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

THROUGH

07/25/2025

06/26/2025

COVERED

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME				13 Filer ID) (1	Ethics Commission Filers)
The Political Action Co	mmittee of the Texas H	ospital Association	1	00015	-	
4 COMMITTEE	1. Candidates	A. Supported	•	00020		
ACTIVITY	(Identify by name or, if applicable, classify by party.)	у и одругиод				
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	0.11	A Companied				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
	B. Opposed					
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
F. CONTRIBUTION	1	DOLITICAL CONT	DIDLITIONS (OTHER THAN	<u> </u>		
5 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M check here if this report	OR GUARANTEES (ALLY)	\$		0.00
	2. TOTAL POLITICA	L CONTRIBUTION	NS	\$		0.152.24
	(OTHER THAN PLEI	DGES, LOANS, OR (GUARANTEES OF LOANS)			8,153.34
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	D POLITICAL EXPEN	NDITURES	\$		0.00
	4. TOTAL POLITICA	L EXPENDITURE	S	\$		829.28
CONTRIBUTION BALANCE	5. TOTAL POLITICAL (OF THE REPORTIN		AINTAINED AS OF THE LAST	T DAY \$		92,658.21
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL A LAST DAY OF THE		UTSTANDING LOANS AS OF	THE \$		0.00
6 AFFIDAVIT	<u> </u>					
		true a	ar, or affirm, under penalty of p nd correct and includes all info Title 15, Election Code.			
			Sara (Gonzalez		
			Signature of Ca	ampaign Tr	easurer	-
AFFIX NOTARY	' STAMP / SEAL ABOVE					
Sworn to and subscribed	d before me, by the said			this the		day
	, 20, to certify \					
Signature of officer ac	dministering oath	Printed name of office	cer administering oath	Title of	f officer a	administering oath

SUBTOTALS - MPAC

FORM MPAC **COVER SHEET PG 3**

	3 01 49									
17 COMMITT		18 Filer ID	(Ethics Commission I	Filers)						
The Politi	cal Action Committee of the Texas Hospital Association	00015794								
	E SUBTOTALS SCHEDULE		SUBTOTAL AM	OUNT						
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	3,309.34						
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$							
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$							
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOURGANIZATION	DR	\$							
5.	ATION OR	\$								
6. X	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$	644.00						
7. X	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	!	\$	4,200.00						
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR	ORGANIZATION	\$							
9.	SCHEDULE E: LOANS		\$							
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	187.78						
11. X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	641.50						
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTI	ONS	\$							
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$							
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$							
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$							

	MONEI	ARY POLITICAL CONTR	RIBUTION	IS		SCHEDUL	E A1
	The Instru	ction Guide explains how to comp	lete this forr	n.	1	Total pages Schedule A1: Sch: 1/39 Rpt: 4/49	
2	FILER NAME The Political	Action Committee of the Texas Hospital	Association		3	Filer ID (Ethics Commission 00015794	n Filers)
4	Date 07/18/2025	 5 Full name of contributor out-of-st Amador, Dolores (Ms.) 6 Contributor address; City; State; Zip Coo 	ate PAC (ID#:)	7	Amount of Contribution (\$)	\$1.00
		Georgetown, TX 78633					
8		pation / Job title (See Instructions)	9	Employer (See Instructions		.	
	Claims Mana	ager 		Texas Hospital Insuranc	e E	-xcnange 	
	Date 07/18/2025	Full name of contributor out-of-st Andersen, Daniel (Mr.) Contributor address; City; State; Zip Cod	ate PAC (ID#:)		Amount of Contribution (\$)	\$14.00
		Georgetown, TX 78633					
		pation / Job title (See Instructions)		Employer (See Instructions			
	VP Underwri	iting & Business Development		Texas Hospital Insuranc	e E	Exchange 	
	Date 07/12/2025	Full name of contributor out-of-st Bagchi, Sam (Dr.) Contributor address; City; State; Zip Cod	ate PAC (ID#:)		Amount of Contribution (\$)	\$165.00
		Irving, TX 75038					
		pation / Job title (See Instructions) Clinical Officer		Employer (See Instructions CHRISTUS Health)		
	Date Full name of contributor out-of-state PAC (IE 07/17/2025 Ballew, Joel (Mr.) Contributor address; City; State; Zip Code Arlington, TX 76011)		Amount of Contribution (\$)	\$41.50
	•	pation / Job title (See Instructions) nent & Community Affairs		Employer (See Instructions Texas Health Resources			
	Date 07/15/2025	Baty, Krista (Ms.)	ate PAC (ID#:			Amount of Contribution (\$)	\$27.50
		pation / Job title (See Instructions) istrative Officer		Employer (See Instructions Hendrick Medical Cente			
			•				

	MONEI	ARY POLITICAL CONTRIBUT	Ю	NS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete thi	is fo	rm.	1	Total pages Schedule A1: Sch: 2/39 Rpt: 5/49	
2	FILER NAME The Political	Action Committee of the Texas Hospital Associa	ation		3	Filer ID (Ethics Commission 00015794	Filers)
4	Date 07/25/2025	 Full name of contributor out-of-state PAC (II Baty, Krista (Ms.) Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$27.50
		Brownwood, TX 76801					
8		pation / Job title (See Instructions) istrative Officer	9	Employer (See Instructions Hendrick Medical Cente			
	Date 07/18/2025	Full name of contributor out-of-state PAC (I Beasley, Sharon (Ms.) Contributor address; City; State; Zip Code Austin, TX 78701	D#:		•	Amount of Contribution (\$)	\$8.00
	Principal occu	pation / Job title (See Instructions)	Т	Employer (See Instructions	<u> </u>		
	Sr Dir Governance		Texas Hospital Associa		1		
	Date 07/18/2025	Full name of contributor out-of-state PAC (II Bell, Jeff (Mr.) Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$4.00
	Principal occu	pation / Job title (See Instructions)	_	Employer (See Instructions	;) 		
		rporate Relations		THA Foundation	,		
Date 07/15/2025		Full name of contributor out-of-state PAC (II Benham, Bradley (Mr.) Contributor address; City; State; Zip Code)	-	Amount of Contribution (\$)	\$9.62
	D: : 1	Abilene, TX 79601			Ĺ		
	VP HMC Fou	pation / Job title (See Instructions) undation		Employer (See Instructions Hendrick Medical Cente	•		
	Date 07/25/2025	Full name of contributor out-of-state PAC (I Benham, Bradley (Mr.) Contributor address; City; State; Zip Code Abilene, TX 79601			•	Amount of Contribution (\$)	\$9.62
		pation / Job title (See Instructions)		Employer (See Instructions			
	VP HMC Fou	JIIUALION		Hendrick Medical Cente	er —		

	MONEI	ARY POLITICAL CO	ONTRIBUTIO	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how t	o complete this fo	rm.	1	Total pages Schedule A1: Sch: 3/39 Rpt: 6/49	
2	FILER NAME	Action Committee of the Texas	Hospital Association		3	Filer ID (Ethics Commission 00015794	n Filers)
_			_		Ļ		
4	Date 07/15/2025	5 Full name of contributor Bessent, Brian (Mr.)6 Contributor address; City; Stat	out-of-state PAC (ID#: e; Zip Code)	′	Amount of Contribution (\$)	\$32.50
		Abilene, TX 79601					
8		pation / Job title (See Instructions)	9	Employer (See Instructions			
	VP / Chief St	trategy & Experience Officer		Hendrick Medical Cente	r		
	Date 07/25/2025	Full name of contributor Bessent, Brian (Mr.) Contributor address; City; Stat	out-of-state PAC (ID#: e; Zip Code)		Amount of Contribution (\$)	\$32.50
		Abilene, TX 79601					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	VP / Chief Strategy & Experience Officer Hendric		Hendrick Medical Cente	r			
	Date 07/15/2025	Full name of contributor out-of-state PAC (ID#:) Bowden, Sherri (Ms.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.85	
		Abilene, TX 79601					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	•	,		Hendrick Medical Cente			
	Date Full name of contributor out-of-state PAC (IE 07/25/2025 Bowden, Sherri (Ms.) Contributor address; City; State; Zip Code Abilene, TX 79601		out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$3.85
	•	pation / Job title (See Instructions) nonary Services		Employer (See Instructions Hendrick Medical Cente			
	Date 07/16/2025	Full name of contributor Bowerman, Stephen (Mr.) Contributor address; City; Stat Midland, TX 79701	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$125.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	President &	Chief Executive Officer		Midland Memorial Hosp	ital		
			,				

	MONEI	ARY POLITICAL (CONTRIBUTIO	INS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 4/39 Rpt: 7/49	
2	FILER NAME The Political	Action Committee of the Texa	as Hospital Association	1	3	Filer ID (Ethics Commission 00015794	Filers)
4	Date 07/15/2025	5 Full name of contributor Brockway, Toni (Ms.)6 Contributor address; City; St	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	\$5.00
_	Dringing aggr	Abilene, TX 79601	<u>.</u>	Employer (See Instructions	<u>, </u>		
8		pation / Job title (See Instructions /orkforce Dev	5)	9 Employer (See Instructions Hendrick Medical Center			
	Date 07/25/2025	Full name of contributor Brockway, Toni (Ms.) Contributor address; City; Si	out-of-state PAC (ID#:_)	•	Amount of Contribution (\$)	\$5.00
	5	Abilene, TX 79601	, I		Ĺ		
	Principal occupation / Job title (See Instructions) Employer (See Instructions Director of Workforce Dev Hendrick Medical Cente						
	Date 07/15/2025	Full name of contributor out-of-state PAC (ID#:)			Amount of Contribution (\$)	\$4.81	
		Abilene, TX 79601					
	•	pation / Job title (See Instructions ce President Clinical Svs	5)	Employer (See Instructions Hendrick Medical Cente			
			out-of-state PAC (ID#:_)	•	Amount of Contribution (\$)	\$4.81
	•	pation / Job title (See Instructions ce President Clinical Svs	(3)	Employer (See Instructions Hendrick Medical Cente			
	Date 07/15/2025	Full name of contributor Calvo, Raul (Mr.) Contributor address; City; Si Abilene, TX 79608	out-of-state PAC (ID#:_		•	Amount of Contribution (\$)	\$2.50
	Principal occu Board Vice C	pation / Job title (See Instructions Chair	5)	Employer (See Instructions Hendrick Medical Cente			

