Abilene, TX 79601				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	VP HMC Fou	undation	Hendrick Medical Center	؛r		
\vdash			I			

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 3/43 Rpt: 6/53	
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 (\$)	
	05/13/2025	Bessent, Brian (Mr.)				\$32.50
	ļ	6 Contributor address; City; State; Zip Code				
		Abilene, TX 79601				
8	-	ipation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	VP / Chief St	trategy & Experience Officer	Hendrick Medical Cente	r		
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	05/21/2025	Bessent, Brian (Mr.)				\$32.50
		Contributor address; City; State; Zip Code				
		Abilene, TX 79601				
		ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	VP / Chief St	trategy & Experience Officer	Hendrick Medical Cente	er		
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	05/13/2025	Bowden, Sherri (Ms.)				\$3.85
		Contributor address; City; State; Zip Code		ł		
	ļ					
		Abilene, TX 79601				
		ipation / Job title (See Instructions)	Employer (See Instructions			
	Director Puln	monary Services	Hendrick Medical Cente	er		
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	05/21/2025	Bowden, Sherri (Ms.)				\$3.85
		Contributor address; City; State; Zip Code				
	ľ					
		Abilene, TX 79601				
		ipation / Job title (See Instructions)	Employer (See Instructions			
	Director Puin	monary Services	Hendrick Medical Cente	r		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	05/16/2025	Bowerman, Stephen (Mr.)				\$125.00
	ļ	Contributor address; City; State; Zip Code				
	ļ					
	ľ					
		Midland, TX 79701	1 <u>.</u>			
		pation / Job title (See Instructions)	Employer (See Instructions			
	President & v	Chief Executive Officer	Midland Memorial Hospi	Itai		

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 4/43 Rpt: 7/53	
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 (\$)	
	05/13/2025	Brockway, Toni (Ms.)				\$5.00
		6 Contributor address; City; State; Zip Code				
		Abilene, TX 79601				
8		upation / Job title (See Instructions)	9 Employer (See Instructions	·		
	Director of W	Vorkforce Dev	Hendrick Medical Cente	r		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	05/21/2025	Brockway, Toni (Ms.)				\$5.00
		Contributor address; City; State; Zip Code				
		Abilene, TX 79601				
		upation / Job title (See Instructions)	Employer (See Instructions			
	Director of W	Vorkforce Dev	Hendrick Medical Cente	r		
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	05/13/2025	Broderick, Treva (Ms.)				\$4.81
		Contributor address; City; State; Zip Code				
		Abilene, TX 79601				
		upation / Job title (See Instructions)	Employer (See Instructions			
	Assistant Vic	ce President Clinical Svs	Hendrick Medical Cente	r		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	05/21/2025	Broderick, Treva (Ms.)				\$4.81
		Contributor address; City; State; Zip Code				
		Abilene, TX 79601				
		upation / Job title (See Instructions)	Employer (See Instructions			
	Assistant Vic	ce President Clinical Svs	Hendrick Medical Cente	r		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	05/13/2025	Calvo, Raul (Mr.)				\$2.50
		Contributor address; City; State; Zip Code				
		Abilene, TX 79608				
		upation / Job title (See Instructions)	Employer (See Instructions			
	Board Vice C	Chair	Hendrick Medical Cente	r		

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 5/43 Rpt: 8/53	
2 FILER NAME			3 Filer ID (Ethics Commission I	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 (\$)	
05/21/2025	Calvo, Raul (Mr.)			\$2.50
	6 Contributor address; City; State; Zip Code			
	Abilene, TX 79608			
	upation / Job title (See Instructions)	9 Employer (See Instructions)		
Board Vice (Chair	Hendrick Medical Center	r	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/13/2025	Camacho, Precilla (Ms.)			\$3.85
	Contributor address; City; State; Zip Code			
Di destasso	Abilene, TX 79601	1	\	
	Ipation / Job title (See Instructions)	Employer (See Instructions) Hendrick Medical Center	·	
Senior Direc				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	** of
05/21/2025	Camacho, Precilla (Ms.)			\$3.85
	Contributor address; City; State; Zip Code			
	Abilene, TX 79601			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))	
Senior Direc		Hendrick Medical Center		
Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)	
05/13/2025	Canada, Kirk (Mr.)	/		\$30.00
00/10/2022	Contributor address; City; State; Zip Code			400.0 2
	Abilene, TX 79601			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions))	
Chief Operat	ting Office / System VP	Hendrick Medical Center	r	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
05/21/2025	Canada, Kirk (Mr.)			\$30.00
	Contributor address; City; State; Zip Code			
	Abilene, TX 79601			
-	upation / Job title (See Instructions)	Employer (See Instructions)		
Chief Operat	ting Office / System VP	Hendrick Medical Center	r	

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 6/43 Rpt: 9/53	
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 (\$)	
	05/13/2025	Cates, Boyd (Mr.)				\$1.00
		6 Contributor address; City; State; Zip Code				
		Abilene, TX 79601				
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	;)		
	Diagnostic T	echnologist	Hendrick Medical Cente	r		
F	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	05/21/2025	Cates, Boyd (Mr.)				\$1.00
		Contributor address; City; State; Zip Code				
		Abilene, TX 79601				
\vdash	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	ـــــــــــــــــــــــــــــــــــــ		
	Diagnostic T		Hendrick Medical Cente	r		
⊨	Date	Full name of contributor Out-of-state PAC (ID#:_	<u> </u>	Γ	Amount of Contribution (\$)	
	05/13/2025	Conger, Cody (Mr.)	/		, and and or o on a second second (*,	\$4.00
	00,20,20	Contributor address; City; State; Zip Code		1		T
		CUltinbutor address, City, State, Lip Code				
		Abilene, TX 79601				
⊢	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	L;)		
		stor, Invasive Cardiology	Hendrick Medical Cente			
╞	Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Γ	Amount of Contribution (\$)	
	05/21/2025	Conger, Cody (Mr.)	/			\$4.00
	03/21/2020					Ψ4.00
		Contributor address; City; State; Zip Code				
		Abilene, TX 79601				
\vdash	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u>		
		ctor, Invasive Cardiology	Hendrick Medical Cente			
╘				—		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	÷4.04
	05/13/2025	Connell, Jessica (Ms.)				\$4.81
		Contributor address; City; State; Zip Code				
		Brownwood, TX 76804	1			
		upation / Job title (See Instructions)	Employer (See Instructions			
	Chief Nursin	g Officer	Hendrick Medical Cente	r		

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 7/43 Rpt: 10/53
2 FILER NAME			3 Filer ID (Ethics Commission 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 (\$)
05/21/2025	Connell, Jessica (Ms.)		\$4.81
	6 Contributor address; City; State; Zip Code		
	Brownwood, TX 76804		
	upation / Job title (See Instructions)	9 Employer (See Instructions	
Chief Nursin	ig Officer	Hendrick Medical Cente	۲
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/23/2025	Conner, Cecil (Mr.)		\$4.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78731		
Principal occu	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 (\$)
05/13/2025	Contreras, Rosendo (Ms.)		\$1.93
	Contributor address; City; State; Zip Code		
	Abilene, TX 79601		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	;)
Dir Patient S	Safety, Infection Preventionist, Perf Improv	Hendrick Medical Cente	۲
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/21/2025	Contreras, Rosendo (Ms.)		\$1.93
	Contributor address; City; State; Zip Code		
	Abilene, TX 79601		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	;)
Dir Patient S	Safety, Infection Preventionist, Perf Improv	Hendrick Medical Cente	۲
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
05/23/2025	Cook, Kenneth (Mr.)		\$2.00
	Contributor address; City; State; Zip Code		
	-		
	Austin, TX 78701		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	;)
IT Director		THA Foundation	
IT Director		THA Foundation	

	The Instruc	ction Guide explains how to complete this f	form.	1	Total pages Schedule A1: Sch: 8/43 Rpt: 11/53	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	The Political	Action Committee of the Texas Hospital Associatio	on		00015794	
4	Date	5 Full name of contributor Out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	05/13/2025	Cooper, David (Mr.)				\$3.85
		6 Contributor address; City; State; Zip Code				
		Abilene, TX 79601				
8		ipation / Job title (See Instructions)	9 Employer (See Instructions			
	Lab Supervis	sor	Hendrick Medical Cente	r		
F	Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>		Amount of Contribution (\$)	
	05/21/2025	Cooper, David (Mr.)				\$3.85
		Contributor address; City; State; Zip Code				
		Abilene, TX 79601				
	•	pation / Job title (See Instructions)	Employer (See Instructions			
	Lab Supervis	sor	Hendrick Medical Cente	er		
	Date	· —)		Amount of Contribution (\$)	
	05/23/2025	Cornelson, Laura (Ms.)				\$20.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78701		Ĺ		
	Principal occu VP Clinical II	ipation / Job title (See Instructions)	Employer (See Instructions THA Foundation	5)		
			THA Foundation	_		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	05/23/2025	Costilla, Nina (Ms.)				\$2.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78701				
	Bringinal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
		ects Manager	THA Foundation)		
		-		_		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	¢20.00
	05/23/2025	Cotton, Corey (Mr.)				\$20.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78701				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ເ)		
	VP Member		Texas Hospital Associat		ı	
-					·	
I						

The Instru	uction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 9/43 Rpt: 12/53
2 FILER NAME	 E		3 Filer ID (Ethics Commission Filers)
	al 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 (\$)
05/14/2025			\$500.00
	6 Contributor address; City; State; Zip Code		·
	Austin, TX 78701		
8 Principal occ	cupation / Job title (See Instructions)	9 Employer (See Instructions	s)
Director Go	overnment Relations	St. David's HealthCare	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
05/23/2025			\$20.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78701		
Principal occ	cupation / Job title (See Instructions)	Employer (See Instructions	s)
Sr Director	of Business Services	THA Foundation	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
05/07/2025	Daskevich, Cris (Ms.)		\$145.84
	Contributor address; City; State; Zip Code		
	San Antonio, TX 78207		
	cupation / Job title (See Instructions)	Employer (See Instructions	s)
CEO, CHR	ISTUS Children's & SVP CHRISTUS Health	CHRISTUS Children's	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/23/2025	Davenport, Chad (Mr.)		\$2.00
	Contributor address; City; State; Zip Code		
	Georgetown, TX 78633		
	cupation / Job title (See Instructions)	Employer (See Instructions	·
Accounting	Specialist	Texas Hospital Insuranc	ce Exchange
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
05/23/2025	Davila, Leslie (Ms.)		\$20.00
	Contributor address; City; State; Zip Code		1
	Georgetown, TX 78633		
	cupation / Job title (See Instructions)	Employer (See Instructions	
Receptionis	st	Texas Hospital Insuranc	ce Exchange

