#### 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** 10/06/2025 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

10th day after campaign

July 5

August 5

September 5

Month

09/25/2025

Day

treasurer termination

Month

08/26/2025

REPORT TYPE

REPORT FILING DEADLINE

10 MONTHLY

11 PERIOD

**COVERED** 

X Monthly

January 5

February 5

Year

March 5

Day

Dissolution (Attach PAC-DR)

November 5

December 5

Year

X October 5

April 5

May 5

June 5

**THROUGH** 

## MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

# FORM MPAC COVER SHEET PG 2

L2 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	ommittee of the Texas H	ospital Association		00015794	
4 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders     Assisted (Identify by name or, if applicable, classify by party.)				
5 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	POLITICAL CONTRIBUTION PROGRAMMES OF LOA PROGRAM	NS, ÒR	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLEI	L CONTRIBUTIONS DGES, LOANS, OR GUARAI	\$	25,361.26	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES				0.00
	4. TOTAL POLITICA	L EXPENDITURES		\$	1,616.98
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAIN G PERIOD	NED AS OF THE LAST	DAY \$	122,673.73
OUTSTANDING LOAN TOTALS	l .	AMOUNT OF ALL OUTSTAN REPORTING PERIOD	NDING LOANS AS OF 1	THE \$	0.00
6 AFFIDAVIT					
		true and corre	irm, under penalty of pe ct and includes all infor , Election Code.		
			Sara G	onzalez	
		-	Signature of Car	mpaign Treasu	ırer
AFFIX NOTAR	Y STAMP / SEAL ABOVE				
				nis the	day
of	, 20, to certify \	which, witness my hand and	seal of office.		
Signature of officer a	dministering oath	Printed name of officer admi	nistering oath	Title of office	cer administering oath

### **SUBTOTALS - MPAC**

# FORM MPAC COVER SHEET PG 3

				3 of 48
<b>17</b> COMMI	TEE NAME	18 Filer ID	(Ethic	cs Commission Filers)
	itical Action Committee of the Texas Hospital Association	00015794		
	JLE SUBTOTALS F SCHEDULE		:	SUBTOTAL AMOUNT
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	20,645.76
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	R	\$	
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	\$		
6. X	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$	515.50
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	\$	866.98
11. X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	750.00
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

MONE	TARY POLITICAL C	ONTRIBUTION	<b>V</b> 3	SCHEDULE	<b>A1</b>
The Instr	uction Guide explains how	to complete this for	m.	1 Total pages Schedule A1: Sch: 1/37 Rpt: 4/48	
2 FILER NAM The Politica	E al Action Committee of the Texa	s Hospital Association		3 Filer ID (Ethics Commission F 00015794	ilers)
4 Date 09/23/2025	5 Full name of contributor Akers, Mitchell (Dr.) 6 Contributor address; City; Sta			7 Amount of Contribution (\$)	\$100.00
	Eastland, TX 76448				
8 Principal occ	cupation / Job title (See Instructions)	) 9	Employer (See Instructions)		
Director An	ncillary Srvcs		Eastland Memorial Hospi	ital	
Date 09/20/2025	Contributor address; City; Sta	out-of-state PAC (ID#:	)	Amount of Contribution (\$) \$1	L,000.00
	Edinburg, TX 78539				
	cupation / Job title (See Instructions)	)	Employer (See Instructions)		
Chief Exec	cutive Officer		STHS Edinburg		
Date 09/22/2025	Contributor address; City; Sta	out-of-state PAC (ID#:		Amount of Contribution (\$)	\$500.00
Data da al car	San Antonio, TX 78249				
•	cupation / Job title (See Instructions) unications & Community Affairs		Employer (See Instructions) Methodist Healthcare Sa		
Date 09/12/2025				Amount of Contribution (\$)	\$165.00
•	cupation / Job title (See Instructions) of Clinical Officer		Employer (See Instructions) CHRISTUS Health		
Date 09/17/2025	Contributor address; City; Sta	out-of-state PAC (ID#:ate; Zip Code	)	Amount of Contribution (\$)	\$41.50
	Arlington, TX 76011				
Principal occ	cupation / Job title (See Instructions)	) [	Employer (See Instructions)		

	MONEI	ARY POLITICAL (	CONTRIBUTIO	INS		SCHEDULI	E <b>A1</b>
	The Instru	ction Guide explains hov	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 2/37 Rpt: 5/48	
2	FILER NAME	Action Committee of the Tour			3	Filer ID (Ethics Commission	Filers)
		Action Committee of the Tex				00015794	
4	Date 09/18/2025	<ul><li>5 Full name of contributor Barron, Kevin (Mr.)</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:_ tate; Zip Code	)	7	Amount of Contribution (\$)	\$20.84
		San Antonio, TX 78229					
8	Principal occu	pation / Job title (See Instructions	5)	9 Employer (See Instructions	5)		
	Vice Preside	nt, Payer Relations		University Health			
	Date 09/10/2025	Full name of contributor Baty, Krista (Ms.) Contributor address; City; S	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$27.50
		Brownwood, TX 76801					
		pation / Job title (See Instructions	5)	Employer (See Instructions			
	Chief Administrative Officer		Hendrick Medical Cente	r			
	Date 09/22/2025					Amount of Contribution (\$)	\$27.50
		Brownwood, TX 76801					
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	5)		
	Chief Admini	istrative Officer		Hendrick Medical Cente	r		
	Date Full name of contributor out-of-state PAC (ID# 09/10/2025 Benham, Bradley (Mr.)  Contributor address; City; State; Zip Code  Abilene, TX 79601		out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	\$9.62
	Principal occu VP HMC Fou	pation / Job title (See Instructions undation	5)	Employer (See Instructions Hendrick Medical Cente			
	Date 09/22/2025	Full name of contributor Benham, Bradley (Mr.) Contributor address; City; S Abilene, TX 79601	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	\$9.62
		pation / Job title (See Instruction	5)	Employer (See Instructions			
	VP HMC Fou	undation		Hendrick Medical Cente	r		

	MONEI	ARY POLITICAL CO	ONTRIBUTIO	NS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how t	o complete this fo	rm.	1	Total pages Schedule A1: Sch: 3/37 Rpt: 6/48	
2	FILER NAME The Political	Action Committee of the Texas	Hospital Association		3	Filer ID (Ethics Commission 00015794	n Filers)
4	Date 09/10/2025	<ul><li>5 Full name of contributor Bessent, Brian (Mr.)</li><li>6 Contributor address; City; Stat</li></ul>	out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	\$32.50
_	Deinsinal assu	Abilene, TX 79601	I o	Cas Instructions	<u></u>		
8		pation / Job title (See Instructions) trategy & Experience Officer	9	<ul><li>Employer (See Instructions Hendrick Medical Cente</li></ul>			
	Date Full name of contributor out-of-state PAC (ID#:)  09/22/2025 Bessent, Brian (Mr.)  Contributor address; City; State; Zip Code  Abilene, TX 79601			Amount of Contribution (\$)	\$32.50		
	<u> </u>	· ·		5 1 (0 1 1 1	Ĺ		
		pation / Job title (See Instructions) trategy & Experience Officer		Employer (See Instructions Hendrick Medical Cente			
	Date 09/17/2025	Full name of contributor out-of-state PAC (ID#:)  Biscone, Mark (Mr.)  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00	
		Katy, TX 77450					
	Principal occu President &	pation / Job title (See Instructions) CEO		Employer (See Instructions ACHE - Southeast Texa		Chapter	
		out-of-state PAC (ID#: e; Zip Code			Amount of Contribution (\$)	\$3.85	
		pation / Job title (See Instructions) nonary Services		Employer (See Instructions Hendrick Medical Cente			
	Date 09/22/2025	Full name of contributor Bowden, Sherri (Ms.) Contributor address; City; Stat Abilene, TX 79601	out-of-state PAC (ID#: e; Zip Code			Amount of Contribution (\$)	\$3.85
		pation / Job title (See Instructions) nonary Services		Employer (See Instructions Hendrick Medical Cente			
		,					

	MONEI	ARY POLITICAL C	ONTRIBUTION	NS		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 4/37 Rpt: 7/48	
2	FILER NAME	Action Committee of the Texa	s Hospital Association		3	Filer ID (Ethics Commission 00015794	n Filers)
_					<u> </u>		
4	Date 09/16/2025	<ul><li>5 Full name of contributor</li><li>Bowerman, Stephen (Mr.)</li><li>6 Contributor address; City; Sta</li></ul>	out-of-state PAC (ID#: tte; Zip Code		′	Amount of Contribution (\$)	\$125.00
		Midland, TX 79701					
8		pation / Job title (See Instructions)	9	Employer (See Instructions			
	President &	Chief Executive Officer		Midland Memorial Hospi	ital		
	Date 09/10/2025	Full name of contributor Brockway, Toni (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code			Amount of Contribution (\$)	\$5.00
		Abilene, TX 79601					
		pation / Job title (See Instructions)		Employer (See Instructions			
	Director of Workforce Dev			Hendrick Medical Cente	r		
	Date Full name of contributor out-of-state PAC (ID#:				Amount of Contribution (\$)	\$5.00	
		Abilene, TX 79601					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u></u>		
	Director of W	/orkforce Dev		Hendrick Medical Cente	r		
	Date 09/10/2025	Full name of contributor Broderick, Treva (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$4.81
	·	pation / Job title (See Instructions) ce President Clinical Svs		Employer (See Instructions Hendrick Medical Cente			
	Date 09/22/2025	Full name of contributor Broderick, Treva (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$4.81
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Assistant Vic	ce President Clinical Svs		Hendrick Medical Cente	r		

