### MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

### FORM MPAC COVER SHEET PG 1

The MPAC Instruction	The MPAC Instruction Guide explains how to complete this form.   1 Filer ID   (Ethics Commission Filers) 00015794				
3 COMMITTEE NAME		1	OFFICE USE ONLY		
The Political Actio	n Committee of the Texas Hospital Associa	ation	Date Received		
			ELECTRONICALLY FILED		
			07/07/2025		
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	Descript # Amount		
NAME	Sara		Receipt # Amount		
			Date Processed		
	NICKNAME LAST	SUFFIX			
	Gonzalez	2	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					
J REPORTITE	X Monthly	10th day after campaign treasurer termination	Dissolution (Attach PAC-DR)		
10 MONTHLY REPORT FILING	January 5 April	5 X July 5	October 5		
DEADLINE					
	February 5 May		November 5		
	March 5 June	e 5 September 5	December 5		
	Month Day Year _	Month THROUGH	Day Year		
COVERED	05/26/2025	06/25/2	2025		
		TO PAGE 2			
Forms provided by Te	xas Ethics Commission www.et	thics.state.tx.us	Version V4.1.0.f10d0fd8		

### MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

# FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
The Political Action Con	nmittee of the Texas H	ospital Association	00015794	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		
	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	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLEI	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	9,683.08
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	883.97
CONTRIBUTION BALANCE	5. TOTAL POLITICAL C OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST I G PERIOD	DAY \$	89,212.07
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 pen true and correct and includes all inforr under Title 15, Election Code.		
		Sara G	onzalez	
		Signature of Car	npaign Treas	urer
AFFIX NOTARY	STAMP / SEAL ABOVE			
Sworn to and subscribed	before me, by the said	, tr	nis the	day
of	_, 20, to certify v	which, witness my hand and seal of office.		
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title of off	icer administering oath
Forms provided by Texas E	thics Commission	www.ethics.state.tx.us		Version V4.1.0.f10d0fd8

### FORM MPAC COVER SHEET PG 3

3 of 51

17 COMMITT	EE NAME	18 Filer ID	(Ethics Commission Filers)				
The Polit							
19 SCHEDUI NAME OF	SUBTOTAL AMOUNT						
1. X	1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS						
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$				
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$				
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABC ORGANIZATION	R	\$				
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA LABOR ORGANIZATION	ATION OR	\$				
6. X	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	<b>\$</b> 758.50				
7. X	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		<b>\$</b> 4,200.00				
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (	ORGANIZATION	\$				
9.	SCHEDULE E: LOANS		\$				
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	5	<b>\$</b> 239.97				
11. X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		<b>\$</b> 644.00				
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$				
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$				
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$				
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$				

**SUBTOTALS - MPAC** 

	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 1/41 Rpt: 4/51	
2	FILER NAME			3	Filer ID (Ethics Commission	ו Filers)
		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 (\$)	
	06/20/2025	Amador, Dolores (Ms.)				\$1.00
		6 Contributor address; City; State; Zip Code		1		
		Georgetown, TX 78633				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Claims Mana	ager	Texas Hospital Insuranc	ce E	Exchange	
⊨	Date	Full name of contributor out-of-state PAC (ID#:	)	Τ	Amount of Contribution (\$)	
	06/20/2025	Andersen, Daniel (Mr.)	,		,	\$14.00
	00.20.20	Contributor address; City; State; Zip Code		ł		<b>+</b> = · · · ·
		Continuation address, Oity, State, Zip Court				
		Georgetown, TX 78633				
$\vdash$	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	1 5)		
		iting & Business Development	Texas Hospital Insuranc		Exchange	
╞	Date		·	Τ	Amount of Contribution (\$)	
	06/12/2025	Bagchi, Sam (Dr.)	/			\$165.00
	0011212020			ł		Ψ100.00
		Contributor address; City; State; Zip Code				
		Irving, TX 75038				
$\vdash$	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
		Clinical Officer	CHRISTUS Health	,		
⊨	Date	Full name of contributor Out-of-state PAC (ID#:	<u> </u> )	Τ	Amount of Contribution (\$)	
	06/17/2025	Ballew, Joel (Mr.)	/			\$41.50
	00/11/2020			ł		Ψ71.0C
		Contributor address; City; State; Zip Code				
		Arlington, TX 76011				
$\vdash$	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ج)		
	•	nent & Community Affairs	Texas Health Resources			
⊨				1	Amount of Contribution (\$)	
	Date 05/30/2025	Full name of contributor out-of-state PAC (ID#: Baty, Krista (Ms.)	)			\$27.50
	03/30/2023			ł		φ21.30
		Contributor address; City; State; Zip Code				
		Brownwood, TX 76801				
┝	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	רי בי)		
		istrative Officer	Hendrick Medical Cente			
$\vdash$						

l				
The Instru	ction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 2/41 Rpt: 5/51	
2 FILER NAME			3 Filer ID (Ethics Commission Filers	s)
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 (\$)	
06/17/2025	Baty, Krista (Ms.)			27.50
	6 Contributor address; City; State; Zip Code			
	Brownwood, TX 76801			
-	upation / Job title (See Instructions)	9 Employer (See Instructions		
Chief Admin	nistrative Officer	Hendrick Medical Center	r	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
06/20/2025	Beasley, Sharon (Ms.)		\$	\$8.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78701			
	upation / Job title (See Instructions)	Employer (See Instructions		
Sr Dir Gover	mance	Texas Hospital Associat	(ion	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
06/20/2025	Bell, Jeff (Mr.)		\$	\$4.00
	Contributor address; City; State; Zip Code	1		
= : : -!	Austin, TX 78701			
	upation / Job title (See Instructions)	Employer (See Instructions	;)	
	prporate Relations	THA Foundation		
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	-
05/30/2025	Benham, Bradley (Mr.)		\$	\$9.62
	Contributor address; City; State; Zip Code			
	Abilene TV 70601			
Dringinal occu	Abilene, TX 79601 upation / Job title (See Instructions)	Employer (See Instructions		
VP HMC For		Hendrick Medical Center	·	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	<u>~~ ~</u> 0
06/17/2025	Benham, Bradley (Mr.)		φ	\$9.62
	Contributor address; City; State; Zip Code			
	Abilene, TX 79601			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u></u>	
VP HMC For		Hendrick Medical Center		
VI I			1	

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 3/41 Rpt: 6/51	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
·	The Political	Action Committee of the Texas Hospital Association			00015794	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
	05/30/2025	Bessent, Brian (Mr.)				\$32.50
	ļ	6 Contributor address; City; State; Zip Code		1		
	ļ					
	ļ					
	ļ	Abilene, TX 79601				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
·	VP / Chief St	trategy & Experience Officer	Hendrick Medical Center	er		
╞━	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	06/17/2025	Bessent, Brian (Mr.)				\$32.50
	ļ	Contributor address; City; State; Zip Code		1		
	ļ					
	ļ					
	ļ	Abilene, TX 79601				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
· ۱	VP / Chief St	trategy & Experience Officer	Hendrick Medical Center	er		
╞──	Date	Full name of contributor out-of-state PAC (ID#:_	)	Γ	Amount of Contribution (\$)	
	05/30/2025	Bowden, Sherri (Ms.)				\$3.85
	ļ	Contributor address; City; State; Zip Code		ł		
	ļ					
	ļ					
		Abilene, TX 79601				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	Director Pulr	monary Services	Hendrick Medical Center	er		
	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	06/17/2025	Bowden, Sherri (Ms.)				\$3.85
	1	Contributor address; City; State; Zip Code		1		
	ſ					
		Abilene, TX 79601				
		pation / Job title (See Instructions)	Employer (See Instructions			
	Director Pulr	monary Services	Hendrick Medical Center	er		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	06/16/2025	Bowerman, Stephen (Mr.)				\$125.00
	ļ	Contributor address; City; State; Zip Code		1		
		Midland, TX 79701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	President & (	Chief Executive Officer	Midland Memorial Hospi	ital		

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 4/41 Rpt: 7/51	
2 FILER NAME			3 Filer ID (Ethics Commission Filers	s)
	Action Committee of the Texas Hospital Association		00015794	,
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)	
05/28/2025	Brockman, Vicki (Ms.)			25.00
	6 Contributor address; City; State; Zip Code			
	Cleburne, TX 76033			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)	)	
Chief Nursin	ng Officer	Texas Health Harris Met	hodist Hospital Cleburne	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
05/30/2025	Brockway, Toni (Ms.)		\$!	5.00
	Contributor address; City; State; Zip Code			
	Abilene, TX 79601			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	)	
Director of W	Vorkforce Dev	Hendrick Medical Center	r	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
06/17/2025	Brockway, Toni (Ms.)		\$!	5.00
	Contributor address; City; State; Zip Code			
	Abilene, TX 79601			
	pation / Job title (See Instructions)	Employer (See Instructions)	·	
Director of W	Vorkforce Dev	Hendrick Medical Center	r	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
05/30/2025	Broderick, Treva (Ms.)		\$4	64.81
	Contributor address; City; State; Zip Code			
	Abilene, TX 79601			
	pation / Job title (See Instructions)	Employer (See Instructions)	·	
Assistant Vic	ce President Clinical Svs	Hendrick Medical Center	r	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
06/17/2025	Broderick, Treva (Ms.)		\$4	64.81
	Contributor address; City; State; Zip Code			
	Abilene, TX 79601			
	pation / Job title (See Instructions)	Employer (See Instructions)		
Assistant Vic	ce President Clinical Svs	Hendrick Medical Center	r	

The Instr	ruction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 5/41 Rpt: 8/51	
2 FILER NAM	 E		3 Filer ID (Ethics Commission F	Filers)
	al Action Committee of the Texas Hospital Associatio		00015794	
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
05/30/2025	— — —		-	\$2.50
	6 Contributor address; City; State; Zip Code			
	Abilene, TX 79608			
-	cupation / 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 (\$)	
06/17/2025				\$2.50
	Contributor address; City; State; Zip Code			
	Abilene, TX 79608			
	cupation / Job title (See Instructions)	Employer (See Instructions)		
Board Vice		Hendrick Medical Center	r	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
05/30/2025				\$3.85
	Contributor address; City; State; Zip Code			
	Abilene, TX 79601			
Principal oc	cupation / Job title (See Instructions)	Employer (See Instructions)	<u>\</u>	
	ector Nursing	Hendrick Medical Center		
	- -			
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	ቀጋ ዕር
06/17/2025				\$3.85
	Contributor address; City; State; Zip Code			
	Abilene, TX 79601			
Principal oc	cupation / Job title (See Instructions)	Employer (See Instructions)	)	
	ector Nursing	Hendrick Medical Center		
Date			Amount of Contribution (\$)	
05/30/2025		/		\$30.00
00/00/2020	Contributor address; City; State; Zip Code			Ψ00.00
	Continuation address, City, State, Zip Code			
	Abilene, TX 79601			
Principal oc	cupation / Job title (See Instructions)	Employer (See Instructions)	)	
-	rating Office / System VP	Hendrick Medical Center		

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	The Instru	iction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 6/41 Rpt: 9/51	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	The Political	I Action Committee of the Texas Hospital Association	n		00015794	I
4	Date	5 Full name of contributor out-of-state PAC (ID#:		7	Amount of Contribution (\$)	
	06/17/2025	Canada, Kirk (Mr.)				\$30.00
		6 Contributor address; City; State; Zip Code		1		
			!			
			!			
		Abilene, TX 79601	!			
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	ـــــــــــــــــــــــــــــــــــــ		
	Chief Opera	ating Office / System VP	Hendrick Medical Cente	۶r		l
F	Date	Full name of contributor out-of-state PAC (ID#:_	)	Γ	Amount of Contribution (\$)	
	05/30/2025	Cates, Boyd (Mr.)				\$1.00
		Contributor address; City; State; Zip Code		1		l
			!			l
			!			
		Abilene, TX 79601	1			
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Diagnostic T	cechnologist	Hendrick Medical Cente	۶r		l
	Date	Full name of contributor out-of-state PAC (ID#:	, )	Γ	Amount of Contribution (\$)	
	06/17/2025	Cates, Boyd (Mr.)				\$1.00
		Contributor address; City; State; Zip Code		1		
		·	!			
			1			
		Abilene, TX 79601				
Γ	•	upation / Job title (See Instructions)	Employer (See Instructions			
_	Diagnostic T	echnologist	Hendrick Medical Cente	r		
F	Date	Full name of contributor out-of-state PAC (ID#:	)	$\square$	Amount of Contribution (\$)	
	06/20/2025	Clark, Stephen (Mr.)	!			\$10.00
		Contributor address; City; State; Zip Code		1		
			!			
			!			
L		Austin, TX 78701		L		
	•	upation / Job title (See Instructions)	Employer (See Instructions			
	Sr Director F	Reg Ambassador - Houston / East TX	Texas Hospital Associat	tior	۱	
Γ	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	06/13/2025	Claymon, Jennifer (Ms.)	!			\$1,000.00
		Contributor address; City; State; Zip Code	,			
			!			
			,			
L		Austin, TX 78731	!			
		upation / Job title (See Instructions)	Employer (See Instructions			
	Partner		Reed Claymon Meeker	& F	Hargett PLLC	