The Instrue	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 10/43 Rpt: 13/53
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 (\$)
05/21/2025	Davis, John (Mr.)		\$3.8
	6 Contributor address; City; State; Zip Code		1
2 Dringingloogu	Cuero, TX 77954	Contractions	
-	pation / Job title (See Instructions) diopulmonary	9 Employer (See Instructions Cuero Regional Hospita	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/23/2025	Davis, Valerie (Ms.)		\$7.0
	Contributor address; City; State; Zip Code		
	Austin TV 70701		
Dringing ogg	Austin, TX 78701	Employer (See Instructions	
-	pation / Job title (See Instructions) Payable Specialist	Employer (See Instructions Texas Hospital Associat	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/23/2025	De La Garza-Barone, Heather (Ms.)		\$2.0
	Contributor address; City; State; Zip Code		
	Austin, TX 78701		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ۶)
Associate Ge	eneral Counsel	Texas Hospital Associat	tion
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
04/30/2025	DeYoung, Peter (Dr.)		\$41.0
	Contributor address; City; State; Zip Code		1
	Austin, TX 78758		
	pation / Job title (See Instructions)	Employer (See Instructions	
Chief Medica	al Officer	St Davids North Austin N	Medical Center
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/13/2025	Dennis, Gregory (Mr.)		\$3.8
	Contributor address; City; State; Zip Code		1
	Abilene, TX 79601		
-	pation / Job title (See Instructions)	Employer (See Instructions	
Director Faci	ility Management	Hendrick Medical Cente	۶r

The Instruc	ction Guide explains how to complete this f	örm.	1	Total pages Schedule A1: Sch: 11/43 Rpt: 14/53	
2 FILER NAME			_	Filer ID (Ethics Commission	Filers)
The Political	Action Committee of the Texas Hospital Association	n	1 I	00015794	-
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
05/21/2025					\$3.85
	6 Contributor address; City; State; Zip Code		1		
	Abilene, TX 79601				
	pation / Job title (See Instructions)	9 Employer (See Instructions			
Director Haci	ility Management	Hendrick Medical Cente	er		
Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
05/13/2025	Devun, Sharn (Ms.)				\$3.85
	Contributor address; City; State; Zip Code]		
	Abilana TV 70601				
Principal occur	Abilene, TX 79601 pation / Job title (See Instructions)	Employer (See Instructions			
	Management	Hendrick Medical Cente			
				Amount of Contribution (ft)	
Date 05/21/2025	Full name of contributor out-of-state PAC (ID#: Devun, Sharn (Ms.))		Amount of Contribution (\$)	\$3.85
03/21/2023				φ3.05	
	Contributor address; City; State; Zip Code				
	Abilene, TX 79601				
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions	s)		
Director Risk	Management	Hendrick Medical Cente	er		
Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
05/14/2025	Dippel, Douglas (Mr.)				\$20.00
	Contributor address; City; State; Zip Code				
	Sweetwater, TX 79556	1			
	pation / Job title (See Instructions)	Employer (See Instructions		90 J	
Chief Execut	tive Officer / Administrator	Rolling Plains Memorial	I HO	spital	
Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
05/13/2025	Donaway, Duane (Mr.)				\$1.93
	Contributor address; City; State; Zip Code				
	Abilene, TX 79601				
Principal occur	pation / Job title (See Instructions)	Employer (See Instructions	<u>م)</u>		
	rmation Systems	Hendrick Medical Cente			

	The Instru	ction Guide explains how to complete this f	örm.	1	Total pages Schedule A1: Sch: 12/43 Rpt: 15/53	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
-		Action Committee of the Texas Hospital Association	n		00015794	1
4	Date	5 Full name of contributor out-of-state PAC (ID#:_		7	Amount of Contribution (\$)	
	05/21/2025 Donaway, Duane (Mr.)			• •	\$1.93	
		6 Contributor address; City; State; Zip Code		1		
		Abilene, TX 79601				
8		upation / Job title (See Instructions)	9 Employer (See Instructions			
	Director Info	rmation Systems	Hendrick Medical Cente	er		
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	05/23/2025	Doyle, Rosalinda (Ms.)				\$2.00
		Contributor address; City; State; Zip Code		1		
	Duin rinel easy	Austin, TX 78701		Ĺ		
	Principal occu Payroll Admi	ipation / Job title (See Instructions)	Employer (See Instructions Texas Hospital Associat		`	
	Date)		Amount of Contribution (\$)	*7 F0
	05/13/2025	Driskell, Jesiree (Ms.)			\$7.50	
		Contributor address; City; State; Zip Code				
		Abilene, TX 79601				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	AVP Strateg	ic Comms & Digital Expert	Hendrick Medical Cente	er		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	05/21/2025	Driskell, Jesiree (Ms.)				\$7.50
		Contributor address; City; State; Zip Code		1		
	<u> </u>	Abilene, TX 79601	<u> </u>	Ļ		
	•	Ipation / Job title (See Instructions)	Employer (See Instructions			
		ic Comms & Digital Expert	Hendrick Medical Cente	er		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	** 4 00
	05/23/2025	Eskew, Amy (Ms.)]		\$14.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78701				
\vdash	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
		sident of Operations	Texas Healthcare Truste		2	
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	The Instru	iction Guide explains how to complete this f	iorm.	1	Total pages Schedule A1: Sch: 13/43 Rpt: 16/53	
2	FILER NAME		!	3	Filer ID (Ethics Commission	n Filers)
ŕ		l Action Committee of the Texas Hospital Association		ľ	00015794	1111013)
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	05/13/2025 Eurek, Andrew (Mr.)			\$4.00		
		6 Contributor address; City; State; Zip Code		1		
			1			
			!			
Ļ	D i simplicari	Abilene, TX 79601		Ĺ		
8		upation / Job title (See Instructions)	9 Employer (See Instructions			
L		ancial Analysis	Hendrick Medical Cente	श न ्न		
	Date	Full name of contributor out-of-state PAC (ID#:) /		Amount of Contribution (\$)	
	05/21/2025	Eurek, Andrew (Mr.)	!			\$4.00
		Contributor address; City; State; Zip Code	1			
			1			
		Abilene TV 70001	1			
	Duin single oppi	Abilene, TX 79601		ŕ		
		upation / Job title (See Instructions) ancial Analysis	Employer (See Instructions Hendrick Medical Center			
╘		-		ः। —		
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	± ·
	05/20/2025	Falcone, Lynn (Ms.)				\$100.00
		Contributor address; City; State; Zip Code	,			
			1			
		Cuero, TX 77954	!			
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	ـــــــــــــــــــــــــــــــــــــ		
	Chief Execut	tive Officer	Cuero Regional Hospital	ıl		
F	Date	Full name of contributor out-of-state PAC (ID#:_) !	Γ	Amount of Contribution (\$)	
	05/23/2025	Felton, Chris (Mr.)	,			\$4.00
		Contributor address; City; State; Zip Code		1		
			,			
			1			
L		Austin, TX 78701				
	•	upation / Job title (See Instructions)	Employer (See Instructions			
	Regional Am	nbassador West Texas	Texas Hospital Associat	tior	1	
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	05/13/2025	Ford, Christopher (Mr.)	!			\$9.62
		Contributor address; City; State; Zip Code	,			
			,			
			!			
L		Abilene, TX 79601	′			
		upation / Job title (See Instructions)	Employer (See Instructions			
L	AVP Suppor	t Services	Hendrick Medical Center	r		

	The Instruc	ction Guide explains how to complete this f	orm.		Fotal pages Schedule A1: Sch: 14/43 Rpt: 17/53	
2	FILER NAME			3 F	Filer ID (Ethics Commission	n Filers)
	The Political	Action Committee of the Texas Hospital Association	1		00015794	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_		7 /	Amount of Contribution (\$)	
	05/21/2025	Ford, Christopher (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	s)		
	AVP Support	t Services	Hendrick Medical Cente	er		
	Date	Full name of contributor out-of-state PAC (ID#:_)	4	Amount of Contribution (\$)	
	04/30/2025	Fortenberry, Andy (Mr.)				\$500.00
		Contributor address; City; State; Zip Code		·		
		Mount Pleasant, TX 75455				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Chief Financ	ial Officer	Titus Regional Medical	Cent	er	
⊨	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	05/14/2025	Fox, Jay (Mr.)				\$20.50
		Contributor address; City; State; Zip Code				
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	President BS	SWH Austin Area	Baylor Scott & White Me	edica	l Center - Pflugerville	
	Date	Full name of contributor out-of-state PAC (ID#:_)	4	Amount of Contribution (\$)	
	05/23/2025	Frazier, Tess (Ms.)				\$20.00
		Contributor address; City; State; Zip Code				
		Georgetown, TX 78633				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	President / C	EO	Texas Hospital Insuranc	ce Ex	kchange	
F	Date	Full name of contributor out-of-state PAC (ID#:)	4	Amount of Contribution (\$)	
	05/23/2025	Gaines, Cameron (Mr.)				\$2.00
		Contributor address; City; State; Zip Code				
		Georgetown, TX 78633				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	IT Support S	pecialist	Texas Hospital Insuranc	ce Ex	change	