	MONEI	ARY POLITICAL C	ONTRIBUTION	15		SCHEDULE	<b>■ A1</b>
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 5/37 Rpt: 8/48	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	The Political	Action Committee of the Texas	s Hospital Association			00015794	
4	Date 09/10/2025	Full name of contributor     Calvo, Raul (Mr.)     Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code	)	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 (			Hendrick Medical Cente			
	Date	Full name of contributor	out-of-state PAC (ID#:	1		Amount of Contribution (\$)	
	09/22/2025	Calvo, Raul (Mr.)	out-or-state FAC (ID#			Amount of Contribution (4)	\$2.50
	03/22/2023	Contributor address; City; Sta	te: 7in Code				Ψ2.50
		Contributor address, City, Sta	ie, zip Code				
		Abilona TV 70000					
	Principal occu	Abilene, TX 79608 pation / Job title (See Instructions)		Employer (See Instructions	.) 		
	Board Vice (			Hendrick Medical Cente			
	Date Full name of contributor out-of-state PA		out-of-state PAC (ID#:	\		Amount of Contribution (\$)	
	09/10/2025	Camacho, Precilla (Ms.)	out-of-state PAC (ID#	<b>)</b>		Amount of Continuation (4)	\$3.85
		Contributor address; City; Sta	te; Zip Code				,,,,,
		Abilene, TX 79601					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	()		
	Senior Direc	tor Nursing		Hendrick Medical Cente	r		
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	09/22/2025	Camacho, Precilla (Ms.)					\$3.85
		Contributor address; City; Sta	te; Zip Code				
		Abilene, TX 79601					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>                                      </u>		
	Senior Direc	tor Nursing		Hendrick Medical Cente			
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	09/10/2025	Canada, Kirk (Mr.)					\$30.00
		Contributor address; City; Sta	te; Zip Code				
		Abilene, TX 79601					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	.) [		
		ting Office / System VP		Hendrick Medical Cente			
		<u> </u>	L				

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how t	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 6/37 Rpt: 9/48	
2	FILER NAME The Political	Action Committee of the Texas	Hospital Association		3	Filer ID (Ethics Commission 00015794	n Filers)
4	Date 09/22/2025	Full name of contributor     Canada, Kirk (Mr.)     Contributor address; City; State	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$30.00
•	Dringinal acqu	Abilene, TX 79601 pation / Job title (See Instructions)	T <sub>a</sub>	Employer (See Instructions	·/_		
0		ting Office / System VP	8	Hendrick Medical Cente			
	Date 09/23/2025	Full name of contributor Carter, Lauren (Ms.)  Contributor address; City; Stat	out-of-state PAC (ID#: ie; Zip Code	)		Amount of Contribution (\$)	\$50.00
	Deinsinal assu	Seguin, TX 78155		Franks on (Cas Instructions	<u></u>		
	VP of Physic	pation / Job title (See Instructions)		Employer (See Instructions Guadalupe Regional Me		al Ctr	
	Date 09/10/2025	Cates, Boyd (Mr.)  Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$1.00
	Principal occu	Abilene, TX 79601 pation / Job title (See Instructions)		Employer (See Instructions	:) 		
	Diagnostic T			Hendrick Medical Center			
			out-of-state PAC (ID#:			Amount of Contribution (\$)	\$1.00
	Principal occu Diagnostic T	pation / Job title (See Instructions) echnologist		Employer (See Instructions Hendrick Medical Cente	•		
	Date 09/18/2025	Full name of contributor Chacko, Benson (Mr.)  Contributor address; City; State Southlake, TX 76092	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$500.00
	Principal occu President	pation / Job title (See Instructions)		Employer (See Instructions Methodist Southlake Me		al Center	
			·				

	MONET	ARY POLITICAL CONTRIBU	JIIOr	<b>N</b> 5		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete	this for	m.	1	Total pages Schedule A1: Sch: 7/37 Rpt: 10/48	
2	FILER NAME The Political	Action Committee of the Texas Hospital Asso	ciation		3	Filer ID (Ethics Commission 00015794	on Filers)
4	Date 09/18/2025	<ul> <li>Full name of contributor  out-of-state PAC  Chance, Matt (Mr.)</li> <li>Contributor address; City; State; Zip Code</li> </ul>	`	)	7	Amount of Contribution (\$)	\$500.00
		Dallas, TX 75219					
8		pation / Job title (See Instructions) ident & COO	9	Employer (See Instructions Scottish Rite For Childre			
	Date 09/22/2025	Full name of contributor out-of-state PAG Christopher, Norman (Mr.) Contributor address; City; State; Zip Code	C (ID#:	)	•	Amount of Contribution (\$)	\$250.00
	Principal occu	San Antonio, TX 78207 pation / Job title (See Instructions)		Employer (See Instructions	<u>:)</u>		
	•	Pediatric Emergency Srvcs		CHRISTUS Children's	-,		
	Date 09/19/2025	Full name of contributor out-of-state PAG Cintron, R Jacob (Mr.)  Contributor address; City; State; Zip Code	C (ID#:	)		Amount of Contribution (\$)	\$3,500.00
		El Paso, TX 79905			L		
		pation / Job title (See Instructions) Chief Executive Officer		Employer (See Instructions University Medical Cent		of El Paso	
	Date Full name of contributor out-of-state  09/10/2025 Conger, Cody (Mr.)  Contributor address; City; State; Zip Code		`			Amount of Contribution (\$)	\$4.00
	•	Abilene, TX 79601 pation / Job title (See Instructions) tor, Invasive Cardiology		Employer (See Instructions Hendrick Medical Cente			
	Date 09/22/2025	Full name of contributor out-of-state PAG Conger, Cody (Mr.) Contributor address; City; State; Zip Code Abilene, TX 79601		)	•	Amount of Contribution (\$)	\$4.00
	•	pation / Job title (See Instructions)		Employer (See Instructions			
	neallii Direc	tor, Invasive Cardiology		Hendrick Medical Cente	:1		

	MONEI	ARY POLITICAL CONTRIBUTION	N	15		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 8/37 Rpt: 11/48	
2	FILER NAME The Political	Action Committee of the Texas Hospital Association	n		3	Filer ID (Ethics Commission 00015794	Filers)
4	Date 09/10/2025	<ul> <li>Full name of contributor</li></ul>		)	7	Amount of Contribution (\$)	\$4.81
8	Principal occu	Brownwood, TX 76804  upation / Job title (See Instructions)	9	Employer (See Instructions	)		
	Chief Nursin			Hendrick Medical Cente			
	Date 09/22/2025	Full name of contributor	:			Amount of Contribution (\$)	\$4.81
		Brownwood, TX 76804					
	Principal occu Chief Nursin	pation / Job title (See Instructions)		Employer (See Instructions Hendrick Medical Cente			
	Date Full name of contributor out-of-state PAC (ID#: 09/10/2025 Contreras, Rosendo (Ms.)  Contributor address; City; State; Zip Code		Tieriariek Medical Certie		Amount of Contribution (\$)		
			,		, another Contabation (4)	\$1.93	
		Abilene, TX 79601					
		pation / Job title (See Instructions) Safety, Infect Prevention, Perform Improvement		Employer (See Instructions Hendrick Medical Cente			
	Date 09/22/2025	Full name of contributor out-of-state PAC (ID#: Contreras, Rosendo (Ms.)  Contributor address; City; State; Zip Code  Abilene, TX 79601		)		Amount of Contribution (\$)	\$1.93
	•	upation / Job title (See Instructions) Safety, Infect Prevention, Perform Improvement		Employer (See Instructions Hendrick Medical Cente			
	Date 09/10/2025	Full name of contributor out-of-state PAC (ID#: Cooper, David (Mr.)  Contributor address; City; State; Zip Code  Abilene, TX 79601	<u> </u>			Amount of Contribution (\$)	\$3.85
	Principal occu Lab Supervis	pation / Job title (See Instructions) sor		Employer (See Instructions Hendrick Medical Cente			
			-				

	MONEI	ARY POLITICAL C	ONTRIBUTION	S		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how	to complete this form	m.	1	Total pages Schedule A1: Sch: 9/37 Rpt: 12/48	
2	FILER NAME The Political	Action Committee of the Texas	s Hospital Association		3	Filer ID (Ethics Commission 00015794	n Filers)
4	Date 09/22/2025	5 Full name of contributor Cooper, David (Mr.)  6 Contributor address; City; Star	out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	\$3.85
		Abilene, TX 79601					
8	Lab Supervis			Employer (See Instructions Hendrick Medical Cente		Account of October (2)	
	Date 09/23/2025	Full name of contributor [ Cuenca, Derrick (Mr.)  Contributor address; City; Star	out-of-state PAC (ID#: te; Zip Code	)		Amount of Contribution (\$)	\$250.00
		San Antonio, TX 78251					
	Principal occu Chief Execut	pation / Job title (See Instructions) tive Officer		Employer (See Instructions CHRISTUS Santa Rosa		ospital - Westover Hills	
	Date 09/22/2025	Full name of contributor  Dalton, Lori (Ms.)  Contributor address; City; Star  Dallas, TX 75219	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Sr VP / Gene	eral Counsel		Scottish Rite For Childre	en		
	Date  O9/07/2025  Full name of contributor out-of-state PAC (ID#:				Amount of Contribution (\$)	\$145.84	
	•	pation / Job title (See Instructions) STUS Children's & SVP CHRIS	TUS Health	Employer (See Instructions CHRISTUS Children's	5)		
	Date 08/27/2025	Full name of contributor  Davis, John (Mr.)  Contributor address; City; Star  Cuero, TX 77954	out-of-state PAC (ID#:te; Zip Code			Amount of Contribution (\$)	\$3.85
		pation / Job title (See Instructions)		Employer (See Instructions			
	Director Car	diopulmonary		Cuero Regional Hospita	il		

