MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC
COVER SHEET PG 1

The MPAC Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers): 00015794

2 Total pages filed: 66

3 COMMITTEE NAME
The Political Action Committee of the Texas Hospital Association

OFFICE USE ONLY
Date Received
ELECTRONICALLY FILED
11/05/2025
Date Hand-delivered or Date Postmarked
Receipt # Amount
Date Processed
Date Imaged

4 COMMITTEE ADDRESS
ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP
1108 Lavaca Ste 700
Austin, TX 78701

5 CAMPAIGN TREASURER NAME
MS / MRS / MR | FIRST: Sara | MI
NICKNAME | LAST: Gonzalez | SUFFIX

6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)
STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
1108 Lavaca Suite 700
Austin, TX 78701

7 CAMPAIGN TREASURER MAILING ADDRESS
STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
1108 Lavaca Suite 700
Austin, TX 78701

8 CAMPAIGN TREASURER PHONE
AREA CODE PHONE NUMBER EXTENSION
(512) 465-1000

9 REPORT TYPE
- [X] Monthly
- [ ] 10th day after campaign treasurer termination
- [ ] Dissolution (Attach PAC-DR)

10 MONTHLY REPORT FILING DEADLINE
- [ ] January 5
- [ ] February 5
- [ ] March 5
- [ ] April 5
- [ ] May 5
- [ ] June 5
- [ ] July 5
- [ ] August 5
- [ ] September 5
- [ ] October 5
- [X] November 5
- [ ] December 5

11 PERIOD COVERED
Month Day Year: 09/26/2025 THROUGH Month Day Year: 10/25/2025

GO TO PAGE 2

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC
COVER SHEET PG 2

12 COMMITTEE NAME	**13** Filer ID (Ethics Commission Filers)
The Political Action Committee of the Texas Hospital Association	00015794

14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)		
	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported: The Honorable Kelly G. Hancock Comptroller
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

15 CONTRIBUTION TOTALS		
	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) ☐ check here if this report qualifies for the higher itemization threshold	$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 22,554.09
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	$ 8,456.05
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 129,149.57
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 0.00

16 AFFIDAVIT

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

Sara Gonzalez

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

Signature of officer administering oath | Printed name of officer administering oath | Title of officer administering oath

MONTHLY FILING GPAC REPORT: PURPOSE

FORM MPAC
ADDENDUM

12 COMMITTEE NAME	**13** Filer ID (Ethics Commission Filers)
The Political Action Committee of the Texas Hospital Association	00015794

14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported The Honorable Christopher G Turner State Representative
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

SUBTOTALS - MPAC

FORM MPAC
COVER SHEET PG 3

17 COMMITTEE NAME	**18** Filer ID (Ethics Commission Filers)
The Political Action Committee of the Texas Hospital Association	00015794

19 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	**$** 17,604.09
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	**$**
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS	**$**
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	**$**
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	**$**
6.	X	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	**$** 750.00
7.	X	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	**$** 4,200.00
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	**$**
9.		SCHEDULE E: LOANS	**$**
10.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	**$** 7,759.05
11.	X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	**$** 697.00
12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	**$**
13.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	**$**
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	**$**
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	**$**

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 1/54 Rpt: 5/66

2 FILER NAME: The Political Action Committee of the Texas Hospital Association

3 Filer ID (Ethics Commission Filers): 00015794

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/03/2025	Amador, Dolores (Ms.)	$1.00
	6 Contributor address; City; State; Zip Code: Georgetown, TX 78633	
8 Principal occupation / Job title (See Instructions): Claims Manager	**9** Employer (See Instructions): Texas Hospital Insurance Exchange	

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/24/2025	Amador, Dolores (Ms.)	$1.00
	Contributor address; City; State; Zip Code: Georgetown, TX 78633	
Principal occupation / Job title (See Instructions): Claims Manager	Employer (See Instructions): Texas Hospital Insurance Exchange	

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/03/2025	Andersen, Daniel (Mr.)	$14.00
	Contributor address; City; State; Zip Code: Georgetown, TX 78633	
Principal occupation / Job title (See Instructions): VP Underwriting & Business Development	Employer (See Instructions): Texas Hospital Insurance Exchange	

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/24/2025	Andersen, Daniel (Mr.)	$14.00
	Contributor address; City; State; Zip Code: Georgetown, TX 78633	
Principal occupation / Job title (See Instructions): VP Underwriting & Business Development	Employer (See Instructions): Texas Hospital Insurance Exchange	

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
09/29/2025	Apodaca, Michelle (Ms.)	$250.00
	Contributor address; City; State; Zip Code: Austin, TX 78701	
Principal occupation / Job title (See Instructions): Senior Counsel	Employer (See Instructions): Katten Muchin Rosenman LLP	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 2/54 Rpt: 6/66

2 FILER NAME: The Political Action Committee of the Texas Hospital Association

3 Filer ID (Ethics Commission Filers): 00015794

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/12/2025	Bagchi, Sam (Dr.)	$165.00
	6 Contributor address; City; State; Zip Code: Irving, TX 75038	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
EVP / Chief Clinical Officer	CHRISTUS Health

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Ballew, Joel (Mr.)	$41.50
	Contributor address; City; State; Zip Code: Arlington, TX 76011	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Government & Community Affairs	Texas Health Resources

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/18/2025	Barron, Kevin (Mr.)	$41.67
	Contributor address; City; State; Zip Code: San Antonio, TX 78229	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Vice President, Payer Relations	University Health

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/08/2025	Baty, Krista (Ms.)	$27.50
	Contributor address; City; State; Zip Code: Brownwood, TX 76801	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Chief Administrative Officer	Hendrick Medical Center

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/22/2025	Baty, Krista (Ms.)	$27.50
	Contributor address; City; State; Zip Code: Brownwood, TX 76801	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Chief Administrative Officer	Hendrick Medical Center

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 3/54 Rpt: 7/66

2 FILER NAME: The Political Action Committee of the Texas Hospital Association

3 Filer ID (Ethics Commission Filers): 00015794

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/03/2025	Beasley, Sharon (Ms.)	$14.00
	6 Contributor address; City; State; Zip Code: Austin, TX 78701	
8 Principal occupation / Job title (See Instructions): Sr Dir Governance	**9** Employer (See Instructions): Texas Hospital Association	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Beasley, Sharon (Ms.)	$14.00
	Contributor address; City; State; Zip Code: Austin, TX 78701	
Principal occupation / Job title (See Instructions): Sr Dir Governance	Employer (See Instructions): Texas Hospital Association	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/03/2025	Beaton, Rebecca (Ms.)	$2.00
	Contributor address; City; State; Zip Code: Austin, TX 78701	
Principal occupation / Job title (See Instructions): Compass Support Advisor	Employer (See Instructions): THA Foundation	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Beaton, Rebecca (Ms.)	$2.00
	Contributor address; City; State; Zip Code: Austin, TX 78701	
Principal occupation / Job title (See Instructions): Compass Support Advisor	Employer (See Instructions): THA Foundation	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/03/2025	Bell, Jeff (Mr.)	$2.00
	Contributor address; City; State; Zip Code: Austin, TX 78701	
Principal occupation / Job title (See Instructions): Corporate Relations	Employer (See Instructions): THA Foundation	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 4/54 Rpt: 8/66

2 FILER NAME: The Political Action Committee of the Texas Hospital Association

3 Filer ID (Ethics Commission Filers): 00015794

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/08/2025	Benham, Bradley (Mr.)	$9.62
	6 Contributor address; City; State; Zip Code: Abilene, TX 79601	
8 Principal occupation / Job title (See Instructions): System VP HMC Foundation	**9** Employer (See Instructions): Hendrick Medical Center	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/22/2025	Benham, Bradley (Mr.)	$9.62
	Contributor address; City; State; Zip Code: Abilene, TX 79601	
Principal occupation / Job title (See Instructions): System VP HMC Foundation	Employer (See Instructions): Hendrick Medical Center	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/08/2025	Bessent, Brian (Mr.)	$32.50
	Contributor address; City; State; Zip Code: Abilene, TX 79601	
Principal occupation / Job title (See Instructions): VP / Chief Strategy & Experience Officer	Employer (See Instructions): Hendrick Medical Center	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/22/2025	Bessent, Brian (Mr.)	$32.50
	Contributor address; City; State; Zip Code: Abilene, TX 79601	
Principal occupation / Job title (See Instructions): VP / Chief Strategy & Experience Officer	Employer (See Instructions): Hendrick Medical Center	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/30/2025	Border Health PAC	$10,000.00
	Contributor address; City; State; Zip Code: McAllen, TX 78504	
Principal occupation / Job title (See Instructions):	Employer (See Instructions):	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 5/54 Rpt: 9/66

2 FILER NAME: The Political Action Committee of the Texas Hospital Association

3 Filer ID (Ethics Commission Filers): 00015794

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/08/2025	Bowden, Sherri (Ms.)	$3.85
	6 Contributor address; City; State; Zip Code: Abilene, TX 79601	
8 Principal occupation / Job title (See Instructions): Director Pulmonary Services	**9** Employer (See Instructions): Hendrick Medical Center	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/22/2025	Bowden, Sherri (Ms.)	$3.85
	Contributor address; City; State; Zip Code: Abilene, TX 79601	
Principal occupation / Job title (See Instructions): Director Pulmonary Services	Employer (See Instructions): Hendrick Medical Center	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/16/2025	Bowerman, Stephen (Mr.)	$125.00
	Contributor address; City; State; Zip Code: Midland, TX 79701	
Principal occupation / Job title (See Instructions): President & Chief Executive Officer	Employer (See Instructions): Midland Memorial Hospital	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/29/2025	Boyd, Lane (Mr.)	$10.00
	Contributor address; City; State; Zip Code: Austin, TX 78701	
Principal occupation / Job title (See Instructions): Manager, Digital Communications	Employer (See Instructions): Texas Hospital Association	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/08/2025	Brockway, Toni (Ms.)	$5.00
	Contributor address; City; State; Zip Code: Abilene, TX 79601	
Principal occupation / Job title (See Instructions): Director of Workforce Dev	Employer (See Instructions): Hendrick Medical Center	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 6/54 Rpt: 10/66