The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 7/41 Rpt: 10/51	
2 FILER NAME			3	Filer ID (Ethics Commission	Filers)
	Action Committee of the Texas Hospital Association		ľ	00015794	,
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
05/30/2025	Conger, Cody (Mr.)				\$4.00
	6 Contributor address; City; State; Zip Code				
	Abilene, TX 79601				
	pation / Job title (See Instructions)	9 Employer (See Instructions			
Health Direct	tor, Invasive Cardiology	Hendrick Medical Center	er		
Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
06/17/2025	Conger, Cody (Mr.)				\$4.00
	Contributor address; City; State; Zip Code		1		
	Abilene, TX 79601				
	pation / Job title (See Instructions)	Employer (See Instructions			
Health Direct	tor, Invasive Cardiology	Hendrick Medical Cente	er		
Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
05/30/2025	Connell, Jessica (Ms.)				\$4.81
	Contributor address; City; State; Zip Code				
	Brownwood, TX 76804				
	pation / Job title (See Instructions)	Employer (See Instructions	5)		
Chief Nursing	g Officer	Hendrick Medical Center	er		
Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
06/17/2025	Connell, Jessica (Ms.)				\$4.81
	Contributor address; City; State; Zip Code		1		
	Drownwood TV 70004				
Dringinglassy	Brownwood, TX 76804				
Chief Nursing	pation / Job title (See Instructions)	Employer (See Instructions Hendrick Medical Center			
			-1 T		
Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	<b>#4.00</b>
06/20/2025	Conner, Cecil (Mr.)				\$4.00
	Contributor address; City; State; Zip Code				
	Austin, TX 78731				
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	1 5)		
	ement Advisor	Texas Hospital Insuranc		Exchange	
		<u></u>			

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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 8/41 Rpt: 11/51	
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 (\$)	
	05/30/2025	Contreras, Rosendo (Ms.)				\$1.93
		6 Contributor address; City; State; Zip Code				
		Abilene, TX 79601				
8		ipation / Job title (See Instructions)	9 Employer (See Instructions			
	Dir Patient S	Safety, Infection Preventionist, Perf Improv	Hendrick Medical Cente	r		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	06/17/2025	Contreras, Rosendo (Ms.)				\$1.93
		Contributor address; City; State; Zip Code				
		Abilene, TX 79601				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	;)		
	Dir Patient S	Safety, Infection Preventionist, Perf Improv	Hendrick Medical Cente	r		
F	Date	Full name of contributor out-of-state PAC (ID#:_	)	Γ	Amount of Contribution (\$)	
	06/20/2025	Cook, Kenneth (Mr.)				\$2.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78701				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	;)		
	IT Director		THA Foundation			
F	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	05/30/2025	Cooper, David (Mr.)				\$3.85
		Contributor address; City; State; Zip Code				
		Abilene, TX 79601				
$\vdash$	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	ـــــــــــــــــــــــــــــــــــــ		
	Lab Supervis		Hendrick Medical Cente	r		
⊨	Date	Full name of contributor out-of-state PAC (ID#:_	)	Γ	Amount of Contribution (\$)	
	06/17/2025	Cooper, David (Mr.)				\$3.85
	-	Contributor address; City; State; Zip Code		1		
		Abilene, TX 79601				
$\vdash$	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	ـــــــــــــــــــــــــــــــــــــ		
	Lab Supervis		Hendrick Medical Cente			
⊢						

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 9/41 Rpt: 12/51	
2 FILER NAME			3 Filer ID (Ethics Commission Fi	ilers)
	Action Committee of the Texas Hospital Association	n	00015794	<u> </u>
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)	
06/20/2025	Cornelson, Laura (Ms.)			\$20.00
	6 Contributor address; City; State; Zip Code			
	Austin, TX 78701			
	upation / Job title (See Instructions)	9 Employer (See Instructions	6)	
VP Clinical I	nitiatives	THA Foundation		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
06/20/2025	Costilla, Nina (Ms.)			\$2.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78701			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)	
Clinical Proje	ects Manager	THA Foundation		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
06/20/2025	Cotton, Corey (Mr.)			\$20.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78701			
•	ipation / Job title (See Instructions)	Employer (See Instructions	5)	
VP Member	Solutions	Texas Hospital Associat	tion	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
06/20/2025	Dale, Vicki (Ms.)			\$10.00
	Contributor address; City; State; Zip Code			
	Chicago, IL 60606			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)	
Region 7 Re	gional Exec	THA Foundation		
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
06/07/2025	Daskevich, Cris (Ms.)		\$	\$145.84
	Contributor address; City; State; Zip Code			
	San Antonio, TX 78207			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)	
CEO, CHRIS	STUS Children's & SVP CHRISTUS Health	CHRISTUS Children's		

	The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 10/41 Rpt: 13/51
2	FILER NAME			<b>3</b> 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 (\$)
	06/20/2025	Davenport, Chad (Mr.)		\$2.
		6 Contributor address; City; State; Zip Code		
		Georgetown, TX 78633		
8		upation / Job title (See Instructions)	9 Employer (See Instructions	
	Accounting S	Specialist	Texas Hospital Insuranc	e Exchange
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	06/20/2025	Davila, Leslie (Ms.)		\$20.
		Contributor address; City; State; Zip Code		
		Georgetown, TX 78633		
	-	upation / Job title (See Instructions)	Employer (See Instructions	
	Receptionist		Texas Hospital Insuranc	e Exchange
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	05/30/2025	Davis, John (Mr.)		\$3.
		Contributor address; City; State; Zip Code		
	<u> </u>	Cuero, TX 77954		
		ipation / Job title (See Instructions) diopulmonary	Employer (See Instructions	
			Cuero Regional Hospita	
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	06/17/2025	Davis, John (Mr.)		\$3.
		Contributor address; City; State; Zip Code		
		Cuero, TX 77954		
┝	Drincinal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
		diopulmonary	Cuero Regional Hospital	·
⊢				
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	06/20/2025	Davis, Valerie (Ms.)		\$14.
		Contributor address; City; State; Zip Code		
		Austin, TX 78701		
$\vdash$	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>)</u>
		s Payable Specialist	Texas Hospital Associat	
$\vdash$				

The	Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 11/41 Rpt: 14/51
2 FILEF	2 FILER NAME		<b>3</b> 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#:		<ul><li>7 Amount of Contribution (\$)</li></ul>
	0/2025	De La Garza-Barone, Heather (Ms.)	/	\$2.00
00/20	0/2025			ψ2.00
		6 Contributor address; City; State; Zip Code		
		Austin TV 70701		
		Austin, TX 78701		
		pation / Job title (See Instructions)	9 Employer (See Instructions	,
Asso	ciate Ge	eneral Counsel	Texas Hospital Associat	tion
Date		Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/30	0/2025	DeYoung, Peter (Dr.)		\$41.00
		Contributor address; City; State; Zip Code		1
		Austin, TX 78758		
Princi	ipal occu	I Ipation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
	•	al Officer	St Davids North Austin M	,
Date				
	0/2025		/	Amount of Contribution (\$)
05/50	0/2025			\$3.85
		Contributor address; City; State; Zip Code		
		Abilene, TX 79601	_	
	•	pation / Job title (See Instructions)	Employer (See Instructions	
Direc	tor Faci	ility Management	Hendrick Medical Cente	۶r
Date		Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
06/17	7/2025	Dennis, Gregory (Mr.)		\$3.85
		Contributor address; City; State; Zip Code		1
		Abilene, TX 79601		
Princi	inal occu	I pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)
	•	ility Management	Hendrick Medical Cente	
Date		Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/30	0/2025			\$3.85
		Contributor address; City; State; Zip Code		
		Abilene, TX 79601		
Princi	ipal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
Direc	ctor Risk	< Management	Hendrick Medical Cente	er

The Instru	ction Guide explains how to complete this f	örm.	1 Total pages Schedule A1: Sch: 12/41 Rpt: 15/51	
2 FILER NAME			3 Filer ID (Ethics Commission File	are)
	Action Committee of the Texas Hospital Association	n	00015794	:15)
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)	
06/17/2025	Devun, Sharn (Ms.)			\$3.85
	6 Contributor address; City; State; Zip Code			
	Abilene, TX 79601			
-	ipation / Job title (See Instructions)	9 Employer (See Instructions		
Director Risk	k Management	Hendrick Medical Cente	.r	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
06/14/2025	Dippel, Douglas (Mr.)		\$	\$20.00
	Contributor address; City; State; Zip Code			
	Sweetwater, TX 79556			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	;)	
Chief Execut	tive Officer / Administrator	Rolling Plains Memorial	Hospital	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
05/30/2025	Donaway, Duane (Mr.)			\$1.93
	Contributor address; City; State; Zip Code			
	Abilene, TX 79601			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	;)	
Director Info	ormation Systems	Hendrick Medical Cente	۲	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
06/17/2025	Donaway, Duane (Mr.)			\$1.93
	Contributor address; City; State; Zip Code			
	Abilene, TX 79601			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	;)	
Director Info	ormation Systems	Hendrick Medical Cente	٢	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
06/20/2025	Doyle, Rosalinda (Ms.)			\$2.00
	Contributor address; City; State; Zip Code			
	-			
	Austin, TX 78701			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	;)	
Payroll Admi	inistrator	Texas Hospital Associat	tion	
		1		

	The Instru	iction Guide explains how to complete this f	örm.	1	Total pages Schedule A1: Sch: 13/41 Rpt: 16/51	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
-		I Action Committee of the Texas Hospital Association	n		00015794	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
	05/30/2025	Driskell, Jesiree (Ms.)				\$7.50
		6 Contributor address; City; State; Zip Code		1		
		Abilene, TX 79601				
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	;)		
	AVP Strateg	gic Comms & Digital Expert	Hendrick Medical Cente	r		
F	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	06/17/2025	Driskell, Jesiree (Ms.)				\$7.50
		Contributor address; City; State; Zip Code				
		Abilene, TX 79601				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ن)		
	AVP Strateg	gic Comms & Digital Expert	Hendrick Medical Cente	r		
╞	Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u>	Γ	Amount of Contribution (\$)	
	06/20/2025	Eskew, Amy (Ms.)			· · · · · · · · · · · · · · · · · · ·	\$14.00
		Contributor address; City; State; Zip Code		ł		·
		Austin, TX 78701				
$\vdash$	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> چ)		
	Sr Vice Pres	sident of Operations	Texas Healthcare Truste	ees	5	
⊨	Date	Full name of contributor out-of-state PAC (ID#:_	,	Γ	Amount of Contribution (\$)	
	05/30/2025	Eurek, Andrew (Mr.)			• •	\$4.00
		Contributor address; City; State; Zip Code				
		Abilene, TX 79601				
⊢	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	ட 5)		
	Director Fina	ancial Analysis	Hendrick Medical Cente			
⊨	Date	Full name of contributor Out-of-state PAC (ID#:_	<u> </u> )	Γ	Amount of Contribution (\$)	
	06/17/2025	Eurek, Andrew (Mr.)	/			\$4.00
		Contributor address; City; State; Zip Code		1		·
		Abilene, TX 79601				
⊢	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ن)		
		ancial Analysis	Hendrick Medical Cente			
┝			<u> </u>			