	MONEI	ARY POLITICAL (	CONTRIBUTIO	NS		SCHEDULE	<b>A1</b>
	The Instruc	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 10/37 Rpt: 13/48	
2	FILER NAME				3	•	Filers)
	The Political	Action Committee of the Texa	as Hospital Association		L	00015794	
4	Date 09/18/2025	<ul><li>5 Full name of contributor Davis, John (Mr.)</li><li>6 Contributor address; City; St</li></ul>	out-of-state PAC (ID#: ate; Zip Code	)	7	Amount of Contribution (\$)	\$3.85
		Cuero, TX 77954					
8	Principal occu	pation / Job title (See Instructions	) [9	Employer (See Instructions	s)		
	Director Card	diopulmonary		Cuero Regional Hospita	al		
	Date 09/15/2025	De La Garza-Barone, Hea		)		Amount of Contribution (\$)	\$50.00
		Austin, TX 78701					
		pation / Job title (See Instructions	)	Employer (See Instructions			
				Texas Hospital Associa	tior	1	
	Date Full name of contributor out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$41.00	
		Austin, TX 78758					
	Principal occu	pation / Job title (See Instructions	)	Employer (See Instructions	<u>.                                    </u>		
	Chief Medica	al Officer		St Davids North Austin	Ме	dical Center	
	Date 09/23/2025	Full name of contributor Delano, Brian (Mr.) Contributor address; City; St Sherman, TX 75090	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions	)	Employer (See Instructions			
	Business De	velopment Director		McCamey County Hosp	ital	District	
	Date 09/10/2025	Full name of contributor Dennis, Gregory (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	5)		
	Director Faci	ility Management		Hendrick Medical Cente	er		
			•				

	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: 11/37 Rpt: 14/48	
2	FILER NAME	Aution Open village of the T			3	•	n Filers)
		Action Committee of the Texa			L	00015794	
4	Date 09/22/2025	<ul><li>5 Full name of contributor</li><li>Dennis, Gregory (Mr.)</li><li>6 Contributor address; City; S</li></ul>	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 Faci	ility Management		Hendrick Medical Cente	er		
	Date 09/10/2025	Full name of contributor  Devun, Sharn (Ms.)  Contributor address; City; S	out-of-state PAC (ID#:_	)	•	Amount of Contribution (\$)	\$3.85
		Abilene, TX 79601					
		pation / Job title (See Instructions	5)	Employer (See Instructions			
	Director Risk	Management		Hendrick Medical Cente	er		
	Date 09/22/2025	Full name of contributor Devun, Sharn (Ms.) Contributor address; City; S	out-of-state PAC (ID#:_	)	•	Amount of Contribution (\$)	\$3.85
		Abilene, TX 79601					
	Principal occu	pation / Job title (See Instructions	3)	Employer (See Instructions	s)		
	Director Risk	Management		Hendrick Medical Cente	er		
	Date 09/14/2025	Full name of contributor Dippel, Douglas (Mr.)  Contributor address; City; S  Sweetwater, TX 79556	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	\$20.00
	•	pation / Job title (See Instructions	3)	Employer (See Instructions			
	Chief Execut	tive Officer / Administrator		Rolling Plains Memorial	Ho	ospital	
	Date 09/23/2025	Full name of contributor Doerr, Brian (Mr.) Contributor address; City; S Plano, TX 75024	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	SVP IT Secu	ırity / Privacy Officer		Community Hospital Co	rpc	ration	

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 12/37 Rpt: 15/48	
2	FILER NAME	Action Committee of the Toya	s Haspital Association		3	Filer ID (Ethics Commission 00015794	n Filers)
_		Action Committee of the Texa			L		
4	Date 09/23/2025	<ul><li>5 Full name of contributor</li><li>Dole, Michael (Mr.)</li><li>6 Contributor address; City; Sta</li></ul>	out-of-state PAC (ID#: ate; Zip Code	)	7	Amount of Contribution (\$)	\$350.00
		Corpus Christi, TX 78411					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	s)		
	Government	Relations Director		Driscoll Children's Hosp	ital		
	Date 09/10/2025	Full name of contributor  Donaway, Duane (Mr.)  Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$1.92
		Abilene, TX 79601					
		pation / Job title (See Instructions)	).	Employer (See Instructions			
	Director Info	rmation Systems		Hendrick Medical Cente	er		
	Date 09/22/2025	Full name of contributor  Donaway, Duane (Mr.)  Contributor address; City; Sta	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$1.93
		Abilene, TX 79601					
	Principal occu	pation / Job title (See Instructions)	)	Employer (See Instructions	5)		
	Director Info	rmation Systems		Hendrick Medical Cente	er		
	Date 09/10/2025	Full name of contributor Driskell, Jesiree (Ms.) Contributor address; City; Sta	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 09/22/2025	Full name of contributor Driskell, Jesiree (Ms.)  Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$7.50
	Principal occu	pation / Job title (See Instructions)	)	Employer (See Instructions	s)		
	AVP Strateg	ic Comms & Digital Expert		Hendrick Medical Cente	er		

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 13/37 Rpt: 16/48	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	The Political	Action Committee of the Texa	s Hospital Association		╙	00015794	
4	Date 09/23/2025	Full name of contributor     Echavarria, Jose (Mr.)     Contributor address; City; Sta	out-of-state PAC (ID#:ate; Zip Code	)	7	Amount of Contribution (\$)	\$100.00
		Lufkin, TX 75904					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instruction:	s)		
	Chief Execut			Woodland Heights Med		Center	
	Date 09/23/2025	Full name of contributor Edwards, Mark (Mr.)  Contributor address; City; Sta	out-of-state PAC (ID#:ate; Zip Code			Amount of Contribution (\$)	\$50.00
		Abilene, TX 79601			Ĺ		
		pation / Job title (See Instructions)		Employer (See Instruction:			
	AVP IIIIOIIIIa	tion Technology		Hendrick Medical Cente	اد -		
	Date 09/10/2025	Full name of contributor Eurek, Andrew (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#:ate; Zip Code	)		Amount of Contribution (\$)	\$4.00
		Abilene, TX 79601					
		pation / Job title (See Instructions)		Employer (See Instruction	•		
	Director Fina	ancial Analysis		Hendrick Medical Cente	er		
	Date 09/22/2025	Full name of contributor Eurek, Andrew (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$4.00
	•	pation / Job title (See Instructions) ancial Analysis		Employer (See Instructions Hendrick Medical Center			
	Date 09/10/2025	Full name of contributor Ford, Christopher (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$9.62
	Principal occu	pation / Job title (See Instructions)		Employer (See Instruction:	s)		
	AVP Suppor	t Services		Hendrick Medical Cente	er		
			·				

	MONEI	ARY POLITICAL CO	NIRIBUTION	NS		SCHEDULE	<b>A1</b>
	The Instruc	ction Guide explains how to	complete this for	m.	1	Total pages Schedule A1: Sch: 14/37 Rpt: 17/48	
2	FILER NAME				3	•	Filers)
		Action Committee of the Texas I				00015794	
4	Date 09/22/2025	<ul><li>5 Full name of contributor Ford, Christopher (Mr.)</li><li>6 Contributor address; City; State</li></ul>	out-of-state PAC (ID#: ; Zip Code	)	7	Amount of Contribution (\$)	\$9.62
		Abilene, TX 79601					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u>		
	AVP Suppor	t Services		Hendrick Medical Cente	r		
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	09/14/2025	Fox, Jay (Mr.)	out of otatio (710 (12//)	,		(4)	\$20.50
		Contributor address; City; State	; Zip Code				
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	;)		
	President BS	SWH Austin Area		Baylor Scott & White Me	edio	cal Center - Pflugerville	
	Date 09/10/2025	Full name of contributor  Gladden, Jaye (Ms.)  Contributor address; City; State	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$3.85
		Abilene, TX 79601					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Hospital Prof	fessional		Hendrick Medical Cente	r		
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	09/22/2025	Gladden, Jaye (Ms.)  Contributor address; City; State  Abilene, TX 79601	; Zip Code				\$3.85
	Principal occu Hospital Prof	pation / Job title (See Instructions) fessional		Employer (See Instructions Hendrick Medical Cente			
	Date 09/10/2025	Full name of contributor  Greenwood, Susan (Ms.)	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$29.00
	Contributor address; City; State; Zip Code  Abilene, TX 79601						
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	()		
	Vice Preside	ent / Chief Nursing Officer		Hendrick Medical Cente	r		

	MONEI	ARY POLITICAL C	SCHEDULE A1				
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 15/37 Rpt: 18/48	
2	FILER NAME	Action Committee of the Toya	s Hospital Association		3	Filer ID (Ethics Commission 00015794	on Filers)
_		Action Committee of the Texa			L		
4	Date 09/22/2025	<ul><li>5 Full name of contributor Greenwood, Susan (Ms.)</li><li>6 Contributor address; City; Sta</li></ul>	out-of-state PAC (ID#: tte; Zip Code	)	7	Amount of Contribution (\$)	\$29.00
		Abilene, TX 79601					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Vice Preside	nt / Chief Nursing Officer		Hendrick Medical Cente	r		
	Date 09/10/2025	Full name of contributor Hair, Donna (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$3.85
		Brownwood, TX 76804	i				
		pation / Job title (See Instructions)		Employer (See Instructions			
	Director of M	larketing		Hendrick Medical Cente	r		
	Date 09/22/2025	Full name of contributor Hair, Donna (Ms.)  Contributor address; City; Sta	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$3.85
		Brownwood, TX 76804	-				
	•	pation / Job title (See Instructions)		Employer (See Instructions			
	Director of M	larketing		Hendrick Medical Cente	r		
	Date 09/23/2025	Full name of contributor Hamon, Eric (Mr.)  Contributor address; City; Sta  Corpus Christi, TX 78411	out-of-state PAC (ID#: ite; Zip Code			Amount of Contribution (\$)	\$1,000.00
	•	pation / Job title (See Instructions)		Employer (See Instructions			
	President / C	Chief Executive Officer		Driscoll Children's Hosp	ital		
	Date 09/10/2025	Full name of contributor Harris, Erica (Ms.)  Contributor address; City; Sta  Abilene, TX 79601	out-of-state PAC (ID#: tte; Zip Code			Amount of Contribution (\$)	\$3.85
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Admissions I	Director		Hendrick Medical Cente	r		
			·				