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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 15/43 Rpt: 18/53	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	The Political Action Committee of the Texas Hospital Association			00015794		
	Date	5 Full name of contributor Out-of-state PAC (ID#:_		+-	Amount of Contribution (\$)	
7	05/15/2025		/	ľ		\$100.00
	05/15/2025	Gelbs - Gadd, Hannah (Ms.)				ΦT00.00
	I	6 Contributor address; City; State; Zip Code				
	I					
	I					
		Houston, TX 77054				
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Chief Operat	ting Officer	The Woman's Hospital o	of 7	Гехаз	
╞	Date	Full name of contributor Out-of-state PAC (ID#:	<u> </u>	Γ	Amount of Contribution (\$)	
	05/23/2025	Gette, Angela (Ms.)	/		Amount of Contribution (+)	\$2.00
	0512512025					φ2.00
	I	Contributor address; City; State; Zip Code				
	I					
	I					
		Georgetown, TX 78633				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Vice Preside	ent Claims	Texas Hospital Insuranc	ce l	Exchange	
⊨	Date	Full name of contributor Out-of-state PAC (ID#:)	Π	Amount of Contribution (\$)	
	05/13/2025		/			\$3.85
	03/13/2023					40.00
	I	Contributor address; City; State; Zip Code				
	I					
	I					
		Abilene, TX 79601				
Γ	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	Hospital Prof	fessional	Hendrick Medical Cente	er		
╞	Date	Full name of contributor Out-of-state PAC (ID#:_	<u> </u>		Amount of Contribution (\$)	
)			ቀጋ ወር
	05/21/2025	Gladden, Jaye (Ms.)				\$3.85
	I	Contributor address; City; State; Zip Code				
	I					
	I					
		Abilene, TX 79601				
Γ	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Hospital Prof	fessional	Hendrick Medical Cente	er		
⊨	Date	Full name of contributor Out-of-state PAC (ID#:_	<u> </u>	Π	Amount of Contribution (\$)	
	05/23/2025		/			\$41.00
	05/23/2025					Φ41.00
	I	Contributor address; City; State; Zip Code				
	I					
	I					
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>.</u> 5)		
	VP Advocac	y & Pub Policy	Texas Hospital Associat	tior	า	
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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 16/43 Rpt: 19/53	
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 (\$)	
	05/13/2025	Goolsby, Emily (Ms.)				\$3.85
		6 Contributor address; City; State; Zip Code				
		Abilene, TX 79601				
8	Principal occu	I pation / Job title (See Instructions)	9 Employer (See Instructions			
		pt of Education and Professional Development	Hendrick Medical Cente			
⊨	Date	Full name of contributor Out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	05/21/2025	Goolsby, Emily (Ms.))			\$3.85
	00/21/2020					\$ 0.00
		Contributor address; City; State; Zip Code				
		Abilene, TX 79601				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
		pt of Education and Professional Development	Hendrick Medical Cente			
⊨	Date)		Amount of Contribution (\$)	
	05/23/2025	Full name of contributor out-of-state PAC (ID#: Gordon, Brittanny (Ms.))		Amount of Contribution (\$)	\$2.00
	03/23/2023					Ψ2.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78701				
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	•	, AR & Association Management System	Texas Hospital Associat		l	
⊨	Date	Full name of contributor Out-of-state PAC (ID#:			Amount of Contribution (\$)	
	05/13/2025	Greenwood, Susan (Ms.))			\$29.00
	03/13/2023					Ψ23.00
		Contributor address; City; State; Zip Code				
		Abilene, TX 79601				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ເ)		
		nt / Chief Nursing Officer	Hendrick Medical Cente			
⊨					Amount of Contribution (¢)	
	Date 05/21/2025	Full name of contributor out-of-state PAC (ID#: Greenwood, Susan (Ms.))		Amount of Contribution (\$)	\$29.00
	05/21/2025					φ29.00
		Contributor address; City; State; Zip Code				
		Abilene, TX 79601				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ز)		
		ent / Chief Nursing Officer	Hendrick Medical Cente			
L	1001100100			•		

	The Instrue	ction Guide explains how to complete this f	1	Total pages Schedule A1: Sch: 17/43 Rpt: 20/53		
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
		Action Committee of the Texas Hospital Association	۱ 		00015794	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	05/23/2025 Haas, Mark (Mr.)				\$4.00	
		6 Contributor address; City; State; Zip Code		1		
		Georgetown, TX 78633				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions			
	Staff Accoun	tant	Texas Hospital Insuranc	e E	Exchange	
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	05/13/2025	Hair, Donna (Ms.)				\$3.85
		Brownwood, TX 76804				
\vdash	Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> چ)		
	Director of M		Hendrick Medical Cente			
╞	Date	Full name of contributor Out-of-state PAC (ID#:)	Ι	Amount of Contribution (\$)	
	05/21/2025	Hair, Donna (Ms.)			Allount of Contribution (*)	\$3.85
	0012112020					Ψ0.00
		Contributor address; City; State; Zip Code				
		Brownwood, TX 76804				
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ו</u>		
	Director of M		Hendrick Medical Cente			
╘		-	Ficturior weatour come	-1 T		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	to 05
	05/13/2025	Harris, Erica (Ms.)				\$3.85
		Contributor address; City; State; Zip Code				
L		Abilene, TX 79601				
		pation / Job title (See Instructions)	Employer (See Instructions			
	Admissions I	Director	Hendrick Medical Cente	er		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	05/21/2025	Harris, Erica (Ms.)				\$3.85
		Contributor address; City; State; Zip Code		1		
		Abilene, TX 79601				
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Admissions I	Director	Hendrick Medical Cente	r		
\vdash						

The Instru	uction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 18/43 Rpt: 21/53
2 FILER NAME			3 Filer ID (Ethics Commission 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 (\$)
04/26/2025	—		\$83.00
	6 Contributor address; City; State; Zip Code		1
	Nashville, TN 37203		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	s)
Regional Vi	ce President / Behavioral Health	HCA Healthcare	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/23/2025	Hawkins, John (Mr.)		\$90.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78701		
	upation / Job title (See Instructions)	Employer (See Instructions	,
President / (CEO	Texas Hospital Associat	tion
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/08/2025	Haynes, Robert (Mr.)		\$500.00
	Contributor address; City; State; Zip Code		1
	Seguin, TX 78155		
-	upation / Job title (See Instructions)	Employer (See Instructions	,
Chief Execu	itive Officer	Guadalupe Regional Me	edical Ctr
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
05/13/2025	Head, Courtney (Ms.)		\$9.62
	Contributor address; City; State; Zip Code		1
D in single and	Abilene, TX 79601		
-	upation / Job title (See Instructions)	Employer (See Instructions Hendrick Medical Cente	
	ent of Human Resources		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/21/2025			\$9.62
	Contributor address; City; State; Zip Code		
	45000 TV 70601		
Dringingloog	Abilene, TX 79601		
-	upation / Job title (See Instructions)	Employer (See Instructions Hendrick Medical Cente	
VICE FIESIU	ent of Human Resources	Henunck Medical Cente	4[

The Instru	iction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 19/43 Rpt: 22/53
2 FILER NAME			3 Filer ID (Ethics Commission 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 (\$)
05/15/2025			\$100.00
	6 Contributor address; City; State; Zip Code		1
	Snyder, TX 79549		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	
Chief Execu	tive Officer	Cogdell Memorial Hospi	ital
Date	Full name of contributor out-of-state PAC (ID#:	<u>.</u>)	Amount of Contribution (\$)
05/13/2025	Henry, Elizabeth (Ms.)		\$4.81
	Contributor address; City; State; Zip Code		1
	Abilene, TX 79601	<u>.</u>	
•	upation / Job title (See Instructions)	Employer (See Instructions	,
Director Cas	se Management	Hendrick Medical Cente	۶r
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
05/21/2025	Henry, Elizabeth (Ms.)		\$4.81
	Contributor address; City; State; Zip Code		1
	Abilana TV 70601		
Dringingligge	Abilene, TX 79601		<u> </u>
-	upation / Job title (See Instructions) se Management	Employer (See Instructions Hendrick Medical Cente	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
05/23/2025	Hernandez, Janet (Ms.)		\$8.34
	Contributor address; City; State; Zip Code		
	Georgetown, TX 78633		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	
Accounting I		Texas Hospital Insurance	
	-		-
Date 05/13/2025	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$) \$3.85
0311312023			φ •
	Contributor address; City; State; Zip Code		
	Abilene, TX 79601		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
Director of S		Hendrick Medical Cente	
			<u> </u>

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 20/43 Rpt: 23/53	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
[Action Committee of the Texas Hospital Association	า	ľ	00015794	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	05/21/2025	Hess, Heather (Ms.)				\$3.85
		6 Contributor address; City; State; Zip Code		1		
		Abilene, TX 79601				
8		pation / Job title (See Instructions)	9 Employer (See Instructions			
	Director of S	urgery	Hendrick Medical Cente	r		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	05/19/2025	Holcomb, Holly (Ms.)				\$50.00
		Contributor address; City; State; Zip Code		1		
		Childress, TX 79201				
		pation / Job title (See Instructions)	Employer (See Instructions			
	Chief Execut	tive Officer	Childress Regional Med	lica	l Center	
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	05/07/2025	Holland, Brad (Mr.)				\$145.84
		Contributor address; City; State; Zip Code				
		Abilene, TX 79601				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	President / C	Chief Executive Officer	Hendrick Health			
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	05/23/2025	Holleman, Will (Mr.)				\$20.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78701				
		pation / Job title (See Instructions)	Employer (See Instructions			
	VP Advocac	y & Pub Policy	Texas Hospital Associat	tior	۱ 	
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	05/25/2025	Honea, Michael (Mr.)				\$41.00
		Contributor address; City; State; Zip Code		ł		
		Glen Rose, TX 76043				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Chief Execut	tive Officer	Glen Rose Medical Cen	ter		

The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 21/43 Rpt: 24/53	
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 (\$)	
05/13/2025					\$3.85
	6 Contributor address; City; State; Zip Code		1		
	Abilene, TX 79601				
	apation / Job title (See Instructions)	9 Employer (See Instructions)			
System Dire	ctor Benefits	Hendrick Medical Center	er		
Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
05/21/2025	Howard, Erica (Ms.)				\$3.85
l	Contributor address; City; State; Zip Code		1		
	Abilene, TX 79601				
	ipation / Job title (See Instructions)	Employer (See Instructions)			
System Dire	ctor Benefits	Hendrick Medical Center	er		
Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
05/21/2025	Hrncirik, Bobbye (Ms.)			\$83.00	
	Contributor address; City; State; Zip Code				
	Lubbock, TX 79415				
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions)	5)		
VP Supplem	iental Funding	University Medical Cente	er		
Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
05/23/2025	Huff, Alexander (Mr.)				\$2.00
	Contributor address; City; State; Zip Code	,	1		
	Austin, TX 78701		Ļ		
	ipation / Job title (See Instructions)	Employer (See Instructions)	5)		
VICE Preside	ent of Health IT Programs	THA Foundation	-		
Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
05/13/2025	Huffington, Mark (Mr.)				\$4.81
	Contributor address; City; State; Zip Code				
	Abilana TV 70601				
D in simple and	Abilene, TX 79601		Ĺ		
	Ipation / Job title (See Instructions)	Employer (See Instructions)			
System Assi	istant Vice President Analytics	Hendrick Medical Center	et.		