The Ins	truction Guide explains how to complete this t	form.	1 Total pages Schedule A1: Sch: 14/41 Rpt: 17/51	
2 FILER NA	MF		3 Filer ID (Ethics Commission File	ers)
	ical 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 (\$)	
06/20/20	25 Felton, Chris (Mr.)			\$4.00
	6 Contributor address; City; State; Zip Code		1	
	Austin, TX 78701			
8 Principal of	occupation / Job title (See Instructions)	9 Employer (See Instructions	5)	
Sr. Direc	tor of Business Services	Texas Hospital Associa	tion	
Date	Full name of contributor out-of-state PAC (ID#:,	·)	Amount of Contribution (\$)	
05/30/20	— — —			\$9.62
	Contributor address; City; State; Zip Code			
	Abilene, TX 79601			
Principal o	occupation / Job title (See Instructions)	Employer (See Instructions	5)	
AVP Sup	port Services	Hendrick Medical Cente	er	
Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)	
	06/17/2025 Ford, Christopher (Mr.)			\$9.62
	Contributor address; City; State; Zip Code			
	Abilene, TX 79601			
Principal o	occupation / Job title (See Instructions)	Employer (See Instructions	5)	
AVP Sup	port Services	Hendrick Medical Cente	er	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
06/14/20				20.50
	Contributor address; City; State; Zip Code			
	······································			
	Austin, TX 78701			
Principal o	occupation / Job title (See Instructions)	Employer (See Instructions	5)	
Presiden	t BSWH Austin Area	Baylor Scott & White Me	edical Center - Pflugerville	
Date	Full name of contributor out-of-state PAC (ID#:,	)	Amount of Contribution (\$)	
06/20/20	—			20.00
	Contributor address; City; State; Zip Code			
	······································			
	Georgetown, TX 78633			
Principal o	pecupation / Job title (See Instructions)	Employer (See Instructions	5)	
Presiden	t/CEO	Texas Hospital Insuranc	ce Exchange	

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The Inst	ruction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 15/41 Rpt: 18/51	
2 FILER NAM	 /E		3 Filer ID (Ethics Commission Filer	rs)
	cal 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 (\$)	
06/20/202				\$2.00
	6 Contributor address; City; State; Zip Code		1	
	Georgetown, TX 78633			
8 Principal or	ccupation / Job title (See Instructions)	9 Employer (See Instructions	Ι ξ)	
-	t Specialist	Texas Hospital Insuranc	ce Exchange	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
06/20/202				\$2.00
-	Contributor address; City; State; Zip Code		•	•
	Georgetown, TX 78633			
Principal oc	ccupation / Job title (See Instructions)	Employer (See Instructions	Σ)	
	ident Claims	Texas Hospital Insuranc	ce Exchange	
Date	Full name of contributor Out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)	
05/30/202				\$3.85
	Contributor address; City; State; Zip Code		4	
	Abilene, TX 79601			
Principal oc	ccupation / Job title (See Instructions)	Employer (See Instructions	5)	
Hospital P	Professional	Hendrick Medical Cente	۶r	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
06/17/202				\$3.85
	Contributor address; City; State; Zip Code		4	
	Abilene, TX 79601			
Principal or	ccupation / Job title (See Instructions)	Employer (See Instructions	s)	
Hospital P	Professional	Hendrick Medical Cente	۶r	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
06/20/202	5 Gonzalez, Sara (Ms.)		\$4	41.00
	Contributor address; City; State; Zip Code		•	
	Austin, TX 78701			
Principal or	ccupation / Job title (See Instructions)	Employer (See Instructions	s)	
VP Advoc	acy & Pub Policy	Texas Hospital Associat	tion	
		_1		

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 16/41 Rpt: 19/51	
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 (\$)	
	05/30/2025	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 (\$)	
	06/17/2025	Goolsby, Emily (Ms.)	)			\$3.85
	00/11/2020					<b>\$</b> 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 (\$)	
	06/20/2025	Full name of contributor out-of-state PAC (ID#: Gordon, Brittanny (Ms.)	)		Amount of Contribution (\$)	\$2.00
	00/20/2023					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 (\$)	
	05/30/2025	Greenwood, Susan (Ms.)	)			\$29.00
	03/30/2023					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 06/17/2025	Full name of contributor out-of-state PAC (ID#: Greenwood, Susan (Ms.)	)		Amount of Contribution (\$)	\$29.00
	00/1//2025					φ29.00
		Contributor address; City; State; Zip Code				
		Abilene, TX 79601				
⊢	Princinal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ز)		
		ent / Chief Nursing Officer	Hendrick Medical Cente			
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	The Instru	iction Guide explains how to complete this f	form	1	Total pages Schedule A1:	
		clion Guide explains now to complete this i	onn.		Sch: 17/41 Rpt: 20/51	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
	The Political	l 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 (\$)	
	06/20/2025					\$4.00
				ł		
			ļ			
			ļ			
		Georgetown, TX 78633	ł			
8	Principal occı	upation / Job title (See Instructions)	9 Employer (See Instructions	⊥ 5)		
	Staff Accoun		Texas Hospital Insuranc		Exchange	
—	Date	Full name of contributor out-of-state PAC (ID#:_	· · · · · · · · · · · · · · · · · · ·	Τ	Amount of Contribution (\$)	
	05/30/2025		/ I			\$3.85
	00/00/2022			-		Ψ <b>U</b> .U_
		Contributor address; City; State; Zip Code	ļ			
			ļ			
		Brownwood, TX 76804	ł			
_	Principal occi	upation / Job title (See Instructions)	Employer (See Instructions	<u>ال</u> ج)		
	Director of M		Hendrick Medical Cente			
—	Date			<del></del>	Amount of Contribution (\$)	
	Date 06/17/2025		)			\$3.85
	00/11/2020					ቅጋ.05
		Contributor address; City; State; Zip Code	ļ			
			ļ			
		Brownwood, TX 76804	ļ			
┝	Principal OCCI	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Director of N		Hendrick Medical Cente			
⊨		-		יי ד		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	÷0.05
	05/30/2025			]		\$3.85
		Contributor address; City; State; Zip Code	, ,	]		
			ļ			
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<u> </u>		Abilene, TX 79601		ŕ		
		upation / Job title (See Instructions)	Employer (See Instructions			
	Admissions I		Hendrick Medical Cente	r؛ 		
	Date	Full name of contributor out-of-state PAC (ID#:_	)	Γ	Amount of Contribution (\$)	
	06/17/2025	Harris, Erica (Ms.)				\$3.85
		Contributor address; City; State; Zip Code	······	1		
			ļ			
			ļ			
L		Abilene, TX 79601				
Γ		upation / Job title (See Instructions)	Employer (See Instructions			
	Admissions I	Director	Hendrick Medical Cente	۶r		
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۲ ۲	The Instru	ction Guide explains how to complete this f	1	Total pages Schedule A1: Sch: 18/41 Rpt: 21/51		
<b>2</b> F	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
		Action Committee of the Texas Hospital Association			00015794	
4 C	Date	5 Full name of contributor out-of-state PAC (ID#:		7	Amount of Contribution (\$)	
C	05/26/2025	Hart, Brandy (Mrs.)				\$83.00
	I	6 Contributor address; City; State; Zip Code		1		
		1				
	I	Nashville, TN 37203				
<b>8</b> F	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions)	5)		
F	Regional Vic	ce President / Behavioral Health	HCA Healthcare			
	Date	Full name of contributor out-of-state PAC (ID#:_	)	Γ	Amount of Contribution (\$)	
C	06/20/2025	Hawkins, John (Mr.)				\$90.00
	I	Contributor address; City; State; Zip Code				
		1				
		Austin, TX 78701				
F	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	<u>-</u> 5)		
F	President / C	JEO	Texas Hospital Associat	tior	1	
	Date	Full name of contributor out-of-state PAC (ID#:_	)	Γ	Amount of Contribution (\$)	
C	05/30/2025	Head, Courtney (Ms.)				\$9.62
	I	Contributor address; City; State; Zip Code		1		
		1				
		Abilene, TX 79601				
F	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	<u>-</u> 5)		
۱ I	Vice Preside	ent of Human Resources	Hendrick Medical Center	۶r		
	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
(	06/17/2025	Head, Courtney (Ms.)				\$9.62
	I	Contributor address; City; State; Zip Code				
		1				
		Abilene, TX 79601				
F	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	5)		
۱ I	Vice Preside	ent of Human Resources	Hendrick Medical Center	۶r		
	Date	Full name of contributor out-of-state PAC (ID#:	) !	Γ	Amount of Contribution (\$)	
C	05/30/2025	Head, Howard (Mr.)				\$100.00
	I	Contributor address; City; State; Zip Code		1		
		1				
		Childress, TX 79201				
F	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	5)		
	Board Presic		Childress Regional Medi		l Center	
<u> </u>						

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 19/41 Rpt: 22/51	
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 (\$)	
	05/30/2025	Henry, Elizabeth (Ms.)				\$4.81
		6 Contributor address; City; State; Zip Code				
		Abilene, TX 79601				
8		upation / Job title (See Instructions)	9 Employer (See Instructions			
	Director Cas	se Management	Hendrick Medical Cente	r		
	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	06/17/2025	Henry, Elizabeth (Ms.)				\$4.81
		Contributor address; City; State; Zip Code				
		Abilene, TX 79601				
		upation / Job title (See Instructions)	Employer (See Instructions			
	Director Cas	se Management	Hendrick Medical Cente	r		
F	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	06/20/2025	Hernandez, Janet (Ms.)				\$8.34
		Contributor address; City; State; Zip Code				
		Georgetown, TX 78633				
		upation / Job title (See Instructions)	Employer (See Instructions			
	Accounting N	Vanager	Texas Hospital Insuranc	:e I	Exchange	
Γ	Date	Full name of contributor out-of-state PAC (ID#:_	)	Γ	Amount of Contribution (\$)	
	05/30/2025	Hess, Heather (Ms.)				\$3.85
		Contributor address; City; State; Zip Code				
		Abilene, TX 79601	1			
		upation / Job title (See Instructions)	Employer (See Instructions			
	Director of S	urgery	Hendrick Medical Cente	r		
	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	06/17/2025	Hess, Heather (Ms.)				\$3.85
	Contributor address; City; State; Zip Code					
		Abilene, TX 79601				
		upation / Job title (See Instructions)	Employer (See Instructions			
	Director of S	Jurgery	Hendrick Medical Cente	r		

L			
The Instr	uction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 20/41 Rpt: 23/51
2 FILER NAM	 E		<b>3</b> 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 (\$)
06/19/2025			\$50.00
	6 Contributor address; City; State; Zip Code		
	Childress, TX 79201		
8 Principal oc	cupation / Job title (See Instructions)	9 Employer (See Instructions	s)
Chief Exec	cutive Officer	Childress Regional Med	dical Center
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
06/07/2025	—		\$145.84
	Contributor address; City; State; Zip Code		
	Abilene, TX 79601		
Principal oc	cupation / Job title (See Instructions)	Employer (See Instructions	s)
President /	Chief Executive Officer	Hendrick Health	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
06/20/2025			\$20.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78701		
Principal oc	cupation / Job title (See Instructions)	Employer (See Instructions	s)
VP Advoca	acy & Pub Policy	Texas Hospital Associat	ation
Date	Full name of contributor Out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)
06/25/2025			\$41.00
	Contributor address; City; State; Zip Code		•
	Contributor address, City, State, Zip Code		
	Glen Rose, TX 76043		
Principal oc	cupation / Job title (See Instructions)	Employer (See Instructions	s)
-	cutive Officer	Glen Rose Medical Cen	
Date	Full name of contributor Out-of-state PAC (ID#:		Amount of Contribution (\$)
05/30/2025		J	\$3.85
0010012020			ψο.ο.
	Contributor address; City; State; Zip Code		
	Abilene, TX 79601		
Principal oc	cupation / Job title (See Instructions)	Employer (See Instructions	
-	rector Benefits	Hendrick Medical Cente	
System Di			JI

L					
The Instru	ction Guide explains how to complete this f	orm.		Total pages Schedule A1: Sch: 21/41 Rpt: 24/51	
2 FILER NAME				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 (\$)	
06/17/2025	Howard, Erica (Ms.)				\$3.85
	6 Contributor address; City; State; Zip Code		1		
	Abilene, TX 79601				
	ipation / 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 (\$)	
06/21/2025	Hrncirik, Bobbye (Ms.)				\$83.00
	Contributor address; City; State; Zip Code		1		
	Lubbock, TX 79415				
-	ipation / Job title (See Instructions)	Employer (See Instructions			
VP Supplem	ental Funding	University Medical Cente	er		
Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
06/20/2025	Huff, Alexander (Mr.)				\$2.00
	Contributor address; City; State; Zip Code		]		
	Austin, TX 78701				
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
	ent of Health IT Programs	THA Foundation	,		
Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Γ	Amount of Contribution (\$)	
05/30/2025	Huffington, Mark (Mr.)			/ inouni or control (+)	\$4.81
	Contributor address; City; State; Zip Code		•		Ŧ
	Abilene, TX 79601				
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
System Assi	istant Vice President Analytics	Hendrick Medical Center	er		
Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
06/17/2025	Huffington, Mark (Mr.)			• .	\$4.81
	Contributor address; City; State; Zip Code		1		
	Abilene, TX 79601				
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)		
System Assi	istant Vice President Analytics	Hendrick Medical Center	er		