2 FILER NAME: The Political Action Committee of the Texas Hospital Association

3 Filer ID (Ethics Commission Filers): 00015794

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/22/2025	Brockway, Toni (Ms.)	$5.00
	6 Contributor address; City; State; Zip Code: Abilene, TX 79601	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Director of Workforce Dev	Hendrick Medical Center

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/08/2025	Broderick, Treva (Ms.)	$4.81
	Contributor address; City; State; Zip Code: Abilene, TX 79601	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Assistant Vice President Clinical Svs	Hendrick Medical Center

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/22/2025	Broderick, Treva (Ms.)	$4.81
	Contributor address; City; State; Zip Code: Abilene, TX 79601	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Assistant Vice President Clinical Svs	Hendrick Medical Center

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/08/2025	Calvo, Raul (Mr.)	$2.50
	Contributor address; City; State; Zip Code: Abilene, TX 79608	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Board Vice Chair	Hendrick Medical Center

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/22/2025	Calvo, Raul (Mr.)	$2.50
	Contributor address; City; State; Zip Code: Abilene, TX 79608	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Board Vice Chair	Hendrick Medical Center

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 7/54 Rpt: 11/66

2 FILER NAME: The Political Action Committee of the Texas Hospital Association

3 Filer ID (Ethics Commission Filers): 00015794

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/08/2025	Camacho, Precilla (Ms.)	$3.85
	6 Contributor address; City; State; Zip Code: Abilene, TX 79601	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Chief Nursing Officer	Hendrick Medical Center

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/22/2025	Camacho, Precilla (Ms.)	$3.85
	Contributor address; City; State; Zip Code: Abilene, TX 79601	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Chief Nursing Officer	Hendrick Medical Center

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/08/2025	Canada, Kirk (Mr.)	$30.00
	Contributor address; City; State; Zip Code: Abilene, TX 79601	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Chief Operating Office / System VP	Hendrick Medical Center

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/22/2025	Canada, Kirk (Mr.)	$30.00
	Contributor address; City; State; Zip Code: Abilene, TX 79601	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Chief Operating Office / System VP	Hendrick Medical Center

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/08/2025	Cates, Boyd (Mr.)	$1.00
	Contributor address; City; State; Zip Code: Abilene, TX 79601	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Diagnostic Technologist	Hendrick Medical Center

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 8/54 Rpt: 12/66

2 FILER NAME
The Political Action Committee of the Texas Hospital Association

3 Filer ID (Ethics Commission Filers)
00015794

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/22/2025	Cates, Boyd (Mr.)	$1.00
	6 Contributor address; City; State; Zip Code: Abilene, TX 79601	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Diagnostic Technologist	Hendrick Medical Center

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/03/2025	Clark, Stephen (Mr.)	$20.00
	Contributor address; City; State; Zip Code: Austin, TX 78701	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Sr Dir Reg Ambassador East Texas	Texas Hospital Association

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/24/2025	Clark, Stephen (Mr.)	$20.00
	Contributor address; City; State; Zip Code: Austin, TX 78701	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Sr Dir Reg Ambassador East Texas	Texas Hospital Association

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/08/2025	Conger, Cody (Mr.)	$4.00
	Contributor address; City; State; Zip Code: Abilene, TX 79601	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Health Director, Invasive Cardiology	Hendrick Medical Center

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/22/2025	Conger, Cody (Mr.)	$4.00
	Contributor address; City; State; Zip Code: Abilene, TX 79601	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Health Director, Invasive Cardiology	Hendrick Medical Center

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 9/54 Rpt: 13/66

2 FILER NAME: The Political Action Committee of the Texas Hospital Association

3 Filer ID (Ethics Commission Filers): 00015794

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/08/2025	Connell, Jessica (Ms.)	$4.81
	6 Contributor address; City; State; Zip Code: Brownwood, TX 76804	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Chief Nursing Officer	Hendrick Medical Center

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/22/2025	Connell, Jessica (Ms.)	$4.81
	Contributor address; City; State; Zip Code: Brownwood, TX 76804	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Chief Nursing Officer	Hendrick Medical Center

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/03/2025	Conner, Cecil (Mr.)	$4.00
	Contributor address; City; State; Zip Code: Austin, TX 78731	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Risk Management Advisor	Texas Hospital Insurance Exchange

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/24/2025	Conner, Cecil (Mr.)	$4.00
	Contributor address; City; State; Zip Code: Austin, TX 78731	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Risk Management Advisor	Texas Hospital Insurance Exchange

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/08/2025	Contreras, Rosendo (Ms.)	$1.93
	Contributor address; City; State; Zip Code: Abilene, TX 79601	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dir Patient Safety, Infect Prevention, Perform Improvement	Hendrick Medical Center

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 10/54 Rpt: 14/66

2 FILER NAME: The Political Action Committee of the Texas Hospital Association

3 Filer ID (Ethics Commission Filers): 00015794

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/22/2025	Contreras, Rosendo (Ms.)	$1.93
	6 Contributor address; City; State; Zip Code: Abilene, TX 79601	
8 Principal occupation / Job title (See Instructions): Dir Patient Safety, Infect Prevention, Perform Improvement	**9** Employer (See Instructions): Hendrick Medical Center	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/03/2025	Cook, Kenneth (Mr.)	$1.00
	Contributor address; City; State; Zip Code: Austin, TX 78701	
Principal occupation / Job title (See Instructions): Director Info Security & Enterprise Data	Employer (See Instructions): THA Foundation	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/08/2025	Cooper, David (Mr.)	$3.85
	Contributor address; City; State; Zip Code: Abilene, TX 79601	
Principal occupation / Job title (See Instructions): Lab Supervisor	Employer (See Instructions): Hendrick Medical Center	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/22/2025	Cooper, David (Mr.)	$3.85
	Contributor address; City; State; Zip Code: Abilene, TX 79601	
Principal occupation / Job title (See Instructions): Lab Supervisor	Employer (See Instructions): Hendrick Medical Center	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/03/2025	Cornelson, Laura (Ms.)	$20.00
	Contributor address; City; State; Zip Code: Austin, TX 78701	
Principal occupation / Job title (See Instructions): VP Clinical Initiatives	Employer (See Instructions): THA Foundation	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 11/54 Rpt: 15/66

2 FILER NAME: The Political Action Committee of the Texas Hospital Association

3 Filer ID (Ethics Commission Filers): 00015794

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/24/2025	Cornelson, Laura (Ms.)	$20.00
	6 Contributor address; City; State; Zip Code: Austin, TX 78701	
8 Principal occupation / Job title (See Instructions): VP Clinical Initiatives	**9** Employer (See Instructions): THA Foundation	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/03/2025	Costilla, Nina (Ms.)	$2.00
	Contributor address; City; State; Zip Code: Austin, TX 78701	
Principal occupation / Job title (See Instructions): Clinical Projects Manager	Employer (See Instructions): THA Foundation	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Costilla, Nina (Ms.)	$2.00
	Contributor address; City; State; Zip Code: Austin, TX 78701	
Principal occupation / Job title (See Instructions): Clinical Projects Manager	Employer (See Instructions): THA Foundation	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/03/2025	Cotton, Corey (Mr.)	$20.00
	Contributor address; City; State; Zip Code: Austin, TX 78701	
Principal occupation / Job title (See Instructions): VP Member Solutions	Employer (See Instructions): Texas Hospital Association	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Cotton, Corey (Mr.)	$20.00
	Contributor address; City; State; Zip Code: Austin, TX 78701	
Principal occupation / Job title (See Instructions): VP Member Solutions	Employer (See Instructions): Texas Hospital Association	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 12/54 Rpt: 16/66

2 FILER NAME: The Political Action Committee of the Texas Hospital Association

3 Filer ID (Ethics Commission Filers): 00015794

4 Date	**5** Full name of contributor	**7** Amount of Contribution ($)
10/07/2025	Daskevich, Cris (Ms.) ☐ out-of-state PAC (ID#:_____)	$145.83
	6 Contributor address; City; State; Zip Code: San Antonio, TX 78207	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
CEO, CHRISTUS Children's & SVP CHRISTUS Health	CHRISTUS Children's

Date	Full name of contributor	Amount of Contribution ($)
10/03/2025	Davenport, Chad (Mr.) ☐ out-of-state PAC (ID#:_____)	$2.00
	Contributor address; City; State; Zip Code: Georgetown, TX 78633	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Accounting Specialist	Texas Hospital Insurance Exchange

Date	Full name of contributor	Amount of Contribution ($)
10/24/2025	Davenport, Chad (Mr.) ☐ out-of-state PAC (ID#:_____)	$2.00
	Contributor address; City; State; Zip Code: Georgetown, TX 78633	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Accounting Specialist	Texas Hospital Insurance Exchange

Date	Full name of contributor	Amount of Contribution ($)
10/03/2025	Davila, Leslie (Ms.) ☐ out-of-state PAC (ID#:_____)	$20.00
	Contributor address; City; State; Zip Code: Georgetown, TX 78633	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Receptionist	Texas Hospital Insurance Exchange

Date	Full name of contributor	Amount of Contribution ($)
10/24/2025	Davila, Leslie (Ms.) ☐ out-of-state PAC (ID#:_____)	$20.00
	Contributor address; City; State; Zip Code: Georgetown, TX 78633	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Receptionist	Texas Hospital Insurance Exchange

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 13/54 Rpt: 17/66

2 FILER NAME: The Political Action Committee of the Texas Hospital Association

3 Filer ID (Ethics Commission Filers): 00015794

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
09/30/2025	Davis, John (Mr.)	$3.85
	6 Contributor address; City; State; Zip Code: Cuero, TX 77954	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Director Cardiopulmonary	Cuero Regional Hospital

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/22/2025	Davis, John (Mr.)	$3.85
	Contributor address; City; State; Zip Code: Cuero, TX 77954	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Director Cardiopulmonary	Cuero Regional Hospital

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/03/2025	Davis, Valerie (Ms.)	$14.00
	Contributor address; City; State; Zip Code: Austin, TX 78701	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Sr. Accounts Payable Specialist	Texas Hospital Association