	MONEI	ARY POLITICAL CO	NIRIBUTION	IS		SCHEDULE	A1
	The Instru	ction Guide explains how to	complete this for	n.	1	Total pages Schedule A1: Sch: 5/39 Rpt: 8/49	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	The Political	Action Committee of the Texas F	Hospital Association			00015794	
4	Date 07/25/2025	5 Full name of contributor Calvo, Raul (Mr.)6 Contributor address; City; State;	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$2.50
		Abilene, TX 79608					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u>		
•	Board Vice C			Hendrick Medical Cente			
	Date	Full name of contributor	out-of-state PAC (ID#:	```		Amount of Contribution (\$)	
	07/15/2025	Camacho, Precilla (Ms.)	out-oi-state FAC (ID#	<i></i>		Amount of Contribution (ϕ)	\$3.85
	01/13/2023	Contributor address; City; State;	Zin Code				Ψ5.05
		Contributor address, City, State,	, Zip Code				
		Abilene, TX 79601					
			Employer (See Instructions				
	Senior Director Nursing Hend		Hendrick Medical Cente	r			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	07/25/2025	Camacho, Precilla (Ms.)					\$3.85
		Contributor address; City; State; Zip Code					
		Abilene, TX 79601					
	Drincinal occu	pation / Job title (See Instructions)		Employer (See Instructions	, 		
	Senior Direc			Hendrick Medical Cente			
				,	_	Associated Contribution (Φ)	
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	ቀ20 00
	07/15/2025	Canada, Kirk (Mr.)					\$30.00
		Contributor address; City; State;	Zip Code				
		Abilene, TX 79601					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>. </u>		
	Chief Operat	ting Office / System VP		Hendrick Medical Cente	r		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	07/25/2025	Canada, Kirk (Mr.)					\$30.00
		Contributor address; City; State;	Zip Code				
		Abilene, TX 79601					
		pation / Job title (See Instructions)		Employer (See Instructions			
	Chief Operat	ting Office / System VP		Hendrick Medical Cente	r		

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDULE	■ A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 6/39 Rpt: 9/49	
2	FILER NAME	Action Committee of the Texa	s Hospital Association		3	Filer ID (Ethics Commission 00015794	Filers)
4	Date	5 Full name of contributor		,	-		
4	07/15/2025	Cates, Boyd (Mr.) 6 Contributor address; City; Sta	out-of-state PAC (ID#:ate; Zip Code		 	Amount of Contribution (\$)	\$1.00
		Abilene, TX 79601					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Diagnostic T	echnologist		Hendrick Medical Cente	r		
	Date 07/25/2025	Full name of contributor Cates, Boyd (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$1.00
		Abilene, TX 79601	<u>, </u>				
		pation / Job title (See Instructions)		Employer (See Instructions			
	Diagnostic Technologist Hendrick Medical Cente		r				
	Date Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$20.00	
		Austin, TX 78701					
		pation / Job title (See Instructions) Reg Ambassador - Houston / E		Employer (See Instructions Texas Hospital Associat		1	
				,	_		
	Date Full name of contributor out- 07/15/2025 Conger, Cody (Mr.) Contributor address; City; State; Zip Abilene, TX 79601		out-of-state PAC (ID#:			Amount of Contribution (\$)	\$4.00
		pation / Job title (See Instructions) tor, Invasive Cardiology		Employer (See Instructions Hendrick Medical Cente			
	Date 07/25/2025	Full name of contributor Conger, Cody (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$4.00
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Health Direc	tor, Invasive Cardiology		Hendrick Medical Cente	er		

	MONEI	ARY POLITICAL CO	NIRIBUTION	IS		SCHEDULE	A1
	The Instru	ction Guide explains how to	complete this for	m.	1	Total pages Schedule A1: Sch: 7/39 Rpt: 10/49	
2	FILER NAME The Political	Action Committee of the Texas H	ospital Association		3	Filer ID (Ethics Commission 00015794	Filers)
4	Date 07/15/2025	 5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$4.81
8	Principal occu	Brownwood, TX 76804 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u>		
-	Chief Nursin			Hendrick Medical Cente			
	Date 07/25/2025	Full name of contributor Connell, Jessica (Ms.) Contributor address; City; State; 2	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$4.81
	Driverinal accu	Brownwood, TX 76804	1	Frankrijer (Coo krativistiana	_		
	Principal occupation / Job title (See Instructions) Chief Nursing Officer Employer (See Instructions) Hendrick Medical Center						
	Date 07/18/2025	Full name of contributor	out-of-state PAC (ID#: Zip Code			Amount of Contribution (\$)	\$4.00
		Austin, TX 78731	1				
		pation / Job title (See Instructions) ement Advisor		Employer (See Instructions Texas Hospital Insurance		Exchange	
			out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$1.93
		pation / Job title (See Instructions) cafety, Infect Prevention, Perform I	mprovement	Employer (See Instructions Hendrick Medical Cente			
	Date 07/25/2025		out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$1.93
		pation / Job title (See Instructions) cafety, Infect Prevention, Perform I	mnrovement	Employer (See Instructions Hendrick Medical Cente			
	DII FAIIEIII S	acty, illect Flevellion, Pellollii i	mprovement	TIERUTICK MEUICAI CEITLE	1		

	MONET	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDULE	A1
	The Instru	ction Guide explains how to	o complete this form	n.	1	Total pages Schedule A1: Sch: 8/39 Rpt: 11/49	
2	FILER NAME The Political	Action Committee of the Texas	Hospital Association		3	Filer ID (Ethics Commission 00015794	Filers)
4	Date 07/18/2025	5 Full name of contributor Cook, Kenneth (Mr.) 6 Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code)	7	Amount of Contribution (\$)	\$2.00
_		Austin, TX 78701	1.				
8	Principal occu IT Director	pation / Job title (See Instructions)		Employer (See Instructions THA Foundation	5)		
	Date 07/15/2025	Full name of contributor Cooper, David (Mr.) Contributor address; City; State				Amount of Contribution (\$)	\$3.85
	Dringing agg	Abilene, TX 79601		Employer (See Instructions	_		
	Lab Supervis	pation / Job title (See Instructions) sor		Employer (See Instructions Hendrick Medical Cente			
	Date 07/25/2025	Full name of contributor Cooper, David (Mr.) Contributor address; City; State	out-of-state PAC (ID#:;)		Amount of Contribution (\$)	\$3.85
		Abilene, TX 79601					
	Principal occu Lab Supervis	pation / Job title (See Instructions) sor		Employer (See Instructions Hendrick Medical Cente			
	Date Full name of contributor out-of-state Property Cornelson, Laura (Ms.))		Amount of Contribution (\$)	\$20.00
	Principal occu VP Clinical II	pation / Job title (See Instructions) nitiatives		Employer (See Instructions THA Foundation	()		
	Date 07/18/2025	Full name of contributor Costilla, Nina (Ms.) Contributor address; City; State Austin, TX 78701	out-of-state PAC (ID#:;)		Amount of Contribution (\$)	\$2.00
	•	pation / Job title (See Instructions) ects Manager		Employer (See Instructions THA Foundation	5)		

	MONEI	ARY POLITICAL CO	NIRIBUTION	S		SCHEDULI	E A1
	The Instruc	ction Guide explains how to	complete this forr	n.	ı	Total pages Schedule A1: Sch: 9/39 Rpt: 12/49	
2	FILER NAME The Political	Action Committee of the Texas F	lospital Association		ı	Filer ID (Ethics Commission 00015794	n Filers)
4	Date 07/18/2025	Cotton, Corey (Mr.) 6 Contributor address; City; State;	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$20.00
_	Deinsinal	Austin, TX 78701	I _a	Franksia (Osas kasatawa tisa			
8	VP Member	pation / Job title (See Instructions)	9	Employer (See Instructions Texas Hospital Associat			
	Date 07/07/2025		out-of-state PAC (ID#:)	_	Amount of Contribution (\$)	\$145.84
		San Antonio, TX 78207					
		pation / Job title (See Instructions)	IS Hoalth	Employer (See Instructions	s)		
		STUS Children's & SVP CHRISTU		CHRISTUS Children's			
	Date 07/18/2025	Full name of contributor Davenport, Chad (Mr.) Contributor address; City; State;	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$2.00
		Georgetown, TX 78633			<u> </u>		
	Accounting S	pation / Job title (See Instructions) Specialist		Employer (See Instructions Texas Hospital Insurance		xchange	
		·		Texas Flospitai Irisulario	_		
	Date 07/18/2025	Full name of contributor Davila, Leslie (Ms.) Contributor address; City; State; Georgetown, TX 78633	out-of-state PAC (ID#: Zip Code			Amount of Contribution (\$)	\$20.00
	Principal occu Receptionist	pation / Job title (See Instructions)		Employer (See Instructions Texas Hospital Insurance		xchange	
	Date 06/26/2025		out-of-state PAC (ID#:		_	Amount of Contribution (\$)	\$3.85
		pation / Job title (See Instructions)		Employer (See Instructions			
	Director Card	diopulmonary		Cuero Regional Hospita	ıl		

	MONEI	ARY POLITICAL C	ONTRIBUTION	IS		SCHEDULE	■ A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 10/39 Rpt: 13/49	
2	FILER NAME	Action Committee of the Texas	s Hospital Association		3	Filer ID (Ethics Commission 00015794	Filers)
_					Ļ		
4	Date 07/03/2025	5 Full name of contributor Davis, John (Mr.) 6 Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)	 	Amount of Contribution (\$)	\$3.85
		Cuero, TX 77954					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Director Care	diopulmonary		Cuero Regional Hospita	ıl		
	Date 07/25/2025	Full name of contributor Davis, John (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$3.85
		Cuero, TX 77954					
		pation / Job title (See Instructions)		Employer (See Instructions			
	Director Cardiopulmonary Cuero Regional Hospital		ıl				
	Date 07/18/2025	Full name of contributor [Davis, Valerie (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$14.00
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Sr. Accounts	s Payable Specialist		Texas Hospital Associat	tior	1	
)		Amount of Contribution (\$)	\$2.00
		pation / Job title (See Instructions)		Employer (See Instructions			
	Associate G	eneral Counsel		Texas Hospital Associat	tior	1	
	Date 06/30/2025	Full name of contributor DeYoung, Peter (Dr.) Contributor address; City; Sta Austin, TX 78758	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$41.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Chief Medica	al Officer		St Davids North Austin I	Ме	dical Center	
			,				