The	e Instru	ction Guide explains how to complete this f	^f orm.	1	Total pages Schedule A1: Sch: 22/43 Rpt: 25/53	
2 FILE	ER NAME			3	Filer ID (Ethics Commission	Filers)
		Action Committee of the Texas Hospital Association	n		00015794	
4 Date	е	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
05/2	05/21/2025 Huffington, Mark (Mr.)					\$4.81
		6 Contributor address; City; State; Zip Code		ĺ		
		Abilene, TX 79601				
8 Prin	icinal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u> וו		
		stant Vice President Analytics	Hendrick Medical Cente			
-				<u> </u>	Account of Contribution (¢)	
Date	e 13/2025	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$3.85
057.	13/2025	Hunnicutt, Craig (Mr.)				Φ3.00
		Contributor address; City; State; Zip Code				
		Abilene, TX 79601				
Prin	icipal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
Dire	ector Reg	ional Services	Hendrick Medical Cente	r		
Date	e	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
05/2	21/2025	Hunnicutt, Craig (Mr.)				\$3.85
		Contributor address; City; State; Zip Code				
		Abilene, TX 79601	1			
		pation / Job title (See Instructions)	Employer (See Instructions			
Dire	ector Reg	ional Services	Hendrick Medical Cente	r		
Date		Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
05/2	23/2025	Hyten, Kelly (Ms.)				\$20.84
		Contributor address; City; State; Zip Code				
Drin	in al accu	Austin, TX 78723		Ĺ		
		pation / Job title (See Instructions)	Employer (See Instructions Ascension Texas	5)		
	nager, Ac	-				
Date		Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	÷2.07
05/2	21/2025	Jackson, Olga (Ms.)				\$0.97
		Contributor address; City; State; Zip Code				
		Cuero, TX 77954				
Prin	icinal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ເ)		
	oport Serv		Cuero Regional Hospita			
· ·				-		

	The Instru	ction Guide explains how to complete this t	form.		Total pages Schedule A1: Sch: 23/43 Rpt: 26/53	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
		Action Committee of the Texas Hospital Associatio			00015794	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	05/23/2025	Jackson, Robin (Ms.)				\$4.00
		6 Contributor address; City; State; Zip Code		1		
		Austin, TX 78701				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Vice Preside	ent Service Center	Texas Hospital Associat	tion		
F	Date	Full name of contributor out-of-state PAC (ID#:_)	Τ	Amount of Contribution (\$)	
	04/30/2025	Jennings, Jason (Mr.)				\$25.00
		Contributor address; City; State; Zip Code				
	ļ					
	ļ	College Station, TX 77845				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	President		Baylor Scott & White Me	edic	al Center - College Station	
⊨	Date	Full name of contributor Out-of-state PAC (ID#:)	Т	Amount of Contribution (\$)	
	05/23/2025	Jones, Susan (Ms.)			······································	\$20.00
		Contributor address; City; State; Zip Code		·		·
		Austin, TX 78701				
┢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Member Aml	bassador	Texas Hospital Associat	ltion		
⊨	Date	Full name of contributor out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)	
	05/13/2025	Kelly, Tave (Ms.)				\$4.81
	00.20.2	Contributor address; City; State; Zip Code		·		÷ ···-
		Contributor address, City, State, Zip Code				
		Abilene, TX 79601				
\vdash	Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	AVP Revenu		Hendrick Medical Cente			
⊨	Date	Full name of contributor out-of-state PAC (ID#:		Τ	Amount of Contribution (\$)	
	05/21/2025	Kelly, Tave (Ms.)	/		Allount of Contribution (+)	\$4.81
	00,21,2020	Contributor address; City; State; Zip Code	!	·		¥
		Continution address, City, State, Zip Code				
	ļ	Abilene, TX 79601				
┝	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>الــــــ</u>		
	AVP Revenu		Hendrick Medical Cente			
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	The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 24/43 Rpt: 27/53
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 (\$)
	05/12/2025	Kimmel, Stephen (Mr.)		\$83.0
		6 Contributor address; City; State; Zip Code		
		Fort Worth, TX 76104		
8		pation / Job title (See Instructions)	9 Employer (See Instructions	3)
	Chief Financ	sial Officer	Cook Children's Medical	I Center
F	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	05/10/2025	Kirkman, Leni (Ms.)		\$41.0
		Contributor address; City; State; Zip Code		
		San Antonio, TX 78229		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
	Exec VP Co	rp Communications & Mktg	University Health	
F	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	05/14/2025	Korkmas, Ross (Mr.)		\$500.0
		Contributor address; City; State; Zip Code		
		Mineral Wells, TX 76067		
		pation / Job title (See Instructions)	Employer (See Instructions	
	Chief Execut	tive Officer	Palo Pinto General Hos	pital
F	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	05/23/2025	Kroll, Carrie (Ms.)		\$82.0
		Contributor address; City; State; Zip Code		
		Austin, TX 78701		
		upation / Job title (See Instructions)	Employer (See Instructions	
	Sr Vice Pres	sident Advocacy & Pub Policy	Texas Hospital Associat	tion
F	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	05/21/2025	Krupala, Judith (Ms.)		\$1.9
		Contributor address; City; State; Zip Code		
		Cuero, TX 77954		
		pation / Job title (See Instructions)	Employer (See Instructions	
	Chief Nursin	g Officer	Cuero Regional Hospita	d

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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 25/43 Rpt: 28/53	
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 (\$)	
	05/13/2025	Lafrance, Judith (Ms.)				\$12.50
		6 Contributor address; City; State; Zip Code				
		Abilene, TX 79606				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	HMCS Chief	Administrative Officer	Hendrick Medical Cente	r		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	05/21/2025	Lafrance, Judith (Ms.)				\$12.50
		Contributor address; City; State; Zip Code				
		Abilene, TX 79606				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	 ;)		
	HMCS Chief	Administrative Officer	Hendrick Medical Cente	r		
-	Date	Full name of contributor Out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	05/13/2025	Lee, Rachel (Ms.))		, and an e e e e e e e e e e e e e e e e e e	\$3.85
		Contributor address; City; State; Zip Code				
		Abilene, TX 79601				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	.		
	Dir Med Staf	f Srvcs & Physician Recruitment	Hendrick Medical Cente	r		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	05/21/2025	Lee, Rachel (Ms.)				\$3.85
		Contributor address; City; State; Zip Code				
		Abilene, TX 79601				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	Dir Med Staf	f Srvcs & Physician Recruitment	Hendrick Medical Cente	r		
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	05/23/2025	Lengal, Samantha (Ms.)				\$4.00
		Contributor address; City; State; Zip Code				
		Georgetown, TX 78633				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	Underwriting	Coordinator	Texas Hospital Insuranc	e I	Exchange	

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 26/43 Rpt: 29/53	
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 (\$)	
	05/23/2025	Liscano, Rosie (Ms.)			• •	\$2.00
	•	6 Contributor address; City; State; Zip Code				
		Georgetown, TX 78633				
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	ـــــــــــــــــــــــــــــــــــــ		
	•	ns Adj/Risk Mgmt Specialist	Texas Hospital Insuranc		Exchange	
⊨	Date	Full name of contributor Out-of-state PAC (ID#:	· · · · · · · · · · · · · · · · · · ·		Amount of Contribution (\$)	
	05/06/2025	Lovett, Dale (Mr.)	/			\$100.00
	03/00/2023					Φ100.00
		Contributor address; City; State; Zip Code				
		Olney, TX 76374				
\vdash	Princinal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>ר</u>		
	Board Chair		Olney Hamilton Hospital			
╞					t ···· - t Opertribution (Φ)	
	Date)		Amount of Contribution (\$)	ቀጋ ዐር
	05/13/2025					\$3.85
		Contributor address; City; State; Zip Code				
		Abilene, TX 79601				
\vdash	Dringing occ	upation / Job title (See Instructions)	Employer (See Instructions			
	Director Mar		Hendrick Medical Cente			
				ו ===		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	05/21/2025	Lowery, James (Mr.)				\$3.85
		Contributor address; City; State; Zip Code				
		Abilene, TX 79601	1			
		upation / Job title (See Instructions)	Employer (See Instructions	·		
	Director Mar	naged Care	Hendrick Medical Cente	r		
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	05/23/2025	Lozano, Deborah (Ms.)				\$20.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78701				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	;)		
	Staff Accour	ntant	Texas Hospital Associat	ior	۱	
\vdash						

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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 27/43 Rpt: 30/53	
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 (\$)	
	05/23/2025	Lusardi, Nicole (Ms.)				\$4.00
		6 Contributor address; City; State; Zip Code				
		Austin, TX 78701				
8	•	upation / Job title (See Instructions)	9 Employer (See Instructions)			
	Associate G	eneral Counsel	Texas Hospital Associat	ior		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	05/22/2025	Matens, Brett (Mr.)				\$83.33
		Contributor address; City; State; Zip Code				
		Austin, TX 78756				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	<u> </u>		
	Chief Execut		Heart Hospital of Austin)		
	Date				Amount of Contribution (\$)	
	05/14/2025	Full name of contributor out-of-state PAC (ID#: McCain, Rebecca (Ms.))		Amount of Contribution (\$)	\$41.67
	00/14/2020	Contributor address; City; State; Zip Code				Ψ+1.07
		Contributor address, City, State, Zip Code				
		Electra, TX 76360				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions))		
	Chief Execut	tive Officer	Electra Memorial Hospita	al		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	05/13/2025	McCollough, Kimberly (Ms.)				\$3.85
		Contributor address; City; State; Zip Code				
	Dringing oog	Abilene, TX 79606	Employer (See Instructions)	<u> </u>		
		upation / Job title (See Instructions) Progressive Care Services	Hendrick Medical Center			
				•		
	Date 05/21/2025	Full name of contributor out-of-state PAC (ID#: McCollough, Kimberly (Ms.))		Amount of Contribution (\$)	\$3.85
	05/21/2025					φ3.05
		Contributor address; City; State; Zip Code				
		Abilene, TX 79606				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))		
	Director of P	Progressive Care Services	Hendrick Medical Center	r		
4						