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Davis, Valerie (Ms.)	$14.00
	Contributor address; City; State; Zip Code: Austin, TX 78701	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Sr. Accounts Payable Specialist	Texas Hospital Association

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/03/2025	De La Garza-Barone, Heather (Ms.)	$2.00
	Contributor address; City; State; Zip Code: Austin, TX 78701	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Associate General Counsel	Texas Hospital Association

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 14/54 Rpt: 18/66

2 FILER NAME: The Political Action Committee of the Texas Hospital Association

3 Filer ID (Ethics Commission Filers): 00015794

4 Date	**5** Full name of contributor	**7** Amount of Contribution ($)
10/24/2025	☐ out-of-state PAC (ID#:_____) De La Garza-Barone, Heather (Ms.)	$2.00
	6 Contributor address; City; State; Zip Code: Austin, TX 78701	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Associate General Counsel	Texas Hospital Association

Date	Full name of contributor	Amount of Contribution ($)
09/30/2025	☐ out-of-state PAC (ID#:_____) DeYoung, Peter (Dr.)	$41.00
	Contributor address; City; State; Zip Code: Austin, TX 78758	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Chief Medical Officer	St Davids North Austin Medical Center

Date	Full name of contributor	Amount of Contribution ($)
10/08/2025	☐ out-of-state PAC (ID#:_____) Dennis, Gregory (Mr.)	$3.85
	Contributor address; City; State; Zip Code: Abilene, TX 79601	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Director Facility Management	Hendrick Medical Center

Date	Full name of contributor	Amount of Contribution ($)
10/22/2025	☐ out-of-state PAC (ID#:_____) Dennis, Gregory (Mr.)	$3.85
	Contributor address; City; State; Zip Code: Abilene, TX 79601	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Director Facility Management	Hendrick Medical Center

Date	Full name of contributor	Amount of Contribution ($)
10/08/2025	☐ out-of-state PAC (ID#:_____) Devun, Sharn (Ms.)	$3.85
	Contributor address; City; State; Zip Code: Abilene, TX 79601	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Director Risk Management	Hendrick Medical Center

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 15/54 Rpt: 19/66

2 FILER NAME: The Political Action Committee of the Texas Hospital Association

3 Filer ID (Ethics Commission Filers): 00015794

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/22/2025	Devun, Sharn (Ms.)	$3.85
	6 Contributor address; City; State; Zip Code: Abilene, TX 79601	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Director Risk Management	Hendrick Medical Center

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/03/2025	Dolbow, Sheila (Ms.)	$10.00
	Contributor address; City; State; Zip Code: Austin, TX 78701	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Quality Project Improvement Mgr	THA Foundation

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/24/2025	Dolbow, Sheila (Ms.)	$20.00
	Contributor address; City; State; Zip Code: Austin, TX 78701	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Quality Project Improvement Mgr	THA Foundation

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/08/2025	Donaway, Duane (Mr.)	$1.93
	Contributor address; City; State; Zip Code: Abilene, TX 79601	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Director Information Systems	Hendrick Medical Center

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/22/2025	Donaway, Duane (Mr.)	$1.93
	Contributor address; City; State; Zip Code: Abilene, TX 79601	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Director Information Systems	Hendrick Medical Center

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 16/54 Rpt: 20/66

2 FILER NAME: The Political Action Committee of the Texas Hospital Association

3 Filer ID (Ethics Commission Filers): 00015794

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/03/2025	Doyle, Rosalinda (Ms.)	$2.00
	6 Contributor address; City; State; Zip Code: Austin, TX 78701	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Payroll Administrator	Texas Hospital Association

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Doyle, Rosalinda (Ms.)	$2.00
	Contributor address; City; State; Zip Code: Austin, TX 78701	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Payroll Administrator	Texas Hospital Association

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/08/2025	Driskell, Jesiree (Ms.)	$7.50
	Contributor address; City; State; Zip Code: Abilene, TX 79601	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP Strategic Comms & Digital Expert	Hendrick Medical Center

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/22/2025	Driskell, Jesiree (Ms.)	$7.50
	Contributor address; City; State; Zip Code: Abilene, TX 79601	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP Strategic Comms & Digital Expert	Hendrick Medical Center

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/03/2025	Eskew, Amy (Ms.)	$62.00
	Contributor address; City; State; Zip Code: Austin, TX 78701	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Sr Vice President of Operations	Texas Hospital Association

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 17/54 Rpt: 21/66

2 FILER NAME: The Political Action Committee of the Texas Hospital Association

3 Filer ID (Ethics Commission Filers): 00015794

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/24/2025	Eskew, Amy (Ms.)	$62.00
	6 Contributor address; City; State; Zip Code: Austin, TX 78701	
8 Principal occupation / Job title (See Instructions): Sr Vice President of Operations	**9** Employer (See Instructions): Texas Hospital Association	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/08/2025	Eurek, Andrew (Mr.)	$4.00
	Contributor address; City; State; Zip Code: Abilene, TX 79601	
Principal occupation / Job title (See Instructions): Director Financial Analysis	Employer (See Instructions): Hendrick Medical Center	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/22/2025	Eurek, Andrew (Mr.)	$4.00
	Contributor address; City; State; Zip Code: Abilene, TX 79601	
Principal occupation / Job title (See Instructions): Director Financial Analysis	Employer (See Instructions): Hendrick Medical Center	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/03/2025	Felton, Chris (Mr.)	$20.00
	Contributor address; City; State; Zip Code: Austin, TX 78701	
Principal occupation / Job title (See Instructions): Sr. Director of Business Services	Employer (See Instructions): Texas Hospital Association	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Felton, Chris (Mr.)	$20.00
	Contributor address; City; State; Zip Code: Austin, TX 78701	
Principal occupation / Job title (See Instructions): Sr. Director of Business Services	Employer (See Instructions): Texas Hospital Association	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 18/54 Rpt: 22/66

2 FILER NAME: The Political Action Committee of the Texas Hospital Association

3 Filer ID (Ethics Commission Filers): 00015794

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/08/2025	Ford, Christopher (Mr.)	$9.62
	6 Contributor address; City; State; Zip Code: Abilene, TX 79601	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
AVP Support Services	Hendrick Medical Center

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/22/2025	Ford, Christopher (Mr.)	$9.62
	Contributor address; City; State; Zip Code: Abilene, TX 79601	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP Support Services	Hendrick Medical Center

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/14/2025	Fox, Jay (Mr.)	$20.50
	Contributor address; City; State; Zip Code: Austin, TX 78701	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
President BSWH Austin Area	Baylor Scott & White Medical Center - Pflugerville

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/03/2025	Frazier, Tess (Ms.)	$20.00
	Contributor address; City; State; Zip Code: Georgetown, TX 78633	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
President / CEO	Texas Hospital Insurance Exchange

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Frazier, Tess (Ms.)	$20.00
	Contributor address; City; State; Zip Code: Georgetown, TX 78633	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
President / CEO	Texas Hospital Insurance Exchange

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 19/54 Rpt: 23/66

2 FILER NAME: The Political Action Committee of the Texas Hospital Association

3 Filer ID (Ethics Commission Filers): 00015794

4 Date	**5** Full name of contributor	**7** Amount of Contribution ($)
10/03/2025	Gaines, Cameron (Mr.)	$2.00
	6 Contributor address; City; State; Zip Code: Georgetown, TX 78633	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
IT Support Specialist	Texas Hospital Insurance Exchange

Date	Full name of contributor	Amount of Contribution ($)
10/24/2025	Gaines, Cameron (Mr.)	$2.00
	Contributor address; City; State; Zip Code: Georgetown, TX 78633	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
IT Support Specialist	Texas Hospital Insurance Exchange

Date	Full name of contributor	Amount of Contribution ($)
10/03/2025	Gette, Angela (Ms.)	$2.00
	Contributor address; City; State; Zip Code: Georgetown, TX 78633	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Vice President Claims	Texas Hospital Insurance Exchange

Date	Full name of contributor	Amount of Contribution ($)
10/24/2025	Gette, Angela (Ms.)	$2.00
	Contributor address; City; State; Zip Code: Georgetown, TX 78633	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Vice President Claims	Texas Hospital Insurance Exchange

Date	Full name of contributor	Amount of Contribution ($)
10/08/2025	Gladden, Jaye (Ms.)	$3.85
	Contributor address; City; State; Zip Code: Abilene, TX 79601	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Hospital Professional	Hendrick Medical Center

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 20/54 Rpt: 24/66

2 FILER NAME: The Political Action Committee of the Texas Hospital Association

3 Filer ID (Ethics Commission Filers): 00015794

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/22/2025	Gladden, Jaye (Ms.)	$3.85
	6 Contributor address; City; State; Zip Code: Abilene, TX 79601	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Hospital Professional	Hendrick Medical Center

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/03/2025	Gonzalez, Sara (Ms.)	$51.50
	Contributor address; City; State; Zip Code: Austin, TX 78701	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Advocacy & Pub Policy	Texas Hospital Association

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/24/2025	Gonzalez, Sara (Ms.)	$62.00
	Contributor address; City; State; Zip Code: Austin, TX 78701	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Advocacy & Pub Policy	Texas Hospital Association

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/03/2025	Gordon, Brittanny (Ms.)	$2.00
	Contributor address; City; State; Zip Code: Austin, TX 78701	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Senior Specialist, AR & Association Management System	Texas Hospital Association

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/24/2025	Gordon, Brittanny (Ms.)	$2.00
	Contributor address; City; State; Zip Code: Austin, TX 78701	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Senior Specialist, AR & Association Management System	Texas Hospital Association