	MONEI	ARY POLITICAL CO	NIRIBUTION	S		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how to	complete this forr	n.	1	Total pages Schedule A1: Sch: 16/37 Rpt: 19/48	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
		Action Committee of the Texas F				00015794	
4	Date 09/22/2025	<ul><li>5 Full name of contributor Harris, Erica (Ms.)</li><li>6 Contributor address; City; State;</li></ul>	out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	\$3.85
		Abilene, TX 79601					
8		pation / Job title (See Instructions)	9	Employer (See Instructions			
	Admissions I	Director		Hendrick Medical Cente	r		
	Date 08/26/2025	Hart, Brandy (Mrs.)  Contributor address; City; State;	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$83.00
		Nashville, TN 37203					
		pation / Job title (See Instructions)		Employer (See Instructions	)		
	Regional Vic	e President / Behavioral Health		HCA Healthcare			
	Date 09/10/2025	Full name of contributor Head, Courtney (Ms.)  Contributor address; City; State;	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$9.62
		Abilene, TX 79601					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
		nt of Human Resources		Hendrick Medical Cente			
	Date 09/22/2025	Full name of contributor Head, Courtney (Ms.) Contributor address; City; State; Abilene, TX 79601	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$9.62
		pation / Job title (See Instructions) nt of Human Resources		Employer (See Instructions Hendrick Medical Cente			
	Date 09/10/2025	Full name of contributor Henry, Elizabeth (Ms.) Contributor address; City; State; Abilene, TX 79601	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$4.81
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Director Cas	e Management		Hendrick Medical Cente	r		

	MONEI	ARY POLITICAL CO	ONTRIBUTION	IS		SCHEDULI	E <b>A1</b>
	The Instru	ction Guide explains how to	o complete this form	n.	1	Total pages Schedule A1: Sch: 17/37 Rpt: 20/48	
2	FILER NAME	Action Committee of the Toyle	Llaggital Appariation		3	Filer ID (Ethics Commission	r Filers)
_		Action Committee of the Texas	_		L	00015794	
4	Date 09/22/2025	<ul><li>5 Full name of contributor Henry, Elizabeth (Ms.)</li><li>6 Contributor address; City; State</li></ul>	out-of-state PAC (ID#: e; Zip Code	)	7	Amount of Contribution (\$)	\$4.81
8	Dringinal occu	Abilene, TX 79601 pation / Job title (See Instructions)	9	Employer (See Instructions			
°		e Management	l <sup>9</sup>	Hendrick Medical Cente			
	Director Cas			Heriurick Medical Certie	_		
	Date 09/18/2025	Full name of contributor  Hernandez, Elisa (Ms.)  Contributor address; City; State	out-of-state PAC (ID#: ;; Zip Code	)		Amount of Contribution (\$)	\$29.17
		El Paso, TX 79905					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Senior Advis	or of Government Relations		University Medical Center	er (	of El Paso	
	Date 09/10/2025	Full name of contributor  Hess, Heather (Ms.)  Contributor address; City; State	out-of-state PAC (ID#: ;; 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 09/22/2025	Full name of contributor  Hess, Heather (Ms.)  Contributor address; City; State  Abilene, TX 79601	out-of-state PAC (ID#:;			Amount of Contribution (\$)	\$3.85
	Principal occu Director of S	pation / Job title (See Instructions) eurgery		Employer (See Instructions Hendrick Medical Cente			
	Date 09/19/2025	Full name of contributor Holcomb, Holly (Ms.) Contributor address; City; State Childress, TX 79201	out-of-state PAC (ID#:;			Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>.</u>		
	Chief Execut	tive Officer		Childress Regional Med	ica	l Center	
			,				

	MONEI	ARY POLITICAL (		SCHEDULE A1			
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 18/37 Rpt: 21/48	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
		Action Committee of the Texa			L	00015794	
4	Date 09/07/2025	<ul><li>5 Full name of contributor Holland, Brad (Mr.)</li><li>6 Contributor address; City; States</li></ul>	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$145.84
		Abilene, TX 79601					
8		pation / Job title (See Instructions	5)	9 Employer (See Instructions	5)		
	President / C	Chief Executive Officer		Hendrick Health			
	Date 09/25/2025	Full name of contributor Honea, Michael (Mr.) Contributor address; City; S	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$41.00
		Glen Rose, TX 76043					
		pation / Job title (See Instructions	3)	Employer (See Instructions			
	Chief Execut	tive Officer		Glen Rose Medical Cen	ter		
	Date 09/10/2025	Full name of contributor Howard, Erica (Ms.)  Contributor address; City; S	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$3.85
		Abilene, TX 79601					
	Principal occu	I pation / Job title (See Instructions	3)	Employer (See Instructions	<u>l</u> ;)		
	System Direct			Hendrick Medical Cente			
	Date 09/22/2025	Full name of contributor Howard, Erica (Ms.) Contributor address; City; Si Abilene, TX 79601	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	\$3.85
	Principal occu System Direc	pation / Job title (See Instructions ctor Benefits	s) 	Employer (See Instructions Hendrick Medical Cente			
	Date 09/21/2025	Full name of contributor Hrncirik, Bobbye (Ms.) Contributor address; City; S Lubbock, TX 79415	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$83.00
	Principal occu	pation / Job title (See Instructions	3)	Employer (See Instructions	5)		
	VP Supplem	ental Funding		University Medical Cent	er		

	MONEI	ARY POLITICAL C		SCHEDULE A1			
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 19/37 Rpt: 22/48	
2	FILER NAME	Aution Consulting of the Ton			3	Filer ID (Ethics Commission	Filers)
		Action Committee of the Texa			L	00015794	
4	Date 09/10/2025	<ul><li>5 Full name of contributor Huffington, Mark (Mr.)</li><li>6 Contributor address; City; States</li></ul>	out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	\$4.81
		Abilene, TX 79601					
8	Principal occu	pation / Job title (See Instructions)	)	9 Employer (See Instructions	5)		
	System Assi	stant Vice President Analytics		Hendrick Medical Cente	r		
	Date 09/22/2025	Full name of contributor Huffington, Mark (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$4.81
		Abilene, TX 79601	į				
		pation / Job title (See Instructions)		Employer (See Instructions			
	System Assi	stant Vice President Analytics		Hendrick Medical Cente	r		
	Date Full name of contributor out-of-state PAC (ID#:  09/22/2025 Hughson, John (Mr.)  Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$41.67	
		Pearsall, TX 78061					
	Principal occu	pation / Job title (See Instructions)	)	Employer (See Instructions	5)		
	Chief Execut	tive Officer		Frio Regional Hospital			
	Date 09/10/2025	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) ional Services		Employer (See Instructions Hendrick Medical Cente			
	Date 09/22/2025	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		

The Instruction Guide explains how to complete this form.  Sch  File R NAME The Political Action Committee of the Texas Hospital Association  4 Date 08/27/2025  6 Contributor address; City; State; Zip Code  Cuero, TX 77954  8 Principal occupation / Job title (See Instructions) Support Services  Date 09/18/2025  Principal occupation / Job title (See Instructions) Cuero Regional Hospital  Amount of State PAC (ID#:	al pages Schedule A1: h: 20/37 Rpt: 23/48
The Political Action Committee of the Texas Hospital Association  4 Date 08/27/2025	
Date   Full name of contributor   Out-of-state PAC (ID#:   Date   O8/26/2025   Jackson, Robin (Ms.)	er ID (Ethics Commission Filers) 015794
Principal occupation / Job title (See Instructions)   Support Services	ount of Contribution (\$) \$0.97
Support Services  Cuero Regional Hospital  Date Full name of contributor out-of-state PAC (ID#:	
Date   Full name of contributor   out-of-state PAC (ID#:	
Principal occupation / Job title (See Instructions) Support Services  Cuero Regional Hospital  Date Full name of contributor out-of-state PAC (ID#:	ount of Contribution (\$) \$0.97
Support Services  Cuero Regional Hospital  Date	
O8/26/2025 Jackson, Robin (Ms.)  Contributor address; City; State; Zip Code  Austin, TX 78701  Principal occupation / Job title (See Instructions) Vice President Service Center  Date Full name of contributor out-of-state PAC (ID#:) Amount of Contributor out-of-state PAC (ID#:)  O9/18/2025 Junkins, Curt (Mr.)	
Principal occupation / Job title (See Instructions)  Vice President Service Center  Date  Full name of contributor  09/18/2025  Junkins, Curt (Mr.)  Employer (See Instructions)  Texas Hospital Association  And	ount of Contribution (\$) \$50.00
Vice President Service Center  Date Full name of contributor out-of-state PAC (ID#:	
09/18/2025 Junkins, Curt (Mr.)	
Contributor address; City; State; Zip Code	ount of Contribution (\$) \$500.00
Granbury, TX 76048  Principal occupation / Job title (See Instructions)  Chief Executive Officer  Employer (See Instructions)  Lake Granbury Medical Center	r
Date Full name of contributor out-of-state PAC (ID#:) Amo 09/10/2025 Kelly, Tave (Ms.)  Contributor address; City; State; Zip Code  Abilene, TX 79601	ount of Contribution (\$) \$4.81
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	
AVP Revenue Cycle Hendrick Medical Center	