The Instruction				
1	Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 28/43 Rpt: 31/53	
2 FILER NAME			3 Filer ID (Ethics Commission	on Filers)
	n Committee of the Texas Hospital Association		00015794	- ,
	Il name of contributor Out-of-state PAC (ID#:		7 Amount of Contribution (\$)	
	Elrath, Pamela (Ms.)	/		\$4.00
	ntributor address; City; State; Zip Code			Ŧ ··· - ·
0.00	TILIDULUI duuress, City, State, Zip Coue			
Ab	ilene, TX 79601			
	/ Job title (See Instructions)	9 Employer (See Instructions))	
Registered Nurse		Hendrick Medical Center		
-	II name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	
	Elrath, Pamela (Ms.))		\$4.00
				ψ4.00
	ntributor address; City; State; Zip Code			
Ar	ilene, TX 79601			
	/ Job title (See Instructions)	Employer (See Instructions)	<u>\</u>	
Registered Nurse		Hendrick Medical Center	·	
-				
	Il name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	÷==2 00
05/15/2025 Mo	cWhorter, Rick (Mr.)			\$750.00
Co	ntributor address; City; State; Zip Code			
	lington, TX 76011			
Principal occupation /	(loh title (See Instructions)			
		Employer (See Instructions)		
EVP and Chief Fina		Texas Health Resources	3	
EVP and Chief Fina				
EVP and Chief Fina Date Ful	ancial Officer		3	\$2.00
EVP and Chief Fina Date Ful 05/23/2025 Me	ancial Officer		3	\$2.00
EVP and Chief Fina Date Ful 05/23/2025 Me	ancial Officer		3	\$2.00
EVP and Chief Fina Date Ful 05/23/2025 Me Co	ancial Officer		3	\$2.00
EVP and Chief Fina Date Ful 05/23/2025 Me Co Ge	ancial Officer	Texas Health Resources	S Amount of Contribution (\$)	\$2.00
EVP and Chief Fina Date Ful 05/23/2025 Me Co Ge Principal occupation /	ancial Officer	Texas Health Resources	S Amount of Contribution (\$)	\$2.00
EVP and Chief Fina Date Ful 05/23/2025 Me Co Ge Principal occupation /	ancial Officer	Texas Health Resources	S Amount of Contribution (\$)	\$2.00
EVP and Chief Fina Date Ful 05/23/2025 Me Co Co Principal occupation / THIE Vice Presider	ancial Officer	Texas Health Resources	S Amount of Contribution (\$)	\$2.00
EVP and Chief Fina Date Ful 05/23/2025 Me Co Co Principal occupation / THIE Vice Presider Date Ful	ancial Officer II name of contributor out-of-state PAC (ID#:_ errell, Angie (Ms.) Intributor address; City; State; Zip Code eorgetown, TX 78633 / Job title (See Instructions) Int of Risk Management	Texas Health Resources	Amount of Contribution (\$) Action (\$) Exchange	\$2.00
EVP and Chief Fina Date Ful 05/23/2025 Me Co Co Principal occupation / THIE Vice Presider Date Ful 04/28/2025 Mi	ancial Officer	Texas Health Resources	Amount of Contribution (\$) Action (\$) Exchange	
EVP and Chief Fina Date Ful 05/23/2025 Me Co Co Principal occupation / THIE Vice Presider Date Ful 04/28/2025 Mi	ancial Officer	Texas Health Resources	Amount of Contribution (\$) Action (\$) Exchange	
EVP and Chief Fina Date Ful 05/23/2025 Me Co Co Principal occupation / THIE Vice Presider Date Ful 04/28/2025 Mi	ancial Officer	Texas Health Resources	Amount of Contribution (\$) Action (\$) Exchange	
EVP and Chief Fina Date Ful 05/23/2025 Me Co Principal occupation / THIE Vice Presider Date Ful 04/28/2025 Mi Co	ancial Officer	Texas Health Resources	Amount of Contribution (\$) Action (\$) Exchange	
EVP and Chief Fina Date Ful 05/23/2025 Me Co Principal occupation / THIE Vice Presider Date Ful 04/28/2025 Mi Co	ancial Officer	Texas Health Resources	Amount of Contribution (\$) Amount of Contribution (\$) e Exchange Amount of Contribution (\$)	

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 29/43 Rpt: 32/53	
2	FILER NAME			3	Filer ID (Ethics Commission	ו Filers)
	The Political	Action Committee of the Texas Hospital Association	n		00015794	
4		5 Full name of contributor out-of-state PAC (ID#:_		7	Amount of Contribution (\$)	
	05/01/2025	Mitchell, Kenneth (Dr.)	/	ľ	,	\$41.00
	00,01,111	6 Contributor address; City; State; Zip Code		•		¥.=
	I	Continuation address, City, State, Zip Code				
	I					
	I	Austin, TX 78701				
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	<u>ا</u>		
		Medical Officer	St. David's HealthCare	''		
╞				—	Array of Contribution (f)	
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	* 250.00
	05/17/2025	Morin, Richard (Mr.)				\$250.00
	I	Contributor address; City; State; Zip Code				
	I					
	I					
		Alice, TX 78332	1			
		upation / Job title (See Instructions)	Employer (See Instructions			
	President CH	HRISTUS Spohn Hospital - Alice/Beeville/Kleberg	CHRISTUS Spohn Hosp	pita	ال Alice	
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	05/23/2025	Mundfrom, Jessie (Ms.)				\$2.00
	I	Contributor address; City; State; Zip Code		1		
	I					
	I					
	I	Austin, TX 78701				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	;)		
	Manager of `	Virtual Education	THA Foundation			
⊨	Date	Full name of contributor Out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	05/13/2025	Murphy, Patrick (Mr.)			,	\$3.85
	00.20.20.20	Contributor address; City; State; Zip Code		ł		*
	I	Continuation address, City, State, Zip Code				
	I					
	I	Abilene, TX 79601				
\vdash	Princinal occu	upation / Job title (See Instructions)	Employer (See Instructions	لــــــــــــــــــــــــــــــــــــ		
	Healthcare F		Hendrick Medical Cente			
╞				—		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	* 2 05
	05/21/2025	Murphy, Patrick (Mr.)				\$3.85
	I	Contributor address; City; State; Zip Code				
	I					
	I					
		Abilene, TX 79601				
		upation / Job title (See Instructions)	Employer (See Instructions			_
	Healthcare F	Professional	Hendrick Medical Cente	r		

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 30/43 Rpt: 33/53	
2 FILER NAME			3 Filer ID (Ethics Commission Fi	ilers)
	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 (\$)	
05/23/2025	Neiger, David (Mr.)		.,	\$82.00
	6 Contributor address; City; State; Zip Code			
	Austin, TX 78701			
8 Principal occup	pation / Job title (See Instructions)	9 Employer (See Instructions	;)	
Sr Vice Presi	ident / Chief Financial Officer	Texas Hospital Associat	ion	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/23/2025	O'Neil, Jennifer (Ms.)			\$10.00
	Contributor address; City; State; Zip Code			
	I			
	I			
	Austin, TX 78701			
	pation / Job title (See Instructions)	Employer (See Instructions		
Executive Ad	dministrative Manager	Texas Hospital Associat	ion	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
05/23/2025	Pargac, Ann (Ms.)			\$2.00
	Contributor address; City; State; Zip Code			
	l			
	Austin, TX 78701			
	pation / Job title (See Instructions)	Employer (See Instructions	;)	
Sr Director of	<i>i</i> Education	THA Foundation		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/01/2025	Parisi, James (Mr.)			\$41.67
	Contributor address; City; State; Zip Code			
	I			
	The Woodlands, TX 77384		、	
Principal occup Chief Executi	pation / Job title (See Instructions)	Employer (See Instructions		
		CHI St Lukes Health - T		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/20/2025	Peterson, Mary (Dr.)		\$	\$100.00
	Contributor address; City; State; Zip Code			
	Orania Obviati TV 70411			
Duite sized ecour	Corpus Christi, TX 78411		、	
	pation / Job title (See Instructions)	Employer (See Instructions		
EVP & Uller	Operating Officer	Driscoll Children's Hosp	lläi	

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 31/43 Rpt: 34/53	
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 (\$)	
05/23/2025	Porter, Lea Anne (Ms.)			\$2.00
	6 Contributor address; City; State; Zip Code			
	Austin, TX 78701			
	pation / Job title (See Instructions)	9 Employer (See Instructions		
VP Retireme	nt Plans	Texas Hospital Associat	tion Retirement Plan	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/14/2025	Qualls, Rustin (Mr.)			\$20.50
	Contributor address; City; State; Zip Code		1	
	Clifton, TX 76634	I		
	pation / 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 (\$)	
05/23/2025	Ramirez, Erika (Ms.)			\$2.00
	Contributor address; City; State; Zip Code]	
	Austin, TX 78701			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	3)	
Senior Direct	tor Health Policy	Texas Hospital Associat	tion	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/23/2025	Ramirez, Lisa (Ms.)			\$4.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78701			
	pation / Job title (See Instructions)	Employer (See Instructions	,	
Specialist		Texas Hospital Associat	tion	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/15/2025	Richburg, Melanie (Dr.)			\$125.00
	Contributor address; City; State; Zip Code		1	
	Tahoka, TX 79373			
	pation / Job title (See Instructions)	Employer (See Instructions		
Chief Execut	ive Officer	Lynn County Hospital D	istrict	

The Instruction Guide explains how to complete this form. 1 Total pages Shoulde A1: Sch: 32/43 Rpt: 35/53 2 FLER NAME The Pollical Action Committee of the Texas Hospital Association 3 Flint III: D (Ethica Commission Filers) 00015794 4 Date 05/13/2025 5 Full name of contributor 0 ac-d-state PAC (DP: Nichert, Ron (Mr.) 7 Amount of Contribution (\$) 8 Principal accupation / Job tife (See Instructions) Director of the Health Club 9 Employer (See Instructions) Hendrick Medical Center Date 05/21/2025 Full name of contributor (Mr.) 0 ac-d-state PAC (DP: Abilene, TX 79601 Amount of Contribution (\$) \$3.85 Principal accupation / Job tife (See Instructions) Director of the Health Club 9 Employer (See Instructions) Hendrick Medical Center Date 05/21/2025 Full name of contributor Abilene, TX 79601 Employer (See Instructions) Hendrick Medical Center Date 05/10/2025 Full name of contributor Contributor address; City: State: Zip Code Bay City, TX 77414 Amount of Contribution (\$) \$42.00 Date 05/13/2025 Full name of contributor Contributor address; City: State: Zip Code Abilene, TX 79601 Employer (See Instructions) Hendrick Medical Center Date 05/13/2025 Full name of contributor Contributor address; City: State: Zip Code Abilene, TX 79601 Employer (See Instructions) Hendrick Medical Center Date 05/13/2025 Full name of contributor Robinson, Tracee (Ms.) Contributor address; City: State:						/
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6 Contributor address; City; State; Zip Code Abilene, TX 79601 Perployer (See Instructions) Director of the Health Club Dote/state PAC (ID#) Dote Full name of contributor Dote/state PAC (ID#) O5/21/2025 Richert, Ron (Mr.) Contributor address; City; State; Zip Code Abilene, TX 79601 Employer (See Instructions) Hendrick Medical Center Principal occupation / Job tite (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Director of the Health Club Hendrick Medical Center Amount of Contribution (\$) \$42.00 Director of the Health Club Date of contributor address; City; State; Zip Code Amount of Contribution (\$) \$42.00 OS/10/2025 Full name of contributor Dox of-state PAC (ID#	4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
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Abilene, TX 79601 Principal occupation / Job title (See Instructions) Employer (See Instructions)	05/21/2025	Robinson, Tracee (Ms.)				\$3.85
Principal occupation / Job title (See Instructions) Employer (See Instructions)		Contributor address; City; State; Zip Code		1		
Principal occupation / Job title (See Instructions) Employer (See Instructions)						
Principal occupation / Job title (See Instructions) Employer (See Instructions)						
				Ļ		
Director of Quality Hendrick Medical Center						
	Director of Q	uality	Hendrick Medical Cente	r		