The Instru	ction Guide explains how to complete this f	form.	1	Total pages Schedule A1: Sch: 22/41 Rpt: 25/51	
2 FILER NAME			3	Filer ID (Ethics Commission	ı 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 (\$)	
05/30/2025	Hunnicutt, Craig (Mr.)				\$3.85
	6 Contributor address; City; State; Zip Code		1		
	Abilana TV 70601				
Dringingloccu	Abilene, TX 79601	Employer (See Instructions			
	upation / Job title (See Instructions) gional Services	9 Employer (See Instructions Hendrick Medical Cente			
			ा <del>न</del> ्न		
Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	±0.05
06/17/2025	Hunnicutt, Craig (Mr.)		]		\$3.85
	Contributor address; City; State; Zip Code				
	Abilene, TX 79601	1	Ĺ		
	upation / Job title (See Instructions)	Employer (See Instructions			
	gional Services	Hendrick Medical Cente	ו ==		
Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
06/23/2025	Hyten, Kelly (Ms.)				\$20.84
	Contributor address; City; State; Zip Code				
	Austin, TX 78723				
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	ـــــــــــــــــــــــــــــــــــــ		
Manager, Ad	dvocacy	Ascension Texas			
Date	Full name of contributor Out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
05/30/2025	Jackson, Olga (Ms.)				\$0.97
	Contributor address; City; State; Zip Code		$\left  \right $		
	Cuero, TX 77954				
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	ـــــــــــــــــــــــــــــــــــــ		
Support Ser	vices	Cuero Regional Hospita	d		
Date	Full name of contributor out-of-state PAC (ID#:_	)	Γ	Amount of Contribution (\$)	
06/17/2025	Jackson, Olga (Ms.)				\$0.97
	Contributor address; City; State; Zip Code		ł		
	Cuero, TX 77954				
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)		
Support Ser	vices	Cuero Regional Hospita	ıl		

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 23/41 Rpt: 26/51
2 FILER NAME	<b>3</b> 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 (\$)
06/20/2025 Jackson, Robin (Ms.)	\$4.00
6 Contributor address; City; State; Zip Code	
Continuation address, City, State, Zip Code	
Austin, TX 78701	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instruction	 yns)
Vice President Service Center Texas Hospital Associ	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/20/2025 Jones, Susan (Ms.)	\$20.00
Contributor address; City; State; Zip Code	····
Austin, TX 78701	
Principal occupation / Job title (See Instructions) Employer (See Instruction	Ins)
Member Ambassador Texas Hospital Associ	,
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/30/2025 Kelly, Tave (Ms.)	\$4.81
Contributor address; City; State; Zip Code	
Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Employer (See Instruction	ins)
AVP Revenue Cycle Hendrick Medical Cen	iter
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/17/2025 Kelly, Tave (Ms.)	\$4.81
Contributor address; City; State; Zip Code	
Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Employer (See Instruction	
AVP Revenue Cycle Hendrick Medical Cen	iter
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/12/2025 Kimmel, Stephen (Mr.)	\$83.00
Contributor address; City; State; Zip Code	
Fort Worth, TX 76104	
Principal occupation / Job title (See Instructions) Employer (See Instruction	ins)
Chief Financial Officer Cook Children's Medic	cal Center

	The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 24/41 Rpt: 27/51	
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 (\$)	
	06/10/2025	Kirkman, Leni (Ms.)			· · · · · · · · · · · · · · · · · · ·	\$41.00
		6 Contributor address; City; State; Zip Code		ł		
		San Antonio, TX 78229				
8	Principal occu	I pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
		rp Communications & Mktg	University Health			
╞	Date	Full name of contributor Out-of-state PAC (ID#:_	)	Γ	Amount of Contribution (\$)	
	06/20/2025	Kroll, Carrie (Ms.)	/		, and an e e e e e e e e e e e e e e e e e e	\$82.00
	00/20/2020	Contributor address; City; State; Zip Code		ł		<b>vo_</b>
		Contributor address, City, State, Zip Code				
		Austin, TX 78701				
$\vdash$	Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Sr Vice Pres	ident Advocacy & Pub Policy	Texas Hospital Associat		ı	
⊨	Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Γ	Amount of Contribution (\$)	
	05/30/2025	Krupala, Judith (Ms.)				\$1.93
		Contributor address; City; State; Zip Code		ł		
		Cuero, TX 77954				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Chief Nursin	g Officer	Cuero Regional Hospita	al		
F	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	06/17/2025	Krupala, Judith (Ms.)				\$1.93
		Contributor address; City; State; Zip Code		1		
		Cuero, TX 77954				
		pation / Job title (See Instructions)	Employer (See Instructions			
	Chief Nursin	g Officer	Cuero Regional Hospita	<b>ι</b>		
F	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	05/30/2025	Lafrance, Judith (Ms.)				\$12.50
	Contributor address; City; State; Zip Code		1			
		Abilene, TX 79606				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	HMCS Chief	f Administrative Officer	Hendrick Medical Cente	er		

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 25/41 Rpt: 28/51	
2	FILER NAME			3	Filer ID (Ethics Commission	ı Filers)
	The Political	Action Committee of the Texas Hospital Association	n		00015794	-
	Date	5 Full name of contributor out-of-state PAC (ID#:_		7	Amount of Contribution (\$)	
	06/17/2025	Lafrance, Judith (Ms.)			- · ·	\$12.50
		6 Contributor address; City; State; Zip Code				
		Abilene, TX 79606				
		ipation / Job title (See Instructions)	9 Employer (See Instructions			
	HMCS Chief	f Administrative Officer	Hendrick Medical Cente	r		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	05/30/2025	Lee, Rachel (Ms.)				\$3.85
		Contributor address; City; State; Zip Code				
		Abilene, TX 79601				
		ipation / Job title (See Instructions)	Employer (See Instructions			
	Dir Med Stat	ff Srvcs & Physician Recruitment	Hendrick Medical Cente	er		
	Date	Full name of contributor out-of-state PAC (ID#:_	)	Γ	Amount of Contribution (\$)	
	06/17/2025	Lee, Rachel (Ms.)				\$3.85
		Contributor address; City; State; Zip Code		1		
	Drin sinch apou	Abilene, TX 79601		Ĺ		
	•	ipation / Job title (See Instructions) ff Srvcs & Physician Recruitment	Employer (See Instructions Hendrick Medical Cente			
				:I		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	÷ · 00
	06/20/2025	Lengal, Samantha (Ms.)				\$4.00
		Contributor address; City; State; Zip Code				
		Georgetown, TX 78633				
	Princinal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> •)		
		g Coordinator	Texas Hospital Insurance	·	Exchange	
				<del></del>		
	Date 06/20/2025	Full name of contributor out-of-state PAC (ID#: Liscano, Rosie (Ms.)	)		Amount of Contribution (\$)	\$2.00
	00/20/2025	\`				Φ2.00
		Contributor address; City; State; Zip Code				
		Georgetown, TX 78633				
_	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ເ)		
		ns Adj/Risk Mgmt Specialist	Texas Hospital Insurance		Exchange	

The Instruc	ction Guide explains how to complete this f	form.	1	Total pages Schedule A1: Sch: 26/41 Rpt: 29/51	
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 (\$)	
05/30/2025	Lowery, James (Mr.)				\$3.85
ŀ	6 Contributor address; City; State; Zip Code		1		
	Abilene, TX 79601				
8 Principal occup	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
Director Mana	aged Care	Hendrick Medical Cente	er		
Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
06/17/2025	Lowery, James (Mr.)				\$3.85
ŀ	Contributor address; City; State; Zip Code		1		
	Abilene, TX 79601				
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions	5)		
Director Mana	aged Care	Hendrick Medical Cente	er		
Date	Full name of contributor out-of-state PAC (ID#:_	)	Ι	Amount of Contribution (\$)	
06/20/2025	Lozano, Deborah (Ms.)				\$20.00
ľ	Contributor address; City; State; Zip Code		1		
	Austin, TX 78701				
	pation / Job title (See Instructions)	Employer (See Instructions			
Staff Account	دant	Texas Hospital Associat	tio	۱ 	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Ī	Amount of Contribution (\$)	
06/20/2025	Lusardi, Nicole (Ms.)				\$4.00
ľ	Contributor address; City; State; Zip Code		1		
		ſ			
	Austin, TX 78701	-			
	pation / Job title (See Instructions)	Employer (See Instructions			
Associate Ge	eneral Counsel	Texas Hospital Associat	tio	1	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Γ	Amount of Contribution (\$)	
06/22/2025	Matens, Brett (Mr.)				\$83.33
ľ	Contributor address; City; State; Zip Code		1		
	Austin, TX 78756	<u>.</u>			
Chief Executi	ve Officer	Heart Hospital of Austin	1		
Principal occup Chief Executi	pation / Job title (See Instructions)	Employer (See Instructions Heart Hospital of Austin			

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TI	he Instruc	ction Guide explains how to complete this f	form.	1	Total pages Schedule A1: Sch: 27/41 Rpt: 30/51	
2 FI	LER NAME			3	Filer ID (Ethics Commission	Filers)
		Action Committee of the Texas Hospital Association			00015794	,
4 Da	ate	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
06	6/14/2025	McCain, Rebecca (Ms.)				\$41.67
	1	6 Contributor address; City; State; Zip Code				
		Electra, TX 76360				
<b>8</b> Pr	incipal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions)	;)		
Cl	hief Execut	live Officer	Electra Memorial Hospita	al		
Da	ate	Full name of contributor out-of-state PAC (ID#:_			Amount of Contribution (\$)	
05	5/30/2025	McCollough, Kimberly (Ms.)				\$3.85
		Contributor address; City; State; Zip Code				
		Abilene, TX 79606				
		ipation / Job title (See Instructions)	Employer (See Instructions)			
Di	irector of P	Progressive Care Services	Hendrick Medical Center	r		
Da	ate	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
06	6/17/2025	McCollough, Kimberly (Ms.)				\$3.85
		Contributor address; City; State; Zip Code				
		Abilene, TX 79606				
		ipation / Job title (See Instructions)	Employer (See Instructions)			
Di	irector of P	Progressive Care Services	Hendrick Medical Center	r		
Da	ate	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
05	5/30/2025	McElrath, Pamela (Ms.)				\$4.00
		Contributor address; City; State; Zip Code				
		Abilene, TX 79601				
		ipation / Job title (See Instructions)	Employer (See Instructions)			
Re	egistered N	Jurse	Hendrick Medical Center	r		
Da	ate	Full name of contributor out-of-state PAC (ID#:_	)	Γ	Amount of Contribution (\$)	
06	6/17/2025	McElrath, Pamela (Ms.)				\$4.00
		Contributor address; City; State; Zip Code				
		Abilene, TX 79601				
		pation / Job title (See Instructions)	Employer (See Instructions)			
Re	egistered N	Jurse	Hendrick Medical Center	r		