	MONET	ARY POLITICAL CONTRIB	SUTION	NS		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how to complet	e this for	m.	1	Total pages Schedule A1: Sch: 21/37 Rpt: 24/48	
2	FILER NAME The Political	Action Committee of the Texas Hospital As	ssociation		3	Filer ID (Ethics Commission 00015794	Filers)
4	Date 09/22/2025	<ul> <li>5 Full name of contributor  out-of-state F Kelly, Tave (Ms.)</li> <li>6 Contributor address; City; State; Zip Code</li> </ul>	-	)	7	Amount of Contribution (\$)	\$4.81
		Abilene, TX 79601					
8	Principal occu AVP Revenu		9	Employer (See Instructions Hendrick Medical Cente			
	Date 09/12/2025	Full name of contributor out-of-state F Kimmel, Stephen (Mr.)  Contributor address; City; State; Zip Code  Fort Worth, TX 76104	PAC (ID#:			Amount of Contribution (\$)	\$83.00
		pation / Job title (See Instructions)		Employer (See Instructions			
	Chief Financ	ial Officer		Cook Children's Medica	I C		
	Date 09/10/2025	Full name of contributor out-of-state F Kirkman, Leni (Ms.)  Contributor address; City; State; Zip Code	PAC (ID#:			Amount of Contribution (\$)	\$41.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	;) 		
	•	rp Communications & Mktg		University Health	,,		
	Date 08/27/2025	Full name of contributor out-of-state F Krupala, Judith (Ms.)  Contributor address; City; State; Zip Code	-	)		Amount of Contribution (\$)	\$1.93
		Cuero, TX 77954					
	Principal occu Chief Nursin	pation / Job title (See Instructions) g Officer		Employer (See Instructions Cuero Regional Hospita			
	Date 09/18/2025	Full name of contributor out-of-state F Krupala, Judith (Ms.)  Contributor address; City; State; Zip Code  Cuero, TX 77954		)		Amount of Contribution (\$)	\$1.93
		pation / Job title (See Instructions)		Employer (See Instructions			
	Chief Nursin	у Опісеі		Cuero Regional Hospita	u		

	MONET	ARY POLITICAL CONTRIBU	JTION	IS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete t	his for	m.	1	Total pages Schedule A1: Sch: 22/37 Rpt: 25/48	
2	FILER NAME The Political	Action Committee of the Texas Hospital Assoc	ciation		3	Filer ID (Ethics Commissio 00015794	n Filers)
4	Date 09/10/2025	<ul> <li>Full name of contributor  out-of-state PAC Lafrance, Judith (Ms.)</li> <li>Contributor address; City; State; Zip Code</li> </ul>			7	Amount of Contribution (\$)	\$12.50
_	Deinsinal sass	Abilene, TX 79606		Family on (Can Instructions	_		
8		pation / Job title (See Instructions) Administrative Officer	9	Employer (See Instructions Hendrick Medical Cente			
	Date 09/22/2025	Full name of contributor out-of-state PAC Lafrance, Judith (Ms.)  Contributor address; City; State; Zip Code			•	Amount of Contribution (\$)	\$12.50
	Deinainal assu	Abilene, TX 79606		Francis on (Cool matricetic no	<u></u>		
		pation / Job title (See Instructions)  Administrative Officer		Employer (See Instructions Hendrick Medical Cente			
	Date 09/23/2025	Full name of contributor out-of-state PAC Lee, David (Mr.)  Contributor address; City; State; Zip Code	C (ID#:	)	•	Amount of Contribution (\$)	\$500.00
		Kenedy, TX 78119					
	Principal occu Chief Execut	pation / Job title (See Instructions) tive Officer		Employer (See Instructions Otto Kaiser Memorial He	•	oital	
	Date 09/10/2025	Full name of contributor out-of-state PAC Lee, Rachel (Ms.)  Contributor address; City; State; Zip Code  Abilene, TX 79601		)	•	Amount of Contribution (\$)	\$3.85
	·	pation / Job title (See Instructions) if Srvcs & Physician Recruitment		Employer (See Instructions Hendrick Medical Cente	•		
	Date 09/22/2025	Full name of contributor out-of-state PAC Lee, Rachel (Ms.)  Contributor address; City; State; Zip Code  Abilene, TX 79601		)		Amount of Contribution (\$)	\$3.85
	·	pation / Job title (See Instructions) f Srvcs & Physician Recruitment		Employer (See Instructions Hendrick Medical Cente			
		2 22 22 39 22 23 30 20 20 20 20 20 20 20 20 20 20 20 20 20			-		

	MONEI	ARY POLITICAL (	CONTRIBUTIO	NS		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 23/37 Rpt: 26/48	
2	FILER NAME The Political	Action Committee of the Texa	as Hospital Association		3	Filer ID (Ethics Commissio 00015794	n Filers)
4	Date 09/10/2025	<ul><li>5 Full name of contributor Lowery, James (Mr.)</li><li>6 Contributor address; City; St</li></ul>	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$3.85
_	Dringing aggr	Abilene, TX 79601	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	• Employer (Coo Instructions	<u>,                                     </u>		
8	Director Man	pation / Job title (See Instructions naged Care	,	9 Employer (See Instructions Hendrick Medical Center			
	Date 09/22/2025	Full name of contributor Lowery, James (Mr.)  Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code			Amount of Contribution (\$)	\$3.85
	Principal occu	Abilene, TX 79601 pation / Job title (See Instructions	)	Employer (See Instructions	;) 		
	Director Managed Care			Hendrick Medical Cente			
	Date 09/22/2025	Full name of contributor Massey, Cameron (Ms.) Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code	)		Amount of Contribution (\$)	\$750.00
		Austin, TX 78703					
		pation / Job title (See Instructions irs Consultant	)	Employer (See Instructions Texas Hospital Associa		1	
Date Full name of contributor out-of-state PAC (ID#:				Amount of Contribution (\$)	\$83.33		
	Principal occu Chief Execut	pation / Job title (See Instructions tive Officer	)	Employer (See Instructions Heart Hospital of Austin			
	Date 09/14/2025	Full name of contributor McCain, Rebecca (Ms.) Contributor address; City; St Electra, TX 76360	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$41.67
		pation / Job title (See Instructions	)	Employer (See Instructions			
	Chief Execut	tive Officer		Electra Memorial Hospit	tal		

	MONET	ARY POLITICAL CONTRIBUT	Ш	INS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete th	is fo	rm.	1	Total pages Schedule A1: Sch: 24/37 Rpt: 27/48	
2	FILER NAME The Political	Action Committee of the Texas Hospital Associa	ation		3	Filer ID (Ethics Commission 00015794	Filers)
4	Date 09/10/2025	<ul> <li>Full name of contributor</li></ul>	ID#:	)	7	Amount of Contribution (\$)	\$3.85
		Abilene, TX 79606					
8	•	pation / Job title (See Instructions) rogressive Care Services	9	9 Employer (See Instructions Hendrick Medical Center			
	Date 09/22/2025	Full name of contributor out-of-state PAC ( McCollough, Kimberly (Ms.)  Contributor address; City; State; Zip Code	ID#:	)		Amount of Contribution (\$)	\$3.85
	Principal occu	Abilene, TX 79606 pation / Job title (See Instructions)		Employer (See Instructions	;) 		
	Director of Progressive Care Services			Hendrick Medical Cente			
	Date 09/10/2025	Full name of contributor out-of-state PAC ( McElrath, Pamela (Ms.)  Contributor address; City; State; Zip Code	ID#:	)		Amount of Contribution (\$)	\$4.00
	Abilene, TX 79601				L		
	Principal occu Registered N	pation / Job title (See Instructions) Nurse		Employer (See Instructions Hendrick Medical Cente			
	Date 09/22/2025					Amount of Contribution (\$)	\$4.00
	Principal occu Registered N	Abilene, TX 79601 pation / Job title (See Instructions) Jurse		Employer (See Instructions Hendrick Medical Cente	-		
	Date 09/01/2025	Full name of contributor out-of-state PAC ( Mitchell, Kenneth (Dr.)  Contributor address; City; State; Zip Code  Austin, TX 78701				Amount of Contribution (\$)	\$41.00
		pation / Job title (See Instructions) Medical Officer		Employer (See Instructions	5)		
	SVP / CITIEI	Iniculcal Officer		St. David's HealthCare			

	MONEI	ARY POLITICAL C	ONTRIBUTION	15		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 25/37 Rpt: 28/48	
2	FILER NAME	Action Committee of the Toys	c Haspital Association		3	Filer ID (Ethics Commission 00015794	n Filers)
		Action Committee of the Texa			L		
4	Date 09/18/2025	<ul><li>5 Full name of contributor Morales, Daniel (Mr.)</li><li>6 Contributor address; City; St</li></ul>	out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	\$175.00
		Houston, TX 77030					
8	Principal occu	pation / Job title (See Instructions	9	Employer (See Instructions	5)		
	Vice Preside	nt Government Affairs		Houston Methodist			
	Date 09/10/2025	Full name of contributor Murphy, Patrick (Mr.) 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	5)		
	Healthcare Professional			Hendrick Medical Cente	r		
	Date 09/22/2025	Full name of contributor Murphy, Patrick (Mr.)  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	5)		
	Healthcare F	Professional		Hendrick Medical Center			
	Date 09/01/2025	Full name of contributor Parisi, James (Mr.)  Contributor address; City; St.  The Woodlands, TX 7738		)		Amount of Contribution (\$)	\$41.67
	Principal occu Chief Execut	pation / Job title (See Instructions tive Officer		Employer (See Instructions CHI St Lukes Health - T		Woodlands Hospital	
	Date 09/18/2025	Full name of contributor Patel, Malisha (Ms.) Contributor address; City; St	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions	)	Employer (See Instructions	5)		
	Sr Vice Pres	ident / Chief Executive Officer		Memorial Hermann Sou	thv	vest Hospital	
			1				