	The Instru	ction Guide explains how to complete this t	form.	1	Total pages Schedule A1: Sch: 33/43 Rpt: 36/53	
2	FILER NAME			3	Filer ID (Ethics Commission	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 (\$)	
	05/07/2025	Rodriguez, Micah (Mr.)				\$29.17
		6 Contributor address; City; State; Zip Code		1		
		Houston, TX 77266				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Vice Preside	ent Public Policy & Government Relations	Harris Health System			
F	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	05/23/2025	Safarik, Paulina (Ms.)				\$2.00
	-	Contributor address; City; State; Zip Code		ł		
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>.</u> 5)		
	Senior Direc	tor of Human Resources	Texas Hospital Associat	tior	۱	
F	Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	05/13/2025	Schmidt, Timothy (Mr.)				\$3.85
		Contributor address; City; State; Zip Code		1		
		Abilene, TX 79601				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Dir Property	/ Facility Management	Hendrick Medical Cente	۶r		
╞	Date	Full name of contributor out-of-state PAC (ID#:		Γ	Amount of Contribution (\$)	
	05/21/2025	Schmidt, Timothy (Mr.)				\$3.85
	-	Contributor address; City; State; Zip Code		ł		
		Abilene, TX 79601				
\vdash	Principal occu	I Ipation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
		/ Facility Management	Hendrick Medical Cente			
⊨	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	04/28/2025	Scoggin, James (Mr.)			· · · · · · · · · · · · · · · · · · ·	\$1,750.00
		Contributor address; City; State; Zip Code		ł		• •
		Dallas, TX 75265				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>.</u> 5)		
	Chief Execut	tive Officer	Methodist Health System	m		
			1			

	The Instru	ction Guide explains how to complete th	his fo	orm.	1	Total pages Schedule A1: Sch: 34/43 Rpt: 37/53	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
		Action Committee of the Texas Hospital Associ	ciation	1		00015794	
4	Date	5 Full name of contributor out-of-state PAC			7	Amount of Contribution (\$)	
	05/23/2025	Shea, Patrick (Mr.)	(101	/	ľ.		\$2.00
	00,20,2020					Ψ2.00	
		6 Contributor address; City; State; Zip Code					
		Georgetown, TX 78633					
8	Principal occu	upation / Job title (See Instructions)		9 Employer (See Instructions	<u> </u> ;)		
		ement Coordinator		Texas Hospital Insurance	·	Exchange	
╞	Date	Full name of contributor Out-of-state PAC	(10#-	·	Γ		
	Dale 05/23/2025	Sipes, Michael (Mr.)	(ID#:)		Amount of Contribution (\$)	\$2.00
	0312312023						Φ2.00
		Contributor address; City; State; Zip Code					
		Austin, TX 78701					
┝	Principal occu	ipation / Job title (See Instructions)	<u> </u>	Employer (See Instructions	<u> </u> •)		
		es Specialist		Texas Hospital Associat		n	
┝		· · · · · · · · · · · · · · · · · · ·	<u> </u>		по. Т		
	Date	—	(ID#:)		Amount of Contribution (\$)	¢1.00
	05/23/2025						\$1.00
		Contributor address; City; State; Zip Code					
		Austin, TX 78701					
\vdash	Drincinal occu	ipation / Job title (See Instructions)	<u> </u>	Employer (See Instructions	<u> </u>		
		a & Technology		THA Foundation	2)		
╞					T		
	Date	Full name of contributor out-of-state PAC	(ID#:)		Amount of Contribution (\$)	* 50.00
	04/29/2025	Smith, Kathrine (Ms.)					\$50.00
		Contributor address; City; State; Zip Code					
\vdash	Driveland enou	Olney, TX 76374	<u> </u>	Englisher (Cas Instructions	ŕ		
		Ipation / Job title (See Instructions)		Employer (See Instructions			
	Board Memb			Olney Hamilton Hospita	.I		
	Date	Full name of contributor out-of-state PAC	(ID#:)		Amount of Contribution (\$)	
	05/13/2025	Speckels, Donna (Ms.)					\$3.85
		Contributor address; City; State; Zip Code]		
L		Abilene, TX 79601	r				
		Ipation / Job title (See Instructions)		Employer (See Instructions			
	Director Hen	ndrick HouseCalls		Hendrick Medical Cente	er		

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 35/43 Rpt: 38/53	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
	The Political	Action Committee of the Texas Hospital Association	ı		00015794	
4		5 Full name of contributor out-of-state PAC (ID#:_		7	Amount of Contribution (\$)	
	05/21/2025	Speckels, Donna (Ms.)	······································			\$3.85
	••••	6 Contributor address; City; State; Zip Code				T C C C
		Abilene, TX 79601				
8	Principal occu		9 Employer (See Instructions	<u> </u> 5)		
		drick HouseCalls	Hendrick Medical Cente			
╞	Date	Full name of contributor out-of-state PAC (ID#:)	Ι	Amount of Contribution (\$)	
	05/23/2025	Srubar, Linda (Mrs.)				\$3.00
	00/20/2020	Contributor address; City; State; Zip Code				Ψ0.00
		Continuator address, City, State, Zip Code				
		Georgetown, TX 78633				
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
	Executive As		Texas Hospital Associat		ı	
╞	Date	Full name of contributor Out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	05/13/2025	Stafford, Steven (Mr.)	/			\$3.85
	00/10/2020	Contributor address; City; State; Zip Code				40100
		Continuator address, City, State, Zip Code				
		Abilene, TX 79601				
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Director Hen	drick Clinic	Hendrick Medical Cente	r		
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	05/21/2025	Stafford, Steven (Mr.)				\$3.85
	00.12.2.2.	Contributor address; City; State; Zip Code				*
		Abilene, TX 79601				
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Director Hen	drick Clinic	Hendrick Medical Cente	r		
F	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	05/13/2025	Stephenson, David (Mr.)				\$9.62
		Contributor address; City; State; Zip Code				
		Abilene, TX 79601				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Executive		Hendrick Medical Cente	r		
\vdash						