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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 28/41 Rpt: 31/51	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
		I Action Committee of the Texas Hospital Association			00015794	,
$ _{\Lambda}$	Date	5 Full name of contributor out-of-state PAC (ID#:_		+	Amount of Contribution (\$)	
7	06/20/2025	Merrell, Angie (Ms.)	/	ľ		\$2.00
	00/20/2025		!			Φ2.00
		6 Contributor address; City; State; Zip Code	1			
			1			
			1			
Ļ		Georgetown, TX 78633		Ĺ		
8		upation / Job title (See Instructions)	9 Employer (See Instructions			
L	THIE VICE P	President of Risk Management	Texas Hospital Insuranc	:е і	Exchange	
	Date	Full name of contributor out-of-state PAC (ID#:_	)	Γ	Amount of Contribution (\$)	
	05/28/2025	Mincher, Jeff (Mr.)	1			\$250.00
		Contributor address; City; State; Zip Code				
			1			
			1			
		Arlington, TX 76010	1			
⊢	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	ـــــــــــــــــــــــــــــــــــــ		
	SVP Revenu		Texas Health Resources			
⊨	Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Γ	Amount of Contribution (\$)	
	06/01/2025	Mitchell, Kenneth (Dr.)	/ I			\$41.00
	00/01/2020					ΨΤ1.00
		Contributor address; City; State; Zip Code	1			
			1			
		Austin, TX 78701	1			
┝	Drincinal occu	upation / Job title (See Instructions)	Employer (See Instructions	$\sum_{i=1}^{n}$		
		Medical Officer	St. David's HealthCare	9		
L				—		
	Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	06/20/2025	Mundfrom, Jessie (Ms.)	1			\$2.00
		Contributor address; City; State; Zip Code	,			
			1			
			1			
		Austin, TX 78701				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	;)		
	Manager of `	Virtual Education	THA Foundation			
F	Date	Full name of contributor out-of-state PAC (ID#:		Γ	Amount of Contribution (\$)	
	05/30/2025	Murphy, Patrick (Mr.)				\$3.85
			1			
			1			
		Abilene, TX 79601	1			
$\vdash$	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	L ເ)		
	Healthcare F		Hendrick Medical Center			
┡				<u> </u>		

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 29/41 Rpt: 32/51	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
		I Action Committee of the Texas Hospital Association	n		00015794	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
	06/17/2025	Murphy, Patrick (Mr.)				\$3.85
		6 Contributor address; City; State; Zip Code		1		
		Abilene, TX 79601				
8		upation / Job title (See Instructions)	9 Employer (See Instructions	·		
	Healthcare F	Professional	Hendrick Medical Cente	er		
F	Date	Full name of contributor out-of-state PAC (ID#:	<u>.</u> )	Γ	Amount of Contribution (\$)	
	06/20/2025	Neiger, David (Mr.)				\$82.00
		Contributor address; City; State; Zip Code		1		
		Austin, TX 78701				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Sr Vice Pres	sident / Chief Financial Officer	Texas Hospital Associat	tior	ı	
	Date	Full name of contributor Out-of-state PAC (ID#:_	)	Γ	Amount of Contribution (\$)	
	06/20/2025	O'Neil, Jennifer (Ms.)				\$10.00
		Contributor address; City; State; Zip Code		1		
		Austin, TX 78701				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Executive A	dministrative Manager	Texas Hospital Associat	tior	ı	
⊨	Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Γ	Amount of Contribution (\$)	
	06/20/2025	Pargac, Ann (Ms.)			• -	\$2.00
		Contributor address; City; State; Zip Code		ł		
		Austin, TX 78701				
$\vdash$	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Sr Director o	of Education	THA Foundation			
⊨	Date	Full name of contributor out-of-state PAC (ID#:_	)	Γ	Amount of Contribution (\$)	
	06/01/2025	Parisi, James (Mr.)			• -	\$41.67
		Contributor address; City; State; Zip Code		1		
		The Woodlands, TX 77384				
$\vdash$	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Chief Execut		CHI St Lukes Health - T		Woodlands Hospital	
$\vdash$						

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 30/41 Rpt: 33/51	
2 FILER NAME			3 Filer ID (Ethics Commission	n Filers)
	Action Committee of the Texas Hospital Association	n	00015794	
	5 Full name of contributor out-of-state PAC (ID#:_		7 Amount of Contribution (\$)	
06/20/2025	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 Retiremen	nt Plans	Texas Hospital Associat	tion Retirement Plan	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
06/14/2025	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 Protecti	on Officer	Goodall-Witcher Healtho	care	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
06/20/2025	Ramirez, Erika (Ms.)			\$2.00
	Contributor address; City; State; Zip Code		1	
	Austin, TX 78701	<u>1 /2</u>		
	pation / Job title (See Instructions)	Employer (See Instructions		
	tor Health Policy	Texas Hospital Associat		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
06/20/2025	Ramirez, Lisa (Ms.)			\$4.00
	Contributor address; City; State; Zip Code			
	I			
	Austin TV 70701			
Dringing oppur	Austin, TX 78701		->	
Manager of F	pation / Job title (See Instructions) Facilities	Employer (See Instructions Texas Hospital Associat		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
06/15/2025	Richburg, Melanie (Dr.)			\$125.00
	Contributor address; City; State; Zip Code			
	Tabaka TV 70272			
Dringingloggur	Tahoka, TX 79373		->	
Principal occup Chief Executi	pation / Job title (See Instructions)	Employer (See Instructions Lynn County Hospital D		

L						
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 31/41 Rpt: 34/51	
-	FILER NAME			Ļ	-	
2		Action Committee of the Texas Hospital Association	n	3	Filer ID (Ethics Commission 00015794	i Filersj
4	Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
	05/30/2025	Richert, Ron (Mr.)				\$3.85
		6 Contributor address; City; State; Zip Code		ł		
		Abilene, TX 79601				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	;)		
	Director of th	ne Health Club	Hendrick Medical Cente	؛r		
	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	06/17/2025	Richert, Ron (Mr.)				\$3.85
		Contributor address; City; State; Zip Code		1		
		Abilene, TX 79601				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	;)		
	Director of th	ne Health Club	Hendrick Medical Cente	؛r		
	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	06/10/2025	Robicheaux, James (Mr.)				\$42.00
		Contributor address; City; State; Zip Code				
		Bay City, TX 77414				
		upation / Job title (See Instructions)	Employer (See Instructions			
	Chief Execut		Matagorda Regional Me	dic	cal Center	
	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	05/30/2025	Robinson, Tracee (Ms.)				\$3.85
		Contributor address; City; State; Zip Code		1		
		Abilene, TX 79601				
	•	upation / Job title (See Instructions)	Employer (See Instructions			
	Director of Q	Puality	Hendrick Medical Cente	r.		
	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	06/17/2025	Robinson, Tracee (Ms.)				\$3.85
		Contributor address; City; State; Zip Code		1		
		Abilene, TX 79601				
		upation / Job title (See Instructions)	Employer (See Instructions			
	Director of Q	Juality	Hendrick Medical Cente	r		

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 32/41 Rpt: 35/51
2 FILER NAME			<b>3</b> 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 (\$)
06/07/2025	Rodriguez, Micah (Mr.)		\$29.17
	6 Contributor address; City; State; Zip Code		
	Houston, TX 77266		
	upation / Job title (See Instructions)	9 Employer (See Instructions	<b>)</b>
Vice Preside	ent Public Policy & Government Relations	Harris Health System	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
06/20/2025	Safarik, Paulina (Ms.)		\$2.00
	Contributor address; City; State; Zip Code		
	Austin TV 70701		
Principal occu	Austin, TX 78701 Ipation / Job title (See Instructions)	Employer (See Instructions	
	tor of Human Resources	Texas Hospital Associat	
		· · · · · · · · · · · · · · · · · · ·	
Date 05/30/2025	Full name of contributor out-of-state PAC (ID#: Schmidt, Timothy (Mr.)	)	Amount of Contribution (\$) \$3.85
00/00/2020			ψο.ου
	Contributor address; City; State; Zip Code		
	Abilene, TX 79601		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	;)
Dir Property	/ Facility Management	Hendrick Medical Center	r
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
06/17/2025	Schmidt, Timothy (Mr.)		\$3.85
	Contributor address; City; State; Zip Code		
Duin singly again	Abilene, TX 79601		<u> </u>
	ipation / Job title (See Instructions) / Facility Management	Employer (See Instructions Hendrick Medical Center	,
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
06/20/2025	Shea, Patrick (Mr.)		\$2.00
	Contributor address; City; State; Zip Code		
	Georgetown, TX 78633		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	() ()
	ement Coordinator	Texas Hospital Insuranc	
		· ·	

	The Instru	ction Guide explains how to complete this f	iorm.	1	Total pages Schedule A1: Sch: 33/41 Rpt: 36/51	
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 (\$)	
	06/20/2025	Sipes, Michael (Mr.)				\$2.00
		6 Contributor address; City; State; Zip Code		1		
		Austin, TX 78701				
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Legal Servic	ces Specialist	Texas Hospital Associat	tior	ı	
⊨	Date	Full name of contributor out-of-state PAC (ID#:		Γ	Amount of Contribution (\$)	
	06/20/2025	Smith, John (Mr.)				\$1.00
	00,200					×
		Contributor address, City, State, Zip Code				
		Austin, TX 78701				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Director Data	a & Technology	THA Foundation			
╞	Date	Full name of contributor out-of-state PAC (ID#:_	)	Г	Amount of Contribution (\$)	
	05/30/2025	Speckels, Donna (Ms.)				\$3.85
		Contributor address; City; State; Zip Code				
		Abilene, TX 79601				
$\vdash$	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
		ndrick HouseCalls	Hendrick Medical Cente			
⊨	Date	Full name of contributor Out-of-state PAC (ID#:	<u> </u>	Τ	Amount of Contribution (\$)	
	06/17/2025	Speckels, Donna (Ms.)	/		Allount of Contribution (4)	\$3.85
	00/11/2020					Ψ0.00
		Contributor address; City; State; Zip Code				
		Abilene, TX 79601				
$\vdash$	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	e)		
		ndrick HouseCalls	Hendrick Medical Cente			
╘				יי ד		
	Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	÷0.00
	06/20/2025	Srubar, Linda (Mrs.)				\$3.00
		Contributor address; City; State; Zip Code				
		Georgetown, TX 78633	-			
		upation / Job title (See Instructions)	Employer (See Instructions			
	Executive As	ssistant	Texas Hospital Associat	tior	1	
The Instruction Guide explains how to complete	this form	ages Schedule A1: 4/41 Rpt: 37/51				
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2 FILER NAME		(Ethics Commission Filers)				
The Political Action Committee of the Texas Hospital Ass						
4 Date       5 Full name of contributor       out-of-state PA         05/30/2025       Stafford, Steven (Mr.)         6 Contributor address; City; State; Zip Code		of Contribution (\$) \$3.85				
Abilene, TX 79601						
<ul> <li>8 Principal occupation / Job title (See Instructions)</li> <li>Director Hendrick Clinic</li> </ul>	9 Employer (See Instructions) Hendrick Medical Center					
Date Full name of contributor out-of-state PA	AC (ID#:) Amount	of Contribution (\$)				
06/17/2025 Stafford, Steven (Mr.)		\$3.85				
Contributor address; City; State; Zip Code						
Abilene, TX 79601						
Principal occupation / Job title (See Instructions) Director Hendrick Clinic	Employer (See Instructions) Hendrick Medical Center					
Date Full name of contributor out-of-state PA	\C (ID#:) Amount	of Contribution (\$)				
05/30/2025 Stephenson, David (Mr.) Contributor address; City; State; Zip Code		\$9.62				
Abilene, TX 79601						
Abilene, TX 79601 Principal occupation / Job title (See Instructions) Executive	Employer (See Instructions) Hendrick Medical Center					
Principal occupation / Job title (See Instructions)	Hendrick Medical Center	of Contribution (\$) \$9.62				
Principal occupation / Job title (See Instructions)         Executive         Date       Full name of contributor         06/17/2025       Stephenson, David (Mr.)	Hendrick Medical Center					
Principal occupation / Job title (See Instructions)         Executive         Date       Full name of contributor         06/17/2025       Stephenson, David (Mr.)         Contributor address; City; State; Zip Code	Hendrick Medical Center					
Principal occupation / Job title (See Instructions)         Executive         Date       Full name of contributor out-of-state PA         06/17/2025       Stephenson, David (Mr.)         Contributor address; City; State; Zip Code         Abilene, TX 79601	AC (ID#:) Amount					
Principal occupation / Job title (See Instructions)         Executive         Date       Full name of contributor out-of-state P/         06/17/2025       Stephenson, David (Mr.)         Contributor address; City; State; Zip Code         Abilene, TX 79601         Principal occupation / Job title (See Instructions)	Hendrick Medical Center         AC (ID#:)         Amount         Employer (See Instructions)         Hendrick Medical Center					
Principal occupation / Job title (See Instructions)         Executive         Date       Full name of contributor out-of-state PA         06/17/2025       Stephenson, David (Mr.)         Contributor address; City; State; Zip Code         Abilene, TX 79601         Principal occupation / Job title (See Instructions)         Executive	Hendrick Medical Center         AC (ID#:)         Amount         Employer (See Instructions)         Hendrick Medical Center	\$9.62				
Principal occupation / Job title (See Instructions)         Executive         Date       Full name of contributor out-of-state P/         06/17/2025       Stephenson, David (Mr.)         Contributor address; City; State; Zip Code         Abilene, TX 79601         Principal occupation / Job title (See Instructions)         Executive         Date         Full name of contributor	Hendrick Medical Center         AC (ID#:)         Amount         Employer (See Instructions)         Hendrick Medical Center	\$9.62				
Principal occupation / Job title (See Instructions)         Executive         Date       Full name of contributor address; City; State; Zip Code         06/17/2025       Stephenson, David (Mr.)         Contributor address; City; State; Zip Code         Abilene, TX 79601         Principal occupation / Job title (See Instructions)         Executive         Date       Full name of contributor address; City; State; Zip Code         Abilene, TX 79601         Principal occupation / Job title (See Instructions)         Executive         Date       Full name of contributor address; Out-of-state PA         06/20/2025       Thomas, Wendy (Ms.)	Hendrick Medical Center         AC (ID#:)         Amount         Employer (See Instructions)         Hendrick Medical Center	\$9.62				
Principal occupation / Job title (See Instructions)         Executive         Date       Full name of contributor address; City; State; Zip Code         06/17/2025       Stephenson, David (Mr.)         Contributor address; City; State; Zip Code         Abilene, TX 79601         Principal occupation / Job title (See Instructions)         Executive         Date       Full name of contributor out-of-state PA         06/20/2025       Thomas, Wendy (Ms.)         Contributor address; City; State; Zip Code	Hendrick Medical Center         AC (ID#:)         Amount         Employer (See Instructions)         Hendrick Medical Center	\$9.62				