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 11/39 Rpt: 14/49	
2	FILER NAME The Political	Action Committee of the Texa	s Hospital Association		3	Filer ID (Ethics Commission 00015794	Filers)
4	Date 07/15/2025	5 Full name of contributorDennis, Gregory (Mr.)6 Contributor address; City; State	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$3.85
0	Dringing conu	Abilene, TX 79601		• Employer (See Instructions	<u>''</u>		
8		pation / Job title (See Instructions) ility Management	'	9 Employer (See Instructions Hendrick Medical Cente			
	Date 07/25/2025	Full name of contributor Dennis, Gregory (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#:ate; Zip Code		•	Amount of Contribution (\$)	\$3.85
		Abilene, TX 79601			L		
		pation / Job title (See Instructions) ility Management		Employer (See Instructions Hendrick Medical Cente			
	Date 07/15/2025	Full name of contributor Devun, Sharn (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$3.85
	5	Abilene, TX 79601			<u></u>		
		pation / Job title (See Instructions) Management		Employer (See Instructions Hendrick Medical Cente			
	Date 07/25/2025	Full name of contributor Devun, Sharn (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$3.85
	•	pation / Job title (See Instructions))	Employer (See Instructions Hendrick Medical Cente			
	Date 07/14/2025	Full name of contributor Dippel, Douglas (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$20.00
	•	pation / Job title (See Instructions)		Employer (See Instructions			
	Chief Execut	tive Officer / Administrator		Rolling Plains Memorial	Ho	эѕрітаі	

	MONEI	ARY POLITICAL (CONTRIBUTIO	INS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 12/39 Rpt: 15/49	
2	FILER NAME The Political	Action Committee of the Texa	as Hospital Association	1	3	Filer ID (Ethics Commission 00015794	Filers)
4	Date 07/15/2025	5 Full name of contributor Donaway, Duane (Mr.)6 Contributor address; City; St	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	\$1.93
_	Data disal asses	Abilene, TX 79601	, I	• Faralas en (O. a. la describera	Ţ		
8		pation / Job title (See Instructions rmation Systems	(1)	9 Employer (See Instructions Hendrick Medical Center			
	Date 07/25/2025	Full name of contributor Donaway, Duane (Mr.) Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code)		Amount of Contribution (\$)	\$1.93
	Dringing con	Abilene, TX 79601	<u> </u>	Employer (Coo Instructions	<u></u>		
		pation / Job title (See Instructions rmation Systems	(1)	Employer (See Instructions Hendrick Medical Cente			
	Date 07/18/2025	Full name of contributor Doyle, Rosalinda (Ms.) Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code			Amount of Contribution (\$)	\$2.00
		Austin, TX 78701					
	Principal occu Payroll Admi	pation / Job title (See Instructions inistrator) 	Employer (See Instructions Texas Hospital Associa	•	1	
	Date 07/15/2025	Full name of contributor Driskell, Jesiree (Ms.) Contributor address; City; St Abilene, TX 79601	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$7.50
	•	pation / Job title (See Instructions ic Comms & Digital Expert)	Employer (See Instructions Hendrick Medical Cente			
	Date 07/25/2025	Full name of contributor Driskell, Jesiree (Ms.) Contributor address; City; St Abilene, TX 79601	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$7.50
		pation / Job title (See Instructions)	Employer (See Instructions			
	AVP Strateg	ic Comms & Digital Expert		Hendrick Medical Cente	er		

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	otal pages Schedule A1: ch: 13/39 Rpt: 16/49	
2	FILER NAME				1	er ID (Ethics Commission	Filers)
	The Political	Action Committee of the Texa	s Hospital Association		00	0015794	
4	Date 07/18/2025	5 Full name of contributor Eskew, Amy (Ms.)6 Contributor address; City; States	out-of-state PAC (ID#:		7 Ar	nount of Contribution (\$)	\$14.00
		Austin, TX 78701					
8	Principal occu	pation / Job title (See Instructions))	9 Employer (See Instructions	s)		
	Sr Vice Pres	ident of Operations		Texas Healthcare Trust	ees		
	Date 07/15/2025	Full name of contributor Eurek, Andrew (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#:)	Ar	nount of Contribution (\$)	\$4.00
		Abilene, TX 79601					
		pation / Job title (See Instructions))	Employer (See Instructions			
	Director Fina	ıncial Analysis		Hendrick Medical Cente	er		
	Date 07/25/2025	Full name of contributor Eurek, Andrew (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#:		Ar	nount of Contribution (\$)	\$4.00
		Abilene, TX 79601					
	Principal occu	pation / Job title (See Instructions))	Employer (See Instructions	s)		
	Director Fina	ncial Analysis		Hendrick Medical Cente	er		
	Date 07/18/2025	Full name of contributor Felton, Chris (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#: ate; Zip Code		Ar	nount of Contribution (\$)	\$4.00
	Principal occu	pation / Job title (See Instructions))	Employer (See Instructions	s)		
	Sr. Director of	of Business Services		Texas Hospital Associa	tion		
	Date 07/15/2025	Full name of contributor Ford, Christopher (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#:		Ar	nount of Contribution (\$)	\$9.62
	Principal occu	pation / Job title (See Instructions))	Employer (See Instructions	s)		
	AVP Suppor	t Services		Hendrick Medical Cente	er		

	MONEI	ARY POLITICAL CO	ONTRIBUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains how t	o complete this fo	rm.	1	Total pages Schedule A1: Sch: 14/39 Rpt: 17/49	
2	FILER NAME The Political	Action Committee of the Texas	Hospital Association		3	Filer ID (Ethics Commission 00015794	Filers)
4	Date 07/25/2025	5 Full name of contributor Ford, Christopher (Mr.) 6 Contributor address; City; State	out-of-state PAC (ID#: e; Zip Code)	7	Amount of Contribution (\$)	\$9.62
_	Driverine Leasur	Abilene, TX 79601	T _e	. Francis vou (Coo la aturationa	<u></u>		
8	AVP Suppor	pation / Job title (See Instructions) t Services		Employer (See Instructions Hendrick Medical Cente			
	Date 07/14/2025	Full name of contributor Fox, Jay (Mr.) Contributor address; City; Stat Austin, TX 78701	out-of-state PAC (ID#: e; Zip Code			Amount of Contribution (\$)	\$20.50
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	President BS	SWH Austin Area		Baylor Scott & White Me	edio	cal Center - Pflugerville	
	Date 07/18/2025	Full name of contributor [Frazier, Tess (Ms.) Contributor address; City; Stat	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$20.00
		Georgetown, TX 78633			Ĺ		
	Principal occu President / C	pation / Job title (See Instructions) CEO		Employer (See Instructions Texas Hospital Insurance	•	Exchange	
	Date 07/18/2025	Full name of contributor Gaines, Cameron (Mr.) Contributor address; City; Stat Georgetown, TX 78633	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$2.00
	Principal occu IT Support S	pation / Job title (See Instructions) specialist		Employer (See Instructions Texas Hospital Insuranc		Exchange	
	Date 07/18/2025	Full name of contributor Gette, Angela (Ms.) Contributor address; City; Stat Georgetown, TX 78633	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$2.00
	Principal occu Vice Preside	pation / Job title (See Instructions) ent Claims		Employer (See Instructions Texas Hospital Insuranc		Exchange	

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDULI	■ A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 15/39 Rpt: 18/49	
2	FILER NAME The Political	Action Committee of the Texa	s Hospital Association		3	Filer ID (Ethics Commission 00015794	Filers)
4	Date 07/15/2025	5 Full name of contributor Gladden, Jaye (Ms.)6 Contributor address; City; Sta	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$3.85
_	Dringing! aggs	Abilene, TX 79601		2 Employer (See Instructions	<u></u>		
8	Hospital Prof	pation / Job title (See Instructions) fessional)	Employer (See Instructions Hendrick Medical Center			
	Date 07/25/2025	Full name of contributor Gladden, Jaye (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#:		-	Amount of Contribution (\$)	\$3.85
	Principal occu	Abilene, TX 79601 pation / Job title (See Instructions)	1	Employer (See Instructions	;) 		
	Hospital Prof		'	Hendrick Medical Cente			
	Date 07/18/2025	Full name of contributor Gonzalez, Sara (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$41.00
		Austin, TX 78701					
		pation / Job title (See Instructions) y & Pub Policy		Employer (See Instructions Texas Hospital Associat		1	
	Date 07/18/2025	Full name of contributor Gordon, Brittanny (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$2.00
	•	pation / Job title (See Instructions , AR & Assoc Mgmt System		Employer (See Instructions Texas Hospital Associat		1	
	Date 07/15/2025	Full name of contributor Greenwood, Susan (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$29.00
		pation / Job title (See Instructions) ent / Chief Nursing Officer		Employer (See Instructions Hendrick Medical Cente			