	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 36/43 Rpt: 39/53	
2	FILER NAME			3	Filer ID (Ethics Commissio	on 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 (\$)	
	05/21/2025	Stephenson, David (Mr.)				\$9.62
		6 Contributor address; City; State; Zip Code		1		
		Abilene, TX 79601				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions			
	Executive		Hendrick Medical Cente	er		
F	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	05/14/2025	Tejeda, Nicholas (Mr.)				\$1,000.00
		Contributor address; City; State; Zip Code		1		
		El Paso, TX 79902				
	•	pation / Job title (See Instructions)	Employer (See Instructions			
	Group Presid	dent - Western Group	The Hospitals of Provide	enc	e	
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	05/23/2025	Thomas, Wendy (Ms.)				\$10.00
		Contributor address; City; State; Zip Code		1		
		Austin TV 70701				
\vdash	Dringing ogg	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instruction)			
	•	cy / Pub Policy / HOSPAC	Employer (See Instructions Texas Hospital Associat		ı	
╞	_			T		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	¢750.00
	05/14/2025	Thomason, Joe (Mr.)				\$750.00
		Contributor address; City; State; Zip Code				
		Plano, TX 75024				
┝	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ج)		
	SVP Hospita		Community Hospital Co		pration	
╞	Date			T	Amount of Contribution (\$)	
	05/21/2025	Full name of contributor out-of-state PAC (ID#: Tiffin, Laura (Ms.)	/			\$1.00
	0012112020	Contributor address; City; State; Zip Code		-		Ψ1.00
		Continution address, City, State, Zip Code				
		Cuero, TX 77954				
\vdash	Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions	<u>і</u> s)		
		fice Manager	Cuero Regional Hospita			
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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 (\$) 05/23/2025 6 Contributor address; City; State; Zip Code 7 Amount of Contribution (\$) \$ 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Amount of Contribution (\$) 05/23/2025 Full name of contributor out-of-state PAC (ID#:	The Instance				
The Political Action Committee of the Texas Hospital Association 00015794 4 Date 5 Full name of contributor out-of-state PAC (DM:	The Instruc	tion 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#:	2 FILER NAME			3 Filer ID (Ethics Commission Fil	ers)
05/23/2025 Trevino, Judy (Ms.)	The Political	Action Committee of the Texas Hospital Association			-
05/23/2025 Trevino, Judy (Ms.)	Jate	5 Full name of contributor out-of-state PAC (ID#:_) 7	7 Amount of Contribution (\$)	
6 Contributor address; City, State; Zip Code Austin, TX 78701 9 B Principal occupation / Job title (See Instructions) Vice President Finance 9 Date Full name of contributor out-of-state PAC (D#) Torut, Judith (Ms.) Amount of Contribution (\$) 05/23/2025 Trout, Judith (Ms.) Contributor address; City, State; Zip Code Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Healthcare Data Analyst Employer (See Instructions) THA Foundation Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#) Amount of Contribution (\$) 05/13/2025 Full name of contributor out-of-state PAC (ID#) Amount of Contribution (\$) 05/13/2025 Full name of contributor out-of-state PAC (ID#) Amount of Contribution (\$) 05/13/2025 Full name of contributor out-of-state PAC (ID#) Amount of Contribution (\$) 05/21/2025 Full name of contributor out-of-state PAC (ID#) Amount of Contribution (\$) 05/21/2025 Full name of contributor out-of-state PAC (ID#) Amount of Contribution (\$) 05/21/2025 Full name of contributor out-of-state PAC (ID#) <td></td> <td></td> <td></td> <td></td> <td>\$4.00</td>					\$4.00
Austin, TX 78701 Principal occupation / Job title (See Instructions) Vice President Finance P Employer (See Instructions) Texas Hospital Association Date Full name of contributor out-of-state PAC (ID#:					
8 Principal occupation / Job title (See Instructions) Vice President Finance 9 Employer (See Instructions) Texas Hospital Association Date 05/23/2025 Full name of contributor out-of-state PAC (ID#:) Contributor address; City; State; Zip Code Amount of Contribution (\$) Date 05/23/2025 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 05/23/2025 Trout, Judith (Ms.) Employer (See Instructions) Texas Hospital Association \$ Principal occupation / Job title (See Instructions) Healthcare Data Analyst Employer (See Instructions) THA Foundation Amount of Contribution (\$) Date 05/13/2025 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$ 05/13/2025 Tucek, Karen (Ms.) Employer (See Instructions) Tochributor address; City; State; Zip Code Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Director, Hospice Employer (See Instructions) Hendrick Medical Center Amount of Contribution (\$) 05/21/2025 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$ 05/21/2025 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$ 05/21/2025 Full name of contributor Amount					
B Principal occupation / Job title (See Instructions) Vice President Finance 9 Employer (See Instructions) Texas Hospital Association Date Full name of contributor out-of-state PAC (ID#:					
Vice President Finance Texas Hospital Association Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 05/23/2025 Trout, Judith (Ms.)		Austin, TX 78701			
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 05/23/2025 Trout, Judith (Ms.) \$ Contributor address; City; State; Zip Code Austin, TX 78701 \$ Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Healthcare Data Analyst Tucek, Karen (Ms.) Amount of Contribution (\$) \$ 05/13/2025 Tucek, Karen (Ms.) Amount of Contribution (\$) \$ 05/13/2025 Tucek, Karen (Ms.) Employer (See Instructions) \$ Principal occupation / Job title (See Instructions) Employer (See Instructions) \$ Date Abilene, TX 79601 Employer (See Instructions) \$ Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$ 05/21/2025 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$ 05/21/2025 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$ 05/21/2025 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$	Principal occur	pation / Job title (See Instructions)			
05/23/2025 Trout, Judith (Ms.) \$ Contributor address; City; State; Zip Code Austin, TX 78701 Principal occupation / Job title (See Instructions) Employer (See Instructions) Healthcare Data Analyst THA Foundation Date Full name of contributor out-of-state PAC (ID#:	Vice Presider	nt Finance	Texas Hospital Associatio	on	
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Principal occupation / Job title (See Instructions) Healthcare Data Analyst Employer (See Instructions) THA Foundation Date Full name of contributor out-of-state PAC (ID#:) 05/13/2025 Tucek, Karen (Ms.) Amount of Contribution (\$) °Contributor address; City; State; Zip Code Abilene, TX 79601 Employer (See Instructions) Director, Hospice Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) Director, Hospice Employer (See Instructions) Director, Hospice Employer (See Instructions) Hendrick Medical Center Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 05/21/2025 Tucek, Karen (Ms.) Employer (See Instructions) Hendrick Medical Center \$ Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$ 05/21/2025 Tucek, Karen (Ms.) Contributor address; City; State; Zip Code Abilene, TX 79601 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) \$					
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Contributor address; City; State; Zip Code Abilene, TX 79601 Principal occupation / Job title (See Instructions) Director, Hospice Date Full name of contributor 05/21/2025 Tucek, Karen (Ms.) Contributor address; City; State; Zip Code Abilene, TX 79601 Principal occupation / Job title (See Instructions) Employer (See Instructions) Mount of Contribution (\$) 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 (\$)	
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Principal occupation / Job title (See Instructions) Employer (See Instructions) Director, Hospice Hendrick Medical Center Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 05/21/2025 Tucek, Karen (Ms.) Contributor address; City; State; Zip Code Abilene, TX 79601 Employer (See Instructions) Employer (See Instructions)					
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Contributor address; City; State; Zip Code Abilene, TX 79601 Principal occupation / Job title (See Instructions) Employer (See Instructions))	Amount of Contribution (\$)	
Abilene, TX 79601 Principal occupation / Job title (See Instructions) Employer (See Instructions)	05/21/2025				\$3.85
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)					
		Ahilene TX 79601			
Director, Hospice Hendrick Medical Center	Principal occur		Employer (See Instructions)		
		pation / Job title (See Instructions)			
	Director, Hos	pation / Job title (See Instructions) pice	Employer (See Instructions) Hendrick Medical Center		
	Director, Hos Date	pation / Job title (See Instructions) pice Full name of contributor out-of-state PAC (ID#:_		Amount of Contribution (\$)	\$2.00
Contributor address; City; State; Zip Code	Director, Hos	pation / Job title (See Instructions) spice Full name of contributor out-of-state PAC (ID#:_ Turner, Matt (Mr.)			\$2.00
	Director, Hos Date	pation / Job title (See Instructions) pice Full name of contributor out-of-state PAC (ID#:_			\$2.00
Austin. TX 78701	Director, Hos Date	pation / Job title (See Instructions) spice Full name of contributor out-of-state PAC (ID#:_ Turner, Matt (Mr.)			\$2.00
	Director, Hos Date	pation / Job title (See Instructions) spice Full name of contributor out-of-state PAC (ID#:_ Turner, Matt (Mr.) Contributor address; City; State; Zip Code			\$2.00
Senior Director Quality & Payment Texas Hospital Association	Director, Hos Date 05/23/2025	Expice Full name of contributor out-of-state PAC (ID#:_ Turner, Matt (Mr.) Contributor address; City; State; Zip Code Austin, TX 78701	Hendrick Medical Center	Amount of Contribution (\$)	\$2.00
	Director, Hos Date 05/23/2025 Principal occup	pation / Job title (See Instructions) spice Full name of contributor out-of-state PAC (ID#:_ Turner, Matt (Mr.) Contributor address; City; State; Zip Code Austin, TX 78701 pation / Job title (See Instructions)	Hendrick Medical Center	Amount of Contribution (\$)	\$2.00

The Instruction Guide explains how to complete this form.	1	Total pages Schedule A1: Sch: 38/43 Rpt: 41/53	
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 (\$)	
05/13/2025 Vidrine, Amanda (Ms.)			\$3.85
6 Contributor address; City; State; Zip Code			
Abilene, TX 79601			
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	,		
Quality & Regulatory Manager Hendrick Medica	al Center		
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/21/2025 Vidrine, Amanda (Ms.)			\$3.85
Contributor address; City; State; Zip Code			
Abilene, TX 79601			
Principal occupation / Job title (See Instructions) Employer (See Ins			
Quality & Regulatory Manager Hendrick Medica	al Center		
Date Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	
05/13/2025 Wade, Susan (Ms.)			\$15.00
Contributor address; City; State; Zip Code			
Abilene, TX 79601			
Principal occupation / Job title (See Instructions)Employer (See InsAbilene Market COOHendrick Medica			
Date Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	
05/21/2025 Wade, Susan (Ms.)			\$15.00
Contributor address; City; State; Zip Code			
Abilene, TX 79601			
Principal occupation / Job title (See Instructions) Employer (See Instructions) Abilene Market COO Hendrick Medica			
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	÷0.05
05/13/2025 Wagner, Angela (Ms.)			\$3.85
Contributor address; City; State; Zip Code			
Abilene, TX 79601			
Principal occupation / Job title (See Instructions) Employer (See Ins			

The Instru	ction Guide explains how to complete this f	form.	1	Total pages Schedule A1: Sch: 39/43 Rpt: 42/53	
2 FILER NAME			3	Filer ID (Ethics Commission	n Filers)
The Political	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 (\$)	
05/21/2025	Wagner, Angela (Ms.)			• •	\$3.85
	6 Contributor address; City; State; Zip Code	,			
	Abilene, TX 79601				
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	<u>لــــــــــــــــــــــــــــــــــــ</u>		
Healthcare F		Hendrick Medical Cente			
Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u>	—	Amount of Contribution (\$)	
05/12/2025	Walker, Jeremy (Mr.)	/			\$83.34
00/12/2020			-		ΨΟΟ.Ο-
	Contributor address; City; State; Zip Code				
	Abilene, TX 79601				
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u>		
•	& Chief Financial Officer	Hendrick Health	''		
			—	Amount of Contribution (\$)	
Date 05/13/2025)		Amount of Contribution (\$)	\$9.62
03/13/2023	Wallschlaeger, Erich (Mr.)				Φ9.0Z
	Contributor address; City; State; Zip Code				
	Brownwood, TX 76804				
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>ال</u>		
Chief Financ		Hendrick Medical Cente			
			—		
Date	Full name of contributor out-of-state PAC (ID#:))		Amount of Contribution (\$)	* 0.00
05/21/2025	Wallschlaeger, Erich (Mr.)				\$9.62
	Contributor address; City; State; Zip Code				
	Brownwood, TX 76804		Ĺ		
	upation / Job title (See Instructions)	Employer (See Instructions			
Chief Financ	;ial Officer	Hendrick Medical Cente	:r		<u> </u>
Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
05/13/2025	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	s)		
Director of N	Medsurg / Tele	Hendrick Medical Cente	ŧ٢		

The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 40/43 Rpt: 43/53	
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 (\$)	
05/21/2025	Walzer, Cheryl (Ms.)				\$3.85
	6 Contributor address; City; State; Zip Code		1		
	Abilene, TX 79601	 			
	Ipation / Job title (See Instructions)	9 Employer (See Instructions			
Director of iv	Aedsurg / Tele	Hendrick Medical Cente	er		
Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
05/20/2025	Warner, Freddy (Mr.)				\$145.50
	Contributor address; City; State; Zip Code				
	Houston, TX 77024				
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ג)		
	nment Relations Officer	Memorial Hermann Hea		Svstem	
Date	Full name of contributor out-of-state PAC (ID#:_		Γ	Amount of Contribution (\$)	
05/13/2025	Waters, Amber (Ms.)	/			\$3.85
	Contributor address; City; State; Zip Code		\mathbf{I}		
	Abilene, TX 79601				
	ipation / Job title (See Instructions)	Employer (See Instructions			
Director of A	dmissions	Hendrick Medical Cente	er		
Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
05/21/2025	Waters, Amber (Ms.)				\$3.85
	Contributor address; City; State; Zip Code		1		
	Abilene, TX 79601				
Princinal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
Director of A		Hendrick Medical Cente			
			<u>,</u> T	Amount of Contribution (\$)	
Date 04/30/2025	Full name of contributor out-of-state PAC (ID#: Webb, Tammy (Ms.))		Amount of Contribution (\$)	\$250.00
07/00/2020	Contributor address; City; State; Zip Code		$\left \right $		Ψ200.00
	Continuuti address, City, State, Zip Code				
	Dallas, TX 75235				
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
Executive VI	P / Chief Nursing Officer	Children's Health			