	MONEI	ARY POLITICAL C	ONTRIBUTION	NS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 26/37 Rpt: 29/48	
2	FILER NAME The Political	Action Committee of the Texa	s Hospital Association		3	Filer ID (Ethics Commission 00015794	n Filers)
4	Date 09/22/2025	<ul><li>5 Full name of contributor Pond, Justin (Mr.)</li><li>6 Contributor address; City; States</li></ul>	out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	\$250.00
0	Dringing conu	Waxahachie, TX 75165	<u> </u>	Employer (See Instructions	<u>''</u>		
o	Chief Operat	pation / Job title (See Instructions) ting Officer	9	Employer (See Instructions Baylor Scott & White Me		al Center - Waxahachie	
	Date 09/23/2025	Full name of contributor Prater, Lee (Ms.)  Contributor address; City; Sta	out-of-state PAC (ID#:ate; Zip Code		•	Amount of Contribution (\$)	\$100.00
		Dallas, TX 75219			L		
		pation / Job title (See Instructions)	)	Employer (See Instructions Scottish Rite For Childre			
		Clinical Operations		Scottish Rite For Childre			
	Date Full name of contributor out-of-state PAC (ID#:				Amount of Contribution (\$)	\$100.00	
		Plano, TX 75024					
	Principal occu SVP CHC St	pation / Job title (See Instructions) upply Trust		Employer (See Instructions Community Hospital Co		ration	
	Date 09/14/2025	Full name of contributor Qualls, Rustin (Mr.)  Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$20.50
	Principal occu Data Protect	pation / Job title (See Instructions)		Employer (See Instructions Goodall-Witcher Healtho		9	
	Date 09/15/2025	Full name of contributor Richburg, Melanie (Dr.)  Contributor address; City; Sta	out-of-state PAC (ID#:ate; Zip Code	)	•	Amount of Contribution (\$)	\$125.00
	Principal occu Former CEO	pation / Job title (See Instructions)		Employer (See Instructions  Lynn County Hospital D		ct	
			l				

	MONEI	ARY POLITICAL (	CONTRIBUTION	15		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 27/37 Rpt: 30/48	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	The Political	Action Committee of the Texa				00015794	
4	Date 09/10/2025	Full name of contributor     Richert, Ron (Mr.)      Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code	)	7	Amount of Contribution (\$)	\$3.85
_	Delicalizado a como	Abilene, TX 79601		Facebook (Control to the still control			
8		pation / Job title (See Instructions	) 9	1 , (			
	Director of tr	ne Health Club		Hendrick Medical Cente	r		
	Date 09/22/2025	Full name of contributor Richert, Ron (Mr.) Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code	)		Amount of Contribution (\$)	\$3.85
		Abilene, TX 79601					
	•	pation / Job title (See Instructions	)	Employer (See Instructions			
	Director of the Health Club			Hendrick Medical Cente	r		
	Date 09/23/2025	Full name of contributor Rivera, Emma (Ms.)  Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code	)		Amount of Contribution (\$)	\$15.00
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions	)	Employer (See Instructions	5)		
	Specialist Se	ervice Center		Texas Hospital Association			
	Date 09/23/2025	Full name of contributor Roberts, Shonda (Ms.) Contributor address; City; St Eastland, TX 76448	out-of-state PAC (ID#: ate; Zip Code	)		Amount of Contribution (\$)	\$100.00
	Principal occu Chief Nursin	pation / Job title (See Instructions g Officer	)	Employer (See Instructions Eastland Memorial Hosp		ıl	
	Date 09/10/2025	Full name of contributor Robicheaux, James (Mr.) Contributor address; City; St Bay City, TX 77414	out-of-state PAC (ID#:ate; Zip Code	)		Amount of Contribution (\$)	\$42.00
	Principal occu	pation / Job title (See Instructions	)	Employer (See Instructions	5)		
	Chief Execut	tive Officer		Matagorda Regional Me	dic	al Center	
			-				

	MONEI	ARY POLITICAL (	CONTRIBUTIO	NS		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 28/37 Rpt: 31/48	
2	FILER NAME				3	•	n Filers)
		Action Committee of the Texa	<u> </u>		L	00015794	
4	Date 09/10/2025	<ul><li>5 Full name of contributor Robinson, Tracee (Ms.)</li><li>6 Contributor address; City; St</li></ul>	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$3.85
		Abilene, TX 79601					
8	Principal occu	pation / Job title (See Instructions	s) <u> </u>	Employer (See Instructions	5)		
	Director of Q	uality		Hendrick Medical Cente	er		
	Date 09/22/2025	Full name of contributor Robinson, Tracee (Ms.) Contributor address; City; Si	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$3.85
		Abilene, TX 79601	,		Ĺ		
		pation / Job title (See Instructions	s)	Employer (See Instructions			
	Director of Q	uality ·		Hendrick Medical Cente	er		
	Date Full name of contributor out-of-state PAC (ID#:)  09/23/2025 Rodriguez, Adrian (Mr.)  Contributor address; City; State; Zip Code		•	Amount of Contribution (\$)	\$100.00		
		El Paso, TX 79905					
	Principal occu	I pation / Job title (See Instructions	3)	Employer (See Instructions	<u>L</u> S)		
	LMSW Supe			El Paso Children's Hosp	ita	I	
	Date 09/07/2025	Full name of contributor Rodriguez, Micah (Mr.)  Contributor address; City; St  Houston, TX 77266	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$29.16
	Principal occu	pation / Job title (See Instructions	3)	Employer (See Instructions	5)		
	VP Public Po	olicy & Government Relations		Harris Health System			
	Date 09/23/2025	Full name of contributor Rogers, Emily (Ms.) Contributor address; City; Si Eastland, TX 76448	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$20.84
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	Chief Operat	ting Officer		Eastland Memorial Hosp	pita	l	

	MONEI	ARY POLITICAL CONTRIBU	JIION	15		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete t	this for	m.	1	Total pages Schedule A1: Sch: 29/37 Rpt: 32/48	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	The Political	Action Committee of the Texas Hospital Asso	ciation			00015794	
4	Date 09/22/2025	<ul> <li>5 Full name of contributor</li></ul>		)	7	Amount of Contribution (\$)	\$500.00
		Irving, TX 75038					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	<u></u> 5)		
	Senior VP of	Corporate Services		CHRISTUS Health			
_	Date	Full name of contributor	C. (ID#:	)	Π	Amount of Contribution (\$)	
	09/10/2025	Schmidt, Timothy (Mr.)	(			(.,	\$3.85
		Contributor address; City; State; Zip Code					
		Abilene, TX 79601					
		pation / Job title (See Instructions)		Employer (See Instructions			
	Dir Property / Facility Management			Hendrick Medical Cente	r		
	Date 09/22/2025	Full name of contributor out-of-state PAC Schmidt, Timothy (Mr.)  Contributor address; City; State; Zip Code	C (ID#:	)		Amount of Contribution (\$)	\$3.85
		Abilene, TX 79601		5 1 (0 1 1 1			
	•	pation / Job title (See Instructions) / Facility Management		Employer (See Instructions Hendrick Medical Cente			
	Dil Property			Hendrick Medical Certe	:1		
	Date 09/12/2025	Full name of contributor out-of-state PAG Siebenaler, Christopher (Mr.)  Contributor address; City; State; Zip Code  Houston, TX 77030	C (ID#:	)		Amount of Contribution (\$)	\$750.00
	•	pation / Job title (See Instructions) P Network Hospitals		Employer (See Instructions Houston Methodist	s)		
	Date 09/23/2025	Full name of contributor out-of-state PAC Smith, Candice (Ms.)  Contributor address; City; State; Zip Code  Hereford, TX 79045	C (ID#:	)		Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u></u>		
	Chief Execu			Hereford Regional Medi		Center	
			<u> </u>				

	MONEI	ARY POLITICAL (	CONTRIBUTIO	NS		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 30/37 Rpt: 33/48	
2	FILER NAME				3	•	Filers)
		Action Committee of the Texa			L	00015794	
4	Date 09/10/2025	<ul><li>5 Full name of contributor Speckels, Donna (Ms.)</li><li>6 Contributor address; City; St</li></ul>	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	5)		
	Director Hen	drick HouseCalls		Hendrick Medical Cente	er		
	Date 09/22/2025	Full name of contributor Speckels, Donna (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			
	Director Hen	drick HouseCalls		Hendrick Medical Cente	er		
	Date 09/10/2025	Full name of contributor Stafford, Steven (Mr.) Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code	)	•	Amount of Contribution (\$)	\$3.85
		Abilene, TX 79601					
	Principal occu	pation / Job title (See Instructions	)	Employer (See Instructions	5)		
	Director Hen	drick Clinic		Hendrick Medical Cente	er		
	Date 09/22/2025	Full name of contributor Stafford, Steven (Mr.) Contributor address; City; St Abilene, TX 79601	out-of-state PAC (ID#:ate; Zip Code		•	Amount of Contribution (\$)	\$3.85
	Principal occu Director Hen	pation / Job title (See Instructions drick Clinic	)	Employer (See Instructions Hendrick Medical Cente			
	Date 09/15/2025	Full name of contributor Stelter, Anna (Ms.) Contributor address; City; St Austin, TX 78701	out-of-state PAC (ID#:	)	•	Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions	)	Employer (See Instructions			
	Vice Preside	nt Policy		Texas Hospital Associa	tior	1	

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 31/37 Rpt: 34/48	
2	FILER NAME	Aution Committee of the Toronto			3	Filer ID (Ethics Commission	Filers)
	The Political	Action Committee of the Texa				00015794	
4	Date 08/28/2025	<ul><li>5 Full name of contributor Thomas, Wendy (Ms.)</li><li>6 Contributor address; City; St</li></ul>	out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	\$50.00
		Austin, TX 78701					
8	Principal occu	pation / Job title (See Instructions	) 9	Employer (See Instructions	5)		
	Mgr Advocad	cy / Pub Policy / HOSPAC		Texas Hospital Associat	ior	1	
	Date 09/22/2025	Full name of contributor Thomas, Wendy (Ms.) Contributor address; City; St	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$5.00
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions	)	Employer (See Instructions	5)		
	Mgr Advocacy / Pub Policy / HOSPAC			Texas Hospital Associat	ior	1	
	Date 08/27/2025	Full name of contributor Tiffin, Laura (Ms.) Contributor address; City; St	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$1.00
		Cuero, TX 77954					
	Principal occu	pation / Job title (See Instructions	)	Employer (See Instructions	5)		
	Business Of	fice Manager		Cuero Regional Hospital			
	Date 09/18/2025	Full name of contributor Tiffin, Laura (Ms.) Contributor address; City; St Cuero, TX 77954	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$1.00
	•	pation / Job title (See Instructions fice Manager		Employer (See Instructions Cuero Regional Hospita			
	Date 09/10/2025	Full name of contributor Tucek, Karen (Ms.) Contributor address; City; St Abilene, TX 79601	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$3.85
	Principal occu	pation / Job title (See Instructions	)	Employer (See Instructions	<u>.</u>		
	Director, Hos	spice		Hendrick Medical Cente	r		
			1				