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 21/54 Rpt: 25/66

2 FILER NAME: The Political Action Committee of the Texas Hospital Association

3 Filer ID (Ethics Commission Filers): 00015794

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/08/2025	Greenwood, Susan (Ms.)	$29.00
	6 Contributor address; City; State; Zip Code: Abilene, TX 79601	
8 Principal occupation / Job title (See Instructions): Vice President / Chief Nursing Officer	**9** Employer (See Instructions): Hendrick Medical Center	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/22/2025	Greenwood, Susan (Ms.)	$29.00
	Contributor address; City; State; Zip Code: Abilene, TX 79601	
Principal occupation / Job title (See Instructions): Vice President / Chief Nursing Officer	Employer (See Instructions): Hendrick Medical Center	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/03/2025	Haas, Mark (Mr.)	$4.00
	Contributor address; City; State; Zip Code: Georgetown, TX 78633	
Principal occupation / Job title (See Instructions): Staff Accountant	Employer (See Instructions): Texas Hospital Insurance Exchange	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Haas, Mark (Mr.)	$4.00
	Contributor address; City; State; Zip Code: Georgetown, TX 78633	
Principal occupation / Job title (See Instructions): Staff Accountant	Employer (See Instructions): Texas Hospital Insurance Exchange	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/08/2025	Hair, Donna (Ms.)	$3.85
	Contributor address; City; State; Zip Code: Brownwood, TX 76804	
Principal occupation / Job title (See Instructions): Director of Marketing	Employer (See Instructions): Hendrick Medical Center	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 22/54 Rpt: 26/66

2 FILER NAME: The Political Action Committee of the Texas Hospital Association

3 Filer ID (Ethics Commission Filers): 00015794

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/22/2025	Hair, Donna (Ms.)	$3.85
	6 Contributor address; City; State; Zip Code: Brownwood, TX 76804	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Director of Marketing	Hendrick Medical Center

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/08/2025	Harris, Erica (Ms.)	$3.85
	Contributor address; City; State; Zip Code: Abilene, TX 79601	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Admissions Director	Hendrick Medical Center

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/22/2025	Harris, Erica (Ms.)	$3.85
	Contributor address; City; State; Zip Code: Abilene, TX 79601	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Admissions Director	Hendrick Medical Center

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/26/2025	Hart, Brandy (Mrs.)	$83.00
	Contributor address; City; State; Zip Code: Nashville, TN 37203	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Regional Vice President / Behavioral Health	HCA Healthcare

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/03/2025	Hawkins, John (Mr.)	$90.00
	Contributor address; City; State; Zip Code: Austin, TX 78701	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
President / CEO	Texas Hospital Association

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 23/54 Rpt: 27/66

2 FILER NAME: The Political Action Committee of the Texas Hospital Association

3 Filer ID (Ethics Commission Filers): 00015794

4 Date	**5** Full name of contributor	**7** Amount of Contribution ($)
10/24/2025	Hawkins, John (Mr.) ☐ out-of-state PAC (ID#:_____)	$90.00
	6 Contributor address; City; State; Zip Code: Austin, TX 78701	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
President / CEO	Texas Hospital Association

Date	Full name of contributor	Amount of Contribution ($)
10/08/2025	Head, Courtney (Ms.) ☐ out-of-state PAC (ID#:_____)	$9.62
	Contributor address; City; State; Zip Code: Abilene, TX 79601	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Vice President of Human Resources	Hendrick Medical Center

Date	Full name of contributor	Amount of Contribution ($)
10/22/2025	Head, Courtney (Ms.) ☐ out-of-state PAC (ID#:_____)	$9.62
	Contributor address; City; State; Zip Code: Abilene, TX 79601	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Vice President of Human Resources	Hendrick Medical Center

Date	Full name of contributor	Amount of Contribution ($)
10/23/2025	Henderson, John (Mr.) ☐ out-of-state PAC (ID#:_____)	$500.00
	Contributor address; City; State; Zip Code: Round Rock, TX 78664	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
President / CEO	TORCH

Date	Full name of contributor	Amount of Contribution ($)
10/08/2025	Henry, Elizabeth (Ms.) ☐ out-of-state PAC (ID#:_____)	$4.81
	Contributor address; City; State; Zip Code: Abilene, TX 79601	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Director Case Management	Hendrick Medical Center

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 24/54 Rpt: 28/66

2 FILER NAME: The Political Action Committee of the Texas Hospital Association

3 Filer ID (Ethics Commission Filers): 00015794

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/22/2025	Henry, Elizabeth (Ms.)	$4.81
	6 Contributor address; City; State; Zip Code: Abilene, TX 79601	
8 Principal occupation / Job title (See Instructions): Director Case Management	**9** Employer (See Instructions): Hendrick Medical Center	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/18/2025	Hernandez, Elisa (Ms.)	$29.17
	Contributor address; City; State; Zip Code: El Paso, TX 79905	
Principal occupation / Job title (See Instructions): Senior Advisor of Government Relations	Employer (See Instructions): University Medical Center of El Paso	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/08/2025	Hess, Heather (Ms.)	$3.85
	Contributor address; City; State; Zip Code: Abilene, TX 79601	
Principal occupation / Job title (See Instructions): Director of Surgery	Employer (See Instructions): Hendrick Medical Center	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/22/2025	Hess, Heather (Ms.)	$3.85
	Contributor address; City; State; Zip Code: Abilene, TX 79601	
Principal occupation / Job title (See Instructions): Director of Surgery	Employer (See Instructions): Hendrick Medical Center	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/19/2025	Holcomb, Holly (Ms.)	$50.00
	Contributor address; City; State; Zip Code: Childress, TX 79201	
Principal occupation / Job title (See Instructions): Chief Executive Officer	Employer (See Instructions): Childress Regional Medical Center	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 25/54 Rpt: 29/66

2 FILER NAME: The Political Action Committee of the Texas Hospital Association

3 Filer ID (Ethics Commission Filers): 00015794

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/07/2025	Holland, Brad (Mr.)	$145.84
	6 Contributor address; City; State; Zip Code: Abilene, TX 79601	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
President / Chief Executive Officer	Hendrick Health

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/03/2025	Holleman, Will (Mr.)	$30.00
	Contributor address; City; State; Zip Code: Austin, TX 78701	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Advocacy & Pub Policy	Texas Hospital Association

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Holleman, Will (Mr.)	$40.00
	Contributor address; City; State; Zip Code: Austin, TX 78701	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VP Advocacy & Pub Policy	Texas Hospital Association

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/25/2025	Honea, Michael (Mr.)	$41.00
	Contributor address; City; State; Zip Code: Glen Rose, TX 76043	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Chief Executive Officer	Glen Rose Medical Center

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/22/2025	Hoppe, Christina (Ms.)	$500.00
	Contributor address; City; State; Zip Code: Austin, TX 78701	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Director Public Policy	Children's Hospital Association of Texas

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 26/54 Rpt: 30/66

2 FILER NAME: The Political Action Committee of the Texas Hospital Association

3 Filer ID (Ethics Commission Filers): 00015794

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/08/2025	Howard, Erica (Ms.)	$3.85
	6 Contributor address; City; State; Zip Code: Abilene, TX 79601	
8 Principal occupation / Job title (See Instructions): System Director Benefits	**9** Employer (See Instructions): Hendrick Medical Center	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/22/2025	Howard, Erica (Ms.)	$3.85
	Contributor address; City; State; Zip Code: Abilene, TX 79601	
Principal occupation / Job title (See Instructions): System Director Benefits	Employer (See Instructions): Hendrick Medical Center	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/21/2025	Hrncirik, Bobbye (Ms.)	$83.00
	Contributor address; City; State; Zip Code: Lubbock, TX 79415	
Principal occupation / Job title (See Instructions): VP Supplemental Funding	Employer (See Instructions): University Medical Center	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/03/2025	Huff, Alexander (Mr.)	$2.00
	Contributor address; City; State; Zip Code: Austin, TX 78701	
Principal occupation / Job title (See Instructions): Vice President of Health IT Programs	Employer (See Instructions): THA Foundation	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Huff, Alexander (Mr.)	$20.00
	Contributor address; City; State; Zip Code: Austin, TX 78701	
Principal occupation / Job title (See Instructions): Vice President of Health IT Programs	Employer (See Instructions): THA Foundation	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 27/54 Rpt: 31/66

2 FILER NAME: The Political Action Committee of the Texas Hospital Association

3 Filer ID (Ethics Commission Filers): 00015794

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/08/2025	Huffington, Mark (Mr.)	$4.81
	6 Contributor address; City; State; Zip Code: Abilene, TX 79601	
8 Principal occupation / Job title (See Instructions): System Assistant Vice President Analytics	**9** Employer (See Instructions): Hendrick Medical Center	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/22/2025	Huffington, Mark (Mr.)	$4.81
	Contributor address; City; State; Zip Code: Abilene, TX 79601	
Principal occupation / Job title (See Instructions): System Assistant Vice President Analytics	Employer (See Instructions): Hendrick Medical Center	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/22/2025	Hughson, John (Mr.)	$41.67
	Contributor address; City; State; Zip Code: Pearsall, TX 78061	
Principal occupation / Job title (See Instructions): Chief Executive Officer	Employer (See Instructions): Frio Regional Hospital	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/08/2025	Hunnicutt, Craig (Mr.)	$3.85
	Contributor address; City; State; Zip Code: Abilene, TX 79601	
Principal occupation / Job title (See Instructions): Director Regional Services	Employer (See Instructions): Hendrick Medical Center	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/22/2025	Hunnicutt, Craig (Mr.)	$3.85
	Contributor address; City; State; Zip Code: Abilene, TX 79601	
Principal occupation / Job title (See Instructions): Director Regional Services	Employer (See Instructions): Hendrick Medical Center	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 28/54 Rpt: 32/66

2 FILER NAME: The Political Action Committee of the Texas Hospital Association

3 Filer ID (Ethics Commission Filers): 00015794

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
09/30/2025	Jackson, Olga (Ms.)	$0.97
	6 Contributor address; City; State; Zip Code: Cuero, TX 77954	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Support Services	Cuero Regional Hospital

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/22/2025	Jackson, Olga (Ms.)	$0.97
	Contributor address; City; State; Zip Code: Cuero, TX 77954	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Support Services	Cuero Regional Hospital

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/03/2025	Jackson, Robin (Ms.)	$4.00
	Contributor address; City; State; Zip Code: Austin, TX 78701	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Vice President Service Center	Texas Hospital Association

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Jackson, Robin (Ms.)	$4.00
	Contributor address; City; State; Zip Code: Austin, TX 78701	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Vice President Service Center	Texas Hospital Association