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 41/43 Rpt: 44/53	
Ļ				Ļ	-	- '')
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
Ļ		Action Committee of the Texas Hospital Association			00015794	
4	Date	5 Full name of contributor out-of-state PAC (ID#:))	7	Amount of Contribution (\$)	÷2.00
	05/23/2025	Werner, Theo (Mr.)				\$2.00
		6 Contributor address; City; State; Zip Code				
		Austin, TX 78701				
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Advocacy / M	Multimedia Writer	Texas Hospital Associat	tior	1	
⊨	Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	04/27/2025	Westerman, Mandy (Ms.)				\$1,000.00
		Contributor address; City; State; Zip Code		1		
		Kingwood, TX 77339				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	Divisional Vi	ice President	Universal Health Service	es	Inc	
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	05/13/2025	Wharton, Elisha (Ms.)				\$3.85
		Contributor address; City; State; Zip Code		1		
		Abilene, TX 79601				
		upation / Job title (See Instructions)	Employer (See Instructions			
	Sr Practice N	vlanager	Hendrick Medical Cente	er		
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	05/21/2025	Wharton, Elisha (Ms.)				\$3.85
		Contributor address; City; State; Zip Code		1		
		Abilene, TX 79601	1			
		ipation / Job title (See Instructions)	Employer (See Instructions			
	Sr Practice N	Manager	Hendrick Medical Cente	er		
	Date	Full name of contributor out-of-state PAC (ID#:)	T	Amount of Contribution (\$)	
	05/23/2025	Williams, Ben (Mr.)				\$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	tior	1	

The Ins	struction Guide explains how to complete this t	form.	1 Total pages Schedule A1: Sch: 42/43 Rpt: 45/53
2 FILER N	AME		3 Filer ID (Ethics Commission Filers)
	tical Action Committee of the Texas Hospital Associatio	on	00015794
4 Date	5 Full name of contributor Out-of-state PAC (ID#:		7 Amount of Contribution (\$)
05/23/20			\$20.
	6 Contributor address; City; State; Zip Code		•
	Austin, TX 78701		
	occupation / Job title (See Instructions)	9 Employer (See Instructions	
Chief Co	ommunications Officer	Texas Hospital Associat	tion
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/23/20			\$2.
	Contributor address; City; State; Zip Code		1
	Auctio TV 70701		
Principal	Austin, TX 78701 occupation / Job title (See Instructions)	Employer (See Instructions	~\
-	ship Manager Business Services	THA Foundation	3)
			Amount of Contribution (¢)
Date 04/26/20	Full name of contributor Out-of-state PAC (ID#:_ 025 Willmann, Adam (Mr.))	Amount of Contribution (\$) \$62.
0412012	Contributor address; City; State; Zip Code		ψυ <u>ν</u> .
	CUNTINUTUR duress, City, State, Zip Coue		
	Clifton, TX 76634		
Principal	occupation / Job title (See Instructions)	Employer (See Instructions	\$)
Preside	nt / CEO	Goodall-Witcher Healtho	care
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/14/20	025 Wilson, Stacy (Ms.)		\$1,500.
	Contributor address; City; State; Zip Code		
Dringing	Austin, TX 78701	Employer (Coo Instructions	
Principal	occupation / Job title (See Instructions)	Employer (See Instructions Children's Hospital Asso	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/23/20			\$41.
	Contributor address; City; State; Zip Code		
	Austin, TX 78701		
Principal	occupation / Job title (See Instructions)	Employer (See Instructions	<u> </u> \$)
	Counsel	Texas Hospital Associat	

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 43/43 Rpt: 46/53	
				ilors)
	Action Committee of the Texas Hospital Association	1	00015794	-liers)
Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
05/13/2025	Wood, Adam (Mr.)			\$4.81
	Abilene, TX 79601			
Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)	
System Assi	stant Vice President Supply Chain	Hendrick Medical Cente	r	
Date	Full name of contributor)	Amount of Contribution (\$)	
				\$4.81
05/21/2025				⊅ 4.01
	Contributor address; City; State; Zip Code Abilene, TX 79601			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)	
System Assi	stant Vice President Supply Chain	Hendrick Medical Cente	r	
Date	Full name of contributor)	Amount of Contribution (\$)	
)		¢500.00
05/01/2025				\$500.00
Principal occu	Decatur, TX 76234 pation / Job title (See Instructions)	Employer (See Instructions	s)	
Chief Execu	tive Officer	Medical City Decatur - A	A Campus of Medical City Dento	n
Date	Full name of contributor)	Amount of Contribution (\$)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	¢100.00
Date 05/15/2025	Zamora, Raul (Mr.))		\$100.00
)		\$100.00
05/15/2025	Zamora, Raul (Mr.) Contributor address; City; State; Zip Code Uvalde, TX 78801			\$100.00
05/15/2025	Zamora, Raul (Mr.) Contributor address; City; State; Zip Code	Employer (See Instructions	;)	\$100.00
05/15/2025	Zamora, Raul (Mr.) Contributor address; City; State; Zip Code Uvalde, TX 78801 pation / Job title (See Instructions)		;)	\$100.00
	Date 05/13/2025 Principal occu System Assi Date 05/21/2025 Principal occu System Assi Date 05/01/2025	The Political Action Committee of the Texas Hospital Association Date 05/13/2025 5 Full name of contributor 05/13/2025 6 Contributor address; City; State; Zip Code Abilene, TX 79601 Principal occupation / Job title (See Instructions) System Assistant Vice President Supply Chain Date 05/21/2025 Full name of contributor 05/21/2025 Wood, Adam (Mr.) Contributor address; City; State; Zip Code Abilene, TX 79601 Principal occupation / Job title (See Instructions) System Assistant Vice President Supply Chain Date Abilene, TX 79601 Principal occupation / Job title (See Instructions) System Assistant Vice President Supply Chain Date Full name of contributor 05/01/2025 Contributor address; City; State; Zip Code	The Political Action Committee of the Texas Hospital Association Date 5 Full name of contributor out-of-state PAC (ID#:	FILER NAME 3 Filer ID (Ethics Commission F The Political Action Committee of the Texas Hospital Association 3 Filer ID (Ethics Commission F Date 5 Full name of contributor out-of-state PAC (ID#:) 7 Amount of Contribution (\$) 05/13/2025 6 Contributor address; City; State; Zip Code 7 Amount of Contribution (\$) 05/13/2025 6 Contributor address; City; State; Zip Code 7 Amount of Contribution (\$) Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Hendrick Medical Center Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 05/21/2025 Wood, Adam (Mr.) Contributor address; City; State; Zip Code Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) System Assistant Vice President Supply Chain Employer (See Instructions) Amount of Contribution (\$) System Assistant Vice President Supply Chain Employer (See Instructions) Amount of Contribution (\$) 05/01/2025 Full name of contributor out-of-state PAC (ID#:

MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C3

The Instruction Guide explains how to complete this form.					Total pages Schedule C3: Sch: 1/1 Rpt: 47/53
2	FILER NAME			3	Filer ID (Ethics Commission Filers)
	The Political	Ac	tion Committee of the Texas Hospital Association		00015794
4	Date	5	Corporation / Labor Organization name	6	Amount (\$)
	05/02/2025		Texas Hospital Association		718.00

NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C4

The Instruction Guide explains how to complete this form.					Total pages Sch: 1/1 Rp	Schedule C4: t: 48/53	
2	FILER NAME			3	Filer ID	(Ethics Commission Filers)	
	The Political	Ac	tion Committee of the Texas Hospital Association		00015794		
4	Date	5	Corporation / Labor Organization name	6	Amount (\$)		
	05/25/2025		Texas Hospital Association			4,200	0.00

	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 Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District Glft/Awards/Memorials Expense Printing Expense Travel Out of District
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 1/4 Rpt: 49/53	The Political Action Committee of the Texas Hospital00015794
4 Date 05/02/2025	5 Payee name Frost Bank
6 Amount (\$) \$52.10	7 Payee address; City; State; Zip Code PO Box 1727
Expenditure from corporate funds	Austin, TX 78767
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/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
05/05/2025	Frost Bank
Amount (\$)	Payee address; City; State; Zip Code
\$19.95	PO Box 1727
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 Schedule T. Check if Austin, TX, officeholder living expense Credit Card Processing Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
05/05/2025	Frost Bank
Amount (\$)	Payee address; City; State; Zip Code
\$62.84	PO Box 1727
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 Schedule T. Check if Austin, TX, officeholder living expense Credit Card Processing Fees
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

	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 Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District - Gift/Awards/Memorials Expense Printing Expense Travel Out of District			
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
Sch: 2/4 Rpt: 50/53	The Political Action Committee of the Texas Hospital 00015794			
4 Date	5 Payee name			
04/26/2025	Stripe			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$529.44	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 Processing fees for processing multiple credit card contributions 04/26/25-05/25/25 			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
04/30/2025	Stripe			
Amount (\$)	Payee address; City; State; Zip Code			
\$0.21	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/OI	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
05/05/2025	Stripe			
Amount (\$)	Payee address; City; State; Zip Code			
\$0.42	354 Oyster Point Blvd			
Expenditure from corporate funds	South San Francisco, CA 94080			
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Credit Card Processing Fees			
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Office held Office held				

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: 51/53	The Political Action Committee of the Texas Hospital 00015794				
4 Date 05/12/2025	5 Payee name Stripe				
6 Amount (\$) \$3.06	7 Payee address; City; State; Zip Code 354 Oyster Point Blvd				
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				
05/14/2025	Stripe				
Amount (\$) \$0.42	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 Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Office held Office held					
Date	Payee name				
05/16/2025	Stripe				
Amount (\$) \$0.83	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				

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)			
Sch: 4/4 Rpt: 52/53	The Political Action Committee of the T		00015794			
4 Date	5 Payee name					
05/19/2025	Stripe					
6 Amount (\$)	7 Payee address; City; State;	Zip Code				
\$1.15	354 Oyster Point Blvd					
Expenditure from corporate funds	South San Francisco, CA 94080					
8 PURPOSE	(a) Category (See Categories listed at the top of this schu	edule) (b) Description				
	Fees	Check if travel o	outside of Texas. Complete Schedule T.			
EXPENDITURE		Check if Austin,	TX, officeholder living expense			
		Credit Card P	rocessing Fees			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		Diffice sought	Office held			
Date	Payee name					
05/22/2025	Stripe					
	· · ·	Zin Cada				
Amount (\$)		Zip Code				
\$0.25	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 schu Fees	Check if travel of Check if Austin,	outside of Texas. Complete Schedule T. TX, officeholder living expense rocessing Fees			
Complete <u>ONLY</u> if direct expenditure to benefit C/O		Office sought	Office held			

	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: 53/53	2 FILER NAME The Political Action Committee of the Texas Hospital	3 Filer ID (Ethics Commission Filers) 00015794
⁴ TOTAL OF UNITEMI	ZED UNPAID INCURRED OBLIGATIONS	\$
 5 Date 05/22/2025 7 Amount (\$) 	 6 Payee name Atchley & Associates LLP 8 Payee address; City; State; Zip Code 	
\$758.50 Expenditure from corporate funds	1005 La Posada Dr Austin, TX 78752	
9 TYPE OF EXPENDITURE	X Political Non-Political	
10 PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense ing and reporting services
11 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought H	Office held