MONE	TARY POLITICAL (	JONTRIBUTIO	ON S		SCHEDUL	E <b>A1</b>
The Instru	uction Guide explains how	to complete this t	form.	1	Total pages Schedule A1: Sch: 32/37 Rpt: 35/48	
2 FILER NAME The Politica	E al Action Committee of the Texa	as Hospital Associatio	n	3	Filer ID (Ethics Commission 00015794	n Filers)
4 Date 09/22/2025	<ul><li>5 Full name of contributor Tucek, Karen (Ms.)</li><li>6 Contributor address; City; St</li></ul>		)	7	Amount of Contribution (\$)	\$3.85
	Abilene, TX 79601					
8 Principal occ	upation / Job title (See Instructions	5)	9 Employer (See Instruction	ıs)		
Director, Ho	ospice		Hendrick Medical Cente	er		
Date 09/22/2025	Full name of contributor Turner, Will (Mr.) Contributor address; City; S	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$750.00
	Waxahachie, TX 75165					
•	upation / Job title (See Instructions	5)	Employer (See Instruction			
Chief Executive Officer			Baylor Scott & White M	ledi	cal Center - Waxahachie	
Date 09/23/2025	Full name of contributor Unruh, Rhonda (Ms.)  Contributor address; City; S	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$125.00
	Seguin, TX 78155					
Principal occ VP of Quali	upation / Job title (See Instructions ty	5)	Employer (See Instructions) Guadalupe Regional Medical Ctr			
Date 09/24/2025					Amount of Contribution (\$)	\$50.00
Principal occ Administrat	upation / Job title (See Instructions	5)	Employer (See Instruction UTMB League City Car		ıs Hospital	
Date 08/27/2025	Contributor address; City; S	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$12.50
	Austin, TX 78701		1	<u> </u>		
	upation / Job title (See Instructions vice Center AMS/Data Quality		Employer (See Instruction Texas Hospital Associa		1	

	MONET	ARY POLITICAL CONTRIBU	TION	IS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete th	nis for	m.	1	Total pages Schedule A1: Sch: 33/37 Rpt: 36/48	
2	FILER NAME The Political	Action Committee of the Texas Hospital Associ	iation		3	Filer ID (Ethics Commissio 00015794	n Filers)
4	Date 09/10/2025	<ul> <li>Full name of contributor</li></ul>		)	7	Amount of Contribution (\$)	\$3.85
_		Abilene, TX 79601			Ĺ		
8	•	pation / Job title (See Instructions) egulatory Manager	9	Employer (See Instructions Hendrick Medical Cente			
	Date 09/22/2025	Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$3.85
	Abilene, TX 79601  Principal occupation / Job title (See Instructions)			Employer (See Instructions	;) 		
	•	egulatory Manager		Hendrick Medical Cente			
	Date 09/19/2025	Full name of contributor out-of-state PAC ( Vogt, Ruben (Mr.)  Contributor address; City; State; Zip Code	(ID#:	)	•	Amount of Contribution (\$)	\$350.00
	5	El Paso, TX 79905			<u></u>		
		pation / Job title (See Instructions) Gov Relations & External Affairs		Employer (See Instructions University Medical Cent	•	of El Paso	
	Date 09/10/2025	Full name of contributor out-of-state PAC ( Wade, Susan (Ms.)  Contributor address; City; State; Zip Code  Abilene, TX 79601			•	Amount of Contribution (\$)	\$15.00
	Principal occu Abilene Mark	pation / Job title (See Instructions) ket COO		Employer (See Instructions Hendrick Medical Cente			
	Date 09/22/2025	Full name of contributor out-of-state PAC ( Wade, Susan (Ms.)  Contributor address; City; State; Zip Code  Abilene, TX 79601		)		Amount of Contribution (\$)	\$15.00
	•	pation / Job title (See Instructions)		Employer (See Instructions			
	Abilene Mark	KEL COO		Hendrick Medical Cente	er —		

	MONEI	ARY POLITICAL CONTRIE	SCHEDULE A1				
	The Instru	ction Guide explains how to complet	e this for	m.	1	Total pages Schedule A1: Sch: 34/37 Rpt: 37/48	
2	FILER NAME	Action Committee of the Toyon Hamital As	esociation		3	Filer ID (Ethics Commission	on Filers)
		Action Committee of the Texas Hospital As  5 Full name of contributor  out-of-state				00015794	
4	Date 09/12/2025				7	Amount of Contribution (\$)	\$83.34
		Abilene, TX 79601	1-				
8		pation / Job title (See Instructions)	9	Employer (See Instructions	)		
	System VP &	& Chief Financial Officer		Hendrick Health			
	Date 09/18/2025	Full name of contributor out-of-state Walker, Robert (Mr.) Contributor address; City; State; Zip Code	PAC (ID#:			Amount of Contribution (\$)	\$2,000.00
		Dallas, TX 75219	_				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Chief Execut	tive Officer / President		Scottish Rite For Childre	en		
	Date 09/10/2025	Full name of contributor	PAC (ID#:	)		Amount of Contribution (\$)	\$9.62
		Brownwood, TX 76804					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Chief Financ	ial Officer		Hendrick Medical Cente	r		
	Date 09/22/2025	Full name of contributor out-of-state Wallschlaeger, Erich (Mr.)  Contributor address; City; State; Zip Code  Brownwood, TX 76804	PAC (ID#:			Amount of Contribution (\$)	\$9.62
	Principal occu Chief Financ	pation / Job title (See Instructions) ial Officer		Employer (See Instructions Hendrick Medical Cente			
	Date 09/10/2025	Full name of contributor out-of-state Walzer, Cheryl (Ms.) Contributor address; City; State; Zip Code Abilene, TX 79601	PAC (ID#:	)		Amount of Contribution (\$)	\$3.85
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Director of M	ledsurg / Tele		Hendrick Medical Cente	r		
			,				

	MONEI	ARY POLITICAL C	CONTRIBUTION	15		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 35/37 Rpt: 38/48	
2	FILER NAME				3	Filer ID (Ethics Commissio	n Filers)
	The Political	Action Committee of the Texa	as Hospital Association			00015794	
4	Date 09/22/2025	<ul><li>5 Full name of contributor Walzer, Cheryl (Ms.)</li><li>6 Contributor address; City; St</li></ul>	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></u>		
	Director of M	ledsurg / Tele		Hendrick Medical Cente	r		
_	Date	Full name of contributor	out-of-state PAC (ID#:	)	Π	Amount of Contribution (\$)	
	09/20/2025	Warner, Freddy (Mr.)				(,,	\$145.50
		Contributor address; City; St	ate; Zip Code				
		Houston, TX 77024					
	Principal occu	pation / Job title (See Instructions	)	Employer (See Instructions	5)		
	Chief Govern	nment Relations Officer		Memorial Hermann Hea	lth	System	
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	09/10/2025	Waters, Amber (Ms.)					\$3.85
		Contributor address; City; St  Abilene, TX 79601	ate; Zip Code				
	Principal occu	pation / Job title (See Instructions	)	Employer (See Instructions	<u>L</u>		
	Director of A	,		Hendrick Medical Cente			
_	Date	Full name of contributor	out-of-state PAC (ID#:	)	Π	Amount of Contribution (\$)	
	09/22/2025	Waters, Amber (Ms.)  Contributor address; City; St  Abilene, TX 79601				(,,	\$3.85
	Principal occu Director of A	pation / Job title (See Instructions dmissions	)	Employer (See Instructions Hendrick Medical Cente			
	Date 09/23/2025	Full name of contributor Wells, Andrew (Mr.)	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
		Contributor address; City; St  Uvalde, TX 78801	ate; Zip Code				
	Principal occu	pation / Job title (See Instructions	)	Employer (See Instructions	5)		
	Administrato			Uvalde Memorial Hospit			
			1				

	MONET	ARY POLITICAL CO	ONTRIBUTION	IS		SCHEDUL	E <b>A1</b>		
	The Instruc	ction Guide explains how t	to complete this for	n.	1	Total pages Schedule A1: Sch: 36/37 Rpt: 39/48			
2	FILER NAME The Political	Action Committee of the Texas	Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794				
4	Date 09/23/2025	09/23/2025 Werling, Ryan (Mr.)  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$50.00			
_	Dringing	Allentown, PA 18101	lo.	Franksian (Cook Instructions					
8		pation / Job title (See Instructions) ss Development	9	Employer (See Instructions AblePay	5)				
	Date 09/10/2025	Full name of contributor Wharton, Elisha (Ms.) Contributor address; City; Stat		)	•	Amount of Contribution (\$)	\$3.85		
	Principal occu	Abilene, TX 79601 pation / Job title (See Instructions)		Employer (See Instructions	s)				
	Sr Practice N	. ,		Hendrick Medical Cente					
	Date 09/22/2025	Full name of contributor Wharton, Elisha (Ms.)  Contributor address; City; Stat	out-of-state PAC (ID#:	)	•	Amount of Contribution (\$)	\$3.85		
		Abilene, TX 79601							
	Principal occu Sr Practice N	pation / Job title (See Instructions) Manager		Employer (See Instructions Hendrick Medical Cente					
	Date 09/23/2025	Full name of contributor Wicklund, Grant (Mr.) Contributor address; City; Stat San Antonio, TX 78216		)		Amount of Contribution (\$)	\$125.00		
Principal occupation / Job title (See Instructions)  Chief Executive Officer  Employer (See Instructions)  CHRISTUS Sant						ealth System			
	Date 08/26/2025	Full name of contributor Willmann, Adam (Mr.) Contributor address; City; Stat Clifton, TX 76634		)	•	Amount of Contribution (\$)	\$62.50		
	Principal occu President / C	pation / Job title (See Instructions)		Employer (See Instructions Goodall-Witcher Healtho		e			

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this t	form.	1	Total pages Schedule A1: Sch: 37/37 Rpt: 40/48	
2	FILER NAME The Political	Action Committee of the Texas Hospital Associatio	n	1	iler ID (Ethics Commission 0015794	n Filers)
4	Date 09/24/2025	<ul> <li>Full name of contributor  out-of-state PAC (ID#: Wolf, Nikoma (Ms.)</li> <li>Contributor address; City; State; Zip Code</li> </ul>		7 A	mount of Contribution (\$)	\$50.00
8	Principal occu	Irving, TX 75061 spation / Job title (See Instructions)	9 Employer (See Instructions	s)		
Ü	Chief Operat		Baylor Scott & White Me		l Center - Irving	
	Date 09/10/2025	Full name of contributor out-of-state PAC (ID#:_ Wood, Adam (Mr.)  Contributor address; City; State; Zip Code			mount of Contribution (\$)	\$4.81
		Abilene, TX 79601	T = 1 (0 1	Ļ		
	•	pation / Job title (See Instructions) stant VP Supply Chain	Employer (See Instructions Hendrick Medical Cente			
	Date 09/22/2025	Full name of contributor out-of-state PAC (ID#:_ Wood, Adam (Mr.)  Contributor address; City; State; Zip Code	)		mount of Contribution (\$)	\$4.81
	Principal occu	Abilene, TX 79601  pation / Job title (See Instructions)	Employer (See Instructions	e)		
		stant VP Supply Chain	Hendrick Medical Cente			
	Date 09/22/2025	Full name of contributor out-of-state PAC (ID#:_ Zeid, Yasser (Dr.)  Contributor address; City; State; Zip Code  Corpus Christi, TX 78411			amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions			
	Chief Medica	al Officer	Corpus Christi Medical	Cente	er - Doctors Regional	

# MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C3

	The Instru	ctic	on Guide explains how to complete this form.	1	Total pages S Sch: 1/1 Rp	Schedule C3: t: 41/48	
2	FILER NAME     The Political Action Committee of the Texas Hospital Association				Filer ID 00015794	(Ethics Commission Filers)	
4	Date 08/29/2025	5	Corporation / Labor Organization name	6	Amount (\$)	515.50	_
	0012912025		Texas Hospital Association			515.50	,

# 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: 42/48 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 (\$) 09/25/2025 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 Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

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: 1/5 Rpt: 43/48	The Political Action Committee of the Texas Hospital 00015794
4 Date	5 Payee name
09/02/2025	Frost Bank
6 Amount (\$) \$52.35	7 Payee address; City; State; Zip Code PO Box 1727
Expenditure from corporate funds	Austin, TX 78767
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	PAC credit card fees
	FAC cieuit card lees
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/03/2025	Frost Bank
Amount (\$)	Payee address; City; State; Zip Code
\$19.95	PO Box 1727
Expenditure from corporate funds	Austin, TX 78767
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  PAC credit card fees
	FAC cledit card lees
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/03/2025	Frost Bank
Amount (\$)	Payee address; City; State; Zip Code
\$62.84	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.
-	Check if Austin, TX, officeholder living expense  PAC credit card fees
	PAC credit card rees
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	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 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)

Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 2/5 Rpt: 44/48 The Political Action Committee of the Texas Hospital 00015794 4 Date Payee name 08/26/2025 Stripe 6 Amount (\$) Payee address; State; Zip Code \$720.82 354 Oyster Point Blvd Expenditure from South San Francisco, CA 94080 corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense Processing fees for processing multiple credit card contributions 8/26/25-9/25/25 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 08/26/2025 Stripe Amount (\$) Payee address; City; State; Zip Code \$0.87 354 Oyster Point Blvd Expenditure from South San Francisco, CA 94080 corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense PAC credit card fees Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 09/04/2025 Stripe Amount (\$) Payee address; City: State; Zip Code \$0.58 354 Oyster Point Blvd Expenditure from corporate funds South San Francisco, CA 94080 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense PAC credit card fees

Candidate/Officeholder name

Complete ONLY if direct

expenditure to benefit C/OH

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 E
Candidate/Officeholder/Politic

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services 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 (enter a category not listed above)

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wages/Contra	· · · · · · · · · · · · · · · · · · ·
	The Instruction Guide explains how to complete this	s form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 3/5 Rpt: 45/48	The Political Action Committee of the Texas Hospital	00015794
4 Date	5 Payee name	•
09/10/2025	Stripe	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$4.29	354 Oyster Point Blvd	
Ψ4.20	Sof System out Bive	
Expenditure from corporate funds	South San Francisco, CA 94080	
8 PURPOSE		·
OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	সোচ্যাতা heck if travel outside of Texas. Complete Schedule T.
EXPENDITURE	1000	heck if Austin, TX, officeholder living expense
	I — I — I	credit card fees
9 Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/O		
Date	Payon namo	
09/12/2025	Payee name String	
	Stripe	
Amount (\$)	Payee address; City; State; Zip Code	
\$0.59	354 Oyster Point Blvd	
- Cynanditura fram		
Expenditure from corporate funds	South San Francisco, CA 94080	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Desc	cription
OF EXPENDITURE		heck if travel outside of Texas. Complete Schedule T.
EXPENDITURE	I — I —	heck if Austin, TX, officeholder living expense
	PAC	C credit card fees
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/O	H	
Date	Payee name	
09/16/2025	Stripe	
Amount (\$)	Payee address; City; State; Zip Code	
\$1.89	354 Oyster Point Blvd	
Ψ1.09	334 Oyster Foint Bivu	
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	1003	heck if travel outside of Texas. Complete Schedule T.
	I	heck if Austin, TX, officeholder living expense
	PAC	C credit card fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
onponditure to benefit 0/01	··	

## POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Ser	vices	expense	Salaries/M		e /Contract Labor		OTHER (enter	a category not liste	ed above)
	Credit Card Fayinent			The Inst	truction Gui	ide explains	how to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME	E						3	Filer ID	(Ethics Com	mission Filers)
	Sch: 4/5 Rpt: 46/48		The Politica	al Action	n Committ	ee of the	Texas Ho	spi	tal		00015794		
4	Date	5	Payee name	;									
	09/18/2025		Stripe										
6	Amount (\$)	7	Payee addre	ess; (	City;	State	e; Zip Co	de					
	\$0.63		354 Oyster	Point B	lvd								
	Expenditure from corporate funds		South San	Francis	co, CA 94	080							
8	PURPOSE	(a)	Category (S	See Categor	ies listed at the	e top of this sc	hedule)	(b)	Description				
	OF EXPENDITURE		Fees	J.			,		Check if travel			mplete Schedule T	
	LAPENDITORE								_		, officeholder livir	ng expense	
									PAC credit ca	ara	tees		
_													
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offi	iceholde	r name	ı	Office sou	ght			Office h	neld	
	Date		Payee name	;									
	09/22/2025		Stripe										
	Amount (\$)	T	Payee addre	ess; (	City;	State	e; Zip Co	de					
	\$0.85		354 Oyster	Point B	slvd								
	Expenditure from corporate funds		South San	Francis	co, CA 94	080							
	PURPOSE	(a)	Category (S	See Categor	ies listed at the	e top of this sc	hedule)	(b)	Description				
	OF EXPENDITURE		Fees						<b>-</b>			mplete Schedule T	
									PAC credit ca		, officeholder livir	ig expense	
									1710 ordan or	u. u	1000		
_	Complete ONLY if direct		Candidate/Offi	iceholde	r name		Office sou	aht			Office h	neld	
	expenditure to benefit C/O							9					
	Date		Payee name	)									
	09/24/2025		Stripe										
	Amount (\$)		Payee addre	ess; (	City;	State	e; Zip Co	de					
	\$1.17		354 Oyster	Point B	slvd								
	Expenditure from corporate funds		South San	Francis	co, CA 94	080							
	PURPOSE	(a)	Category (S	See Categor	ies listed at the	e top of this sc	hedule)	(b)	Description				
	OF EXPENDITURE		Fees								ide of Texas. Co , officeholder livir	mplete Schedule T	
									PAC credit ca			ig experise	
										д. <b>О</b>			
	Complete ONLY if direct	<u> </u>	Candidate/Offi	iceholde	r name		Office sou	aht			Office h	neld	
	expenditure to benefit C/O							٠٠٠.			2.11001		
ı													

## 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	Food/Beverage Expense Polling Expense Travel in District Gift/Awards/Memorials Expense Printing Expense Travel Out of District I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 5/5 Rpt: 47/48	The Political Action Committee of the Texas Hospital 00015794
4 Date	5 Payee name
09/25/2025	Stripe
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$0.15	354 Oyster Point Blvd
Expenditure from corporate funds	South San Francisco, CA 94080
8 PURPOSE	(a) Category (See Categories listed at the top of this 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
	The dealt data lees
Complete ONLY if direct expenditure to benefit C/OI	Candidate/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: 48/48 The Political Action Committee of the Texas Hospital 00015794 \$ TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS 5 Date Payee name 09/23/2025 Atchley & Associates LLP Amount (\$) Payee address; State; Zip Code \$750.00 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