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/03/2025	Jones, Susan (Ms.)	$20.00
	Contributor address; City; State; Zip Code: Austin, TX 78701	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Member Ambassador	Texas Hospital Association

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 29/54 Rpt: 33/66

2 FILER NAME: The Political Action Committee of the Texas Hospital Association

3 Filer ID (Ethics Commission Filers): 00015794

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/24/2025	Jones, Susan (Ms.)	$20.00
	6 Contributor address; City; State; Zip Code: Austin, TX 78701	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Member Ambassador	Texas Hospital Association

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/08/2025	Kelly, Tave (Ms.)	$4.81
	Contributor address; City; State; Zip Code: Abilene, TX 79601	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP Revenue Cycle	Hendrick Medical Center

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/22/2025	Kelly, Tave (Ms.)	$4.81
	Contributor address; City; State; Zip Code: Abilene, TX 79601	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AVP Revenue Cycle	Hendrick Medical Center

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/12/2025	Kimmel, Stephen (Mr.)	$83.00
	Contributor address; City; State; Zip Code: Fort Worth, TX 76104	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Chief Financial Officer	Cook Children's Medical Center

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/10/2025	Kirkman, Leni (Ms.)	$41.00
	Contributor address; City; State; Zip Code: San Antonio, TX 78229	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Exec VP Corp Communications & Mktg	University Health

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 30/54 Rpt: 34/66

2 FILER NAME: The Political Action Committee of the Texas Hospital Association

3 Filer ID (Ethics Commission Filers): 00015794

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/03/2025	Kouadio, Faith (Ms.)	$2.00
	6 Contributor address; City; State; Zip Code: Austin, TX 78701	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Digital Media & Advocacy Writer	Texas Hospital Association

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/24/2025	Kouadio, Faith (Ms.)	$2.00
	Contributor address; City; State; Zip Code: Austin, TX 78701	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Digital Media & Advocacy Writer	Texas Hospital Association

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/03/2025	Kroll, Carrie (Ms.)	$82.00
	Contributor address; City; State; Zip Code: Austin, TX 78701	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Sr Vice President Advocacy & Pub Policy	Texas Hospital Association

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/24/2025	Kroll, Carrie (Ms.)	$82.00
	Contributor address; City; State; Zip Code: Austin, TX 78701	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Sr Vice President Advocacy & Pub Policy	Texas Hospital Association

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
09/30/2025	Krupala, Judith (Ms.)	$1.93
	Contributor address; City; State; Zip Code: Cuero, TX 77954	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Chief Nursing Officer	Cuero Regional Hospital

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 31/54 Rpt: 35/66

2 FILER NAME: The Political Action Committee of the Texas Hospital Association

3 Filer ID (Ethics Commission Filers): 00015794

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/22/2025	Krupala, Judith (Ms.)	$1.93
	6 Contributor address; City; State; Zip Code: Cuero, TX 77954	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Chief Nursing Officer	Cuero Regional Hospital

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/08/2025	Lafrance, Judith (Ms.)	$12.50
	Contributor address; City; State; Zip Code: Abilene, TX 79606	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
HMCS Chief Administrative Officer	Hendrick Medical Center

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/22/2025	Lafrance, Judith (Ms.)	$12.50
	Contributor address; City; State; Zip Code: Abilene, TX 79606	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
HMCS Chief Administrative Officer	Hendrick Medical Center

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/08/2025	Lee, Rachel (Ms.)	$3.85
	Contributor address; City; State; Zip Code: Abilene, TX 79601	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dir Med Staff Srvcs & Physician Recruitment	Hendrick Medical Center

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/22/2025	Lee, Rachel (Ms.)	$3.85
	Contributor address; City; State; Zip Code: Abilene, TX 79601	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dir Med Staff Srvcs & Physician Recruitment	Hendrick Medical Center

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 32/54 Rpt: 36/66

2 FILER NAME: The Political Action Committee of the Texas Hospital Association

3 Filer ID (Ethics Commission Filers): 00015794

4 Date	**5** Full name of contributor	**7** Amount of Contribution ($)
10/03/2025	Lipchak, David (Mr.)	$2.00
	6 Contributor address; City; State; Zip Code: Austin, TX 78701	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
IT Director Security & Data	THA Foundation

Date	Full name of contributor	Amount of Contribution ($)
10/24/2025	Lipchak, David (Mr.)	$4.00
	Contributor address; City; State; Zip Code: Austin, TX 78701	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
IT Director Security & Data	THA Foundation

Date	Full name of contributor	Amount of Contribution ($)
10/08/2025	Lowery, James (Mr.)	$3.85
	Contributor address; City; State; Zip Code: Abilene, TX 79601	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Director Managed Care	Hendrick Medical Center

Date	Full name of contributor	Amount of Contribution ($)
10/22/2025	Lowery, James (Mr.)	$3.85
	Contributor address; City; State; Zip Code: Abilene, TX 79601	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Director Managed Care	Hendrick Medical Center

Date	Full name of contributor	Amount of Contribution ($)
10/03/2025	Lozano, Deborah (Ms.)	$20.00
	Contributor address; City; State; Zip Code: Austin, TX 78701	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Staff Accountant	Texas Hospital Association

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 33/54 Rpt: 37/66

2 FILER NAME: The Political Action Committee of the Texas Hospital Association

3 Filer ID (Ethics Commission Filers): 00015794

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/24/2025	Lozano, Deborah (Ms.)	$20.00
	6 Contributor address; City; State; Zip Code: Austin, TX 78701	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Staff Accountant	Texas Hospital Association

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/03/2025	Lusardi, Nicole (Ms.)	$4.00
	Contributor address; City; State; Zip Code: Austin, TX 78701	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Associate General Counsel	Texas Hospital Association

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/24/2025	Lusardi, Nicole (Ms.)	$4.00
	Contributor address; City; State; Zip Code: Austin, TX 78701	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Associate General Counsel	Texas Hospital Association

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/03/2025	Manire, Kaitlyn (Ms.)	$4.00
	Contributor address; City; State; Zip Code: Austin, TX 78701	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Sr Specialist Governance Programs	Texas Healthcare Trustees

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/24/2025	Manire, Kaitlyn (Ms.)	$4.00
	Contributor address; City; State; Zip Code: Austin, TX 78701	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Sr Specialist Governance Programs	Texas Healthcare Trustees

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 34/54 Rpt: 38/66

2 FILER NAME: The Political Action Committee of the Texas Hospital Association

3 Filer ID (Ethics Commission Filers): 00015794

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/22/2025	Matens, Brett (Mr.)	$83.33
	6 Contributor address; City; State; Zip Code: Austin, TX 78756	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Chief Executive Officer	Heart Hospital of Austin

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/14/2025	McCain, Rebecca (Ms.)	$41.67
	Contributor address; City; State; Zip Code: Electra, TX 76360	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Chief Executive Officer	Electra Memorial Hospital

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/08/2025	McCollough, Kimberly (Ms.)	$3.85
	Contributor address; City; State; Zip Code: Abilene, TX 79606	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Director of Progressive Care Services	Hendrick Medical Center

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/22/2025	McCollough, Kimberly (Ms.)	$3.85
	Contributor address; City; State; Zip Code: Abilene, TX 79606	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Director of Progressive Care Services	Hendrick Medical Center

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/08/2025	McElrath, Pamela (Ms.)	$4.00
	Contributor address; City; State; Zip Code: Abilene, TX 79601	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Registered Nurse	Hendrick Medical Center

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 35/54 Rpt: 39/66

2 FILER NAME: The Political Action Committee of the Texas Hospital Association

3 Filer ID (Ethics Commission Filers): 00015794

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/22/2025	McElrath, Pamela (Ms.)	$4.00
	6 Contributor address; City; State; Zip Code: Abilene, TX 79601	
8 Principal occupation / Job title (See Instructions): Registered Nurse	**9** Employer (See Instructions): Hendrick Medical Center	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/03/2025	Merrell, Angie (Ms.)	$2.00
	Contributor address; City; State; Zip Code: Georgetown, TX 78633	
Principal occupation / Job title (See Instructions): THIE Vice President of Risk Management	Employer (See Instructions): Texas Hospital Insurance Exchange	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Merrell, Angie (Ms.)	$2.00
	Contributor address; City; State; Zip Code: Georgetown, TX 78633	
Principal occupation / Job title (See Instructions): THIE Vice President of Risk Management	Employer (See Instructions): Texas Hospital Insurance Exchange	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/01/2025	Mitchell, Kenneth (Dr.)	$41.00
	Contributor address; City; State; Zip Code: Austin, TX 78701	
Principal occupation / Job title (See Instructions): SVP / Chief Medical Officer	Employer (See Instructions): St. David's HealthCare	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/03/2025	Mundfrom, Jessie (Ms.)	$2.00
	Contributor address; City; State; Zip Code: Austin, TX 78701	
Principal occupation / Job title (See Instructions): Manager of Virtual Education	Employer (See Instructions): THA Foundation	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 36/54 Rpt: 40/66

2 FILER NAME: The Political Action Committee of the Texas Hospital Association

3 Filer ID (Ethics Commission Filers): 00015794

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/24/2025	Mundfrom, Jessie (Ms.)	$2.00
	6 Contributor address; City; State; Zip Code: Austin, TX 78701	
8 Principal occupation / Job title (See Instructions): Manager of Virtual Education	**9** Employer (See Instructions): THA Foundation	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/08/2025	Murphy, Patrick (Mr.)	$3.85
	Contributor address; City; State; Zip Code: Abilene, TX 79601	
Principal occupation / Job title (See Instructions): Healthcare Professional	Employer (See Instructions): Hendrick Medical Center	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/22/2025	Murphy, Patrick (Mr.)	$3.85
	Contributor address; City; State; Zip Code: Abilene, TX 79601	
Principal occupation / Job title (See Instructions): Healthcare Professional	Employer (See Instructions): Hendrick Medical Center	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/03/2025	Murray, Elle (Ms.)	$1.00
	Contributor address; City; State; Zip Code: Austin, TX 78701	
Principal occupation / Job title (See Instructions): Benefits Analyst	Employer (See Instructions): Texas Hospital Association Retirement Plan	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Murray, Elle (Ms.)	$2.00
	Contributor address; City; State; Zip Code: Austin, TX 78701	
Principal occupation / Job title (See Instructions): Benefits Analyst	Employer (See Instructions): Texas Hospital Association Retirement Plan	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 37/54 Rpt: 41/66