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDULI	A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 16/39 Rpt: 19/49	
2	FILER NAME				3	•	Filers)
	The Political	Action Committee of the Tex	as Hospital Association		L	00015794	
4	Date 07/25/2025	5 Full name of contributor Greenwood, Susan (Ms.)6 Contributor address; City; S	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	\$29.00
		Abilene, TX 79601					
8	Principal occu	I pation / Job title (See Instructions	3)	9 Employer (See Instructions	<u>I</u> S)		
		nt / Chief Nursing Officer	,	Hendrick Medical Cente			
	Date	Full name of contributor	out-of-state PAC (ID#:	\	Т	Amount of Contribution (\$)	
	07/18/2025	Haas, Mark (Mr.) Contributor address; City; S			•	Amount of Contribution (\$)	\$4.00
		Georgetown, TX 78633					
		pation / Job title (See Instructions	3)	Employer (See Instructions			
	Staff Accoun	tant		Texas Hospital Insurand	ce I	Exchange 	
	Date 07/15/2025	Full name of contributor Hair, Donna (Ms.) Contributor address; City; S	out-of-state PAC (ID#:_)	•	Amount of Contribution (\$)	\$3.85
		Brownwood, TX 76804					
	•	pation / Job title (See Instructions	5)	Employer (See Instructions			
	Director of M	larketing		Hendrick Medical Cente	er		
	Date 07/25/2025	Full name of contributor Hair, Donna (Ms.) Contributor address; City; S Brownwood, TX 76804	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$3.85
	Principal occu Director of M	pation / Job title (See Instructions	5)	Employer (See Instructions Hendrick Medical Cente			
				Tieriariek Wealdar Gerite	, T	A (Q 'I' . (A)	
	Date 07/15/2025	Full name of contributor Harris, Erica (Ms.) Contributor address; City; S Abilene, TX 79601	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$3.85
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	5)		
	Admissions I	Director		Hendrick Medical Cente	er		

	MONEI	ARY POLITICAL C	ONTRIBUTION	NS		SCHEDULI	■ A1
	The Instru	ction Guide explains how	to complete this for	rm.	1	Total pages Schedule A1: Sch: 17/39 Rpt: 20/49	
2	FILER NAME				3	`	Filers)
	The Political	Action Committee of the Texa	s Hospital Association			00015794	
4	Date 07/25/2025	5 Full name of contributor Harris, Erica (Ms.)6 Contributor address; City; States	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$3.85
		Abilene, TX 79601					
8	Principal occu	pation / Job title (See Instructions)) 9	Employer (See Instructions	<u>L</u>		
	Admissions I			Hendrick Medical Cente			
	Date	Full name of contributor	out-of-state PAC (ID#:	\	Г	Amount of Contribution (\$)	
	06/26/2025	Hart, Brandy (Mrs.)	Under of State FAC (ID#	J		Amount of Continuation (4)	\$83.00
	00/20/2023		· ¬ 0 1				Ψ03.00
		Contributor address; City; Sta	ate; Zip Code				
		Nashville, TN 37203					
	Drincinal occu	pation / Job title (See Instructions)	<u>, </u>	Employer (See Instructions	·/		
		e President / Behavioral Heal		HCA Healthcare)		
					_		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	07/18/2025	Hawkins, John (Mr.)					\$90.00
		Contributor address; City; Sta	ate; Zip Code				
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions))	Employer (See Instructions			
	President / C	CEO		Texas Hospital Associat	ior	1	
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	07/15/2025	Head, Courtney (Ms.)					\$9.62
		Contributor address; City; Sta	ate: Zip Code		l		
			, ,				
		Abilene, TX 79601					
	Principal occu	pation / Job title (See Instructions))	Employer (See Instructions	<u></u>		
	Vice Preside	nt of Human Resources		Hendrick Medical Cente	r		
	Date	Full name of contributor	out-of-state PAC (ID#:	1	Π	Amount of Contribution (\$)	
	07/25/2025	Head, Courtney (Ms.)	out of state 1 710 (ID#			randant or contribution (¢)	\$9.62
	0112012020		ata. Zin Cada				Ψ3.02
		Contributor address; City; Sta	ate, Zip Code				
		Abilene, TX 79601					
	Principal occur	pation / Job title (See Instructions)	<u>, </u>	Employer (See Instructions	٠, 		
		ent of Human Resources	′	Hendrick Medical Cente			
	VICE FIESIUE	THE OF FRUITIGHT INCOMPLETS		Hendrick Wedical Celife	1		

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 18/39 Rpt: 21/49	
2	FILER NAME				3	`	Filers)
	The Political	Action Committee of the Texa	s Hospital Association			00015794	
4	Date 07/15/2025	 Full name of contributor Henry, Elizabeth (Ms.) Contributor address; City; Sta 	out-of-state PAC (ID#: ite; Zip Code)	7	Amount of Contribution (\$)	\$4.81
		Abilene, TX 79601					
8	Principal occu	pation / Job title (See Instructions)	Ş	Employer (See Instructions	5)		
	Director Cas	e Management		Hendrick Medical Cente	r		
	Date 07/25/2025	Full name of contributor Henry, Elizabeth (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$4.81
		Abilene, TX 79601			<u></u>		
		pation / Job title (See Instructions)		Employer (See Instructions			
	Director Cas	e Management		Hendrick Medical Cente	r		
	Date 07/15/2025	Full name of contributor Hess, Heather (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code)		Amount of Contribution (\$)	\$3.85
		Abilene, TX 79601					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Director of S	urgery		Hendrick Medical Cente	r		
	Date 07/25/2025	Full name of contributor Hess, Heather (Ms.) Contributor address; City; Sta Abilene, TX 79601	out-of-state PAC (ID#: tte; Zip Code			Amount of Contribution (\$)	\$3.85
	Principal occu Director of S	pation / Job title (See Instructions) urgery		Employer (See Instructions Hendrick Medical Cente			
	Date 07/19/2025	Full name of contributor Holcomb, Holly (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#: ite; Zip Code)		Amount of Contribution (\$)	\$50.00
		pation / Job title (See Instructions)		Employer (See Instructions			
	Chief Execut	tive Officer		Childress Regional Med	ica	l Center	

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 19/39 Rpt: 22/49	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
		Action Committee of the Texa				00015794	
4	Date 07/07/2025	5 Full name of contributorHolland, Brad (Mr.)6 Contributor address; City; St	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$145.84
		Abilene, TX 79601					
8		pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	President / C	Chief Executive Officer		Hendrick Health			
	Date 07/18/2025	Full name of contributor Holleman, Will (Mr.) Contributor address; City; St	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$20.00
		Austin, TX 78701					
		pation / Job title (See Instructions)	Employer (See Instructions			
	VP Advocacy	y & Pub Policy		Texas Hospital Associa	tior		
	Date 07/25/2025	Full name of contributor Honea, Michael (Mr.) Contributor address; City; St	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$41.00
		Glen Rose, TX 76043					
	Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions	<u>L</u>		
	Chief Execut	tive Officer		Glen Rose Medical Cen	ter		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	07/15/2025	Howard, Erica (Ms.) Contributor address; City; St Abilene, TX 79601	ate; Zip Code				\$3.85
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u></u>		
	System Direct	ctor Benefits		Hendrick Medical Cente	r		
	Date 07/25/2025	Full name of contributor Howard, Erica (Ms.)	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$3.85
		Contributor address; City; St Abilene, TX 79601	ate; Zip Code				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	System Direct	ctor Benefits		Hendrick Medical Cente	r		

	MONEI	ARY POLITICAL C	ONTRIBUTION	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 20/39 Rpt: 23/49	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	The Political	Action Committee of the Texa	s Hospital Association			00015794	
4	Date 07/21/2025	5 Full name of contributor Hrncirik, Bobbye (Ms.)6 Contributor address; City; Sta	out-of-state PAC (ID#:ate; Zip Code		7	Amount of Contribution (\$)	\$83.00
		Lubbock, TX 79415					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	:)		
		ental Funding		University Medical Cent			
	Date 07/18/2025	Full name of contributor Huff, Alexander (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#:atte; Zip Code)		Amount of Contribution (\$)	\$2.00
		Austin, TX 78701	1				
	•	pation / Job title (See Instructions)		Employer (See Instructions	i)		
	Vice Preside	nt of Health IT Programs		THA Foundation			
	Date 07/15/2025	Full name of contributor Huffington, Mark (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#: ate; Zip Code			Amount of Contribution (\$)	\$4.81
		Abilene, TX 79601			_		
		pation / Job title (See Instructions) stant Vice President Analytics	(Employer (See Instructions Hendrick Medical Cente			
	Date 07/25/2025	Full name of contributor Huffington, Mark (Mr.) Contributor address; City; Sta Abilene, TX 79601	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$4.81
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	System Assi	stant Vice President Analytics		Hendrick Medical Cente	r		
	Date 07/15/2025	Full name of contributor Hunnicutt, Craig (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$3.85
		pation / Job title (See Instructions)		Employer (See Instructions)		
	Director Reg	ional Services		Hendrick Medical Cente	r		

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDULI	A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 21/39 Rpt: 24/49	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
		Action Committee of the Tex			L	00015794	
4	Date 07/25/2025	5 Full name of contributor Hunnicutt, Craig (Mr.)6 Contributor address; City; S	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$3.85
		Abilene, TX 79601					
8	Principal occu	pation / Job title (See Instructions	3)	9 Employer (See Instructions	<u></u>		
	Director Reg	ional Services		Hendrick Medical Cente	er		
	Date 07/23/2025	Full name of contributor Hyten, Kelly (Ms.) Contributor address; City; S	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$20.84
	Dringing coou	Austin, TX 78723 pation / Job title (See Instructions		Employer (See Instructions	<u>'</u>		
	Manager, Ac)	Ascension Texas	>)		
	Date	Full name of contributor		7 GOOTISION TOXAS	_	A (Q 'I' . (A)	
	06/26/2025	Jackson, Olga (Ms.) Contributor address; City; S	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$0.97
		Cuero, TX 77954					
		pation / Job title (See Instructions	5)	Employer (See Instructions			
	Support Serv	vices		Cuero Regional Hospita	ıl —		
	Date 07/03/2025	Full name of contributor Jackson, Olga (Ms.) Contributor address; City; S Cuero, TX 77954	out-of-state PAC (ID#:_)	•	Amount of Contribution (\$)	\$0.97
		pation / Job title (See Instructions	s)	Employer (See Instructions			
	Support Serv	vices		Cuero Regional Hospita	1l		
	Date 07/25/2025	Full name of contributor Jackson, Olga (Ms.) Contributor address; City; S Cuero, TX 77954	out-of-state PAC (ID#:_)	•	Amount of Contribution (\$)	\$0.97
		pation / Job title (See Instructions	5)	Employer (See Instructions			
	Support Serv	vices		Cuero Regional Hospita	ıl_		

