

# MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC  
COVER SHEET PG 1

The MPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00015794		2 Total pages filed: 49	
3 COMMITTEE NAME The Political Action Committee of the Texas Hospital Association				OFFICE USE ONLY Date Received ELECTRONICALLY FILED 08/05/2025 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	
4 COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP 1108 Lavaca Ste 700  Austin, TX 78701				
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Sara  NICKNAME LAST SUFFIX Gonzalez				
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1108 Lavaca Suite 700  Austin, TX 78701				
7 CAMPAIGN TREASURER MAILING ADDRESS	STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1108 Lavaca Suite 700  Austin, TX 78701				
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 465-1000				
9 REPORT TYPE	<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Dissolution (Attach PAC-DR)				
10 MONTHLY REPORT FILING DEADLINE	<input type="checkbox"/> January 5 <input type="checkbox"/> April 5 <input type="checkbox"/> July 5 <input type="checkbox"/> October 5 <input type="checkbox"/> February 5 <input type="checkbox"/> May 5 <input checked="" type="checkbox"/> August 5 <input type="checkbox"/> November 5 <input type="checkbox"/> March 5 <input type="checkbox"/> June 5 <input type="checkbox"/> September 5 <input type="checkbox"/> December 5				
11 PERIOD COVERED	Month Day Year    THROUGH    Month Day Year 06/26/2025    07/25/2025				

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# MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

## FORM MPAC COVER SHEET PG 2

<b>12 COMMITTEE NAME</b> The Political Action Committee of the Texas Hospital Association	<b>13 Filer ID</b> (Ethics Commission Filers) 00015794
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<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	

<b>15 CONTRIBUTION TOTALS</b>	<b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b> <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	<b>2. TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 8,153.34
<b>EXPENDITURE TOTALS</b>	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 829.28
<b>CONTRIBUTION BALANCE</b>	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 92,658.21
<b>OUTSTANDING LOAN TOTALS</b>	<b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 0.00

### 16 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Sara Gonzalez

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day  
of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

**SUBTOTALS - MPAC****FORM MPAC**  
**COVER SHEET PG 3**  
3 of 49

<b>17 COMMITTEE NAME</b> The Political Action Committee of the Texas Hospital Association		<b>18 Filer ID</b> (Ethics Commission Filers) 00015794
<b>19 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3,309.34
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input checked="" type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$ 644.00
7.	<input checked="" type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$ 4,200.00
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 187.78
11.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 641.50
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/39 Rpt: 4/49
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 07/18/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amador, Dolores (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Georgetown, TX 78633	<b>7</b> Amount of Contribution (\$)  \$1.00
<b>8</b> Principal occupation / Job title (See Instructions) Claims Manager		<b>9</b> Employer (See Instructions) Texas Hospital Insurance Exchange
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andersen, Daniel (Mr.) <hr/> Contributor address; City; State; Zip Code  Georgetown, TX 78633	Amount of Contribution (\$)  \$14.00
Principal occupation / Job title (See Instructions) VP Underwriting & Business Development		Employer (See Instructions) Texas Hospital Insurance Exchange
Date 07/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bagchi, Sam (Dr.) <hr/> Contributor address; City; State; Zip Code  Irving, TX 75038	Amount of Contribution (\$)  \$165.00
Principal occupation / Job title (See Instructions) EVP / Chief Clinical Officer		Employer (See Instructions) CHRISTUS Health
Date 07/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ballew, Joel (Mr.) <hr/> Contributor address; City; State; Zip Code  Arlington, TX 76011	Amount of Contribution (\$)  \$41.50
Principal occupation / Job title (See Instructions) VP Government & Community Affairs		Employer (See Instructions) Texas Health Resources
Date 07/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baty, Krista (Ms.) <hr/> Contributor address; City; State; Zip Code  Brownwood, TX 76801	Amount of Contribution (\$)  \$27.50
Principal occupation / Job title (See Instructions) Chief Administrative Officer		Employer (See Instructions) Hendrick Medical Center

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/39 Rpt: 5/49
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 07/25/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baty, Krista (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Brownwood, TX 76801	<b>7</b> Amount of Contribution (\$)  \$27.50
<b>8</b> Principal occupation / Job title (See Instructions) Chief Administrative Officer		<b>9</b> Employer (See Instructions) Hendrick Medical Center
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beasley, Sharon (Ms.) <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$8.00
Principal occupation / Job title (See Instructions) Sr Dir Governance		Employer (See Instructions) Texas Hospital Association
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bell, Jeff (Mr.) <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) Manager Corporate Relations		Employer (See Instructions) THA Foundation
Date 07/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Benham, Bradley (Mr.) <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79601	Amount of Contribution (\$)  \$9.62
Principal occupation / Job title (See Instructions) VP HMC Foundation		Employer (See Instructions) Hendrick Medical Center
Date 07/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Benham, Bradley (Mr.) <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79601	Amount of Contribution (\$)  \$9.62
Principal occupation / Job title (See Instructions) VP HMC Foundation		Employer (See Instructions) Hendrick Medical Center

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/39 Rpt: 6/49
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 07/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bessent, Brian (Mr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Abilene, TX 79601	<b>7</b> Amount of Contribution (\$)  \$32.50
<b>8</b> Principal occupation / Job title (See Instructions) VP / Chief Strategy & Experience Officer		<b>9</b> Employer (See Instructions) Hendrick Medical Center
Date 07/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bessent, Brian (Mr.) <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79601	Amount of Contribution (\$)  \$32.50
Principal occupation / Job title (See Instructions) VP / Chief Strategy & Experience Officer		Employer (See Instructions) Hendrick Medical Center
Date 07/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bowden, Sherri (Ms.) <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79601	Amount of Contribution (\$)  \$3.85
Principal occupation / Job title (See Instructions) Director Pulmonary Services		Employer (See Instructions) Hendrick Medical Center
Date 07/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bowden, Sherri (Ms.) <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79601	Amount of Contribution (\$)  \$3.85
Principal occupation / Job title (See Instructions) Director Pulmonary Services		Employer (See Instructions) Hendrick Medical Center
Date 07/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bowerman, Stephen (Mr.) <hr/> Contributor address; City; State; Zip Code  Midland, TX 79701	Amount of Contribution (\$)  \$125.00
Principal occupation / Job title (See Instructions) President & Chief Executive Officer		Employer (See Instructions) Midland Memorial Hospital