2 FILER NAME: The Political Action Committee of the Texas Hospital Association

3 Filer ID (Ethics Commission Filers): 00015794

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/03/2025	Neiger, David (Mr.)	$82.00
	6 Contributor address; City; State; Zip Code: Austin, TX 78701	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Sr Vice President / Chief Financial Officer	Texas Hospital Association

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Neiger, David (Mr.)	$82.00
	Contributor address; City; State; Zip Code: Austin, TX 78701	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Sr Vice President / Chief Financial Officer	Texas Hospital Association

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/03/2025	O'Neil, Jennifer (Ms.)	$20.00
	Contributor address; City; State; Zip Code: Austin, TX 78701	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Executive Administrative Manager	Texas Hospital Association

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	O'Neil, Jennifer (Ms.)	$20.00
	Contributor address; City; State; Zip Code: Austin, TX 78701	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Executive Administrative Manager	Texas Hospital Association

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/03/2025	Pargac, Ann (Ms.)	$2.00
	Contributor address; City; State; Zip Code: Austin, TX 78701	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Sr Director of Education	THA Foundation

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 38/54 Rpt: 42/66

2 FILER NAME: The Political Action Committee of the Texas Hospital Association

3 Filer ID (Ethics Commission Filers): 00015794

4 Date	**5** Full name of contributor	**7** Amount of Contribution ($)
10/24/2025	Pargac, Ann (Ms.)	$2.00
	6 Contributor address; City; State; Zip Code: Austin, TX 78701	
8 Principal occupation / Job title (See Instructions): Sr Director of Education	**9** Employer (See Instructions): THA Foundation	
Date: 10/01/2025	Full name of contributor: Parisi, James (Mr.)	Amount of Contribution ($): $41.67
	Contributor address; City; State; Zip Code: The Woodlands, TX 77384	
Principal occupation / Job title (See Instructions): Chief Executive Officer	Employer (See Instructions): CHI St Lukes Health - The Woodlands Hospital	
Date: 09/29/2025	Full name of contributor: Parnell, Winfred (Dr.)	Amount of Contribution ($): $200.00
	Contributor address; City; State; Zip Code: Dallas, TX 75247	
Principal occupation / Job title (See Instructions): Board Member	Employer (See Instructions): Parkland Center For Clinical Innovations	
Date: 10/23/2025	Full name of contributor: Porsa, Esmaeil (Dr.)	Amount of Contribution ($): $1,000.00
	Contributor address; City; State; Zip Code: Bellaire, TX 77401	
Principal occupation / Job title (See Instructions): President & CEO	Employer (See Instructions): Harris Health System	
Date: 10/03/2025	Full name of contributor: Porter, Lea Anne (Ms.)	Amount of Contribution ($): $2.00
	Contributor address; City; State; Zip Code: Austin, TX 78701	
Principal occupation / Job title (See Instructions): VP Retirement Plans	Employer (See Instructions): Texas Hospital Association Retirement Plan	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 39/54 Rpt: 43/66

2 FILER NAME: The Political Action Committee of the Texas Hospital Association

3 Filer ID (Ethics Commission Filers): 00015794

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/24/2025	Porter, Lea Anne (Ms.)	$2.00
	6 Contributor address; City; State; Zip Code: Austin, TX 78701	
8 Principal occupation / Job title (See Instructions): VP Retirement Plans	**9** Employer (See Instructions): Texas Hospital Association Retirement Plan	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/14/2025	Qualls, Rustin (Mr.)	$20.50
	Contributor address; City; State; Zip Code: Clifton, TX 76634	
Principal occupation / Job title (See Instructions): Data Protection Officer	Employer (See Instructions): Goodall-Witcher Healthcare	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/03/2025	Ramirez, Erika (Ms.)	$2.00
	Contributor address; City; State; Zip Code: Austin, TX 78701	
Principal occupation / Job title (See Instructions): Senior Director Health Policy	Employer (See Instructions): Texas Hospital Association	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/24/2025	Ramirez, Erika (Ms.)	$2.00
	Contributor address; City; State; Zip Code: Austin, TX 78701	
Principal occupation / Job title (See Instructions): Senior Director Health Policy	Employer (See Instructions): Texas Hospital Association	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/03/2025	Ramirez, Lisa (Ms.)	$4.00
	Contributor address; City; State; Zip Code: Austin, TX 78701	
Principal occupation / Job title (See Instructions): Manager of Facilities	Employer (See Instructions): Texas Hospital Association	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 40/54 Rpt: 44/66

2 FILER NAME: The Political Action Committee of the Texas Hospital Association

3 Filer ID (Ethics Commission Filers): 00015794

4 Date	**5** Full name of contributor	**7** Amount of Contribution ($)
10/24/2025	Ramirez, Lisa (Ms.) ☐ out-of-state PAC (ID#:_____)	$4.00
	6 Contributor address; City; State; Zip Code: Austin, TX 78701	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Manager of Facilities	Texas Hospital Association

Date	Full name of contributor	Amount of Contribution ($)
10/03/2025	Ratcliff, Alex (Ms.) ☐ out-of-state PAC (ID#:_____)	$1.00
	Contributor address; City; State; Zip Code: Austin, TX 78701	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Sr Marketing Director	Texas Hospital Association

Date	Full name of contributor	Amount of Contribution ($)
10/24/2025	Ratcliff, Alex (Ms.) ☐ out-of-state PAC (ID#:_____)	$2.00
	Contributor address; City; State; Zip Code: Austin, TX 78701	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Sr Marketing Director	Texas Hospital Association

Date	Full name of contributor	Amount of Contribution ($)
10/03/2025	Reiter, Audrey (Ms.) ☐ out-of-state PAC (ID#:_____)	$2.00
	Contributor address; City; State; Zip Code: Austin, TX 78701	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
HR & Retirement Plans Coordinator	Texas Hospital Association

Date	Full name of contributor	Amount of Contribution ($)
10/24/2025	Reiter, Audrey (Ms.) ☐ out-of-state PAC (ID#:_____)	$2.00
	Contributor address; City; State; Zip Code: Austin, TX 78701	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
HR & Retirement Plans Coordinator	Texas Hospital Association

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 41/54 Rpt: 45/66

2 FILER NAME: The Political Action Committee of the Texas Hospital Association

3 Filer ID (Ethics Commission Filers): 00015794

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/08/2025	Richert, Ron (Mr.)	$3.85
	6 Contributor address; City; State; Zip Code: Abilene, TX 79601	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Director of the Health Club	Hendrick Medical Center

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/22/2025	Richert, Ron (Mr.)	$3.85
	Contributor address; City; State; Zip Code: Abilene, TX 79601	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Director of the Health Club	Hendrick Medical Center

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/10/2025	Robicheaux, James (Mr.)	$42.00
	Contributor address; City; State; Zip Code: Bay City, TX 77414	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Chief Executive Officer	Matagorda Regional Medical Center

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/08/2025	Robinson, Tracee (Ms.)	$3.85
	Contributor address; City; State; Zip Code: Abilene, TX 79601	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Director of Quality	Hendrick Medical Center

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/22/2025	Robinson, Tracee (Ms.)	$3.85
	Contributor address; City; State; Zip Code: Abilene, TX 79601	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Director of Quality	Hendrick Medical Center

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 42/54 Rpt: 46/66

2 FILER NAME: The Political Action Committee of the Texas Hospital Association

3 Filer ID (Ethics Commission Filers): 00015794

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/07/2025	Rodriguez, Micah (Mr.)	$29.16
	6 Contributor address; City; State; Zip Code: Houston, TX 77266	
8 Principal occupation / Job title (See Instructions): VP Public Policy & Government Relations	**9** Employer (See Instructions): Harris Health System	
Date: 10/23/2025	Full name of contributor / out-of-state PAC (ID#:): Rogers, Emily (Ms.)	Amount of Contribution ($): $20.84
	Contributor address; City; State; Zip Code: Eastland, TX 76448	
Principal occupation / Job title (See Instructions): Chief Operating Officer	Employer (See Instructions): Eastland Memorial Hospital	
Date: 10/03/2025	Full name of contributor / out-of-state PAC (ID#:): Safarik, Paulina (Ms.)	Amount of Contribution ($): $3.00
	Contributor address; City; State; Zip Code: Austin, TX 78701	
Principal occupation / Job title (See Instructions): Senior Director of Human Resources	Employer (See Instructions): Texas Hospital Association	
Date: 10/24/2025	Full name of contributor / out-of-state PAC (ID#:): Safarik, Paulina (Ms.)	Amount of Contribution ($): $4.00
	Contributor address; City; State; Zip Code: Austin, TX 78701	
Principal occupation / Job title (See Instructions): Senior Director of Human Resources	Employer (See Instructions): Texas Hospital Association	
Date: 10/08/2025	Full name of contributor / out-of-state PAC (ID#:): Schmidt, Timothy (Mr.)	Amount of Contribution ($): $3.85
	Contributor address; City; State; Zip Code: Abilene, TX 79601	
Principal occupation / Job title (See Instructions): Dir Property / Facility Management	Employer (See Instructions): Hendrick Medical Center	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 43/54 Rpt: 47/66

2 FILER NAME: The Political Action Committee of the Texas Hospital Association

3 Filer ID (Ethics Commission Filers): 00015794

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/22/2025	Schmidt, Timothy (Mr.)	$3.85
	6 Contributor address; City; State; Zip Code: Abilene, TX 79601	
8 Principal occupation / Job title (See Instructions): Dir Property / Facility Management	**9** Employer (See Instructions): Hendrick Medical Center	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/23/2025	Shannon, Patrick (Mr.)	$50.00
	Contributor address; City; State; Zip Code: Huntsville, TX 77342	
Principal occupation / Job title (See Instructions): Chief Executive Officer	Employer (See Instructions): Huntsville Memorial Hospital	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/03/2025	Shea, Patrick (Mr.)	$2.00
	Contributor address; City; State; Zip Code: Georgetown, TX 78633	
Principal occupation / Job title (See Instructions): Risk Management Coordinator	Employer (See Instructions): Texas Hospital Insurance Exchange	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Shea, Patrick (Mr.)	$2.00
	Contributor address; City; State; Zip Code: Georgetown, TX 78633	
Principal occupation / Job title (See Instructions): Risk Management Coordinator	Employer (See Instructions): Texas Hospital Insurance Exchange	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/03/2025	Sipes, Michael (Mr.)	$2.00
	Contributor address; City; State; Zip Code: Austin, TX 78701	
Principal occupation / Job title (See Instructions): Legal Services Specialist	Employer (See Instructions): Texas Hospital Association	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 44/54 Rpt: 48/66