	MONET	ARY POLITICAL C	ONTRIBUTION	IS 		SCHEDULI	■ A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 22/39 Rpt: 25/49	
2	FILER NAME The Political	Action Committee of the Texas	s Hospital Association		3	Filer ID (Ethics Commission 00015794	Filers)
4	Date 07/18/2025	5 Full name of contributor [Jackson, Robin (Ms.)6 Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)	7	Amount of Contribution (\$)	\$4.00
		Austin, TX 78701					
8		pation / Job title (See Instructions) nt Service Center	9	Employer (See Instructions Texas Hospital Associat	•	1	
	Date 07/18/2025	Full name of contributor Jones, Susan (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$20.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	Member Am			Texas Hospital Associat		ı	
	Date 07/15/2025	Full name of contributor Kelly, Tave (Ms.) Contributor address; City; Sta)	•	Amount of Contribution (\$)	\$4.81
		Abilene, TX 79601					
	Principal occu AVP Revenu	pation / Job title (See Instructions) ie Cycle		Employer (See Instructions Hendrick Medical Cente			
	Date 07/25/2025	Full name of contributor Kelly, Tave (Ms.) Contributor address; City; Sta Abilene, TX 79601	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$4.81
	Principal occu AVP Revenu	pation / Job title (See Instructions) ue Cycle		Employer (See Instructions Hendrick Medical Cente			
	Date 07/12/2025	Full name of contributor Kimmel, Stephen (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$83.00
	Principal occu Chief Financ	pation / Job title (See Instructions)		Employer (See Instructions Cook Children's Medica		enter	
	231 man						

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 23/39 Rpt: 26/49	
2	FILER NAME	Action Committee of the Tour			3	Filer ID (Ethics Commission	Filers)
_		Action Committee of the Texa			L	00015794	
4	Date 07/10/2025	Full name of contributor Kirkman, Leni (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$41.00
	Diania da ance	San Antonio, TX 78229	1	O. Farallara (Carallarata atian			
8		pation / Job title (See Instructions) rp Communications & Mktg		9 Employer (See Instructions	5)		
	Exec vP Coi			University Health	_		
	Date 07/18/2025	Full name of contributor Kroll, Carrie (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code)		Amount of Contribution (\$)	\$82.00
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions			
	Sr Vice President Advocacy & Pub Policy			Texas Hospital Associat	ior	l	
	Date 06/26/2025	Full name of contributor out-of-state PAC (ID#:) Krupala, Judith (Ms.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1.93	
		Cuero, TX 77954					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>L</u>		
	Chief Nursin	g Officer		Cuero Regional Hospita	l		
	Date 07/03/2025	Full name of contributor Krupala, Judith (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$1.93
	Principal occu Chief Nursin	pation / Job title (See Instructions) g Officer		Employer (See Instructions Cuero Regional Hospita	•		
	Date 07/25/2025	Full name of contributor Krupala, Judith (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$1.93
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Chief Nursin	g Officer		Cuero Regional Hospita	l		

	MONEI	ARY POLITICAL CONT	RIBUTION	IS		SCHEDULI	A1
	The Instruc	ction Guide explains how to con	nplete this for	m.	1	Total pages Schedule A1: Sch: 24/39 Rpt: 27/49	
2	FILER NAME The Political	Action Committee of the Texas Hospi	tal Association		3	Filer ID (Ethics Commission 00015794	ı Filers)
4	Date 07/15/2025		-state PAC (ID#:)	7	Amount of Contribution (\$)	\$12.50
_		Abilene, TX 79606					
8	HMCS Chief	pation / Job title (See Instructions) Administrative Officer		Employer (See Instructions Hendrick Medical Cente			
	Date 07/25/2025	Full name of contributor out-of Lafrance, Judith (Ms.) Contributor address; City; State; Zip C	-state PAC (ID#:)		Amount of Contribution (\$)	\$12.50
	Dringing aggu	Abilene, TX 79606 pation / Job title (See Instructions)		Employer (See Instructions	_		
	HMCS Chief Administrative Officer			Employer (See Instructions Hendrick Medical Cente			
	Date 07/15/2025	Full name of contributor out-of Lee, Rachel (Ms.) Contributor address; City; State; Zip C	-state PAC (ID#:)		Amount of Contribution (\$)	\$3.85
		Abilene, TX 79601					
	•	pation / Job title (See Instructions) f Srvcs & Physician Recruitment		Employer (See Instructions Hendrick Medical Cente			
	Date 07/25/2025	Full name of contributor out-of Lee, Rachel (Ms.) Contributor address; City; State; Zip C Abilene, TX 79601	-state PAC (ID#:			Amount of Contribution (\$)	\$3.85
	•	pation / Job title (See Instructions) if Srvcs & Physician Recruitment		Employer (See Instructions Hendrick Medical Cente			
	Date 07/18/2025	Full name of contributor out-of Liscano, Rosie (Ms.) Contributor address; City; State; Zip C	-state PAC (ID#:			Amount of Contribution (\$)	\$1.00
	•	pation / Job title (See Instructions)		Employer (See Instructions		Evehange	
	Semor Cialiff	ns Adj/Risk Mgmt Specialist		Texas Hospital Insuranc	.e t	-Actionity e	

	MONEI	ARY POLITICAL (CONTRIBUTION	NS		SCHEDULI	E A1
	The Instru	ction Guide explains how	to complete this for	rm.	1	Total pages Schedule A1: Sch: 25/39 Rpt: 28/49	
2	FILER NAME	Action Committee of the Texa	as Hospital Association		3	Filer ID (Ethics Commission 00015794	r Filers)
_					_		
4	Date 07/15/2025	5 Full name of contributor Lowery, James (Mr.)	out-of-state PAC (ID#:)	'	Amount of Contribution (\$)	\$3.85
		6 Contributor address; City; Si	ate; Zip Code				
		Abilene, TX 79601					
8	Principal occu	pation / Job title (See Instructions	9	Employer (See Instructions	s)		
	Director Mar	naged Care		Hendrick Medical Cente	r		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	07/25/2025	Lowery, James (Mr.)	_				\$3.85
		Contributor address; City; Si	ate: Zip Code		ł		
		, , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,				
		Abilene, TX 79601					
	Principal occu	pation / Job title (See Instructions	3)	Employer (See Instructions	<u>. </u>		
	Director Managed Care			Hendrick Medical Cente			
_	Date	Full name of contributor	out-of-state PAC (ID#:	\	Г	Amount of Contribution (\$)	
	07/18/2025	Lozano, Deborah (Ms.)	U dui-oi-state FAC (ID#	J		Amount of Contribution (4)	\$20.00
	0171072020		rato: Zin Codo		ł		Ψ20.00
		Contributor address; City; Si	ate, Zip Code				
		Austin, TX 78701					
	Principal occu	l	3)	Employer (See Instructions	;) 		
	Staff Accoun	,	′	Texas Hospital Associat		1	
_					T		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	#4.00
	07/18/2025	Lusardi, Nicole (Ms.)					\$4.00
		Contributor address; City; Si	ate; Zip Code				
		Austin, TX 78701					
_	Dringing con	pation / Job title (See Instructions	<u>, </u>	Employer (See Instructions	,, 		
	·	pation / 300 title (See Instructions eneral Counsel)	Texas Hospital Associat		1	
			_	Texas Hospital Associal	lioi		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	07/22/2025	Matens, Brett (Mr.)]		\$83.33
		Contributor address; City; Si					
		Austin, TX 78756	i				
		pation / Job title (See Instructions	3)	Employer (See Instructions			
L	Chief Execut	tive Officer		Heart Hospital of Austin			
l							

	MONEI	ARY POLITICAL CONTRIB	BUTION	IS		SCHEDULI	■ A1
	The Instru	ction Guide explains how to complet	e this forr	n.	1	Total pages Schedule A1: Sch: 26/39 Rpt: 29/49	
2	FILER NAME	A-4: O:	:-4:		3	Filer ID (Ethics Commission	Filers)
		Action Committee of the Texas Hospital As				00015794	
4	Date 07/14/2025	 Full name of contributor	PAC (ID#:		7	Amount of Contribution (\$)	\$41.67
		Electra, TX 76360					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions)		
	Chief Execut	tive Officer		Electra Memorial Hospit	al		
	Date 07/15/2025	Full name of contributor out-of-state F McCollough, Kimberly (Ms.) Contributor address; City; State; Zip Code	PAC (ID#:)		Amount of Contribution (\$)	\$3.85
	Delinational	Abilene, TX 79606	-	Farada a Garaga da a de a de a de a de a de a de a d			
	Principal occupation / Job title (See Instructions) Director of Progressive Care Services			Employer (See Instructions Hendrick Medical Cente			
		Heriurick Medical Certie	_				
	Date 07/25/2025	Full name of contributor out-of-state F McCollough, Kimberly (Ms.) Contributor address; City; State; Zip Code	PAC (ID#:)		Amount of Contribution (\$)	\$3.85
		Abilene, TX 79606					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Director of P	rogressive Care Services		Hendrick Medical Cente	r		
	Date 07/15/2025	Full name of contributor out-of-state F McElrath, Pamela (Ms.) Contributor address; City; State; Zip Code Abilene, TX 79601	PAC (ID#:			Amount of Contribution (\$)	\$4.00
	Principal occu Registered N	pation / Job title (See Instructions) Nurse		Employer (See Instructions Hendrick Medical Cente			
	Date 07/25/2025	Full name of contributor out-of-state F McElrath, Pamela (Ms.) Contributor address; City; State; Zip Code Abilene, TX 79601	PAC (ID#:)		Amount of Contribution (\$)	\$4.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Registered N	lurse		Hendrick Medical Cente	r		