The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 35/41 Rpt: 38/51	
2 FILER NAME	ME			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 (\$)	
05/30/2025					\$1.00
	6 Contributor address; City; State; Zip Code		1		
	Cuero, TX 77954				
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	s)		
Business Of	ffice Manager	Cuero Regional Hospita	al		
Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
06/17/2025					\$1.00
	Contributor address; City; State; Zip Code		1		
	Cuero, TX 77954				
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)		
Business Of	ffice Manager	Cuero Regional Hospita	al		
Date	Full name of contributor out-of-state PAC (ID#:_	)	Γ	Amount of Contribution (\$)	
06/20/2025	— —				\$4.00
	Contributor address; City; State; Zip Code		1		
	Austin, TX 78701				
	upation / Job title (See Instructions)	Employer (See Instructions			
Vice Preside	ent Finance	Texas Hospital Associat	tion	l	
Date	Full name of contributor out-of-state PAC (ID#:	<u>.                                    </u>	Γ	Amount of Contribution (\$)	
06/20/2025	Trout, Judith (Ms.)				\$2.00
	Contributor address; City; State; Zip Code		1		
	Austin, TX 78701				
-	upation / Job title (See Instructions)	Employer (See Instructions	s)		
Healthcare	Data Analyst	THA Foundation			
Date	Full name of contributor out-of-state PAC (ID#:	)	Ī	Amount of Contribution (\$)	
05/30/2025	Tucek, Karen (Ms.)				\$3.85
	Contributor address; City; State; Zip Code		1		
	Abilene, TX 79601				
-	upation / Job title (See Instructions)	Employer (See Instructions			
Director, Ho	uspice	Hendrick Medical Cente	er		
-					

The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 36/41 Rpt: 39/51		
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 (\$)	
	06/17/2025	Tucek, Karen (Ms.)				\$3.85
		6 Contributor address; City; State; Zip Code		1		
		Abilene, TX 79601				
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Director, Hos	spice	Hendrick Medical Cente	r		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	06/20/2025	Turner, Matt (Mr.)				\$2.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78701				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	<b>.</b> 5)		
	Senior Direc	ctor Quality & Payment	Texas Hospital Associat	tioi	ı	
⊨	Date	Full name of contributor Out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	05/30/2025	Vidrine, Amanda (Ms.)	/			\$3.85
		Contributor address; City; State; Zip Code				·
		Abilene, TX 79601				
$\vdash$	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Quality & Re	egulatory Manager	Hendrick Medical Cente	r		
╞	Date	Full name of contributor Out-of-state PAC (ID#:	<u> </u>		Amount of Contribution (\$)	
	06/17/2025	Vidrine, Amanda (Ms.)	/			\$3.85
	00,11,2022	Contributor address; City; State; Zip Code				40.01
		Continuation address, City, State, Lip Code				
		Abilene, TX 79601				
$\vdash$	Principal occu	Ipation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
	•	egulatory Manager	Hendrick Medical Cente			
⊨	Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u> )	Γ	Amount of Contribution (\$)	
	05/30/2025	Wade, Susan (Ms.)	/			\$15.00
					<b>*</b> =•	
	Contributor address; City; State; Zip Code					
		Abilene, TX 79601				
$\vdash$	Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	1 5)		
	Abilene Marl		Hendrick Medical Cente			
$\vdash$			<u> </u>			

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The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 37/41 Rpt: 40/51		
2	FILER NAME			3	Filer ID (Ethics Commission	ı 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 (\$)	
	06/17/2025	Wade, Susan (Ms.)			······································	\$15.00
	•••=	6 Contributor address; City; State; Zip Code		$\mathbf{I}$		Ŧ -
		CUltinbutor address, City, State, Zip Code				
		Abilene, TX 79601				
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	<u>لــــــــــــــــــــــــــــــــــــ</u>		
	Abilene Marl		Hendrick Medical Center			
⊨	Date	Full name of contributor out-of-state PAC (ID#:		—	Amount of Contribution (\$)	
	05/30/2025	Wagner, Angela (Ms.)	/			\$3.85
	03/30/2025					Φ2.00
		Contributor address; City; State; Zip Code				
		Abilana TV 70601				
	Dringingloog	Abilene, TX 79601				
		upation / Job title (See Instructions)	Employer (See Instructions			
L	Healthcare F		Hendrick Medical Cente	। —		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	06/17/2025	Wagner, Angela (Ms.)				\$3.85
		Contributor address; City; State; Zip Code	ļ	1		
		Abilene, TX 79601				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions			
	Healthcare F	Professional	Hendrick Medical Center	٢		
F	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	06/12/2025	Walker, Jeremy (Mr.)				\$83.34
		Contributor address; City; State; Zip Code		1		
		Abilene, TX 79601				
⊢	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	上 3)		
		& Chief Financial Officer	Hendrick Health	,		
╞	Date			—	Amount of Contribution (\$)	
			)			\$9.62
	05/30/2025 Wallschlaeger, Erich (Mr.)				Φ3.0∠	
		Contributor address; City; State; Zip Code				
		Brownwood TV 76004				
┡	Drivelaser	Brownwood, TX 76804		ŕ		
		upation / Job title (See Instructions)	Employer (See Instructions			
L	Chief Financ	lal Officer	Hendrick Medical Center	:r		

	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 38/41 Rpt: 41/51	
2	FILER NAME			3	Filer ID (Ethics Commission	ו 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 (\$)	
	06/17/2025	Wallschlaeger, Erich (Mr.)	/		· · · · · · · · · · · · · · · · · · ·	\$9.62
		6 Contributor address; City; State; Zip Code		$\mathbf{I}$		-
	I		!			
	l		!			
	I	Brownwood, TX 76804	1			
8	Principal occu	I upation / Job title (See Instructions)	9 Employer (See Instructions	ـــــــــــــــــــــــــــــــــــــ		
	Chief Financ		Hendrick Medical Center			
╞				_	Amount of Contribution (\$)	
	Date		)		Amount of Contribution (\$)	ф <u>р</u> об
	05/30/2025	Walzer, Cheryl (Ms.)	!			\$3.85
	I	Contributor address; City; State; Zip Code	,			
	I		!			
	I		,			
		Abilene, TX 79601	<u> </u>	Ļ		
		upation / Job title (See Instructions)	Employer (See Instructions			
	Director of M	Aedsurg / Tele	Hendrick Medical Center	r		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	06/17/2025	Walzer, Cheryl (Ms.)	!			\$3.85
		Contributor address; City; State; Zip Code		1		
	I		!			
	I		,			
	I	Abilene, TX 79601	,			
$\vdash$	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	ـــــــــــــــــــــــــــــــــــــ		
	Director of N	Nedsurg / Tele	Hendrick Medical Center	er		
⊨	Date	Full name of contributor Out-of-state PAC (ID#:	<u> </u>	Γ	Amount of Contribution (\$)	
	06/20/2025	Warner, Freddy (Mr.)	/ I		Allount of Contribution (4)	\$145.50
	00/20/2020		!			Ψ140.00
	ļ	Contributor address; City; State; Zip Code	,			
	I		!			
	I	Houston, TX 77024	,			
$\vdash$	Dringing occu	upation / Job title (See Instructions)	Employer (See Instructions	$\overline{\Gamma}$		
		nment Relations Officer	Memorial Hermann Heal		Suctam	
				.iu. —	-	
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	05/30/2025	Waters, Amber (Ms.)	!			\$3.85
	Contributor address; City; State; Zip Code					
	I		!			
	I		!			
		Abilene, TX 79601	!			
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	;)		
	Director of A	dmissions	Hendrick Medical Center	؛r		
$\vdash$			<u> </u>			