2 FILER NAME: The Political Action Committee of the Texas Hospital Association

3 Filer ID (Ethics Commission Filers): 00015794

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/24/2025	Sipes, Michael (Mr.)	$2.00
	6 Contributor address; City; State; Zip Code: Austin, TX 78701	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Legal Services Specialist	Texas Hospital Association

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/20/2025	Sisk, Bryan (Mr.)	$250.00
	Contributor address; City; State; Zip Code: Houston, TX 77024	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Senior Vice President / Chief Nursing Executive	Memorial Hermann Health System

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/03/2025	Smith, John (Mr.)	$1.00
	Contributor address; City; State; Zip Code: Austin, TX 78701	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Director Data & Technology	THA Foundation

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Smith, John (Mr.)	$1.00
	Contributor address; City; State; Zip Code: Austin, TX 78701	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Director Data & Technology	THA Foundation

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/30/2025	Smith, Tracie (Ms.)	$100.00
	Contributor address; City; State; Zip Code: Mount Pleasant, TX 75455	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Senior Director of Marketing	Titus Regional Medical Center

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 45/54 Rpt: 49/66

2 FILER NAME: The Political Action Committee of the Texas Hospital Association

3 Filer ID (Ethics Commission Filers): 00015794

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/08/2025	Speckels, Donna (Ms.)	$3.85
	6 Contributor address; City; State; Zip Code: Abilene, TX 79601	
8 Principal occupation / Job title (See Instructions): Director Hendrick HouseCalls	**9** Employer (See Instructions): Hendrick Medical Center	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/22/2025	Speckels, Donna (Ms.)	$3.85
	Contributor address; City; State; Zip Code: Abilene, TX 79601	
Principal occupation / Job title (See Instructions): Director Hendrick HouseCalls	Employer (See Instructions): Hendrick Medical Center	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/03/2025	Srubar, Linda (Mrs.)	$3.00
	Contributor address; City; State; Zip Code: Georgetown, TX 78633	
Principal occupation / Job title (See Instructions): Executive Assistant	Employer (See Instructions): Texas Hospital Insurance Exchange	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Srubar, Linda (Mrs.)	$3.00
	Contributor address; City; State; Zip Code: Georgetown, TX 78633	
Principal occupation / Job title (See Instructions): Executive Assistant	Employer (See Instructions): Texas Hospital Insurance Exchange	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/08/2025	Stafford, Steven (Mr.)	$3.85
	Contributor address; City; State; Zip Code: Abilene, TX 79601	
Principal occupation / Job title (See Instructions): Director Hendrick Clinic	Employer (See Instructions): Hendrick Medical Center	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 46/54 Rpt: 50/66

2 FILER NAME: The Political Action Committee of the Texas Hospital Association

3 Filer ID (Ethics Commission Filers): 00015794

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/22/2025	Stafford, Steven (Mr.)	$3.85
	6 Contributor address; City; State; Zip Code: Abilene, TX 79601	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Director Hendrick Clinic	Hendrick Medical Center

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/03/2025	Thomas, Wendy (Ms.)	$10.00
	Contributor address; City; State; Zip Code: Austin, TX 78701	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Mgr Advocacy / Pub Policy / HOSPAC	Texas Hospital Association

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/24/2025	Thomas, Wendy (Ms.)	$10.00
	Contributor address; City; State; Zip Code: Austin, TX 78701	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Mgr Advocacy / Pub Policy / HOSPAC	Texas Hospital Association

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/03/2025	Thompson, Lindsay (Ms.)	$14.00
	Contributor address; City; State; Zip Code: Austin, TX 78701	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
CEO & THAF VP Educ & Gov Programs	THA Foundation

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/24/2025	Thompson, Lindsay (Ms.)	$14.00
	Contributor address; City; State; Zip Code: Austin, TX 78701	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
CEO & THAF VP Educ & Gov Programs	THA Foundation

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 47/54 Rpt: 51/66

2 FILER NAME: The Political Action Committee of the Texas Hospital Association

3 Filer ID (Ethics Commission Filers): 00015794

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
09/30/2025	Tiffin, Laura (Ms.)	$1.00
	6 Contributor address; City; State; Zip Code: Cuero, TX 77954	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Business Office Manager	Cuero Regional Hospital

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/22/2025	Tiffin, Laura (Ms.)	$1.00
	Contributor address; City; State; Zip Code: Cuero, TX 77954	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Business Office Manager	Cuero Regional Hospital

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/03/2025	Trevino, Judy (Ms.)	$4.00
	Contributor address; City; State; Zip Code: Austin, TX 78701	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Vice President Finance	Texas Hospital Association

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Trevino, Judy (Ms.)	$4.00
	Contributor address; City; State; Zip Code: Austin, TX 78701	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Vice President Finance	Texas Hospital Association

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/03/2025	Trout, Judith (Ms.)	$4.00
	Contributor address; City; State; Zip Code: Austin, TX 78701	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Healthcare Data Analyst	THA Foundation

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 48/54 Rpt: 52/66

2 FILER NAME: The Political Action Committee of the Texas Hospital Association

3 Filer ID (Ethics Commission Filers): 00015794

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/24/2025	Trout, Judith (Ms.)	$4.00
	6 Contributor address; City; State; Zip Code: Austin, TX 78701	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Healthcare Data Analyst	THA Foundation

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/08/2025	Tucek, Karen (Ms.)	$3.85
	Contributor address; City; State; Zip Code: Abilene, TX 79601	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Director, Hospice	Hendrick Medical Center

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/22/2025	Tucek, Karen (Ms.)	$3.85
	Contributor address; City; State; Zip Code: Abilene, TX 79601	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Director, Hospice	Hendrick Medical Center

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/03/2025	Turner, Matt (Mr.)	$2.00
	Contributor address; City; State; Zip Code: Austin, TX 78701	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Senior Director Quality & Payment	Texas Hospital Association

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Turner, Matt (Mr.)	$2.00
	Contributor address; City; State; Zip Code: Austin, TX 78701	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Senior Director Quality & Payment	Texas Hospital Association

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 49/54 Rpt: 53/66

2 FILER NAME: The Political Action Committee of the Texas Hospital Association

3 Filer ID (Ethics Commission Filers): 00015794

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/08/2025	Vidrine, Amanda (Ms.)	$3.85
	6 Contributor address; City; State; Zip Code: Abilene, TX 79601	
8 Principal occupation / Job title (See Instructions): Quality & Regulatory Manager	**9** Employer (See Instructions): Hendrick Medical Center	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/22/2025	Vidrine, Amanda (Ms.)	$3.85
	Contributor address; City; State; Zip Code: Abilene, TX 79601	
Principal occupation / Job title (See Instructions): Quality & Regulatory Manager	Employer (See Instructions): Hendrick Medical Center	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/08/2025	Wade, Susan (Ms.)	$15.00
	Contributor address; City; State; Zip Code: Abilene, TX 79601	
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#:)	Amount of Contribution ($)
10/22/2025	Wade, Susan (Ms.)	$15.00
	Contributor address; City; State; Zip Code: Abilene, TX 79601	
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#:)	Amount of Contribution ($)
10/12/2025	Walker, Jeremy (Mr.)	$83.34
	Contributor address; City; State; Zip Code: Abilene, TX 79601	
Principal occupation / Job title (See Instructions): System VP & Chief Financial Officer	Employer (See Instructions): Hendrick Health	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 50/54 Rpt: 54/66

2 FILER NAME: The Political Action Committee of the Texas Hospital Association

3 Filer ID (Ethics Commission Filers): 00015794

4 Date	**5** Full name of contributor	**7** Amount of Contribution ($)
10/08/2025	☐ out-of-state PAC (ID#:_____) Wallschlaeger, Erich (Mr.)	$9.62
	6 Contributor address; City; State; Zip Code: Brownwood, TX 76804	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Chief Financial Officer	Hendrick Medical Center

Date	Full name of contributor	Amount of Contribution ($)
10/22/2025	☐ out-of-state PAC (ID#:_____) Wallschlaeger, Erich (Mr.)	$9.62
	Contributor address; City; State; Zip Code: Brownwood, TX 76804	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Chief Financial Officer	Hendrick Medical Center

Date	Full name of contributor	Amount of Contribution ($)
10/08/2025	☐ out-of-state PAC (ID#:_____) Walzer, Cheryl (Ms.)	$3.85
	Contributor address; City; State; Zip Code: Abilene, TX 79601	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Director of Medsurg / Tele	Hendrick Medical Center

Date	Full name of contributor	Amount of Contribution ($)
10/22/2025	☐ out-of-state PAC (ID#:_____) Walzer, Cheryl (Ms.)	$3.85
	Contributor address; City; State; Zip Code: Abilene, TX 79601	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Director of Medsurg / Tele	Hendrick Medical Center

Date	Full name of contributor	Amount of Contribution ($)
10/20/2025	☐ out-of-state PAC (ID#:_____) Warner, Freddy (Mr.)	$145.50
	Contributor address; City; State; Zip Code: Houston, TX 77024	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Chief Government Relations Officer	Memorial Hermann Health System