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 27/39 Rpt: 30/49	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	The Political	Action Committee of the Texa	s Hospital Association			00015794	
4	Date 07/18/2025	5 Full name of contributor Merrell, Angie (Ms.)6 Contributor address; City; St	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$2.00
		Georgetown, TX 78633					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
		resident of Risk Management		Texas Hospital Insuranc		Exchange	
	Date	Full name of contributor	out-of-state PAC (ID#:)	Т	Amount of Contribution (\$)	
	07/01/2025	Mitchell, Kenneth (Dr.) Contributor address; City; St		,		(4)	\$41.00
		Austin, TX 78701	ate, zip Code				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	SVP / Chief Medical Officer			St. David's HealthCare	,		
	Date Full name of contributor out-of-state PAC (Out-of-state PAC (ID#:	\	Т	Amount of Contribution (\$)	
	07/18/2025	Mundfrom, Jessie (Ms.)	out of state 1 Ac (ID#			rundant of Contribution (¢)	\$2.00
		Contributor address; City; State; Zip Code Austin, TX 78701					
	Dringinal occu	pation / Job title (See Instructions	\	Employer (See Instructions	c)		
		Virtual Education	,	THA Foundation	3)		
				Triver duridation	_	A	
	Date 07/15/2025	Full name of contributor Murphy, Patrick (Mr.) Contributor address; City; St Abilene, TX 79601	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$3.85
	Principal occu Healthcare F	pation / Job title (See Instructions Professional		Employer (See Instructions Hendrick Medical Cente			
	Date 07/25/2025	Full name of contributor Murphy, Patrick (Mr.) Contributor address; City; St Abilene, TX 79601	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$3.85
	Principal occu	nation / Job title (See Instructions)	Employer (See Instructions	s)		
	Healthcare F			Hendrick Medical Cente			

		ONTRIBUTIONS		SCHEDULE	A1
The Instru	uction Guide explains how	to complete this form.	1	Total pages Schedule A1: Sch: 28/39 Rpt: 31/49	
2 FILER NAME The Politica	E al Action Committee of the Texa	s Hospital Association	3	Filer ID (Ethics Commission 00015794	Filers)
4 Date 07/18/2025	5 Full name of contributor Neiger, David (Mr.) 6 Contributor address; City; Sta	out-of-state PAC (ID#:		Amount of Contribution (\$)	\$82.00
	Austin, TX 78701				
8 Principal occ	cupation / Job title (See Instructions)	9 Emplo	yer (See Instructions)		
Sr Vice Pre	sident / Chief Financial Officer	Texas	Hospital Associatio	n	
Date 07/18/2025	Contributor address; City; Sta	out-of-state PAC (ID#:		Amount of Contribution (\$)	\$10.00
	Austin, TX 78701				
	cupation / Job title (See Instructions)		yer (See Instructions)		
Executive Administrative Manager		Texas	Hospital Associatio	n	
Date 07/18/2025	Full name of contributor Pargac, Ann (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#:		Amount of Contribution (\$)	\$2.00
	Austin, TX 78701				
	supation / Job title (See Instructions) of Education	· ·	yer (See Instructions) -oundation		
Date 07/01/2025		,		Amount of Contribution (\$)	\$41.67
•	cupation / Job title (See Instructions)	Emplo	yer (See Instructions)		
Chief Execu	utive Officer	CHIS	it Lukes Health - The	e Woodlands Hospital	
Date 07/18/2025		out-of-state PAC (ID#:		Amount of Contribution (\$)	\$2.00
		Founds	yer (See Instructions)		
Principal occ	cupation / Job title (See Instructions)	I Embio			

	MONEI	ARY POLITICAL (CONTRIBUTION	NS		SCHEDULI	E A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 29/39 Rpt: 32/49	
2	FILER NAME	Aution Committee of the To			3	Filer ID (Ethics Commission	n Filers)
	The Political	Action Committee of the Texa				00015794	
4	Date 07/14/2025	5 Full name of contributor Qualls, Rustin (Mr.)6 Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)	7	Amount of Contribution (\$)	\$20.50
		Clifton, TX 76634					
8		pation / Job title (See Instructions) 9	, , ,			
	Data Protect	ion Officer		Goodall-Witcher Health	car	e 	
	Date 07/18/2025	Full name of contributor Ramirez, Erika (Ms.) Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)		Amount of Contribution (\$)	\$2.00
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Senior Director Health Policy			Texas Hospital Associat	tior	1	
	Date 07/18/2025	Full name of contributor Ramirez, Lisa (Ms.) Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code			Amount of Contribution (\$)	\$4.00
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Manager of I	Facilities		Texas Hospital Associat	tior	1	
	Date 07/15/2025	Full name of contributor Richburg, Melanie (Dr.) Contributor address; City; St Tahoka, TX 79373	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$125.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Chief Execut	tive Officer		Lynn County Hospital D	istr	ict	
	Date 07/15/2025	Full name of contributor Richert, Ron (Mr.) Contributor address; City; St Abilene, TX 79601	out-of-state PAC (ID#: ate; Zip Code)		Amount of Contribution (\$)	\$3.85
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>. </u>		
		ne Health Club	´	Hendrick Medical Cente			
			L				

	MONEI	ARY POLITICAL C	ONTRIBUTION	NS		SCHEDULE	■ A1
	The Instru	ction Guide explains how	to complete this for	rm.	1	Total pages Schedule A1: Sch: 30/39 Rpt: 33/49	
2	FILER NAME The Political	Action Committee of the Texas	s Hospital Association		3	Filer ID (Ethics Commission 00015794	Filers)
4	Date 07/25/2025	Full name of contributor Richert, Ron (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#:ate; Zip Code		7	Amount of Contribution (\$)	\$3.85
		Abilene, TX 79601	1-				
8		upation / Job title (See Instructions) ne Health Club	9	Employer (See Instructions Hendrick Medical Cente			
	Date 07/10/2025	Full name of contributor Robicheaux, James (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#: ate; Zip Code)		Amount of Contribution (\$)	\$42.00
	Principal occu	Bay City, TX 77414 upation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	Chief Executive Officer			Matagorda Regional Me	dic	al Center	
	Date 07/15/2025	Full name of contributor Robinson, Tracee (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$3.85
		Abilene, TX 79601					
	Principal occu Director of Q	pation / Job title (See Instructions) Quality		Employer (See Instructions Hendrick Medical Cente			
	Date 07/25/2025	Full name of contributor Robinson, Tracee (Ms.) Contributor address; City; Sta Abilene, TX 79601	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$3.85
	Principal occu Director of Q	upation / Job title (See Instructions) Quality		Employer (See Instructions Hendrick Medical Cente			
	Date 07/07/2025	Full name of contributor Rodriguez, Micah (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$29.16
		upation / Job title (See Instructions) ent Public Policy & Government		Employer (See Instructions Harris Health System	s)		
			,				

The Instruction Guide explains how to complete this form. 2 FILER NAME	Instructions)
S Full name of contributor	00015794 7 Amount of Contribution (\$) \$100.00 Instructions) n Hospital Amount of Contribution (\$)
O7/03/2025 Rogers, Ronald (Mr.) 6 Contributor address; City; State; Zip Code Olney, TX 76374 8 Principal occupation / Job title (See Instructions) Trustee Date O7/18/2025 Full name of contributor out-of-state PAC (ID#: O7/18/2025 Safarik, Paulina (Ms.) Contributor address; City; State; Zip Code Austin, TX 78701 Principal occupation / Job title (See Instructions) Senior Director of Human Resources Date O7/15/2025 Schmidt, Timothy (Mr.) Contributor address; City; State; Zip Code Abilene, TX 79601 Principal occupation / Job title (See Instructions) Employer (See In Texas Hospital Date O7/15/2025 Schmidt, Timothy (Mr.) Contributor address; City; State; Zip Code Abilene, TX 79601 Principal occupation / Job title (See Instructions) Dir Property / Facility Management Date O7/25/2025 Full name of contributor out-of-state PAC (ID#: O7/25/2025 Schmidt, Timothy (Mr.)	Instructions) n Hospital Amount of Contribution (\$)
8 Principal occupation / Job title (See Instructions) Trustee Date O7/18/2025 Date O7/18/2025 Austin, Paulina (Ms.) Contributor address; City; State; Zip Code Austin, TX 78701 Principal occupation / Job title (See Instructions) Senior Director of Human Resources Date O7/15/2025 Contributor address; City; State; Zip Code Employer (See In Texas Hospital Ort/15/2025 Contributor address; City; State; Zip Code Abilene, TX 79601 Principal occupation / Job title (See Instructions) Employer (See In Texas Hospital Ort/15/2025 Employer (See In Texas Hospital Out-of-state PAC (ID#: Dir Property / Facility Management Date O7/25/2025 Full name of contributor O1/25/2025 Schmidt, Timothy (Mr.) Date O7/25/2025 Schmidt, Timothy (Mr.)	n Hospital Amount of Contribution (\$)
Trustee Date Full name of contributor out-of-state PAC (ID#:	n Hospital Amount of Contribution (\$)
O7/18/2025 Safarik, Paulina (Ms.) Contributor address; City; State; Zip Code Austin, TX 78701 Principal occupation / Job title (See Instructions) Senior Director of Human Resources Full name of contributor	
Principal occupation / Job title (See Instructions) Senior Director of Human Resources Full name of contributor O7/15/2025 Schmidt, Timothy (Mr.) Contributor address; City; State; Zip Code Abilene, TX 79601 Principal occupation / Job title (See Instructions) Dir Property / Facility Management Date Full name of contributor O7/25/2025 Full name of contributor Schmidt, Timothy (Mr.) Employer (See In Hendrick Medic	
Senior Director of Human Resources Texas Hospital Date Full name of contributor out-of-state PAC (ID#: 07/15/2025 Schmidt, Timothy (Mr.) Contributor address; City; State; Zip Code Abilene, TX 79601 Principal occupation / Job title (See Instructions) Employer (See In Hendrick Medical Date Full name of contributor out-of-state PAC (ID#: 07/25/2025 Schmidt, Timothy (Mr.)	
O7/15/2025 Schmidt, Timothy (Mr.) Contributor address; City; State; Zip Code Abilene, TX 79601 Principal occupation / Job title (See Instructions) Dir Property / Facility Management Date O7/25/2025 Full name of contributor out-of-state PAC (ID#: O7/25/2025 Schmidt, Timothy (Mr.)	
Principal occupation / Job title (See Instructions) Dir Property / Facility Management Date O7/25/2025 Schmidt, Timothy (Mr.) Employer (See Instructions) Hendrick Medical out-of-state PAC (ID#:	Amount of Contribution (\$) \$3.85
Dir Property / Facility Management Hendrick Medic Date Full name of contributor out-of-state PAC (ID#:	
07/25/2025 Schmidt, Timothy (Mr.)	
Abilene, TX 79601	Amount of Contribution (\$) \$3.85
Principal occupation / Job title (See Instructions) Dir Property / Facility Management Employer (See In Hendrick Medic	
Date Full name of contributor out-of-state PAC (ID#:	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Employer (See In	
Risk Management Coordinator Texas Hospital	•