The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 39/41 Rpt: 42/51		
2	FILER NAME	IE IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII		3	Filer ID (Ethics Commission	i Filers)
		Action Committee of the Texas Hospital Association			00015794	, I
	Date	5 Full name of contributor Out-of-state PAC (ID#:		7	Amount of Contribution (\$)	
	06/17/2025	Waters, Amber (Ms.)	/			\$3.85
		6 Contributor address; City; State; Zip Code		ł		·
			!			
			1			
		Abilene, TX 79601	!			
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Director of A	dmissions	Hendrick Medical Center	۶r		
	Date	Full name of contributor out-of-state PAC (ID#:_	, ,	Γ	Amount of Contribution (\$)	
	06/20/2025	Werner, Theo (Mr.)				\$2.00
		Contributor address; City; State; Zip Code		1		
			1			
			,			
		Austin, TX 78701				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	3)		
	Advocacy / N	Multimedia Writer	Texas Hospital Associat	tior	n	
	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	05/30/2025	Wharton, Elisha (Ms.)	1			\$3.85
		Contributor address; City; State; Zip Code		1		
			1			
			1			
		Abilene, TX 79601				
		upation / Job title (See Instructions)	Employer (See Instructions	·		
	Sr Practice N	Aanager	Hendrick Medical Center	؛r		
	Date	Full name of contributor Dut-of-state PAC (ID#:_	)	Γ	Amount of Contribution (\$)	
	06/17/2025	Wharton, Elisha (Ms.)	1			\$3.85
		Contributor address; City; State; Zip Code	,	1		
			1			
			,			
<u> </u>		Abilene, TX 79601		Ĺ		
	•	upation / Job title (See Instructions)	Employer (See Instructions			
	Sr Practice N	/lanager	Hendrick Medical Cente	r=		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	_
	06/20/2025	Williams, Ben (Mr.)		]		\$14.00
	Contributor address; City; State; Zip Code					
			1			
			,			
	Driveland ener	Austin, TX 78701		ŕ		
		upation / Job title (See Instructions)	Employer (See Instructions		-	
	VP AUVOLAL	cy & Pub Policy	Texas Hospital Associat	[[0]	1	
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06/20/2025 Williams, Carrie (Ms.) 6 Contributor address; City; State; Zip Code Austin, TX 78701				
2       FLER NAME       3       File 1D       (Ethics Commission Filers)         0       Date       00025794       00025794       00025794         0       6/20/2025       Williams, Carrie (Ms.)       auto-take PAC (Dc)       7       Amount of Contribution (\$)         0       6/20/2025       Contributor address, City: State: Zip Code       7       Amount of Contribution (\$)         8       Principal occupation / Job title (See Instructions)       9       Employer (See Instructions)       Amount of Contribution (\$)         06/20/2025       Full name of contributor       out-of-state PAC (Dc	The Instruc	ction Guide explains how to complete this f	orm.	
The Political Action Committee of the Texas Hospital Association       00015794         4 Date 06/20/2025       5 Full name of contribution address; City: State; Zip Code       7 Amount of Contribution (\$) \$20.00         8 Principal occupation / Job tills (See Instructions) Chief Communications Officer       9 Employer (See Instructions) Texas Hospital Association       Amount of Contribution (\$) \$2.00         Date       Full name of contributor       out-of-state PAC (10# Austin, TX 78701       Amount of Contribution (\$) Texas Hospital Association         Date       Full name of contributor       out-of-state PAC (10# Austin, TX 78701       Amount of Contribution (\$) S2.00         Principal occupation / Job tile (See Instructions) Relationship Manager Business Services       Employer (See Instructions) THA Foundation       Amount of Contribution (\$) S62.50         Date       Full name of contributor       out-of-state PAC (10# Austin, TX 78701       Amount of Contribution (\$) S62.50         Date       Full name of contributor       out-of-state PAC (10# Contribution address; City; State; Zip Code       Amount of Contribution (\$) S62.50         Obj26/20225       Full name of contributor       out-of-state PAC (10# Contribution address; City; State; Zip Code       Amount of Contribution (\$) Goodal-Witcher Healthcare         Date       Full name of contributor       out-of-state PAC (10# Contributor address; City; State; Zip Code       Amount of Contribution (\$) S41.00         Obj20/20205       Ful				
06/20/2025       Williams, Carrie (Ms.)       \$20.00         6       Contributor address; City; State; Zip Code       \$20.00         7       Principal occupation / Job title (See Instructions)       9       Employer (See Instructions)         7       Full name of contributor       out-of-state PAC (Data       Amount of Contribution (S)         8       Full name of contributor       out-of-state PAC (Data       Amount of Contribution (S)         9       Full name of contributor       out-of-state PAC (Data       Amount of Contribution (S)         9       Full name of contributor       out-of-state PAC (Data       Amount of Contribution (S)         9       Full name of contributor       out-of-state PAC (Data       Amount of Contribution (S)         9       Full name of contributor       out-of-state PAC (Data       Amount of Contribution (S)         9       Full name of contributor       out-of-state PAC (Data       Amount of Contribution (S)         9       Full name of contributor       out-of-state PAC (Data       Amount of Contribution (S)         9       Full name of contributor       out-of-state PAC (Data       Amount of Contribution (S)         9       Full name of contributor       out-of-state PAC (Data       Amount of Contribution (S)         9       Full name of contributor       out-of-state P		Action Committee of the Texas Hospital Association	n	
6       Contributor address; City; State; Zip Code         Austin, TX 78701       9         8       Principal occupation / Job title (See Instructions)       Texas Hospital Association         Date       O6/20/2025       Full name of contributor       out-of-state PAC (Det       Amount of Contribution (\$)         S2.00       Contributor address; City; State; Zip Code       Amount of Contribution (\$)       \$2.00         O6/20/2025       Full name of contributor       out-of-state PAC (Det       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       THA         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       S62.50         Contributor address; City; State; Zip Code       Amount of Contribution (\$)       \$62.50         Contributor address; City; State; Zip Code       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Of/20/2025       Full name of contributor       out-of-state PAC (Det       Amount of Contribution (\$)         O6/20/2025       Full name of contributor       out-of-state PAC (Det       Amount of Contribution (\$)         O6/20/2025       Wohleb, Stephen (Mr.)       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         O6/20/2025       Wohleb, Stephen (Mr.)       Contribut	4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
Austin, TX 78701       Principal occupation / Job title (See instructions) Chief Communications Officer       P Employer (See Instructions) Texas Hospital Association         Date       Full name of contributor       out-of-state PAC (Dir:       Amount of Contribution (S)         06/20/2025       Full name of contributors) Contributor address; City; State: Zip Code       Amount of Contribution (S)         Principal occupation / Job title (See Instructions) Relationship Manager Business Services       Employer (See Instructions) THA Foundation         Date       Full name of contributor       out-of-state PAC (Dir:       Amount of Contribution (S)         05/26/2025       Williaman, Adam (Mr.)       cut-of-state PAC (Dir:       Amount of Contribution (S)         05/26/2025       Full name of contributor       out-of-state PAC (Dir:       Amount of Contribution (S)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       se2.50         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of Contribution (S)         06/20/2025       Full name of contributor       out-of-state PAC (Dir:       Amount of Contribution (S)       \$41.00         06/20/2025       Full name of contributor       out-of-state PAC (Dir:       Amount of Contribution (S)       \$41.00         06/20/2025       Full name of contributor       out-of-state PAC (Dir:	06/20/2025	Williams, Carrie (Ms.)		\$20.00
Austin, TX 78701       Principal occupation / Job title (See instructions) Chief Communications Officer       P Employer (See Instructions) Texas Hospital Association         Date       Full name of contributor       out-of-state PAC (Dir:       Amount of Contribution (S)         06/20/2025       Full name of contributors) Contributor address; City; State: Zip Code       Amount of Contribution (S)         Principal occupation / Job title (See Instructions) Relationship Manager Business Services       Employer (See Instructions) THA Foundation         Date       Full name of contributor       out-of-state PAC (Dir:       Amount of Contribution (S)         05/26/2025       Williaman, Adam (Mr.)       cut-of-state PAC (Dir:       Amount of Contribution (S)         05/26/2025       Full name of contributor       out-of-state PAC (Dir:       Amount of Contribution (S)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       se2.50         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of Contribution (S)         06/20/2025       Full name of contributor       out-of-state PAC (Dir:       Amount of Contribution (S)       \$41.00         06/20/2025       Full name of contributor       out-of-state PAC (Dir:       Amount of Contribution (S)       \$41.00         06/20/2025       Full name of contributor       out-of-state PAC (Dir:		6 Contributor address; City; State; Zip Code		
8       Principal occupation / Job title (See Instructions) Chief Communications Officer       9       Employer (See Instructions) Texas Hospital Association         Date 06/20/2025       Full name of contributor       out-of-state PAC (Def:)       Amount of Contribution (\$)       \$2.00         Obj(20/2025       Full name of contributor       out-of-state PAC (Def:)       Amount of Contribution (\$)       \$2.00         Principal occupation / Job title (See Instructions) Relationship Manager Business Services       Employer (See Instructions) THA Foundation       Amount of Contribution (\$)       \$62.50         Date 05/26/2025       Full name of contributor       out-of-state PAC (Def:)       Amount of Contribution (\$)       \$62.50         Ciliton, TX 76634       Employer (See Instructions) President / CEO       Employer (See Instructions) Goodall-Witcher Healthcare       \$41.00         Date 06/20/2025       Full name of contributor       out-of-state PAC (Def:)       Amount of Contribution (\$)       \$41.00         Date 06/20/2025       Full name of contributor       out-of-state PAC (Def:)       Amount of Contribution (\$)       \$41.00         Date 06/20/2025       Full name of contributor       out-of-state PAC (Def:)       Amount of Contribution (\$)       \$41.00         Date 05/30/2025       Full name of contributor       out-of-state PAC (Def:)       Amount of Contribution (\$)				
8       Principal occupation / Job title (See Instructions) Chief Communications Officer       9       Employer (See Instructions) Texas Hospital Association         Date 06/20/2025       Full name of contributor       out-of-state PAC (Def:)       Amount of Contribution (\$)       \$2.00         Obj(20/2025       Full name of contributor       out-of-state PAC (Def:)       Amount of Contribution (\$)       \$2.00         Principal occupation / Job title (See Instructions) Relationship Manager Business Services       Employer (See Instructions) THA Foundation       Amount of Contribution (\$)       \$62.50         Date 05/26/2025       Full name of contributor       out-of-state PAC (Def:)       Amount of Contribution (\$)       \$62.50         Ciliton, TX 76634       Employer (See Instructions) President / CEO       Employer (See Instructions) Goodall-Witcher Healthcare       \$41.00         Date 06/20/2025       Full name of contributor       out-of-state PAC (Def:)       Amount of Contribution (\$)       \$41.00         Date 06/20/2025       Full name of contributor       out-of-state PAC (Def:)       Amount of Contribution (\$)       \$41.00         Date 06/20/2025       Full name of contributor       out-of-state PAC (Def:)       Amount of Contribution (\$)       \$41.00         Date 05/30/2025       Full name of contributor       out-of-state PAC (Def:)       Amount of Contribution (\$)				
Chief Communications Officer       Texas Hospital Association         Date       Full name of contributor       out-of-state PAC (DPr       Amount of Contribution (S)         06/20/2025       Williams, Patty (MS.)       s2.00         Contributor address; City: State; Zip Code       Austin, TX 78701       Amount of Contribution (S)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of Contribution (S)         Date       Full name of contributor       out-of-state PAC (DPr       Amount of Contribution (S)         05/26/2025       Full name of contributor       out-of-state PAC (DPr       Amount of Contribution (S)         05/26/2025       Contributor address; City: State; Zip Code       Amount of Contribution (S)       S62.50         Of/20/2025       Contributor address; City: State; Zip Code       Amount of Contribution (S)       S62.50         Ob/20/2025       Full name of contributor       out-of-state PAC (DPr       Amount of Contribution (S)         06/20/2025       Full name of contributor       out-of-state PAC (DPr       Amount of Contribution (S)         06/20/2025       Full name of contributor       out-of-state PAC (DPr       Amount of Contribution (S)         05/30/2025       Full name of contributor       out-of-state PAC (DPr       Amount of Contribution (S)         05/30/2025		Austin, TX 78701		
Date       Full name of contributor       out-of-state PAC (DBL       Amount of Contribution (\$)         06/20/2025       Williams, Patty (Ms.)       \$2.00         Contributor address; City; State; Zip Code       Austin, TX 78701       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (DBL       Amount of Contribution (\$)         05/26/2025       Willmann, Adam (Mr.)       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         05/26/2025       Cilifton, TX 76634       Employer (See Instructions)       Goodall-Witcher Healthcare         Date       Full name of contributor       out-of-state PAC (DBL       Amount of Contribution (\$)         06/20/2025       Full name of contributor       out-of-state PAC (DBL       Amount of Contribution (\$)         06/20/2025       Full name of contributor       out-of-state PAC (DBL       Amount of Contribution (\$)         06/20/2025       Full name of contributor       out-of-state PAC (DBL       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       S41.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)       \$4.81 <t< td=""><td>8 Principal occu</td><td>pation / Job title (See Instructions)</td><td>9 Employer (See Instructions</td><td>s)</td></t<>	8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)
06/20/2025       Williams, Patty (Ms.)       \$2.00         Contributor address; City; State; Zip Code       Austin, TX 78701         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Relationship Manager Business Services       THA Foundation         Date       Full name of contributor	Chief Comm	unications Officer	Texas Hospital Associat	tion
Contributor address; City; State; Zip Code       Austin, TX 78701         Principal occupation / Job title (See Instructions) Relationship Manager Business Services       Employer (See Instructions) THA Foundation         Date       Full name of contributor       out-of-state PAC (IDe:	Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
Austin, TX 78701       Employer (See Instructions) THA Foundation         Date       Full name of contributor address; City, State; Zip Code of contributor	06/20/2025	Williams, Patty (Ms.)		\$2.00
Austin, TX 78701       Employer (See Instructions) THA Foundation         Date       Full name of contributor address; City, State; Zip Code of contributor		Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions) Relationship Manager Business Services       Employer (See Instructions) THA Foundation         Date       Full name of contributor       out-of-state PAC (D#:       Amount of Contribution (\$)         05/26/2025       Willmann, Adam (Mr.)       \$62.50         Contributor address; City; State; Zip Code       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) President / CEO       Employer (See Instructions) Goodall-Witcher Healthcare         Date       Full name of contributor       out-of-state PAC (D#:				
Principal occupation / Job title (See Instructions) Relationship Manager Business Services       Employer (See Instructions) THA Foundation         Date       Full name of contributor       out-of-state PAC (D#:       Amount of Contribution (\$)         05/26/2025       Willmann, Adam (Mr.)       \$62.50         Contributor address; City; State; Zip Code       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) President / CEO       Employer (See Instructions) Goodall-Witcher Healthcare         Date       Full name of contributor       out-of-state PAC (D#:				
Relationship Manager Business Services       THA Foundation         Date       Full name of contributor       out-of-state PAC (ID#:		Austin, TX 78701		
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         05/26/2025       Willmann, Adam (Mr.)       \$62.50         Contributor address; City; State; Zip Code       Clifton, TX 76634       \$62.50         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$62.50         President / CEO       Goodall-Witcher Healthcare       Goodall-Witcher Healthcare         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         06/20/2025       Wohleb, Stephen (Mr.)       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$41.00         Of/20/2025       Wohleb, Stephen (Mr.)       Employer (See Instructions)       \$41.00         Of/20/2025       General Counsel       Employer (See Instructions)       \$41.00         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$4.81         O5/30/2025       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$4.81         O5/30/2025       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)
05/26/2025       Willmann, Adam (Mr.)       \$62.50         Contributor address; City; State; Zip Code	Relationship	Manager Business Services	THA Foundation	
Contributor address; City; State; Zip Code         Clifton, TX 76634         Principal occupation / Job title (See Instructions)         President / CEO         Date         06/20/2025         Wohleb, Stephen (Mr.)         Contributor address; City; State; Zip Code         Austin, TX 78701         Principal occupation / Job title (See Instructions)         General Coursel         Date         Of/30/2025         Wohleb, Stephen (Mr.)         State; Zip Code         Austin, TX 78701         Principal occupation / Job title (See Instructions)         General Coursel         Date         O5/30/2025         Wood, Adam (Mr.)         Contributor address; City; State; Zip Code         Abilene, TX 79601         Principal occupation / Job title (See Instructions)         Employer (See Instructions)         Contributor address; City; State; Zip Code         Abilene, TX 79601	Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
Clifton, TX 76634       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         President / CEO       Goodall-Witcher Healthcare         Date       Full name of contributor       out-of-state PAC (ID#:)         06/20/2025       Wohleb, Stephen (Mr.)       Amount of Contribution (\$)         Contributor address; City, State; Zip Code       Austin, TX 78701         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         General Coursel       Employer (See Instructions)         Date       Full name of contributor         0tf       Out-of-state PAC (ID#:)         Adstin, TX 78701       Employer (See Instructions)         General Coursel       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:)         05/30/2025       Wood, Adam (Mr.)       S4.81         Contributor address; City, State; Zip Code       Amount of Contribution (\$)         Abilene, TX 79601       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)	05/26/2025	Willmann, Adam (Mr.)		\$62.50
Clifton, TX 76634       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         President / CEO       Goodall-Witcher Healthcare         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         06/20/2025       Wohleb, Stephen (Mr.)		Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         President / CEO       Goodall-Witcher Healthcare         Date       Full name of contributor       out-of-state PAC (ID#:)         06/20/2025       Wohleb, Stephen (Mr.)       \$41.00         Contributor address; City; State; Zip Code       Austin, TX 78701         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         General Counsel       Full name of contributor       out-of-state PAC (ID#:)         Adate       Mount of Contribution (\$)       \$4.81         O5/30/2025       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         \$4.81       Contributor address; City, State; Zip Code       Amount of Contribution (\$)       \$4.81         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$4.81         Contributor address; City, State; Zip Code       Abilene, TX 79601       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Employer (See Instructions)				
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         President / CEO       Goodall-Witcher Healthcare         Date       Full name of contributor       out-of-state PAC (ID#:)         06/20/2025       Wohleb, Stephen (Mr.)       \$41.00         Contributor address; City; State; Zip Code       Austin, TX 78701         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         General Counsel       Full name of contributor       out-of-state PAC (ID#:				
President / CEO       Goodall-Witcher Healthcare         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         06/20/2025       Wohleb, Stephen (Mr.)       \$41.00         Contributor address; City; State; Zip Code       Full name of contributor       \$41.00         Austin, TX 78701       Employer (See Instructions)       Employer (See Instructions)         General Coursel       Full name of contributor       out-of-state PAC (ID#:)         Date       Full name of contributor       out-of-state PAC (ID#:)         05/30/2025       Wood, Adam (Mr.)       Amount of Contribution (\$)         05/30/204       Full name of contributor       out-of-state PAC (ID#:)         Abilene, TX 79601       Employer (See Instructions)       \$4.81         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)		Clifton, TX 76634		
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         06/20/2025       Wohleb, Stephen (Mr.)       \$41.00         Contributor address; City; State; Zip Code       Austin, TX 78701         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         General Counsel       Full name of contributor       out-of-state PAC (ID#:)         Date       Full name of contributor       out-of-state PAC (ID#:)         05/30/2025       Wood, Adam (Mr.)       Amount of Contribution (\$)         S4.81       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Abilene, TX 79601       Employer (See Instructions)       \$4.81         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$4.81	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)
06/20/2025       Wohleb, Stephen (Mr.)       \$41.00         Contributor address; City; State; Zip Code       Austin, TX 78701         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         General Coursel       Employer (See Instructions)         Date       Full name of contributor         05/30/2025       Wood, Adam (Mr.)         05/30/2025       Wood, Adam (Mr.)         Abilene, TX 79601       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       \$4.81	President / C	EO	Goodall-Witcher Healtho	care
Contributor address; City; State; Zip Code         Austin, TX 78701         Principal occupation / Job title (See Instructions)         General Coursel         Date         Full name of contributor         out-of-state PAC (ID#:)         Moount of Contribution (\$)         Vood, Adam (Mr.)         Contributor address; City; State; Zip Code         Abilene, TX 79601         Principal occupation / Job title (See Instructions)         Employer (See Instructions)         Employer (See Instructions)         Texas Hospital Association	Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
Austin, TX 78701       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         General Coursel       Texas Hospital Association         Date       Full name of contributor       out-of-state PAC (ID#:)         05/30/2025       Wood, Adam (Mr.)       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       Abilene, TX 79601       \$4.81         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$4.91	06/20/2025	Wohleb, Stephen (Mr.)		\$41.00
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         General Counsel       Texas Hospital Association         Date       Full name of contributor       out-of-state PAC (ID#:)         05/30/2025       Wood, Adam (Mr.)       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       \$4.81         Abilene, TX 79601       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)		Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         General Counsel       Texas Hospital Association         Date       Full name of contributor       out-of-state PAC (ID#:)         05/30/2025       Wood, Adam (Mr.)       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       \$4.81         Abilene, TX 79601       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)				
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         General Counsel       Texas Hospital Association         Date       Full name of contributor       out-of-state PAC (ID#:)         05/30/2025       Wood, Adam (Mr.)       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       \$4.81         Abilene, TX 79601       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)				
General Counsel       Texas Hospital Association         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         05/30/2025       Wood, Adam (Mr.)       \$4.81         Contributor address; City; State; Zip Code       Full name of contributor address; City; State; Zip Code       Full name of contributor address; City; State; Zip Code         Abilene, TX 79601       Employer (See Instructions)       Employer (See Instructions)				
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         05/30/2025       Wood, Adam (Mr.)       \$4.81         Contributor address; City; State; Zip Code       Abilene, TX 79601         Principal occupation / Job title (See Instructions)       Employer (See Instructions)				
05/30/2025       Wood, Adam (Mr.)       \$4.81         Contributor address; City; State; Zip Code       Abilene, TX 79601         Principal occupation / Job title (See Instructions)       Employer (See Instructions)	General Cou	nsel	Texas Hospital Associat	tion
Contributor address; City; State; Zip Code Abilene, TX 79601 Principal occupation / Job title (See Instructions) Employer (See Instructions)	Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
Abilene, TX 79601 Principal occupation / Job title (See Instructions) Employer (See Instructions)	05/30/2025	Wood, Adam (Mr.)		\$4.81
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)				
System Assistant Vice President Supply Chain Hendrick Medical Center				
	System Assis	stant Vice President Supply Chain	Hendrick Medical Cente	r

## MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 41/41 Rpt: 44/51 2 FILER NAME 3 Filer ID (Ethics Commission Filers) The Political Action Committee of the Texas Hospital Association 00015794 4 5 Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 7 06/17/2025 \$4.81 Wood, Adam (Mr.) 6 Contributor address; City; State; Zip Code Abilene, TX 79601 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) System Assistant Vice President Supply Chain Hendrick Medical Center

# MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C3

	The Instruction Guide explains how to complete this form.			1	Total pages Schedule C3: Sch: 1/1 Rpt: 45/51
2 FILER NAME				3	Filer ID (Ethics Commission Filers)
The Political Action Committee of the Texas Hospital Association			00015794		
4	Date	5	Corporation / Labor Organization name	6	Amount (\$)
	05/30/2025		Texas Hospital Association		758.50

## NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C4

The Instruction Guide explains how to complete this form.			1	Total pages S Sch: 1/1 Rp	Schedule C4: t: 46/51		
2	FILER NAME	ILER 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 (\$)		
	06/25/2025		Texas Hospital Association			4,2	00.00

	EXPENDITURE CATEGORIES FO	R BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Rep Fees Office Ov Food/Beverage Expense Polling E: - Gift/Awards/Memorials Expense Printing E	ayment/Reimbursement erhead/Rental Expense xpense xpense Vages/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: 1/4 Rpt: 47/51	The Political Action Committee of the Texas H		00015794
4 Date	5 Payee name		
06/03/2025	Frost Bank		
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode	
\$19.95	PO Box 1727		
Expenditure from corporate funds	Austin, TX 78767		
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
EXPENDITURE	Fees		ide of Texas. Complete Schedule T. , officeholder living expense
		Credit Card Pro	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sou	l ıght	Office held
Date	Payee name		
06/03/2025	Frost Bank		
Amount (\$)	Payee address; City; State; Zip Co	ode	
\$52.10	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		ide of Texas. Complete Schedule T. , officeholder living expense Cessing Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sou	ight	Office held
Date	Payee name		
06/03/2025	Frost Bank		
Amount (\$)	Payee address; City; State; Zip Co	ode	
\$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		ide of Texas. Complete Schedule T. , officeholder living expense
		Credit Card Pro	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	Ight	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: 2/4 Rpt: 48/51	The Political Action Committee of the Texas Hospital 00015794
4 Date 05/26/2025	5 Payee name Stripe
6 Amount (\$) \$97.90	7 Payee address; City; State; Zip Code 354 Oyster Point Blvd
Expenditure from corporate funds	South San Francisco, CA 94080
8 PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Fees</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Processing fees for processing multiple credit card contributions 05/27/25-06/25/25</li> </ul>
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
05/27/2025	Stripe
Amount (\$) \$0.63	Payee address; City; State; Zip Code 354 Oyster Point Blvd
Expenditure from corporate funds	South San Francisco, CA 94080
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Fees</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Credit Card Processing Fees</li> </ul>
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
06/04/2025	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	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Fees</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Credit Card Processing Fees</li> </ul>
Complete ONLY if direct expenditure to benefit C/O	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	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 3/4 Rpt: 49/51	The Political Action Committee of the Texas Hospital00015794
4 Date 06/11/2025	5 Payee name Stripe
6 Amount (\$) \$3.06	7 Payee address; City; State; Zip Code 354 Oyster Point Blvd
Expenditure from corporate funds	South San Francisco, CA 94080
8 PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Fees</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Credit Card Processing Fees</li> </ul>
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought Office held
Date	Payee name
06/16/2025	Stripe
Amount (\$) \$1.25	Payee address; City; State; Zip Code 354 Oyster Point Blvd
Expenditure from corporate funds	South San Francisco, CA 94080
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Fees</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Credit Card Processing Fees</li> </ul>
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
Date	Payee name
06/17/2025	Stripe
Amount (\$) \$0.52	Payee address;     City;     State;     Zip Code       354 Oyster Point Blvd
Expenditure from corporate funds	South San Francisco, CA 94080
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Fees</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Credit Card Processing Fees</li> </ul>
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	
1 Total pages Schedule F1: Sch: 4/4 Rpt: 50/51	2       FILER NAME       3       Filer ID       (Ethics Commission Filers)         The Political Action Committee of the Texas Hospital       00015794
4 Date 06/24/2025	5 Payee name Stripe
6 Amount (\$) \$0.88	7 Payee address; City; State; Zip Code 354 Oyster Point Blvd
Corporate funds 8 PURPOSE 0F EXPENDITURE	South San Francisco, CA 94080 (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 06/25/2025 Amount (\$) \$0.42	Payee name Stripe Payee address; City; State; Zip Code 354 Oyster Point Blvd
Expenditure from corporate funds	South San Francisco, CA 94080
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Fees</li> <li>(b) Description</li> <li>Check if ravel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Credit Card Processing Fees</li> </ul>
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name 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: 51/51	2 FILER NAME The Political Action Committee of the Texas Hospital	3 Filer ID (Ethics Commission Filers) 00015794
<sup>4</sup> TOTAL OF UNITEMI	ZED UNPAID INCURRED OBLIGATIONS	\$
<ul> <li>5 Date 06/25/2025</li> <li>7 Amount (\$)</li> </ul>	6 Payee name Atchley & Associates LLP     8 Payee address; City; State; Zip Code	
\$644.00	1005 La Posada Dr	
Corporate funds     TYPE OF     EXPENDITURE	Austin, TX 78752	
10 PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense ing and reporting services
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought H	Office held