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/39 Rpt: 7/49
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 07/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brockway, Toni (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Abilene, TX 79601	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) Director of Workforce Dev		<b>9</b> Employer (See Instructions) Hendrick Medical Center
Date 07/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brockway, Toni (Ms.) <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79601	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Director of Workforce Dev		Employer (See Instructions) Hendrick Medical Center
Date 07/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Broderick, Treva (Ms.) <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79601	Amount of Contribution (\$)  \$4.81
Principal occupation / Job title (See Instructions) Assistant Vice President Clinical Svcs		Employer (See Instructions) Hendrick Medical Center
Date 07/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Broderick, Treva (Ms.) <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79601	Amount of Contribution (\$)  \$4.81
Principal occupation / Job title (See Instructions) Assistant Vice President Clinical Svcs		Employer (See Instructions) Hendrick Medical Center
Date 07/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Calvo, Raul (Mr.) <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79608	Amount of Contribution (\$)  \$2.50
Principal occupation / Job title (See Instructions) Board Vice Chair		Employer (See Instructions) Hendrick Medical Center

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/39 Rpt: 8/49
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 07/25/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Calvo, Raul (Mr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Abilene, TX 79608	<b>7</b> Amount of Contribution (\$)  \$2.50
<b>8</b> Principal occupation / Job title (See Instructions) Board Vice Chair		<b>9</b> Employer (See Instructions) Hendrick Medical Center
Date 07/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Camacho, Precilla (Ms.) <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79601	Amount of Contribution (\$)  \$3.85
Principal occupation / Job title (See Instructions) Senior Director Nursing		Employer (See Instructions) Hendrick Medical Center
Date 07/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Camacho, Precilla (Ms.) <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79601	Amount of Contribution (\$)  \$3.85
Principal occupation / Job title (See Instructions) Senior Director Nursing		Employer (See Instructions) Hendrick Medical Center
Date 07/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Canada, Kirk (Mr.) <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79601	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) Chief Operating Office / System VP		Employer (See Instructions) Hendrick Medical Center
Date 07/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Canada, Kirk (Mr.) <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79601	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) Chief Operating Office / System VP		Employer (See Instructions) Hendrick Medical Center



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/39 Rpt: 9/49
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 07/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cates, Boyd (Mr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Abilene, TX 79601	<b>7</b> Amount of Contribution (\$)  \$1.00
<b>8</b> Principal occupation / Job title (See Instructions) Diagnostic Technologist		<b>9</b> Employer (See Instructions) Hendrick Medical Center
Date 07/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cates, Boyd (Mr.) <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79601	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Diagnostic Technologist		Employer (See Instructions) Hendrick Medical Center
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, Stephen (Mr.) <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Sr Director Reg Ambassador - Houston / East TX		Employer (See Instructions) Texas Hospital Association
Date 07/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Conger, Cody (Mr.) <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79601	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) Health Director, Invasive Cardiology		Employer (See Instructions) Hendrick Medical Center
Date 07/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Conger, Cody (Mr.) <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79601	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) Health Director, Invasive Cardiology		Employer (See Instructions) Hendrick Medical Center

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 7/39 Rpt: 10/49
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 07/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Connell, Jessica (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Brownwood, TX 76804	<b>7</b> Amount of Contribution (\$)  \$4.81
<b>8</b> Principal occupation / Job title (See Instructions) Chief Nursing Officer		<b>9</b> Employer (See Instructions) Hendrick Medical Center
Date 07/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Connell, Jessica (Ms.) <hr/> Contributor address; City; State; Zip Code  Brownwood, TX 76804	Amount of Contribution (\$)  \$4.81
Principal occupation / Job title (See Instructions) Chief Nursing Officer		Employer (See Instructions) Hendrick Medical Center
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Conner, Cecil (Mr.) <hr/> Contributor address; City; State; Zip Code  Austin, TX 78731	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) Risk Management Advisor		Employer (See Instructions) Texas Hospital Insurance Exchange
Date 07/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contreras, Rosendo (Ms.) <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79601	Amount of Contribution (\$)  \$1.93
Principal occupation / Job title (See Instructions) Dir Patient Safety, Infect Prevention, Perform Improvement		Employer (See Instructions) Hendrick Medical Center
Date 07/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contreras, Rosendo (Ms.) <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79601	Amount of Contribution (\$)  \$1.93
Principal occupation / Job title (See Instructions) Dir Patient Safety, Infect Prevention, Perform Improvement		Employer (See Instructions) Hendrick Medical Center

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 8/39 Rpt: 11/49
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 07/18/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cook, Kenneth (Mr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78701	<b>7</b> Amount of Contribution (\$)  \$2.00
<b>8</b> Principal occupation / Job title (See Instructions) IT Director		<b>9</b> Employer (See Instructions) THA Foundation
Date 07/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cooper, David (Mr.) <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79601	Amount of Contribution (\$)  \$3.85
Principal occupation / Job title (See Instructions) Lab Supervisor		Employer (See Instructions) Hendrick Medical Center
Date 07/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cooper, David (Mr.) <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79601	Amount of Contribution (\$)  \$3.85
Principal occupation / Job title (See Instructions) Lab Supervisor		Employer (See Instructions) Hendrick Medical Center
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cornelson, Laura (Ms.) <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) VP Clinical Initiatives		Employer (See Instructions) THA Foundation
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Costilla, Nina (Ms.) <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$2.00
Principal occupation / Job title (See Instructions) Clinical Projects Manager		Employer (See Instructions) THA Foundation

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 9/39 Rpt: 12/49
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 07/18/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cotton, Corey (Mr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78701	<b>7</b> Amount of Contribution (\$)  \$20.00
<b>8</b> Principal occupation / Job title (See Instructions) VP Member Solutions		<b>9</b> Employer (See Instructions) Texas Hospital Association
Date 07/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daskevich, Cris (Ms.) <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78207	Amount of Contribution (\$)  \$145.84
Principal occupation / Job title (See Instructions) CEO, CHRISTUS Children's & SVP CHRISTUS Health		Employer (See Instructions) CHRISTUS Children's
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davenport, Chad (Mr.) <hr/> Contributor address; City; State; Zip Code  Georgetown, TX 78633	Amount of Contribution (\$)  \$2.00
Principal occupation / Job title (See Instructions) Accounting Specialist		Employer (See Instructions) Texas Hospital Insurance Exchange
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davila, Leslie (Ms.) <hr/> Contributor address; City; State; Zip Code  Georgetown, TX 78633	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Receptionist		Employer (See Instructions) Texas Hospital Insurance Exchange
Date 06/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, John (Mr.) <hr/> Contributor address; City; State; Zip Code  Cuero, TX 77954	Amount of Contribution (\$)  \$3.85
Principal occupation / Job title (See Instructions) Director Cardiopulmonary		Employer (See Instructions) Cuero Regional Hospital