	MONEI	ARY POLITICAL (CONTRIBUTION	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1 Total pages Sch: 32/39	Schedule A1: Rpt: 35/49	
2	FILER NAME				1	thics Commission	Filers)
	The Political	Action Committee of the Texa	as Hospital Association		00015794		
4	Date 07/18/2025	5 Full name of contributor Sipes, Michael (Mr.)6 Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code		7 Amount of C	Contribution (\$)	\$2.00
		Austin, TX 78701					
8	Principal occu	pation / Job title (See Instructions) 9	Employer (See Instructions	s)		
	Legal Servic	es Specialist		Texas Hospital Associat	ition		
	Date 07/18/2025	Full name of contributor Smith, John (Mr.) Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code)	Amount of C	Contribution (\$)	\$1.00
		Austin, TX 78701					
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Director Data & Technology			THA Foundation			
	Date 07/15/2025	Full name of contributor Speckels, Donna (Ms.) Contributor address; City; St	out-of-state PAC (ID#:)	Amount of C	Contribution (\$)	\$3.85
		Abilene, TX 79601					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Director Hen	drick HouseCalls		Hendrick Medical Cente	er		
	Date 07/25/2025	Full name of contributor Speckels, Donna (Ms.) Contributor address; City; St Abilene, TX 79601	out-of-state PAC (ID#:		Amount of C	Contribution (\$)	\$3.85
		pation / Job title (See Instructions drick HouseCalls)	Employer (See Instructions Hendrick Medical Cente			
	Date 07/18/2025	Full name of contributor Srubar, Linda (Mrs.) Contributor address; City; St Georgetown, TX 78633	out-of-state PAC (ID#:		Amount of C	Contribution (\$)	\$3.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Executive As	ssistant		Texas Hospital Associat	ition		
			·				

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 33/39 Rpt: 36/49	
2	FILER NAME The Political	Action Committee of the Texa	s Hospital Association		3	Filer ID (Ethics Commission 00015794	Filers)
4	Date 07/15/2025	5 Full name of contributor Stafford, Steven (Mr.)6 Contributor address; City; Sta	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$3.85
_	Dringing! aggs	Abilene, TX 79601	. 1.	D. Employer (See Instructions	<u></u>		
o	Director Hen	pation / Job title (See Instructions) drick Clinic	'	9 Employer (See Instructions Hendrick Medical Cente			
	Date 07/25/2025	Full name of contributor Stafford, Steven (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#:ate; Zip Code			Amount of Contribution (\$)	\$3.85
	Dringing	Abilene, TX 79601		Franksian (Cook lastrustions	<u>, </u>		
	Director Hen	pation / Job title (See Instructions) drick Clinic	'	Employer (See Instructions Hendrick Medical Cente			
	Date 07/18/2025	Full name of contributor Thomas, Wendy (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00
	Deinsinal	Austin, TX 78701		Franksian (Cook lastrustions	<u></u>		
		pation / Job title (See Instructions) cy / Pub Policy / HOSPAC		Employer (See Instructions Texas Hospital Associat		l	
	Date 06/26/2025	Full name of contributor Tiffin, Laura (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$1.00
	•	pation / Job title (See Instructions) fice Manager)	Employer (See Instructions Cuero Regional Hospita			
	Date 07/03/2025	Full name of contributor Tiffin, Laura (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$1.00
		pation / Job title (See Instructions)		Employer (See Instructions			
	Business Off	fice Manager		Cuero Regional Hospita	.1		

	MONEI	ARY POLITICAL C	CONTRIBUTIO	NS		SCHEDULE	A1	
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 34/39 Rpt: 37/49		
2	FILER NAME	Action Committee of the Texa	as Hospital Association		3	Filer ID (Ethics Commission 00015794	Filers)	
_					Ļ			
4	Date 07/25/2025	5 Full name of contributorTiffin, Laura (Ms.)6 Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$1.00	
		Cuero, TX 77954						
8	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)			
	Business Off	fice Manager		Cuero Regional Hospita	al			
	Date 07/18/2025	Full name of contributor Trevino, Judy (Ms.) Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$4.00	
		Austin, TX 78701						
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)			
	Vice Preside	nt Finance		Texas Hospital Associa	al Association			
	Date Full name of contributor out-of-state PAC (ID#:) 07/18/2025 Trout, Judith (Ms.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2.00			
		Austin, TX 78701						
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)			
	Healthcare D	Data Analyst		THA Foundation				
	Date Full name of contributor out-of-state PAC (ID#:				Amount of Contribution (\$)	\$3.85		
	Principal occu Director, Hos	pation / Job title (See Instructions spice)	Employer (See Instructions Hendrick Medical Center	•			
	Date O7/25/2025 Full name of contributor out-of-state PAC (ID#:) Tucek, Karen (Ms.) Contributor address; City; State; Zip Code Abilene, TX 79601			Amount of Contribution (\$)	\$3.85			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)			
	Director, Hos	spice		Hendrick Medical Cente	er			
			·					

	MONEI	ARY POLITICAL C	ONTRIBUTION	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	1	Total pages Schedule A1: Sch: 35/39 Rpt: 38/49			
2	FILER NAME	Action Committee of the Tays	us Hospital Association		3	Filer ID (Ethics Commission 00015794	Filers)
		Action Committee of the Texa					
4	Date 07/18/2025	5 Full name of contributor Turner, Matt (Mr.) 6 Contributor address; City; St	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$2.00
		Austin, TX 78701					
8		pation / Job title (See Instructions) 9	1			
	Senior Direc	tor Quality & Payment		Texas Hospital Associat	ior	1	
	Date 07/15/2025	Full name of contributor Vidrine, Amanda (Ms.) Contributor address; City; St	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$3.85
		Abilene, TX 79601					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	()		
	Quality & Re	gulatory Manager		Hendrick Medical Cente	r		
	Date 07/25/2025	Full name of contributor Vidrine, Amanda (Ms.) Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$3.85
		Abilene, TX 79601					
		pation / Job title (See Instructions)	Employer (See Instructions	()		
	Quality & Re	gulatory Manager		Hendrick Medical Cente	r		
	Date Full name of contributor out-of-state PAC (ID#:) 07/15/2025 Wade, Susan (Ms.) 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 Full name of contributor out-of-state PAC (ID#:) 07/25/2025 Wade, Susan (Ms.) Contributor address; City; State; Zip Code Abilene, TX 79601			Amount of Contribution (\$)	\$15.00		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	()		
	Abilene Marl			Hendrick Medical Cente			
			1				

	MONET	ARY POLITICAL CONTRIBUT	ΓΙΟΝ	IS		SCHEDULE	■ A1	
	The Instruction Guide explains how to complete this form.					Total pages Schedule A1: Sch: 36/39 Rpt: 39/49		
2	FILER NAME The Political	Action Committee of the Texas Hospital Associ	ation		3	Filer ID (Ethics Commission 00015794	Filers)	
4			7	Amount of Contribution (\$)	\$83.34			
_	Detectional	Abilene, TX 79601		Fanda and Good backwaith an				
8	•	pation / Job title (See Instructions) & Chief Financial Officer	9	Employer (See Instructions Hendrick Health	5)			
	Date 07/15/2025	Full name of contributor out-of-state PAC (Wallschlaeger, Erich (Mr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$9.62	
	Deinainal assu	Brownwood, TX 76804			<u></u>			
	Principal occupation / Job title (See Instructions) Employer (See Instruction Chief Financial Officer Hendrick Medical Cent							
	Date Full name of contributor out-of-state PAC (ID#:) 07/25/2025 Wallschlaeger, Erich (Mr.) Contributor address; City; State; Zip Code		•	Amount of Contribution (\$)	\$9.62			
		Brownwood, TX 76804						
	Chief Financ	pation / Job title (See Instructions) ial Officer		Employer (See Instructions Hendrick Medical Cente				
	Date Full name of contributor out-of-state PAC (ID#:) 07/15/2025 Walzer, Cheryl (Ms.) Contributor address; City; State; Zip Code		,		Amount of Contribution (\$)	\$3.85		
	Abilene, TX 79601 Principal occupation / Job title (See Instructions) Director of Medsurg / Tele Employer (See Instruction Hendrick Medical Cent							
	Date Full name of contributor out-of-state PAC (ID#:) 07/25/2025 Walzer, Cheryl (Ms.) Contributor address; City; State; Zip Code Abilene, TX 79601			Amount of Contribution (\$)	\$3.85			
	·	pation / Job title (See Instructions) ledsurg / Tele		Employer (See Instructions Hendrick Medical Cente				
		<u> </u>						

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how t	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 37/39 Rpt: 40/49	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
		Action Committee of the Texas	Hospital Association			00015794	
4	Date 07/20/2025	5 Full name of contributor [Warner, Freddy (Mr.)6 Contributor address; City; Stat	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$145.50
		Houston, TX 77024					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	S)		
		nment Relations Officer		Memorial Hermann Hea		System	
	Date	Full name of contributor	out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)	
	07/15/2025	Waters, Amber (Ms.) Contributor address; City; Stat				Amount of Contribution (c)	\$3.85
		Abilene, TX 79601					
	Principal occupation / Job title (See Instructions) Employer (See Instruction				s)		
	Director of A	dmissions		Hendrick Medical Cente	er		
	Date 07/25/2025				Amount of Contribution (\$)	\$3.85	
		Abilene, TX 79601					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Director of A	dmissions		Hendrick Medical Cente	er		
	Date Full name of contributor out-of-state PAC (ID#:) 07/18/2025 Werner, Theo (Mr.) Contributor address; City; State; Zip Code Austin, TX 78701)		Amount of Contribution (\$)	\$2.00	
	•	pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Advocacy / N	Multimedia Writer		Texas Hospital Associa	tion		
	Date Full name of contributor out-of-state PAC (ID#:) 07/15/2025 Wharton, Elisha (Ms.) Contributor address; City; State; Zip Code Abilene, TX 79601			Amount of Contribution (\$)	\$3.85		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Sr Practice N	Manager		Hendrick Medical Cente	er		