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 51/54 Rpt: 55/66

2 FILER NAME: The Political Action Committee of the Texas Hospital Association

3 Filer ID (Ethics Commission Filers): 00015794

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/08/2025	Waters, Amber (Ms.)	$3.85
	6 Contributor address; City; State; Zip Code: Abilene, TX 79601	
8 Principal occupation / Job title (See Instructions): Director of Admissions	**9** Employer (See Instructions): Hendrick Medical Center	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/22/2025	Waters, Amber (Ms.)	$3.85
	Contributor address; City; State; Zip Code: Abilene, TX 79601	
Principal occupation / Job title (See Instructions): Director of Admissions	Employer (See Instructions): Hendrick Medical Center	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/08/2025	Wharton, Elisha (Ms.)	$3.85
	Contributor address; City; State; Zip Code: Abilene, TX 79601	
Principal occupation / Job title (See Instructions): Sr Practice Manager	Employer (See Instructions): Hendrick Medical Center	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/22/2025	Wharton, Elisha (Ms.)	$3.85
	Contributor address; City; State; Zip Code: Abilene, TX 79601	
Principal occupation / Job title (See Instructions): Sr Practice Manager	Employer (See Instructions): Hendrick Medical Center	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/03/2025	Williams, Ben (Mr.)	$14.00
	Contributor address; City; State; Zip Code: Austin, TX 78701	
Principal occupation / Job title (See Instructions): VP Advocacy & Pub Policy	Employer (See Instructions): Texas Hospital Association	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 52/54 Rpt: 56/66

2 FILER NAME: The Political Action Committee of the Texas Hospital Association

3 Filer ID (Ethics Commission Filers): 00015794

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/24/2025	Williams, Ben (Mr.)	$14.00
	6 Contributor address; City; State; Zip Code: Austin, TX 78701	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
VP Advocacy & Pub Policy	Texas Hospital Association

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/03/2025	Williams, Carrie (Ms.)	$41.00
	Contributor address; City; State; Zip Code: Austin, TX 78701	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Chief Communications Officer	Texas Hospital Association

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Williams, Carrie (Ms.)	$41.00
	Contributor address; City; State; Zip Code: Austin, TX 78701	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Chief Communications Officer	Texas Hospital Association

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/03/2025	Williams, Patty (Ms.)	$2.00
	Contributor address; City; State; Zip Code: Austin, TX 78701	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Relationship Manager Business Services	THA Foundation

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/24/2025	Williams, Patty (Ms.)	$2.00
	Contributor address; City; State; Zip Code: Austin, TX 78701	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Relationship Manager Business Services	THA Foundation

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 53/54 Rpt: 57/66

2 FILER NAME: The Political Action Committee of the Texas Hospital Association

3 Filer ID (Ethics Commission Filers): 00015794

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
09/26/2025	☐ out-of-state PAC (ID#:_____) Willmann, Adam (Mr.) — Clifton, TX 76634	$62.50	President / CEO	Goodall-Witcher Healthcare
10/03/2025	☐ out-of-state PAC (ID#:_____) Wohleb, Stephen (Mr.) — Austin, TX 78701	$51.50	General Counsel	Texas Hospital Association
10/24/2025	☐ out-of-state PAC (ID#:_____) Wohleb, Stephen (Mr.) — Austin, TX 78701	$62.00	General Counsel	Texas Hospital Association
10/08/2025	☐ out-of-state PAC (ID#:_____) Wood, Adam (Mr.) — Abilene, TX 79601	$4.81	System Assistant VP Supply Chain	Hendrick Medical Center
10/22/2025	☐ out-of-state PAC (ID#:_____) Wood, Adam (Mr.) — Abilene, TX 79601	$4.81	System Assistant VP Supply Chain	Hendrick Medical Center

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
Sch: 54/54 Rpt: 58/66

2 FILER NAME
The Political Action Committee of the Texas Hospital Association

3 Filer ID (Ethics Commission Filers)
00015794

4 Date
10/17/2025

5 Full name of contributor ☐ out-of-state PAC (ID#:_____)
Yoder, Katherine (Ms.)

6 Contributor address; City; State; Zip Code
Dallas, TX 75235

7 Amount of Contribution ($)
$500.00

8 Principal occupation / Job title (See Instructions)
VP Government Relations

9 Employer (See Instructions)
Parkland Health

MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C3

The Instruction Guide explains how to complete this form.		**1** Total pages Schedule C3: Sch: 1/1 Rpt: 59/66
2 FILER NAME The Political Action Committee of the Texas Hospital Association		**3** Filer ID (Ethics Commission Filers) 00015794
4 Date 10/03/2025	**5** Corporation / Labor Organization name Texas Hospital Association	**6** Amount ($) 750.00

NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C4

The Instruction Guide explains how to complete this form.	**1** Total pages Schedule C4: Sch: 1/1 Rpt: 60/66
2 FILER NAME The Political Action Committee of the Texas Hospital Association	**3** Filer ID (Ethics Commission Filers) 00015794

4 Date	**5** Corporation / Labor Organization name	**6** Amount ($)
10/25/2025	Texas Hospital Association	4,200.00

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee
Credit Card Payment
Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services
Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 1/5 Rpt: 61/66	The Political Action Committee of the Texas Hospital	00015794

4 Date	5 Payee name
10/10/2025	Chris Turner Campaign

6 Amount ($)	7 Payee address; City; State; Zip Code
$2,500.00	P.O. Box 182093
☐ Expenditure from corporate funds	Arlington, TX 76096

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Contributions/Donations Made By Candidate/Officeholder/Political Committee	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Campaign contribution

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

Date	Payee name
10/02/2025	Frost Bank

Amount ($)	Payee address; City; State; Zip Code
$51.35	PO Box 1727
☐ Expenditure from corporate funds	Austin, TX 78767

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	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/OH	Candidate/Officeholder name	Office sought	Office held

Date	Payee name
10/03/2025	Frost Bank

Amount ($)	Payee address; City; State; Zip Code
$19.95	PO Box 1727
☐ Expenditure from corporate funds	Austin, TX 78767

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	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/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee
Credit Card Payment
Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services
Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 2/5 Rpt: 62/66	The Political Action Committee of the Texas Hospital	00015794

4 Date	5 Payee name
10/03/2025	Frost Bank

6 Amount ($)	7 Payee address; City; State; Zip Code
$62.84	PO Box 1727
☐ Expenditure from corporate funds	Austin, TX 78767

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Fees	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAC credit card fees

9 Complete ONLY if direct expenditure to benefit C/OH — Candidate/Officeholder name — Office sought — Office held

Date	Payee name
09/26/2025	Stripe

Amount ($)	Payee address; City; State; Zip Code
$114.80	354 Oyster Point Blvd
☐ Expenditure from corporate funds	South San Francisco, CA 94080

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Fees	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Processing fees for processing multiple credit card contributions 9/26/25-10/24/25

Complete ONLY if direct expenditure to benefit C/OH — Candidate/Officeholder name — Office sought — Office held

Date	Payee name
10/03/2025	Stripe

Amount ($)	Payee address; City; State; Zip Code
$0.58	354 Oyster Point Blvd
☐ Expenditure from corporate funds	South San Francisco, CA 94080

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	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/OH — Candidate/Officeholder name — Office sought — Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee
Credit Card Payment
Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services
Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 3/5 Rpt: 63/66	The Political Action Committee of the Texas Hospital	00015794

4 Date	5 Payee name
10/09/2025	Stripe

6 Amount ($)	7 Payee address; City; State; Zip Code
$4.29	354 Oyster Point Blvd South San Francisco, CA 94080
☐ Expenditure from corporate funds	

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Fees	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAC credit card fees

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

Date	Payee name
10/16/2025	Stripe

Amount ($)	Payee address; City; State; Zip Code
$1.76	354 Oyster Point Blvd South San Francisco, CA 94080
☐ Expenditure from corporate funds	

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	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/OH	Candidate/Officeholder name	Office sought	Office held

Date	Payee name
10/16/2025	Stripe

Amount ($)	Payee address; City; State; Zip Code
$0.58	354 Oyster Point Blvd South San Francisco, CA 94080
☐ Expenditure from corporate funds	

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	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/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee
Credit Card Payment
Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services
Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 4/5 Rpt: 64/66	The Political Action Committee of the Texas Hospital	00015794

4 Date	5 Payee name
10/20/2025	Stripe

6 Amount ($)	7 Payee address; City; State; Zip Code
$1.38	354 Oyster Point Blvd South San Francisco, CA 94080
☐ Expenditure from corporate funds	

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Fees	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAC credit card fees

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

Date	Payee name
10/21/2025	Stripe

Amount ($)	Payee address; City; State; Zip Code
$0.35	354 Oyster Point Blvd South San Francisco, CA 94080
☐ Expenditure from corporate funds	

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	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/OH	Candidate/Officeholder name	Office sought	Office held

Date	Payee name
10/24/2025	Stripe

Amount ($)	Payee address; City; State; Zip Code
$1.17	354 Oyster Point Blvd South San Francisco, CA 94080
☐ Expenditure from corporate funds	

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	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/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee
Credit Card Payment
Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services
Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/5 Rpt: 65/66	**2** FILER NAME The Political Action Committee of the Texas Hospital	**3** Filer ID (Ethics Commission Filers) 00015794
4 Date 10/17/2025	**5** Payee name Texans for Kelly Hancock	
6 Amount ($) $5,000.00 ☐ Expenditure from corporate funds	**7** Payee address; City; State; Zip Code 4908 Dory Ct North Richland Hills, TX 76180	
8 **PURPOSE OF EXPENDITURE**	**(a)** Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	**(b)** Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Campaign contribution

9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	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 F2: Sch: 1/1 Rpt: 66/66	**2** FILER NAME The Political Action Committee of the Texas Hospital	**3** Filer ID (Ethics Commission Filers) 00015794
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		**$**
5 Date 10/23/2025	**6** Payee name Atchley & Associates LLP	
7 Amount ($) $697.00 [X] Expenditure from corporate funds	**8** Payee address; City; State; Zip Code 1005 La Posada Dr Austin, TX 78752	
9 TYPE OF EXPENDITURE	[X] Political [ ] Non-Political	
10 PURPOSE OF EXPENDITURE	**(a)** Category (See Categories listed at the top of this schedule) Accounting/Banking	**(b)** Description [ ] Check if travel outside of Texas. Complete Schedule T. [ ] Check if Austin, TX, officeholder living expense PAC accounting and reporting services
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought / Office held