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 10/39 Rpt: 13/49
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 07/03/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, John (Mr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Cuero, TX 77954	<b>7</b> Amount of Contribution (\$)  \$3.85
<b>8</b> Principal occupation / Job title (See Instructions) Director Cardiopulmonary		<b>9</b> Employer (See Instructions) Cuero Regional Hospital
Date 07/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, John (Mr.) <hr/> Contributor address; City; State; Zip Code  Cuero, TX 77954	Amount of Contribution (\$)  \$3.85
Principal occupation / Job title (See Instructions) Director Cardiopulmonary		Employer (See Instructions) Cuero Regional Hospital
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Valerie (Ms.) <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$14.00
Principal occupation / Job title (See Instructions) Sr. Accounts Payable Specialist		Employer (See Instructions) Texas Hospital Association
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) De La Garza-Barone, Heather (Ms.) <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$2.00
Principal occupation / Job title (See Instructions) Associate General Counsel		Employer (See Instructions) Texas Hospital Association
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeYoung, Peter (Dr.) <hr/> Contributor address; City; State; Zip Code  Austin, TX 78758	Amount of Contribution (\$)  \$41.00
Principal occupation / Job title (See Instructions) Chief Medical Officer		Employer (See Instructions) St Davids North Austin Medical Center

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 11/39 Rpt: 14/49
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 07/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dennis, Gregory (Mr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Abilene, TX 79601	<b>7</b> Amount of Contribution (\$)  \$3.85
<b>8</b> Principal occupation / Job title (See Instructions) Director Facility Management		<b>9</b> Employer (See Instructions) Hendrick Medical Center
Date 07/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dennis, Gregory (Mr.) <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79601	Amount of Contribution (\$)  \$3.85
Principal occupation / Job title (See Instructions) Director Facility Management		Employer (See Instructions) Hendrick Medical Center
Date 07/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Devun, Sharn (Ms.) <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79601	Amount of Contribution (\$)  \$3.85
Principal occupation / Job title (See Instructions) Director Risk Management		Employer (See Instructions) Hendrick Medical Center
Date 07/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Devun, Sharn (Ms.) <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79601	Amount of Contribution (\$)  \$3.85
Principal occupation / Job title (See Instructions) Director Risk Management		Employer (See Instructions) Hendrick Medical Center
Date 07/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dippel, Douglas (Mr.) <hr/> Contributor address; City; State; Zip Code  Sweetwater, TX 79556	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Chief Executive Officer / Administrator		Employer (See Instructions) Rolling Plains Memorial Hospital

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 12/39 Rpt: 15/49
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 07/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donaway, Duane (Mr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Abilene, TX 79601	<b>7</b> Amount of Contribution (\$)  \$1.93
<b>8</b> Principal occupation / Job title (See Instructions) Director Information Systems		<b>9</b> Employer (See Instructions) Hendrick Medical Center
Date 07/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donaway, Duane (Mr.) <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79601	Amount of Contribution (\$)  \$1.93
Principal occupation / Job title (See Instructions) Director Information Systems		Employer (See Instructions) Hendrick Medical Center
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doyle, Rosalinda (Ms.) <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$2.00
Principal occupation / Job title (See Instructions) Payroll Administrator		Employer (See Instructions) Texas Hospital Association
Date 07/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Driskell, Jesiree (Ms.) <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79601	Amount of Contribution (\$)  \$7.50
Principal occupation / Job title (See Instructions) AVP Strategic Comms & Digital Expert		Employer (See Instructions) Hendrick Medical Center
Date 07/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Driskell, Jesiree (Ms.) <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79601	Amount of Contribution (\$)  \$7.50
Principal occupation / Job title (See Instructions) AVP Strategic Comms & Digital Expert		Employer (See Instructions) Hendrick Medical Center

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 13/39 Rpt: 16/49
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 07/18/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eskew, Amy (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78701	<b>7</b> Amount of Contribution (\$)  \$14.00
<b>8</b> Principal occupation / Job title (See Instructions) Sr Vice President of Operations		<b>9</b> Employer (See Instructions) Texas Healthcare Trustees
Date 07/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eurek, Andrew (Mr.) <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79601	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) Director Financial Analysis		Employer (See Instructions) Hendrick Medical Center
Date 07/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eurek, Andrew (Mr.) <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79601	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) Director Financial Analysis		Employer (See Instructions) Hendrick Medical Center
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Felton, Chris (Mr.) <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) Sr. Director of Business Services		Employer (See Instructions) Texas Hospital Association
Date 07/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ford, Christopher (Mr.) <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79601	Amount of Contribution (\$)  \$9.62
Principal occupation / Job title (See Instructions) AVP Support Services		Employer (See Instructions) Hendrick Medical Center



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 14/39 Rpt: 17/49
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 07/25/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ford, Christopher (Mr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Abilene, TX 79601	<b>7</b> Amount of Contribution (\$)  \$9.62
<b>8</b> Principal occupation / Job title (See Instructions) AVP Support Services		<b>9</b> Employer (See Instructions) Hendrick Medical Center
Date 07/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fox, Jay (Mr.) <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$20.50
Principal occupation / Job title (See Instructions) President BSWH Austin Area		Employer (See Instructions) Baylor Scott & White Medical Center - Pflugerville
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frazier, Tess (Ms.) <hr/> Contributor address; City; State; Zip Code  Georgetown, TX 78633	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) President / CEO		Employer (See Instructions) Texas Hospital Insurance Exchange
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gaines, Cameron (Mr.) <hr/> Contributor address; City; State; Zip Code  Georgetown, TX 78633	Amount of Contribution (\$)  \$2.00
Principal occupation / Job title (See Instructions) IT Support Specialist		Employer (See Instructions) Texas Hospital Insurance Exchange
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gette, Angela (Ms.) <hr/> Contributor address; City; State; Zip Code  Georgetown, TX 78633	Amount of Contribution (\$)  \$2.00
Principal occupation / Job title (See Instructions) Vice President Claims		Employer (See Instructions) Texas Hospital Insurance Exchange

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 15/39 Rpt: 18/49
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 07/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gladden, Jaye (Ms.) <b>6</b> Contributor address; City; State; Zip Code  Abilene, TX 79601	<b>7</b> Amount of Contribution (\$)  \$3.85
<b>8</b> Principal occupation / Job title (See Instructions) Hospital Professional		<b>9</b> Employer (See Instructions) Hendrick Medical Center
Date 07/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gladden, Jaye (Ms.) Contributor address; City; State; Zip Code  Abilene, TX 79601	Amount of Contribution (\$)  \$3.85
Principal occupation / Job title (See Instructions) Hospital Professional		Employer (See Instructions) Hendrick Medical Center
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez, Sara (Ms.) Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$41.00
Principal occupation / Job title (See Instructions) VP Advocacy & Pub Policy		Employer (See Instructions) Texas Hospital Association
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gordon, Brittany (Ms.) Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$2.00
Principal occupation / Job title (See Instructions) Sr Specialist, AR & Assoc Mgmt System		Employer (See Instructions) Texas Hospital Association
Date 07/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greenwood, Susan (Ms.) Contributor address; City; State; Zip Code  Abilene, TX 79601	Amount of Contribution (\$)  \$29.00
Principal occupation / Job title (See Instructions) Vice President / Chief Nursing Officer		Employer (See Instructions) Hendrick Medical Center

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 16/39 Rpt: 19/49
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 07/25/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greenwood, Susan (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Abilene, TX 79601	<b>7</b> Amount of Contribution (\$)  \$29.00
<b>8</b> Principal occupation / Job title (See Instructions) Vice President / Chief Nursing Officer		<b>9</b> Employer (See Instructions) Hendrick Medical Center
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haas, Mark (Mr.) <hr/> Contributor address; City; State; Zip Code  Georgetown, TX 78633	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) Staff Accountant		Employer (See Instructions) Texas Hospital Insurance Exchange
Date 07/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hair, Donna (Ms.) <hr/> Contributor address; City; State; Zip Code  Brownwood, TX 76804	Amount of Contribution (\$)  \$3.85
Principal occupation / Job title (See Instructions) Director of Marketing		Employer (See Instructions) Hendrick Medical Center
Date 07/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hair, Donna (Ms.) <hr/> Contributor address; City; State; Zip Code  Brownwood, TX 76804	Amount of Contribution (\$)  \$3.85
Principal occupation / Job title (See Instructions) Director of Marketing		Employer (See Instructions) Hendrick Medical Center
Date 07/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Erica (Ms.) <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79601	Amount of Contribution (\$)  \$3.85
Principal occupation / Job title (See Instructions) Admissions Director		Employer (See Instructions) Hendrick Medical Center

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 17/39 Rpt: 20/49
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 07/25/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Erica (Ms.) <b>6</b> Contributor address; City; State; Zip Code  Abilene, TX 79601	<b>7</b> Amount of Contribution (\$)  \$3.85
<b>8</b> Principal occupation / Job title (See Instructions) Admissions Director		<b>9</b> Employer (See Instructions) Hendrick Medical Center
Date 06/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hart, Brandy (Mrs.) Contributor address; City; State; Zip Code  Nashville, TN 37203	Amount of Contribution (\$)  \$83.00
Principal occupation / Job title (See Instructions) Regional Vice President / Behavioral Health		Employer (See Instructions) HCA Healthcare
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hawkins, John (Mr.) Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$90.00
Principal occupation / Job title (See Instructions) President / CEO		Employer (See Instructions) Texas Hospital Association
Date 07/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Head, Courtney (Ms.) Contributor address; City; State; Zip Code  Abilene, TX 79601	Amount of Contribution (\$)  \$9.62
Principal occupation / Job title (See Instructions) Vice President of Human Resources		Employer (See Instructions) Hendrick Medical Center
Date 07/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Head, Courtney (Ms.) Contributor address; City; State; Zip Code  Abilene, TX 79601	Amount of Contribution (\$)  \$9.62
Principal occupation / Job title (See Instructions) Vice President of Human Resources		Employer (See Instructions) Hendrick Medical Center

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 18/39 Rpt: 21/49
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 07/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henry, Elizabeth (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Abilene, TX 79601	<b>7</b> Amount of Contribution (\$)  \$4.81
<b>8</b> Principal occupation / Job title (See Instructions) Director Case Management		<b>9</b> Employer (See Instructions) Hendrick Medical Center
Date 07/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henry, Elizabeth (Ms.) <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79601	Amount of Contribution (\$)  \$4.81
Principal occupation / Job title (See Instructions) Director Case Management		Employer (See Instructions) Hendrick Medical Center
Date 07/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hess, Heather (Ms.) <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79601	Amount of Contribution (\$)  \$3.85
Principal occupation / Job title (See Instructions) Director of Surgery		Employer (See Instructions) Hendrick Medical Center
Date 07/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hess, Heather (Ms.) <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79601	Amount of Contribution (\$)  \$3.85
Principal occupation / Job title (See Instructions) Director of Surgery		Employer (See Instructions) Hendrick Medical Center
Date 07/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holcomb, Holly (Ms.) <hr/> Contributor address; City; State; Zip Code  Childress, TX 79201	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Chief Executive Officer		Employer (See Instructions) Childress Regional Medical Center

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 19/39 Rpt: 22/49
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 07/07/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holland, Brad (Mr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Abilene, TX 79601	<b>7</b> Amount of Contribution (\$)  \$145.84
<b>8</b> Principal occupation / Job title (See Instructions) President / Chief Executive Officer		<b>9</b> Employer (See Instructions) Hendrick Health
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holleman, Will (Mr.) <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) VP Advocacy & Pub Policy		Employer (See Instructions) Texas Hospital Association
Date 07/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Honea, Michael (Mr.) <hr/> Contributor address; City; State; Zip Code  Glen Rose, TX 76043	Amount of Contribution (\$)  \$41.00
Principal occupation / Job title (See Instructions) Chief Executive Officer		Employer (See Instructions) Glen Rose Medical Center
Date 07/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howard, Erica (Ms.) <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79601	Amount of Contribution (\$)  \$3.85
Principal occupation / Job title (See Instructions) System Director Benefits		Employer (See Instructions) Hendrick Medical Center
Date 07/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howard, Erica (Ms.) <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79601	Amount of Contribution (\$)  \$3.85
Principal occupation / Job title (See Instructions) System Director Benefits		Employer (See Instructions) Hendrick Medical Center

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 20/39 Rpt: 23/49
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 07/21/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hrncirik, Bobbye (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Lubbock, TX 79415	<b>7</b> Amount of Contribution (\$)  \$83.00
<b>8</b> Principal occupation / Job title (See Instructions) VP Supplemental Funding		<b>9</b> Employer (See Instructions) University Medical Center
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Huff, Alexander (Mr.) <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$2.00
Principal occupation / Job title (See Instructions) Vice President of Health IT Programs		Employer (See Instructions) THA Foundation
Date 07/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Huffington, Mark (Mr.) <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79601	Amount of Contribution (\$)  \$4.81
Principal occupation / Job title (See Instructions) System Assistant Vice President Analytics		Employer (See Instructions) Hendrick Medical Center
Date 07/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Huffington, Mark (Mr.) <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79601	Amount of Contribution (\$)  \$4.81
Principal occupation / Job title (See Instructions) System Assistant Vice President Analytics		Employer (See Instructions) Hendrick Medical Center
Date 07/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hunnicut, Craig (Mr.) <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79601	Amount of Contribution (\$)  \$3.85
Principal occupation / Job title (See Instructions) Director Regional Services		Employer (See Instructions) Hendrick Medical Center

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 21/39 Rpt: 24/49
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 07/25/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hunnicut, Craig (Mr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Abilene, TX 79601	<b>7</b> Amount of Contribution (\$)  \$3.85
<b>8</b> Principal occupation / Job title (See Instructions) Director Regional Services		<b>9</b> Employer (See Instructions) Hendrick Medical Center
Date 07/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hyten, Kelly (Ms.) <hr/> Contributor address; City; State; Zip Code  Austin, TX 78723	Amount of Contribution (\$)  \$20.84
Principal occupation / Job title (See Instructions) Manager, Advocacy		Employer (See Instructions) Ascension Texas
Date 06/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Olga (Ms.) <hr/> Contributor address; City; State; Zip Code  Cuero, TX 77954	Amount of Contribution (\$)  \$0.97
Principal occupation / Job title (See Instructions) Support Services		Employer (See Instructions) Cuero Regional Hospital
Date 07/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Olga (Ms.) <hr/> Contributor address; City; State; Zip Code  Cuero, TX 77954	Amount of Contribution (\$)  \$0.97
Principal occupation / Job title (See Instructions) Support Services		Employer (See Instructions) Cuero Regional Hospital
Date 07/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Olga (Ms.) <hr/> Contributor address; City; State; Zip Code  Cuero, TX 77954	Amount of Contribution (\$)  \$0.97
Principal occupation / Job title (See Instructions) Support Services		Employer (See Instructions) Cuero Regional Hospital



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 22/39 Rpt: 25/49
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 07/18/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Robin (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78701	<b>7</b> Amount of Contribution (\$)  \$4.00
<b>8</b> Principal occupation / Job title (See Instructions) Vice President Service Center		<b>9</b> Employer (See Instructions) Texas Hospital Association
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Susan (Ms.) <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Member Ambassador		Employer (See Instructions) Texas Hospital Association
Date 07/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly, Tave (Ms.) <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79601	Amount of Contribution (\$)  \$4.81
Principal occupation / Job title (See Instructions) AVP Revenue Cycle		Employer (See Instructions) Hendrick Medical Center
Date 07/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly, Tave (Ms.) <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79601	Amount of Contribution (\$)  \$4.81
Principal occupation / Job title (See Instructions) AVP Revenue Cycle		Employer (See Instructions) Hendrick Medical Center
Date 07/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kimmel, Stephen (Mr.) <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76104	Amount of Contribution (\$)  \$83.00
Principal occupation / Job title (See Instructions) Chief Financial Officer		Employer (See Instructions) Cook Children's Medical Center

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 23/39 Rpt: 26/49
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 07/10/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kirkman, Leni (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78229	<b>7</b> Amount of Contribution (\$)  \$41.00
<b>8</b> Principal occupation / Job title (See Instructions) Exec VP Corp Communications & Mktg		<b>9</b> Employer (See Instructions) University Health
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kroll, Carrie (Ms.) <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$82.00
Principal occupation / Job title (See Instructions) Sr Vice President Advocacy & Pub Policy		Employer (See Instructions) Texas Hospital Association
Date 06/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krupala, Judith (Ms.) <hr/> Contributor address; City; State; Zip Code  Cuero, TX 77954	Amount of Contribution (\$)  \$1.93
Principal occupation / Job title (See Instructions) Chief Nursing Officer		Employer (See Instructions) Cuero Regional Hospital
Date 07/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krupala, Judith (Ms.) <hr/> Contributor address; City; State; Zip Code  Cuero, TX 77954	Amount of Contribution (\$)  \$1.93
Principal occupation / Job title (See Instructions) Chief Nursing Officer		Employer (See Instructions) Cuero Regional Hospital
Date 07/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krupala, Judith (Ms.) <hr/> Contributor address; City; State; Zip Code  Cuero, TX 77954	Amount of Contribution (\$)  \$1.93
Principal occupation / Job title (See Instructions) Chief Nursing Officer		Employer (See Instructions) Cuero Regional Hospital

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 24/39 Rpt: 27/49
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 07/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lafrance, Judith (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Abilene, TX 79606	<b>7</b> Amount of Contribution (\$)  \$12.50
<b>8</b> Principal occupation / Job title (See Instructions) HMCS Chief Administrative Officer		<b>9</b> Employer (See Instructions) Hendrick Medical Center
Date 07/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lafrance, Judith (Ms.) <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79606	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) HMCS Chief Administrative Officer		Employer (See Instructions) Hendrick Medical Center
Date 07/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee, Rachel (Ms.) <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79601	Amount of Contribution (\$)  \$3.85
Principal occupation / Job title (See Instructions) Dir Med Staff Srvcs & Physician Recruitment		Employer (See Instructions) Hendrick Medical Center
Date 07/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee, Rachel (Ms.) <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79601	Amount of Contribution (\$)  \$3.85
Principal occupation / Job title (See Instructions) Dir Med Staff Srvcs & Physician Recruitment		Employer (See Instructions) Hendrick Medical Center
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Liscano, Rosie (Ms.) <hr/> Contributor address; City; State; Zip Code  Georgetown, TX 78633	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Senior Claims Adj/Risk Mgmt Specialist		Employer (See Instructions) Texas Hospital Insurance Exchange

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 25/39 Rpt: 28/49
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 07/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lowery, James (Mr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Abilene, TX 79601	<b>7</b> Amount of Contribution (\$)  \$3.85
<b>8</b> Principal occupation / Job title (See Instructions) Director Managed Care		<b>9</b> Employer (See Instructions) Hendrick Medical Center
Date 07/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lowery, James (Mr.) <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79601	Amount of Contribution (\$)  \$3.85
Principal occupation / Job title (See Instructions) Director Managed Care		Employer (See Instructions) Hendrick Medical Center
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lozano, Deborah (Ms.) <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Staff Accountant		Employer (See Instructions) Texas Hospital Association
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lusardi, Nicole (Ms.) <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) Associate General Counsel		Employer (See Instructions) Texas Hospital Association
Date 07/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matens, Brett (Mr.) <hr/> Contributor address; City; State; Zip Code  Austin, TX 78756	Amount of Contribution (\$)  \$83.33
Principal occupation / Job title (See Instructions) Chief Executive Officer		Employer (See Instructions) Heart Hospital of Austin

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 26/39 Rpt: 29/49
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 07/14/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCain, Rebecca (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Electra, TX 76360	<b>7</b> Amount of Contribution (\$)  \$41.67
<b>8</b> Principal occupation / Job title (See Instructions) Chief Executive Officer		<b>9</b> Employer (See Instructions) Electra Memorial Hospital
Date 07/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCollough, Kimberly (Ms.) <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79606	Amount of Contribution (\$)  \$3.85
Principal occupation / Job title (See Instructions) Director of Progressive Care Services		Employer (See Instructions) Hendrick Medical Center
Date 07/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCollough, Kimberly (Ms.) <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79606	Amount of Contribution (\$)  \$3.85
Principal occupation / Job title (See Instructions) Director of Progressive Care Services		Employer (See Instructions) Hendrick Medical Center
Date 07/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McElrath, Pamela (Ms.) <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79601	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions) Hendrick Medical Center
Date 07/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McElrath, Pamela (Ms.) <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79601	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions) Hendrick Medical Center

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 27/39 Rpt: 30/49
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 07/18/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Merrell, Angie (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Georgetown, TX 78633	<b>7</b> Amount of Contribution (\$)  \$2.00
<b>8</b> Principal occupation / Job title (See Instructions) THIE Vice President of Risk Management		<b>9</b> Employer (See Instructions) Texas Hospital Insurance Exchange
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mitchell, Kenneth (Dr.) <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$41.00
Principal occupation / Job title (See Instructions) SVP / Chief Medical Officer		Employer (See Instructions) St. David's HealthCare
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mundfrom, Jessie (Ms.) <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$2.00
Principal occupation / Job title (See Instructions) Manager of Virtual Education		Employer (See Instructions) THA Foundation
Date 07/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murphy, Patrick (Mr.) <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79601	Amount of Contribution (\$)  \$3.85
Principal occupation / Job title (See Instructions) Healthcare Professional		Employer (See Instructions) Hendrick Medical Center
Date 07/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murphy, Patrick (Mr.) <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79601	Amount of Contribution (\$)  \$3.85
Principal occupation / Job title (See Instructions) Healthcare Professional		Employer (See Instructions) Hendrick Medical Center

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 28/39 Rpt: 31/49
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 07/18/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neiger, David (Mr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78701	<b>7</b> Amount of Contribution (\$)  \$82.00
<b>8</b> Principal occupation / Job title (See Instructions) Sr Vice President / Chief Financial Officer		<b>9</b> Employer (See Instructions) Texas Hospital Association
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Neil, Jennifer (Ms.) <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Executive Administrative Manager		Employer (See Instructions) Texas Hospital Association
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pargac, Ann (Ms.) <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$2.00
Principal occupation / Job title (See Instructions) Sr Director of Education		Employer (See Instructions) THA Foundation
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parisi, James (Mr.) <hr/> Contributor address; City; State; Zip Code  The Woodlands, TX 77384	Amount of Contribution (\$)  \$41.67
Principal occupation / Job title (See Instructions) Chief Executive Officer		Employer (See Instructions) CHI St Lukes Health - The Woodlands Hospital
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Porter, Lea Anne (Ms.) <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$2.00
Principal occupation / Job title (See Instructions) VP Retirement Plans		Employer (See Instructions) Texas Hospital Association Retirement Plan

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 29/39 Rpt: 32/49
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 07/14/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Qualls, Rustin (Mr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Clifton, TX 76634	<b>7</b> Amount of Contribution (\$)  \$20.50
<b>8</b> Principal occupation / Job title (See Instructions) Data Protection Officer		<b>9</b> Employer (See Instructions) Goodall-Witcher Healthcare
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramirez, Erika (Ms.) <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$2.00
Principal occupation / Job title (See Instructions) Senior Director Health Policy		Employer (See Instructions) Texas Hospital Association
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramirez, Lisa (Ms.) <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) Manager of Facilities		Employer (See Instructions) Texas Hospital Association
Date 07/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richburg, Melanie (Dr.) <hr/> Contributor address; City; State; Zip Code  Tahoka, TX 79373	Amount of Contribution (\$)  \$125.00
Principal occupation / Job title (See Instructions) Chief Executive Officer		Employer (See Instructions) Lynn County Hospital District
Date 07/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richert, Ron (Mr.) <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79601	Amount of Contribution (\$)  \$3.85
Principal occupation / Job title (See Instructions) Director of the Health Club		Employer (See Instructions) Hendrick Medical Center



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 30/39 Rpt: 33/49
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 07/25/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richert, Ron (Mr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Abilene, TX 79601	<b>7</b> Amount of Contribution (\$)  \$3.85
<b>8</b> Principal occupation / Job title (See Instructions) Director of the Health Club		<b>9</b> Employer (See Instructions) Hendrick Medical Center
Date 07/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robicheaux, James (Mr.) <hr/> Contributor address; City; State; Zip Code  Bay City, TX 77414	Amount of Contribution (\$)  \$42.00
Principal occupation / Job title (See Instructions) Chief Executive Officer		Employer (See Instructions) Matagorda Regional Medical Center
Date 07/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Tracee (Ms.) <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79601	Amount of Contribution (\$)  \$3.85
Principal occupation / Job title (See Instructions) Director of Quality		Employer (See Instructions) Hendrick Medical Center
Date 07/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Tracee (Ms.) <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79601	Amount of Contribution (\$)  \$3.85
Principal occupation / Job title (See Instructions) Director of Quality		Employer (See Instructions) Hendrick Medical Center
Date 07/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Micah (Mr.) <hr/> Contributor address; City; State; Zip Code  Houston, TX 77266	Amount of Contribution (\$)  \$29.16
Principal occupation / Job title (See Instructions) Vice President Public Policy & Government Relations		Employer (See Instructions) Harris Health System

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 31/39 Rpt: 34/49
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 07/03/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rogers, Ronald (Mr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Olney, TX 76374	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Trustee		<b>9</b> Employer (See Instructions) Olney Hamilton Hospital
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Safarik, Paulina (Ms.) <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$2.00
Principal occupation / Job title (See Instructions) Senior Director of Human Resources		Employer (See Instructions) Texas Hospital Association
Date 07/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schmidt, Timothy (Mr.) <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79601	Amount of Contribution (\$)  \$3.85
Principal occupation / Job title (See Instructions) Dir Property / Facility Management		Employer (See Instructions) Hendrick Medical Center
Date 07/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schmidt, Timothy (Mr.) <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79601	Amount of Contribution (\$)  \$3.85
Principal occupation / Job title (See Instructions) Dir Property / Facility Management		Employer (See Instructions) Hendrick Medical Center
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shea, Patrick (Mr.) <hr/> Contributor address; City; State; Zip Code  Georgetown, TX 78633	Amount of Contribution (\$)  \$2.00
Principal occupation / Job title (See Instructions) Risk Management Coordinator		Employer (See Instructions) Texas Hospital Insurance Exchange

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 32/39 Rpt: 35/49
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 07/18/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sipes, Michael (Mr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78701	<b>7</b> Amount of Contribution (\$)  \$2.00
<b>8</b> Principal occupation / Job title (See Instructions) Legal Services Specialist		<b>9</b> Employer (See Instructions) Texas Hospital Association
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, John (Mr.) <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Director Data & Technology		Employer (See Instructions) THA Foundation
Date 07/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Speckels, Donna (Ms.) <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79601	Amount of Contribution (\$)  \$3.85
Principal occupation / Job title (See Instructions) Director Hendrick HouseCalls		Employer (See Instructions) Hendrick Medical Center
Date 07/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Speckels, Donna (Ms.) <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79601	Amount of Contribution (\$)  \$3.85
Principal occupation / Job title (See Instructions) Director Hendrick HouseCalls		Employer (See Instructions) Hendrick Medical Center
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Srubar, Linda (Mrs.) <hr/> Contributor address; City; State; Zip Code  Georgetown, TX 78633	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Executive Assistant		Employer (See Instructions) Texas Hospital Association

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 33/39 Rpt: 36/49
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 07/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stafford, Steven (Mr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Abilene, TX 79601	<b>7</b> Amount of Contribution (\$)  \$3.85
<b>8</b> Principal occupation / Job title (See Instructions) Director Hendrick Clinic		<b>9</b> Employer (See Instructions) Hendrick Medical Center
Date 07/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stafford, Steven (Mr.) <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79601	Amount of Contribution (\$)  \$3.85
Principal occupation / Job title (See Instructions) Director Hendrick Clinic		Employer (See Instructions) Hendrick Medical Center
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Wendy (Ms.) <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Mgr Advocacy / Pub Policy / HOSPAC		Employer (See Instructions) Texas Hospital Association
Date 06/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tiffin, Laura (Ms.) <hr/> Contributor address; City; State; Zip Code  Cuero, TX 77954	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Business Office Manager		Employer (See Instructions) Cuero Regional Hospital
Date 07/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tiffin, Laura (Ms.) <hr/> Contributor address; City; State; Zip Code  Cuero, TX 77954	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Business Office Manager		Employer (See Instructions) Cuero Regional Hospital

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 34/39 Rpt: 37/49
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 07/25/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tiffin, Laura (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Cuero, TX 77954	<b>7</b> Amount of Contribution (\$)  \$1.00
<b>8</b> Principal occupation / Job title (See Instructions) Business Office Manager		<b>9</b> Employer (See Instructions) Cuero Regional Hospital
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trevino, Judy (Ms.) <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) Vice President Finance		Employer (See Instructions) Texas Hospital Association
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trout, Judith (Ms.) <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$2.00
Principal occupation / Job title (See Instructions) Healthcare Data Analyst		Employer (See Instructions) THA Foundation
Date 07/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tucek, Karen (Ms.) <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79601	Amount of Contribution (\$)  \$3.85
Principal occupation / Job title (See Instructions) Director, Hospice		Employer (See Instructions) Hendrick Medical Center
Date 07/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tucek, Karen (Ms.) <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79601	Amount of Contribution (\$)  \$3.85
Principal occupation / Job title (See Instructions) Director, Hospice		Employer (See Instructions) Hendrick Medical Center

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 35/39 Rpt: 38/49
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 07/18/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turner, Matt (Mr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78701	<b>7</b> Amount of Contribution (\$)  \$2.00
<b>8</b> Principal occupation / Job title (See Instructions) Senior Director Quality & Payment		<b>9</b> Employer (See Instructions) Texas Hospital Association
Date 07/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vidrine, Amanda (Ms.) <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79601	Amount of Contribution (\$)  \$3.85
Principal occupation / Job title (See Instructions) Quality & Regulatory Manager		Employer (See Instructions) Hendrick Medical Center
Date 07/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vidrine, Amanda (Ms.) <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79601	Amount of Contribution (\$)  \$3.85
Principal occupation / Job title (See Instructions) Quality & Regulatory Manager		Employer (See Instructions) Hendrick Medical Center
Date 07/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wade, Susan (Ms.) <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79601	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) Abilene Market COO		Employer (See Instructions) Hendrick Medical Center
Date 07/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wade, Susan (Ms.) <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79601	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) Abilene Market COO		Employer (See Instructions) Hendrick Medical Center

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 36/39 Rpt: 39/49
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 07/12/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walker, Jeremy (Mr.) <b>6</b> Contributor address; City; State; Zip Code  Abilene, TX 79601	<b>7</b> Amount of Contribution (\$)  \$83.34
<b>8</b> Principal occupation / Job title (See Instructions) System VP & Chief Financial Officer		<b>9</b> Employer (See Instructions) Hendrick Health
Date 07/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wallschlaeger, Erich (Mr.) Contributor address; City; State; Zip Code  Brownwood, TX 76804	Amount of Contribution (\$)  \$9.62
Principal occupation / Job title (See Instructions) Chief Financial Officer		Employer (See Instructions) Hendrick Medical Center
Date 07/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wallschlaeger, Erich (Mr.) Contributor address; City; State; Zip Code  Brownwood, TX 76804	Amount of Contribution (\$)  \$9.62
Principal occupation / Job title (See Instructions) Chief Financial Officer		Employer (See Instructions) Hendrick Medical Center
Date 07/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walzer, Cheryl (Ms.) Contributor address; City; State; Zip Code  Abilene, TX 79601	Amount of Contribution (\$)  \$3.85
Principal occupation / Job title (See Instructions) Director of Medsurg / Tele		Employer (See Instructions) Hendrick Medical Center
Date 07/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walzer, Cheryl (Ms.) Contributor address; City; State; Zip Code  Abilene, TX 79601	Amount of Contribution (\$)  \$3.85
Principal occupation / Job title (See Instructions) Director of Medsurg / Tele		Employer (See Instructions) Hendrick Medical Center

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 37/39 Rpt: 40/49
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 07/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warner, Freddy (Mr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77024	<b>7</b> Amount of Contribution (\$)  \$145.50
<b>8</b> Principal occupation / Job title (See Instructions) Chief Government Relations Officer		<b>9</b> Employer (See Instructions) Memorial Hermann Health System
Date 07/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Waters, Amber (Ms.) <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79601	Amount of Contribution (\$)  \$3.85
Principal occupation / Job title (See Instructions) Director of Admissions		Employer (See Instructions) Hendrick Medical Center
Date 07/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Waters, Amber (Ms.) <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79601	Amount of Contribution (\$)  \$3.85
Principal occupation / Job title (See Instructions) Director of Admissions		Employer (See Instructions) Hendrick Medical Center
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Werner, Theo (Mr.) <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$2.00
Principal occupation / Job title (See Instructions) Advocacy / Multimedia Writer		Employer (See Instructions) Texas Hospital Association
Date 07/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wharton, Elisha (Ms.) <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79601	Amount of Contribution (\$)  \$3.85
Principal occupation / Job title (See Instructions) Sr Practice Manager		Employer (See Instructions) Hendrick Medical Center



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 38/39 Rpt: 41/49
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 07/25/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wharton, Elisha (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Abilene, TX 79601	<b>7</b> Amount of Contribution (\$)  \$3.85
<b>8</b> Principal occupation / Job title (See Instructions) Sr Practice Manager		<b>9</b> Employer (See Instructions) Hendrick Medical Center
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Ben (Mr.) <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$14.00
Principal occupation / Job title (See Instructions) VP Advocacy & Pub Policy		Employer (See Instructions) Texas Hospital Association
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Carrie (Ms.) <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Chief Communications Officer		Employer (See Instructions) Texas Hospital Association
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Patty (Ms.) <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$2.00
Principal occupation / Job title (See Instructions) Relationship Manager Business Services		Employer (See Instructions) THA Foundation
Date 06/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Willmann, Adam (Mr.) <hr/> Contributor address; City; State; Zip Code  Clifton, TX 76634	Amount of Contribution (\$)  \$62.50
Principal occupation / Job title (See Instructions) President / CEO		Employer (See Instructions) Goodall-Witcher Healthcare

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 39/39 Rpt: 42/49
<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital Association		<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 07/18/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wohleb, Stephen (Mr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78701	<b>7</b> Amount of Contribution (\$)  \$41.00
<b>8</b> Principal occupation / Job title (See Instructions) General Counsel		<b>9</b> Employer (See Instructions) Texas Hospital Association
Date 07/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wood, Adam (Mr.) <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79601	Amount of Contribution (\$)  \$4.81
Principal occupation / Job title (See Instructions) System Assistant Vice President Supply Chain		Employer (See Instructions) Hendrick Medical Center
Date 07/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wood, Adam (Mr.) <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79601	Amount of Contribution (\$)  \$4.81
Principal occupation / Job title (See Instructions) System Assistant Vice President Supply Chain		Employer (See Instructions) Hendrick Medical Center

# MONETARY 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: 43/49

2 FILER NAME

The Political Action Committee of the Texas Hospital Association

3 Filer ID (Ethics Commission Filers)  
00015794

4 Date

07/18/2025

5 Corporation / Labor Organization name

Texas Hospital Association

6 Amount (\$)

644.00

# NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE **C4**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule C4:  
Sch: 1/1 Rpt: 44/49

2 FILER NAME

The Political Action Committee of the Texas Hospital Association

3 Filer ID (Ethics Commission Filers)  
00015794

4 Date

07/25/2025

5 Corporation / Labor Organization name

Texas Hospital Association

6 Amount (\$)

4,200.00

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/4 Rpt: 45/49	<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital	<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 07/02/2025	<b>5</b> Payee name Frost Bank	
<b>6</b> Amount (\$) \$52.85  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code PO Box 1727  Austin, TX 78767	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PAC credit card fees
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/03/2025	Payee name Frost Bank	
Amount (\$) \$82.79  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 1727  Austin, TX 78767	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PAC credit card fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/03/2025	Payee name Stripe	
Amount (\$) \$42.77  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 354 Oyster Point Blvd  South San Francisco, CA 94080	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing fees for processing multiple credit card contributions 7/3/25 - 7/25/25
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 2/4 Rpt: 46/49	<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital	<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 07/03/2025	<b>5</b> Payee name Stripe	
<b>6</b> Amount (\$) \$0.21  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 354 Oyster Point Blvd  South San Francisco, CA 94080	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PAC credit card fees
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/09/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$0.58  <input type="checkbox"/> Expenditure from corporate funds	Payee name Stripe  Payee address; City; State; Zip Code 354 Oyster Point Blvd  South San Francisco, CA 94080	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PAC credit card fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/14/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$4.88  <input type="checkbox"/> Expenditure from corporate funds	Payee name Stripe  Payee address; City; State; Zip Code 354 Oyster Point Blvd  South San Francisco, CA 94080	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PAC credit card fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 3/4 Rpt: 47/49	<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital	<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> Date 07/16/2025	<b>5</b> Payee name Stripe	
<b>6</b> Amount (\$) \$1.17  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 354 Oyster Point Blvd  South San Francisco, CA 94080	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PAC credit card fees
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/18/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$0.72  <input type="checkbox"/> Expenditure from corporate funds	Payee name Stripe  Payee address; City; State; Zip Code 354 Oyster Point Blvd  South San Francisco, CA 94080	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PAC credit card fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/23/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$1.23  <input type="checkbox"/> Expenditure from corporate funds	Payee name Stripe  Payee address; City; State; Zip Code 354 Oyster Point Blvd  South San Francisco, CA 94080	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PAC credit card fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/4 Rpt: 48/49	2 FILER NAME The Political Action Committee of the Texas Hospital	3 Filer ID (Ethics Commission Filers) 00015794
4 Date 07/25/2025	5 Payee name Stripe	
6 Amount (\$) \$0.58  <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 354 Oyster Point Blvd  South San Francisco, CA 94080	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PAC credit card fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held



# UNPAID INCURRED OBLIGATIONS

## SCHEDULE F2

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F2: Sch: 1/1 Rpt: 49/49	<b>2</b> FILER NAME The Political Action Committee of the Texas Hospital	<b>3</b> Filer ID (Ethics Commission Filers) 00015794
<b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		<b>\$</b>
<b>5</b> Date 07/24/2025	<b>6</b> Payee name Atchley & Associates LLP	
<b>7</b> Amount (\$) \$641.50	<b>8</b> Payee address; City; State; Zip Code 1005 La Posada Dr  Austin, TX 78752	
<input checked="" type="checkbox"/> Expenditure from corporate funds		
<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PAC accounting and reporting services
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought  Office held