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDULE	A1
	The Instruction Guide explains how to complete this form.					Total pages Schedule A1: Sch: 38/39 Rpt: 41/49	
2	FILER NAME				3	•	Filers)
		Action Committee of the Texa			L	00015794	
4	Date 07/25/2025	5 Full name of contributor Wharton, Elisha (Ms.)6 Contributor address; City; St.	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$3.85
		Abilene, TX 79601					
8	Principal occu	pation / Job title (See Instructions) [9	Employer (See Instructions	s)		
	Sr Practice N	Manager		Hendrick Medical Cente	er		
	Date	Full name of contributor	out-of-state PAC (ID#:)	Π	Amount of Contribution (\$)	
	07/18/2025	Williams, Ben (Mr.)	_				\$14.00
		Contributor address; City; St	ate; Zip Code				
		Austin, TX 78701					
	Principal occupation / Job title (See Instructions) Employer (See Instruction				s)		
	VP Advocacy	y & Pub Policy		Texas Hospital Associa	tion	l	
	Date Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$20.00	
		Austin, TX 78701					
		pation / Job title (See Instructions))	Employer (See Instructions	•		
	Chief Comm	unications Officer		Texas Hospital Associa	tior		
	Date Full name of contributor out-of-state PAC (ID#:) 07/18/2025 Williams, Patty (Ms.) Contributor address; City; State; Zip Code Austin, TX 78701)		Amount of Contribution (\$)	\$2.00	
	•	pation / Job title (See Instructions Manager Business Services		Employer (See Instructions THA Foundation	s)		
	Date Full name of contributor out-of-state PAC (ID#:) Willmann, Adam (Mr.) Contributor address; City; State; Zip Code Clifton, TX 76634			Amount of Contribution (\$)	\$62.50		
	Principal occu President / C	pation / Job title (See Instructions CEO		Employer (See Instructions Goodall-Witcher Health		9	

MONEI	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A1
The Instru	ction Guide explains how to complete this f	1 Total pages Schedule A1: Sch: 39/39 Rpt: 42/49	
		1	3 Filer ID (Ethics Commission Filers) 00015794
	Wohleb, Stephen (Mr.)	7 Amount of Contribution (\$) \$41.00	
Delin sin al annu	Austin, TX 78701	D. Farala and Construction	
•		Texas Hospital Associa	
	Full name of contributor out-of-state PAC (ID#:_ Wood, Adam (Mr.) Contributor address; City; State; Zip Code)	Amount of Contribution (\$) \$4.81
	Abilene, TX 79601		
		Hendrick Medical Cente	
	Wood, Adam (Mr.) Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$4.81
	pation / Job title (See Instructions)	Employer (See Instruction	
	The Instru FILER NAME The Political Date 07/18/2025 Principal occu General Cou Date 07/15/2025 Principal occu System Assi Date 07/25/2025	The Instruction Guide explains how to complete this filer NAME The Political Action Committee of the Texas Hospital Association Date 5	The Instruction Guide explains how to complete this form. FILER NAME The Political Action Committee of the Texas Hospital Association Date 07/18/2025 5 Full name of contributor out-of-state PAC (ID#:

MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C3

	The Instru	ctic	on Guide explains how to complete this form.	1	Total pages Schedule Sch: 1/1 Rpt: 43/49	
2	FILER NAME			3	Filer ID (Ethics C	Commission Filers)
	The Political Action Committee of the Texas Hospital Association				00015794	
4	Date	5	Corporation / Labor Organization name	6	Amount (\$)	
	07/18/2025		Texas Hospital Association			644.00

NON-MONETARY SUPPORT FROM CORPORATION SCHEDULE C4 **OR LABOR ORGANIZATION** 1 Total pages Schedule C4: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 44/49 2 FILER NAME 3 Filer ID (Ethics Commission Filers) The Political Action Committee of the Texas Hospital Association 00015794 Date 5 Corporation / Labor Organization name 6 Amount (\$) 07/25/2025 4,200.00 **Texas Hospital Association**

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 Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (outer a category not listed above)

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 1/4 Rpt: 45/49	The Political Action Committee of the Texas Hospital 00015794
4 Date	5 Payee name
07/02/2025	Frost Bank
6 Amount (\$) \$52.85	7 Payee address; City; State; Zip Code PO Box 1727
Expenditure from corporate funds	Austin, TX 78767
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	Check if Austin, TX, officeholder living expense
	PAC credit card fees
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
07/03/2025	Frost Bank
Δ ma α (Φ)	Davis address. City. Ctate. 7in Cada
Amount (\$)	Payee address; City; State; Zip Code
\$82.79	PO Box 1727
Expenditure from corporate funds	Austin, TX 78767
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	Check if Austin, TX, officeholder living expense
	PAC credit card fees
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
07/03/2025	Stripe
01103/2023	
Amount (\$)	Payee address; City; State; Zip Code
\$42.77	354 Oyster Point Blvd
Expenditure from corporate funds	South San Francisco, CA 94080
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EVDENDITUDE	Fees Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Processing fees for processing multiple credit card
	contributions 7/3/25 - 7/25/25
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	
Sch: 2/4 Rpt: 46/49	The Political Action Committee of the Texas Hospital 00015794
4 Date	5 Payee name
07/03/2025	Stripe
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$0.21	354 Oyster Point Blvd
Expenditure from corporate funds	South San Francisco, CA 94080
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	PAC credit card fees
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
07/09/2025	Stripe
Amount (\$)	Payee address; City; State; Zip Code
\$0.58	354 Oyster Point Blvd
- Formandiana Cons	
Expenditure from corporate funds	South San Francisco, CA 94080
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
-	Check if Austin, TX, officeholder living expense PAC credit card fees
	1 /10 dream data fees
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
07/14/2025	Stripe
Amount (\$)	Payee address; City; State; Zip Code
\$4.88	354 Oyster Point Blvd
Expenditure from corporate funds	South San Francisco, CA 94080
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	PAC credit card fees
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services	Salaries	/Wage	es/Contract Labor		OTHER (enter a	category not listed above)	
				The Instruction Gu	iide explains how to d	ompl	lete this form.				
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission Fi	lers)
	Sch: 3/4 Rpt: 47/49		The Politica	I Action Commit	tee of the Texas H	losp	ital		00015794		
4	Date	5	Payee name								
	07/16/2025		Stripe								
6	Amount (\$)	7	Payee addres	ss; City;	State; Zip C	ode					
	\$1.17		354 Oyster	Point Blvd							
	Expenditure from corporate funds		South San F	Francisco, CA 94	4080						
8	PURPOSE	(a)	Category (Se	ee Categories listed at th	ne top of this schedule)	(b)	Description				
	OF EXPENDITURE		Fees				Check if travel	outsi	ide of Texas. Com	plete Schedule T.	
	EXPENDITORE						—		, officeholder living	expense	
							PAC credit ca	ard	tees		
9	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Offic	ceholder name	Office so	ught			Office he	eld	
	experiordine to berieff C/Or	1									
	Date		Payee name								
	07/18/2025		Stripe								
	Amount (\$)		Payee addres	ss; City;	State; Zip C	ode					
	\$0.72		354 Oyster	Point Blvd							
	Expenditure from corporate funds		South San F	Francisco, CA 94	4080						
	PURPOSE	(a)	Category (Se	ee Categories listed at th	ne top of this schedule)	(b)	Description				
	OF EXPENDITURE		Fees						ide of Texas. Com		
	EXI ENDITORE						ш		, officeholder living	j expense	
							PAC credit ca	ard	tees		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Office	ceholder name	Office so	ught			Office he	eld	
	experience to benefit Gree										
	Date		Payee name								
	07/23/2025		Stripe								
	Amount (\$)		Payee addres	ss; City;	State; Zip C	ode					
	\$1.23		354 Oyster	Point Blvd							
	Expenditure from corporate funds		South San F	Francisco, CA 94	4080						
	PURPOSE	(a)	Category (Se	ee Categories listed at th	ne top of this schedule)	(b)	Description				
	OF EXPENDITURE		Fees		,		Check if travel	outsi	ide of Texas. Com	plete Schedule T.	
	EXPENDITURE								, officeholder living	j expense	
							PAC credit ca	ard	tees		
	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Offic	ceholder name	Office so	ught			Office he	eld	
L	experiorare to benefit C/Of	1									

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment	Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Polling Expense Printing Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Travel in District Travel Out of District OTHER (enter a category not listed above)
1 Total pages Schedule F1: 2 FILER	NAME	3 Filer ID (Ethics Commission Filers)
l	Political Action Committee of the Texas Hospital	00015794
4 Date 5 Payes	name	
07/25/2025 Stripe		
6 Amount (\$) 7 Payes	address; City; State; Zip Code	
\$0.58 354 0	Dyster Point Blvd	
Expenditure from corporate funds South	San Francisco, CA 94080	
8 PURPOSE (a) Categ	Ory (See Categories listed at the top of this schedule) (b) Description	
OF Fees		outside of Texas. Complete Schedule T.
	PAC credit ca	TX, officeholder living expense
	TAC CICUIT CO	ilu iees
Complete ONLY if direct Candid expenditure to benefit C/OH	ate/Officeholder name Office sought	Office held

UNPAID INCURRED OBLIGATIONS SCHEDULE F2 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F2: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 1/1 Rpt: 49/49 The Political Action Committee of the Texas Hospital 00015794 \$ TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS 5 Date Payee name 07/24/2025 Atchley & Associates LLP Amount (\$) Payee address; State; Zip Code \$641.50 1005 La Posada Dr Expenditure from Х Austin, TX 78752 corporate funds TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Accounting/Banking **EXPENDITURE** Check if Austin, TX, officeholder living expense PAC accounting and reporting services 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH