FORM MPAC MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** Filer ID 2 Total pages filed: The MPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00015794 3 COMMITTEE NAME **OFFICE USE ONLY** The Political Action Committee of the Texas Hospital Association Date Received **ELECTRONICALLY FILED** 11/05/2025 COMMITTEE ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP **ADDRESS** 1108 Lavaca Ste 700 Austin, TX 78701 Date Hand-delivered or Date Postmarked CAMPAIGN MS / MRS / MR **FIRST** MI **TREASURER** Receipt # Amount Sara NAME Date Processed **NICKNAME SUFFIX** LAST Date Imaged Gonzalez CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 1108 Lavaca Suite 700 STREET **ADDRESS** (Residence or Business) Austin, TX 78701 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** 1108 Lavaca Suite 700 MAILING **ADDRESS** Austin, TX 78701 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER**

10th day after campaign

July 5

August 5

September 5

Month

10/25/2025

Day

treasurer termination

(512) 465-1000

Month

09/26/2025

X Monthly

January 5

February 5

Year

March 5

Day

PHONE

10 MONTHLY

11 PERIOD

COVERED

REPORT TYPE

REPORT FILING DEADLINE

April 5

May 5

June 5

THROUGH

Dissolution (Attach PAC-DR)

October 5

November 5

December 5

Year

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 Co	ommittee of the Texas H	ospital Association	00015794	4
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported The Honorable Kelly G. Hanco	ck Comptro	oller
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	Measures (Describe by date and location of election and nature of issue.)	A. Supported B. Opposed		
		. Орросси		
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	O POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLE	IL CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	22,554.09
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	D POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	8,456.05
CONTRIBUTION BALANCE	5. TOTAL POLITICAL (OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	129,149.57
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF TREPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT				
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.	rjury, that the mation require	accompanying report is ed to be reported by me
		Sara G	onzalez	
		Signature of Ca		surer
AFFIX NOTAR	Y STAMP / SEAL ABOVE			
Sworn to and subscribe	d before me, by the said	, tl	nis the	day
of	, 20, to certify	which, witness my hand and seal of office.		
Signature of officer a	dministering oath	Printed name of officer administering oath	Title of off	ficer administering oath

MONTHLY FILING GPAC REPORT: PURPOSE

FORM MPAC

				Page 3 of 66		
			13 Filer ID	(Ethics Commission Filers)		
of the Texas Ho	spital Associa	tion	00015794			
Candidates ify by name or, if able, classify by party.)		The Honorable Christopher G	topher G Turner State Representative			
	B. Opposed					
Measures	A. Supported					
cribe by date and on of election and e of issue.)	7. Capported					
	B. Opposed					
Officeholders Assisted						
ify by name or, if able, classify by party.)						

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

					4 of 66
17 COMM		EE NAME cal Action Committee of the Texas Hospital Association	18 Filer ID 00015794	(Ethics Com	mission Filers)
		E SUBTOTALS		Ι	
		SCHEDULE		SUBTO	TAL 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 LABO ORGANIZATION	R	\$	
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	TION OR	\$	
6.	Х	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$	750.00
7.	Х	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	5	\$	7,759.05
11.	Х	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	697.00
12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
13.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$	

MONE	TARY POLITICAL COI	NIRIBUTIONS	SCHEDULE A1
The Instri	uction Guide explains how to	complete this form.	1 Total pages Schedule A1: Sch: 1/54 Rpt: 5/66
2 FILER NAME The Politica	E al Action Committee of the Texas Ho	ospital Association	3 Filer ID (Ethics Commission Filers) 00015794
4 Date 10/03/2025		out-of-state PAC (ID#:) Zip Code	7 Amount of Contribution (\$) \$1.00
	Georgetown, TX 78633		
8 Principal occ Claims Mar	cupation / Job title (See Instructions)	9 Employer (See Instruction Texas Hospital Insura	
Date 10/24/2025	Full name of contributor	out-of-state PAC (ID#:)	Amount of Contribution (\$) \$1.00
	Georgetown, TX 78633	T 5 1 (0 1 1 1)	
Claims Mar	rupation / Job title (See Instructions)	Employer (See Instruction Texas Hospital Insura	
Date 10/03/2025		out-of-state PAC (ID#:) Zip Code	Amount of Contribution (\$) \$14.00
Delination Land	Georgetown, TX 78633	Facelouse (October 18 to the strict	
	rupation / Job title (See Instructions) riting & Business Development	Employer (See Instruction Texas Hospital Insura	· ·
Date 10/24/2025	Andersen, Daniel (Mr.) Contributor address; City; State; 2	Dut-of-state PAC (ID#:) Zip Code	Amount of Contribution (\$) \$14.00
Principal occ	Georgetown, TX 78633	Employer (See Instruction	ions)
•	riting & Business Development	Texas Hospital Insura	
Date 09/29/2025	Apodaca, Michelle (Ms.)	out-of-state PAC (ID#:) Zip Code	Amount of Contribution (\$) \$250.00
Principal occ	cupation / Job title (See Instructions)	Employer (See Instruction	lons)

	MONEI	ARY POLITICAL C	ONTRIBUTION	15		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 2/54 Rpt: 6/66	
2	FILER NAME	Action Committee of the Toya	c Hospital Association		3	Filer ID (Ethics Commission 00015794	n Filers)
		Action Committee of the Texa					
4	Date 10/12/2025	5 Full name of contributor Bagchi, Sam (Dr.) 6 Contributor address; City; Sta	out-of-state PAC (ID#: atte; Zip Code)	7	Amount of Contribution (\$)	\$165.00
8	Dringing Loggy	Irving, TX 75038	lo.	Employer (See Instructions			
o		pation / Job title (See Instructions) Clinical Officer	9	CHRISTUS Health	•)		
	EVP / Chief	Clinical Officer		CHRISTUS Health			
	Date 10/17/2025	Full name of contributor Ballew, Joel (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$41.50
		Arlington, TX 76011					
				Employer (See Instructions	5)		
				Texas Health Resources	S		
_	Date	Full name of contributor	out-of-state PAC (ID#:)	Г	Amount of Contribution (\$)	
	10/18/2025	Barron, Kevin (Mr.)		,		(,,	\$41.67
		Contributor address; City; Sta					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u></u> ;)		
		nt, Payer Relations		University Health	,		
_	Date	Full name of contributor	out-of-state PAC (ID#:)	Π	Amount of Contribution (\$)	
10/08/2025		Baty, Krista (Ms.) Contributor address; City; Sta Brownwood, TX 76801				`,	\$27.50
_	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	:) [
	•	istrative Officer		Hendrick Medical Cente			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/22/2025	Baty, Krista (Ms.)					\$27.50
		Contributor address; City; Sta Brownwood, TX 76801	ate; Zip Code				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Chief Admini	istrative Officer		Hendrick Medical Cente	r		
			-				

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS	SCHEDUL	E A1
	The Instruc	ction Guide explains how	to complete this fo	rm.	1 Total pages Schedule A1: Sch: 3/54 Rpt: 7/66	
2	FILER NAME				3 Filer ID (Ethics Commission	n Filers)
	The Political	Action Committee of the Texa	as Hospital Association		00015794	
4	Date 10/03/2025	5 Full name of contributor Beasley, Sharon (Ms.)6 Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)	7 Amount of Contribution (\$)	\$14.00
		Austin, TX 78701				
8	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	ns)	
	Sr Dir Gover			Texas Hospital Associa		
	Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of Contribution (\$)	
	10/24/2025	Beasley, Sharon (Ms.)	out or state 1710 (1511		, anount or containment (4)	\$14.00
		Contributor address; City; St	ate; Zip Code			7 200
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	ns)	
	Sr Dir Governance			Texas Hospital Associa	ation	
	Date 10/03/2025	Full name of contributor Beaton, Rebecca (Ms.) Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code		Amount of Contribution (\$)	\$2.00
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	ns)	
	Compass Su	ipport Advisor		THA Foundation		
	Date 10/24/2025	Full name of contributor Beaton, Rebecca (Ms.) Contributor address; City; St Austin, TX 78701	out-of-state PAC (ID#:		Amount of Contribution (\$)	\$2.00
		pation / Job title (See Instructions ipport Advisor)	Employer (See Instructions THA Foundation	ns)	
	Date 10/03/2025	Full name of contributor Bell, Jeff (Mr.) Contributor address; City; St Austin, TX 78701	out-of-state PAC (ID#:ate; Zip Code)	Amount of Contribution (\$)	\$2.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	ns)	
	Corporate Re	elations		THA Foundation		

	MONEI	ARY POLITICAL CONTRIB	SUTION	V 5		SCHEDULE A1
	The Instruc	ction Guide explains how to complet	te this for	m.	1	Total pages Schedule A1: Sch: 4/54 Rpt: 8/66
2	FILER NAME The Political	Action Committee of the Texas Hospital As	ssociation		3	Filer ID (Ethics Commission Filers) 00015794
4	Date 10/08/2025	 Full name of contributor)	7	Amount of Contribution (\$) \$9.62
		Abilene, TX 79601				
8	•	pation / Job title (See Instructions) HMC Foundation	9	Employer (See Instructions Hendrick Medical Cente		
	Date 10/22/2025	Full name of contributor out-of-state Benham, Bradley (Mr.) Contributor address; City; State; Zip Code Abilene, TX 79601	PAC (ID#:)		Amount of Contribution (\$) \$9.62
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>	
	System VP HMC Foundation Her			Hendrick Medical Cente	r	
	Date 10/08/2025	Full name of contributor out-of-state Bessent, Brian (Mr.) Contributor address; City; State; Zip Code	PAC (ID#:)		Amount of Contribution (\$) \$32.50
	Principal occu	Abilene, TX 79601 pation / Job title (See Instructions)		Employer (See Instructions	:) 	
		trategy & Experience Officer		Hendrick Medical Cente		
	Date 10/22/2025	Full name of contributor out-of-state Bessent, Brian (Mr.) Contributor address; City; State; Zip Code Abilene, TX 79601	-)		Amount of Contribution (\$) \$32.50
	•	pation / Job title (See Instructions) trategy & Experience Officer		Employer (See Instructions Hendrick Medical Cente		
	Date 09/30/2025	Full name of contributor out-of-state Border Health PAC Contributor address; City; State; Zip Code McAllen, TX 78504	,			Amount of Contribution (\$) \$10,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	L 5)	

	MONEI	ARY POLITICAL C	ONTRIBUTION	IS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 5/54 Rpt: 9/66	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	The Political	Action Committee of the Texa			L	00015794	
4	Date 10/08/2025	5 Full name of contributor Bowden, Sherri (Ms.)6 Contributor address; City; Sta	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$3.85
		Abilene, TX 79601					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Director Pulr	monary Services		Hendrick Medical Cente	r		
	Date 10/22/2025	Full name of contributor Bowden, Sherri (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#:ate; Zip Code			Amount of Contribution (\$)	\$3.85
		Abilene, TX 79601					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Director Pulmonary Services			Hendrick Medical Cente	r		
	Date 10/16/2025	Full name of contributor Bowerman, Stephen (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$125.00
		Midland, TX 79701					
	•	pation / Job title (See Instructions) Chief Executive Officer		Employer (See Instructions Midland Memorial Hosp			
	Date 09/29/2025	Full name of contributor Boyd, Lane (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Manager, Di	gital Communications		Texas Hospital Associat	ior	1	
	Date 10/08/2025	Full name of contributor Brockway, Toni (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#: ate; Zip Code)		Amount of Contribution (\$)	\$5.00
	Principal occu	pation / Job title (See Instructions)	<u> </u>	Employer (See Instructions	<u>. </u>		
		/orkforce Dev		Hendrick Medical Cente			
			L				

	MONET	ARY POLITICAL C	ONTRIBUTION	S		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this forr	m.	1	Total pages Schedule A1: Sch: 6/54 Rpt: 10/66	
2	FILER NAME The Political	Action Committee of the Texas	s Hospital Association		3	Filer ID (Ethics Commission 00015794	Filers)
4	Date 10/22/2025	5 Full name of contributor Brockway, Toni (Ms.)6 Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code)	7	Amount of Contribution (\$)	\$5.00
		Abilene, TX 79601					
8		pation / Job title (See Instructions) /orkforce Dev	9	Employer (See Instructions Hendrick Medical Cente			
	Date 10/08/2025	Full name of contributor Broderick, Treva (Ms.) Contributor address; City; Sta				Amount of Contribution (\$)	\$4.81
	Abilene, TX 79601 Principal occupation / Job title (See Instructions) Employer (See		Employer (See Instructions	·/			
				Hendrick Medical Cente			
	Date 10/22/2025	Full name of contributor Broderick, Treva (Ms.) Contributor address; City; Sta)		Amount of Contribution (\$)	\$4.81
		Abilene, TX 79601					
		pation / Job title (See Instructions) ce President Clinical Svs		Employer (See Instructions Hendrick Medical Cente			
	Date 10/08/2025	Full name of contributor Calvo, Raul (Mr.) Contributor address; City; Sta Abilene, TX 79608	out-of-state PAC (ID#: ite; Zip Code)		Amount of Contribution (\$)	\$2.50
	Principal occu Board Vice C	pation / Job title (See Instructions) Chair		Employer (See Instructions Hendrick Medical Cente			
	Date 10/22/2025	Full name of contributor Calvo, Raul (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#: ite; Zip Code			Amount of Contribution (\$)	\$2.50
	Principal occu Board Vice C	pation / Job title (See Instructions) Chair		Employer (See Instructions Hendrick Medical Cente			
			I				

	MONEI	ARY POLITICAL C	ONTRIBUTION	IS		SCHEDULE	E A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 7/54 Rpt: 11/66	
2	FILER NAME The Political	Action Committee of the Texa	s Hospital Association		3	Filer ID (Ethics Commission 00015794	ı Filers)
4	Date 10/08/2025	Full name of contributor Camacho, Precilla (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$3.85
		Abilene, TX 79601					
8	Chief Nursin			Employer (See Instructions Hendrick Medical Cente			
	Date 10/22/2025	Full name of contributor Camacho, Precilla (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#: ate; Zip Code)		Amount of Contribution (\$)	\$3.85
	Deinsinal assu	Abilene, TX 79601		Franksias (Coo Instructions	<u></u>		
	Principal occupation / Job title (See Instructions) Chief Nursing Officer			Employer (See Instructions Hendrick Medical Cente			
	Date 10/08/2025	Full name of contributor Canada, Kirk (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$30.00
		Abilene, TX 79601					
		pation / Job title (See Instructions) ting Office / System VP		Employer (See Instructions Hendrick Medical Cente			
	Date 10/22/2025	Full name of contributor Canada, Kirk (Mr.) Contributor address; City; Sta Abilene, TX 79601	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$30.00
	•	pation / Job title (See Instructions) ting Office / System VP		Employer (See Instructions Hendrick Medical Cente			
	Date 10/08/2025	Full name of contributor Cates, Boyd (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$1.00
	Principal occu Diagnostic T	pation / Job title (See Instructions)		Employer (See Instructions Hendrick Medical Cente			
	Diagnostic 1	eamologist		TIETIUTICK WEUICAI CETILE	1		

	MONET	ARY POLITICAL CONTRIB	30 HOI	V 5		SCHEDULE	A1
	The Instru	ction Guide explains how to complet	te this for	m.	1	Total pages Schedule A1: Sch: 8/54 Rpt: 12/66	
2	FILER NAME The Political	Action Committee of the Texas Hospital As	ssociation		3	Filer ID (Ethics Commission 00015794	Filers)
4	Date 10/22/2025	 5 Full name of contributor out-of-state Cates, Boyd (Mr.) 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$1.00
		Abilene, TX 79601					
8	Principal occu Diagnostic T	pation / Job title (See Instructions) echnologist	9	Employer (See Instructions Hendrick Medical Cente			
	Date 10/03/2025	Full name of contributor out-of-state Clark, Stephen (Mr.) Contributor address; City; State; Zip Code Austin, TX 78701	PAC (ID#:			Amount of Contribution (\$)	\$20.00
Principal occi		pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	Sr Dir Reg Ambassador East Texas			Texas Hospital Associa	tion		
	Date 10/24/2025	Full name of contributor out-of-state Clark, Stephen (Mr.) Contributor address; City; State; Zip Code	PAC (ID#:)	,	Amount of Contribution (\$)	\$20.00
		Austin, TX 78701			Ĺ		
		pation / Job title (See Instructions) .mbassador East Texas		Employer (See Instructions Texas Hospital Associa			
	Date 10/08/2025	Full name of contributor out-of-state Conger, Cody (Mr.) Contributor address; City; State; Zip Code Abilene, TX 79601)		Amount of Contribution (\$)	\$4.00
	•	pation / Job title (See Instructions) tor, Invasive Cardiology		Employer (See Instructions Hendrick Medical Cente			
	Date 10/22/2025	Full name of contributor out-of-state Conger, Cody (Mr.) Contributor address; City; State; Zip Code Abilene, TX 79601				Amount of Contribution (\$)	\$4.00
	•	pation / Job title (See Instructions)		Employer (See Instructions			
	Health Direc	tor, Invasive Cardiology		Hendrick Medical Cente	÷I		

	MONEI	ARY POLITICAL CO	ONTRIBUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains how t	o complete this fo	rm.	1	Total pages Schedule A1: Sch: 9/54 Rpt: 13/66	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
		Action Committee of the Texas				00015794	
4	Date 10/08/2025	5 Full name of contributor Connell, Jessica (Ms.)6 Contributor address; City; Stat	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$4.81
		Brownwood, TX 76804					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Chief Nursin	g Officer		Hendrick Medical Cente	r		
	Date 10/22/2025	Full name of contributor Connell, Jessica (Ms.) Contributor address; City; Stat	out-of-state PAC (ID#: e; Zip Code)		Amount of Contribution (\$)	\$4.81
		Brownwood, TX 76804			<u> </u>		
	Principal occupation / Job title (See Instructions)			Employer (See Instructions			
	Chief Nursing Officer			Hendrick Medical Cente	r		
	Date 10/03/2025	Full name of contributor Conner, Cecil (Mr.) Contributor address; City; Stat	out-of-state PAC (ID#: e; Zip Code)		Amount of Contribution (\$)	\$4.00
		Austin, TX 78731					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Risk Manage	ement Advisor		Texas Hospital Insuranc	e E	Exchange	
	Date 10/24/2025	Full name of contributor Conner, Cecil (Mr.) Contributor address; City; Stat Austin, TX 78731	out-of-state PAC (ID#: e; Zip Code			Amount of Contribution (\$)	\$4.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Risk Manage	ement Advisor		Texas Hospital Insuranc	e E	Exchange	
	Date 10/08/2025	Full name of contributor Contreras, Rosendo (Ms.) Contributor address; City; Stat Abilene, TX 79601	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$1.93
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Dir Patient S	afety, Infect Prevention, Perform	m Improvement	Hendrick Medical Cente	r		

	MONEI	ARY POLITICAL CONTRIB	BUTION	IS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complet	te this for	m.	1	Total pages Schedule A1: Sch: 10/54 Rpt: 14/66	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	The Political	Action Committee of the Texas Hospital As	ssociation			00015794	
4	Date 10/22/2025	5 Full name of contributor ☐ out-of-state Contreras, Rosendo (Ms.) 6 Contributor address; City; State; Zip Code	PAC (ID#:		7	Amount of Contribution (\$)	\$1.93
8	Principal occu	Abilene, TX 79601 pation / Job title (See Instructions)	la.	Employer (See Instructions			
o		afety, Infect Prevention, Perform Improvem		Hendrick Medical Cente			
	Date 10/03/2025	Full name of contributor out-of-state Cook, Kenneth (Mr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$1.00
		Austin, TX 78701			<u> </u>		
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Director into	Security & Enterprise Data		THA Foundation	_		
	Date 10/08/2025	Full name of contributor out-of-state Cooper, David (Mr.) Contributor address; City; State; Zip Code	PAC (ID#:)		Amount of Contribution (\$)	\$3.85
		Abilene, TX 79601					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>L</u> 5)		
	Lab Supervis			Hendrick Medical Cente			
	Date 10/22/2025	Full name of contributor out-of-state Cooper, David (Mr.) Contributor address; City; State; Zip Code Abilene, TX 79601	PAC (ID#:			Amount of Contribution (\$)	\$3.85
	Principal occu Lab Supervis	pation / Job title (See Instructions) sor		Employer (See Instructions Hendrick Medical Cente			
	Date 10/03/2025	Full name of contributor out-of-state Cornelson, Laura (Ms.) Contributor address; City; State; Zip Code Austin, TX 78701	PAC (ID#:)		Amount of Contribution (\$)	\$20.00
	Principal occu VP Clinical II	pation / Job title (See Instructions) nitiatives		Employer (See Instructions THA Foundation	5)		
			•				

	MONEI	ARY POLITICAL (CONTRIBUTION	NS		SCHEDULI	E A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 11/54 Rpt: 15/66	
2	FILER NAME				3	Filer ID (Ethics Commission	r Filers)
	The Political	Action Committee of the Tex	as Hospital Association		L	00015794	
4	Date 10/24/2025	Full name of contributor Cornelson, Laura (Ms.)Contributor address; City; S	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$20.00
		Austin, TX 78701					
8	Principal occu	pation / Job title (See Instructions	s) 9	Employer (See Instructions	5)		
	VP Clinical II	nitiatives		THA Foundation			
	Date 10/03/2025	Full name of contributor Costilla, Nina (Ms.) Contributor address; City; S	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$2.00
		Austin, TX 78701	<u> </u>				
		pation / Job title (See Instructions	s)	Employer (See Instructions	s)		
	Clinical Proje	ects Manager		THA Foundation			
	Date 10/24/2025	Full name of contributor Costilla, Nina (Ms.) Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$2.00
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	Clinical Proje	ects Manager		THA Foundation			
	Date 10/03/2025	Full name of contributor Cotton, Corey (Mr.) Contributor address; City; S Austin, TX 78701	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$20.00
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions			
	VP Member	Solutions		Texas Hospital Associa	tior		
	Date 10/24/2025	Full name of contributor Cotton, Corey (Mr.) Contributor address; City; S Austin, TX 78701	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$20.00
	Principal occu	pation / Job title (See Instructions	6)	Employer (See Instructions			
	VP Member	Solutions		Texas Hospital Associa	tior	<u> </u>	

	MONEI	ARY POLITICAL C	CONTRIBUTIO	PΝ	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how	to complete this f	orı	m.	1	Total pages Schedule A1: Sch: 12/54 Rpt: 16/66	
2	FILER NAME	Action Committee of the Texa	es Hospital Association	,		3	Filer ID (Ethics Commission 00015794	n Filers)
_						Ļ		
4	Date 10/07/2025	5 Full name of contributorDaskevich, Cris (Ms.)6 Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code)	' 	Amount of Contribution (\$)	\$145.83
		San Antonio, TX 78207						
8		pation / Job title (See Instructions		9	Employer (See Instructions	5)		
	CEO, CHRIS	STUS Children's & SVP CHRIS	STUS Health		CHRISTUS Children's			
	Date 10/03/2025	Full name of contributor Davenport, Chad (Mr.) Contributor address; City; St	out-of-state PAC (ID#:_				Amount of Contribution (\$)	\$2.00
		Georgetown, TX 78633						
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Accounting S	Specialist			Texas Hospital Insuranc	e E	Exchange	
	Date 10/24/2025	Full name of contributor Davenport, Chad (Mr.) Contributor address; City; St	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$2.00
		Georgetown, TX 78633						
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Accounting S		•		Texas Hospital Insuranc		Exchange	
	Date 10/03/2025	Full name of contributor Davila, Leslie (Ms.) Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code)		Amount of Contribution (\$)	\$20.00
		Georgetown, TX 78633				<u>L</u>		
	Receptionist)		Employer (See Instructions Texas Hospital Insurand			
	Date 10/24/2025	Full name of contributor Davila, Leslie (Ms.) Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code)		Amount of Contribution (\$)	\$20.00
		Georgetown, TX 78633						
	Principal occu Receptionist	pation / Job title (See Instructions)		Employer (See Instructions Texas Hospital Insurance		Exchange	

	MONEI	ARY POLITICAL COI	NIRIBUTION	S		SCHEDULE	A1
	The Instru	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 13/54 Rpt: 17/66	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	The Political	Action Committee of the Texas Ho	spital Association			00015794	
4	Date 09/30/2025	Davis, John (Mr.)	ut-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$3.85
		Cuero, TX 77954					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	<u>. </u>		
		diopulmonary		Cuero Regional Hospita			
_	Date		ut of state DAC (ID#)			Amount of Contribution (\$)	
	10/22/2025	Davis, John (Mr.)	ut-of-state PAC (ID#:			Amount of Contribution (\$)	\$3.85
	10/22/2025						Φ3.03
		Contributor address; City; State; 2	ip Code				
		Cuero, TX 77954					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	()		
	Director Care	diopulmonary		Cuero Regional Hospita	l		
	Date	Full name of contributor	ut-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/03/2025	Davis, Valerie (Ms.)	,				\$14.00
		Contributor address; City; State; 2	ip Code				
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Sr. Accounts	Payable Specialist		Texas Hospital Associat	ior	1	
	Date	Full name of contributor	ut-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/24/2025	Davis, Valerie (Ms.) Contributor address; City; State; 2 Austin, TX 78701	Zip Code				\$14.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Sr. Accounts	Payable Specialist		Texas Hospital Associat	ior	l	
	Date	Full name of contributor	ut-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/03/2025	De La Garza-Barone, Heather	(Ms.)				\$2.00
		Contributor address; City; State; 2	lip Code				
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	()		
	Associate G	eneral Counsel		Texas Hospital Associat	ior	l.	
			<u>'</u>				

	MONEI	ARY POLITICAL C	ONTRIBUTION	NS		SCHEDULE	E A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 14/54 Rpt: 18/66	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	The Political	Action Committee of the Texa	s Hospital Association		L	00015794	
4	Date	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	ФО ОО
	10/24/2025	De La Garza-Barone, Hea			-		\$2.00
		6 Contributor address; City; Sta	ate; Zip Code				
		Austin, TX 78701					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	s)		
	Associate G	eneral Counsel		Texas Hospital Associat	tior	1	
	Date	Full name of contributor	out-of-state PAC (ID#:)	Г	Amount of Contribution (\$)	
	09/30/2025	DeYoung, Peter (Dr.)					\$41.00
		Contributor address; City; Sta	ate; Zip Code		1		
		Auctin TV 70750					
	Principal occu	Austin, TX 78758 pation / Job title (See Instructions)	<u> </u>	Employer (See Instructions	;) 		
	Chief Medica			St Davids North Austin I		dical Center	
_	Date	Full name of contributor	out-of-state PAC (ID#:		Г	Amount of Contribution (\$)	
	10/08/2025	Dennis, Gregory (Mr.)	United State 1 AC (ID#			7 tillount of Contribution (φ)	\$3.85
		Contributor address; City; Sta	ate: Zip Code				
		, ,,	, ,				
		Abilene, TX 79601					
	•	pation / Job title (See Instructions))	Employer (See Instructions			
	Director Fac	ility Management		Hendrick Medical Cente	r		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/22/2025	Dennis, Gregory (Mr.)					\$3.85
		Contributor address; City; Sta	ate; Zip Code				
		Abilene, TX 79601					
	Principal occu	pation / Job title (See Instructions)	1	Employer (See Instructions	;) 		
	•	ility Management		Hendrick Medical Cente			
_	Date	Full name of contributor	out-of-state PAC (ID#:)	Г	Amount of Contribution (\$)	
	10/08/2025	Devun, Sharn (Ms.)				()	\$3.85
			ate; Zip Code				
		, ,,	, ,				
		Abilene, TX 79601					
		pation / Job title (See Instructions)		Employer (See Instructions			
	Director Risk	k Management		Hendrick Medical Cente	r		

	MONEI	ARY POLITICAL C	CONTRIBUTIO	NS		SCHEDULI	■ A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 15/54 Rpt: 19/66	
2	FILER NAME				3	•	Filers)
		Action Committee of the Texa			L	00015794	
4	Date 10/22/2025	Full name of contributor Devun, Sharn (Ms.) Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)	7	Amount of Contribution (\$)	\$3.85
0	Dringing conu	Abilene, TX 79601		Employer (See Instructions			
O		pation / Job title (See Instructions Management)	Hendrick Medical Cente			
					; I		
	Date 10/03/2025	Full name of contributor Dolbow, Sheila (Ms.) Contributor address; City; St	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$10.00
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Quality Proje	ect Improvement Mgr		THA Foundation			
	Date 10/24/2025	Full name of contributor Dolbow, Sheila (Ms.) Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code			Amount of Contribution (\$)	\$20.00
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>L</u> S)		
		ect Improvement Mgr		THA Foundation			
	Date 10/08/2025	Full name of contributor Donaway, Duane (Mr.) Contributor address; City; St Abilene, TX 79601			•	Amount of Contribution (\$)	\$1.93
	•	pation / Job title (See Instructions rmation Systems)	Employer (See Instructions Hendrick Medical Cente			
	Date 10/22/2025	Full name of contributor Donaway, Duane (Mr.) Contributor address; City; St Abilene, TX 79601	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$1.93
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Director Info	rmation Systems		Hendrick Medical Cente	er		

	MONEI	ARY POLITICAL C	ONTRIBUTION	15		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 16/54 Rpt: 20/66	
2	FILER NAME	Action Committee of the Texas	s Hospital Association		3	Filer ID (Ethics Commission 00015794	Filers)
4	Date 10/03/2025	Full name of contributor Doyle, Rosalinda (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$2.00
		Austin, TX 78701					
8	Payroll Admi			Employer (See Instructions Texas Hospital Associat			
	Date 10/24/2025	Full name of contributor Doyle, Rosalinda (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code)		Amount of Contribution (\$)	\$2.00
		Austin, TX 78701			Ĺ		
	Principal occu Payroll Admi	pation / Job title (See Instructions) inistrator		Employer (See Instructions Texas Hospital Associat		1	
	Date 10/08/2025	Full name of contributor Driskell, Jesiree (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code)		Amount of Contribution (\$)	\$7.50
	Principal occu	Abilene, TX 79601 pation / Job title (See Instructions)		Employer (See Instructions	:) 		
		ic Comms & Digital Expert		Hendrick Medical Cente			
	Date 10/22/2025	Full name of contributor Driskell, Jesiree (Ms.) Contributor address; City; Sta Abilene, TX 79601	out-of-state PAC (ID#: tte; Zip Code)		Amount of Contribution (\$)	\$7.50
	•	pation / Job title (See Instructions) ic Comms & Digital Expert		Employer (See Instructions Hendrick Medical Cente			
	Date 10/03/2025	Full name of contributor Eskew, Amy (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$62.00
		pation / Job title (See Instructions)		Employer (See Instructions			
	Sr Vice Pres	ident of Operations		Texas Hospital Associat	tior	1	

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS	SCHEDULE A1	
	The Instru	ction Guide explains how	to complete this fo	orm.	1 Total pages Schedule A1: Sch: 17/54 Rpt: 21/66	
2	FILER NAME				3 Filer ID (Ethics Commission Filers)	
	The Political	Action Committee of the Texa			00015794	
4	Date 10/24/2025	5 Full name of contributorEskew, Amy (Ms.)6 Contributor address; City; St	out-of-state PAC (ID#:)	7 Amount of Contribution (\$) \$62.0)0
•	Dringing occur	Austin, TX 78701	, I	Employer (See Instructions		
O		pation / Job title (See Instructions ident of Operations)	Texas Hospital Associa		
	31 VICE FIES	ident of Operations		Texas Huspital Associa		
	Date 10/08/2025	Full name of contributor Eurek, Andrew (Mr.) Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)	Amount of Contribution (\$) \$4.0)0
		Abilene, TX 79601				
		pation / Job title (See Instructions)	Employer (See Instructions		
	Director Fina	uncial Analysis		Hendrick Medical Cente	er	
	Date 10/22/2025	Full name of contributor Eurek, Andrew (Mr.) Contributor address; City; St	out-of-state PAC (ID#:)	Amount of Contribution (\$) \$4.0)0
		Abilene, TX 79601				
	Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions	S)	_
		ncial Analysis	,	Hendrick Medical Cente		
	Date 10/03/2025	Full name of contributor Felton, Chris (Mr.) Contributor address; City; St Austin, TX 78701	out-of-state PAC (ID#:		Amount of Contribution (\$))0
		pation / Job title (See Instructions)	Employer (See Instructions		
	Sr. Director	of Business Services		Texas Hospital Associa	ation	
	Date 10/24/2025	Full name of contributor Felton, Chris (Mr.) Contributor address; City; St Austin, TX 78701	out-of-state PAC (ID#:)	Amount of Contribution (\$) \$20.0)0
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)	_
	Sr. Director	of Business Services		Texas Hospital Associa	ation	

	MONEI	ARY POLITICAL C	ONTRIBUTION	IS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 18/54 Rpt: 22/66	
2	FILER NAME	Action Committee of the Toyon	a Lloopital Accordation		3	Filer ID (Ethics Commission	Filers)
		Action Committee of the Texas			L	00015794	
4	Date 10/08/2025	5 Full name of contributor [Ford, Christopher (Mr.)6 Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)	7	Amount of Contribution (\$)	\$9.62
		Abilene, TX 79601					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	AVP Suppor	t Services		Hendrick Medical Cente	r		
_	Date	Full name of contributor	out-of-state PAC (ID#:)	Π	Amount of Contribution (\$)	
	10/22/2025	Ford, Christopher (Mr.)				()	\$9.62
		Contributor address; City; Sta	te; Zip Code				*****
		Abilene, TX 79601					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	AVP Suppor	t Services		Hendrick Medical Cente	r		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/14/2025	Fox, Jay (Mr.)	_				\$20.50
		Contributor address; City; Sta	te; Zip Code				
			•				
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	President BS	SWH Austin Area		Baylor Scott & White Me	edio	cal 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; Sta	te: Zip Code				
			,р				
		Georgetown, TX 78633					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	President / C	CEO		Texas Hospital Insuranc	e E	Exchange	
_	Date	Full name of contributor	out-of-state PAC (ID#:)	Г	Amount of Contribution (\$)	
	10/24/2025	Frazier, Tess (Ms.)				()	\$20.00
			te: Zin Code				
		Contributor address, City, Sta	ic, zip code				
		Georgetown, TX 78633					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>. </u>		
	President / C			Texas Hospital Insuranc		Exchange	
				,			

	MONEI	ARY POLITICAL C	ONTRIBUTION	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 19/54 Rpt: 23/66	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	The Political	Action Committee of the Texa	as Hospital Association			00015794	
4	Date 10/03/2025	5 Full name of contributor Gaines, Cameron (Mr.)6 Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)	7	Amount of Contribution (\$)	\$2.00
		Georgetown, TX 78633					
8	Principal occu	pation / Job title (See Instructions) 9	Employer (See Instructions	<u></u>		
	IT Support S	pecialist		Texas Hospital Insuranc	e E	Exchange	
-	Date	Full name of contributor	out-of-state PAC (ID#:)	Π	Amount of Contribution (\$)	
	10/24/2025	Gaines, Cameron (Mr.) Contributor address; City; St	<u> </u>			, and an establish (4)	\$2.00
		Georgetown, TX 78633					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	IT Support S	pecialist		Texas Hospital Insuranc	e E	Exchange	
	Date 10/03/2025	Full name of contributor Gette, Angela (Ms.) Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$2.00
		Georgetown, TX 78633					
		pation / Job title (See Instructions)	Employer (See Instructions			
	Vice Preside	nt Claims		Texas Hospital Insuranc	e E	Exchange	
	Date 10/24/2025	Full name of contributor Gette, Angela (Ms.) Contributor address; City; St Georgetown, TX 78633	out-of-state PAC (ID#: ate; Zip Code			Amount of Contribution (\$)	\$2.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Vice Preside	ent Claims		Texas Hospital Insuranc	e E	Exchange	
	Date 10/08/2025	Full name of contributor Gladden, Jaye (Ms.) Contributor address; City; St Abilene, TX 79601	out-of-state PAC (ID#: ate; Zip Code			Amount of Contribution (\$)	\$3.85
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Hospital Pro			Hendrick Medical Cente			
			1				

	MONET	ARY POLITICAL CONTRIBUT	TION	IS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete th	is for	m.	1	Total pages Schedule A1: Sch: 20/54 Rpt: 24/66	
2	FILER NAME The Political	Action Committee of the Texas Hospital Associa	ation		3	Filer ID (Ethics Commission 00015794	Filers)
4	Date 10/22/2025	 Full name of contributor out-of-state PAC (I Gladden, Jaye (Ms.) Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$3.85
	Dringing aggr	Abilene, TX 79601	ام	Employer (See Instructions	<u>,,</u>		
8	Hospital Prof	pation / Job title (See Instructions) fessional	9	Hendrick Medical Cente			
	Date 10/03/2025	Full name of contributor out-of-state PAC (I Gonzalez, Sara (Ms.) Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$51.50
	Principal occur	Austin, TX 78701 pation / Job title (See Instructions)		Employer (See Instructions	;) 		
		y & Pub Policy		Texas Hospital Associa		1	
	Date 10/24/2025	Full name of contributor out-of-state PAC (I Gonzalez, Sara (Ms.) Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$62.00
		Austin, TX 78701					
	•	pation / Job title (See Instructions) y & Pub Policy		Employer (See Instructions Texas Hospital Associa	′	1	
	Date 10/03/2025	Full name of contributor out-of-state PAC (I Gordon, Brittanny (Ms.) Contributor address; City; State; Zip Code Austin, TX 78701	D#:)	•	Amount of Contribution (\$)	\$2.00
	•	pation / Job title (See Instructions) ialist, AR & Association Management System		Employer (See Instructions Texas Hospital Associa		1	
	Date 10/24/2025	Full name of contributor out-of-state PAC (I Gordon, Brittanny (Ms.) Contributor address; City; State; Zip Code Austin, TX 78701	D #:)		Amount of Contribution (\$)	\$2.00
		pation / Job title (See Instructions) ialist, AR & Association Management System		Employer (See Instructions Texas Hospital Associa		1	
				2 32 32 23			

	WONET	ARY POLITICAL (ZONTRIBUTIO	CNIC		SCHEDULE	E A1
	The Instru	ction Guide explains how	v to complete this f	form.	1	Total pages Schedule A1: Sch: 21/54 Rpt: 25/66	
2	FILER NAME The Political	Action Committee of the Tex	as Hospital Associatio	n	3	Filer ID (Ethics Commission 00015794	n Filers)
4	Date 10/08/2025	5 Full name of contributor Greenwood, Susan (Ms.)6 Contributor address; City; S)	7	Amount of Contribution (\$)	\$29.00
		Abilene, TX 79601					
8	Principal occu	pation / Job title (See Instructions	s)	9 Employer (See Instructions	s)		
	Vice Preside	ent / Chief Nursing Officer		Hendrick Medical Cente	er		
	Date 10/22/2025	Full name of contributor Greenwood, Susan (Ms.) Contributor address; City; S	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$29.00
		Abilene, TX 79601					
	•	pation / Job title (See Instructions	s)	Employer (See Instructions			
	Vice Preside	nt / Chief Nursing Officer		Hendrick Medical Cente	er		
	Date 10/03/2025	Full name of contributor Haas, Mark (Mr.) Contributor address; City; S	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$4.00
		Georgetown, TX 78633		•			
	Principal occu Staff Accoun	pation / Job title (See Instructions rtant	5)	Employer (See Instructions Texas Hospital Insurance	•	Exchange	
	Date 10/24/2025	Full name of contributor Haas, Mark (Mr.) Contributor address; City; S Georgetown, TX 78633				Amount of Contribution (\$)	\$4.00
	Principal occu Staff Accoun	pation / Job title (See Instructions	5)	Employer (See Instructions Texas Hospital Insurance		Exchange	
	Date 10/08/2025	Full name of contributor Hair, Donna (Ms.) Contributor address; City; S	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$3.85
		Brownwood, TX 76804					
	•	pation / Job title (See Instructions larketing	5)	Employer (See Instructions Hendrick Medical Cente			
	Director of M		-1	Hendrick Medical Cente			

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 22/54 Rpt: 26/66	
2	FILER NAME The Political	Action Committee of the Texa	as Hospital Association		3	Filer ID (Ethics Commission 00015794	Filers)
4	Date 10/22/2025	5 Full name of contributor Hair, Donna (Ms.)6 Contributor address; City; St	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$3.85
•	Principal occu	Brownwood, TX 76804 pation / Job title (See Instructions	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Employer (See Instructions	<u>'</u>		
8	Director of M)	Hendrick Medical Cente			
	Date 10/08/2025	Full name of contributor Harris, Erica (Ms.) Contributor address; City; St	out-of-state PAC (ID#:_)	•	Amount of Contribution (\$)	\$3.85
	Principal occu	Abilene, TX 79601 pation / Job title (See Instructions)	Employer (See Instructions	s) 		
	Admissions Director			Hendrick Medical Cente			
	Date 10/22/2025	Full name of contributor out-of-state PAC (ID#:) Harris, Erica (Ms.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.85	
		Abilene, TX 79601					
	Principal occu Admissions I	pation / Job title (See Instructions Director)	Employer (See Instructions Hendrick Medical Cente			
		out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$83.00	
		pation / Job title (See Instructions e President / Behavioral Hea	·	Employer (See Instructions HCA Healthcare	5)		
	Date 10/03/2025	Full name of contributor Hawkins, John (Mr.) Contributor address; City; St Austin, TX 78701	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$90.00
	Principal occu President / C	pation / Job title (See Instructions CEO)	Employer (See Instructions Texas Hospital Associa		١	
			,				

	MONEI	ARY POLITICAL CO	DNIRIBUTION	15		SCHEDULI	E A1
	The Instru	ction Guide explains how to	o complete this for	m.	l .	otal pages Schedule A1: Sch: 23/54 Rpt: 27/66	
2	FILER NAME				l .	iler ID (Ethics Commission	r Filers)
	The Political	Action Committee of the Texas	Hospital Association		0	0015794	
4	Date 10/24/2025	5 Full name of contributor Hawkins, John (Mr.)6 Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code)	7 A	mount of Contribution (\$)	\$90.00
		Austin, TX 78701					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	<u>. </u>		
	President / C			Texas Hospital Associat			
	Date	Full name of contributor	out-of-state PAC (ID#:)	Ι Δ	mount of Contribution (\$)	
		10/08/2025 Head, Courtney (Ms.)			,		\$9.62
		Contributor address; City; State	e; Zip Code				,
		Abilene, TX 79601					
		pation / Job title (See Instructions)		Employer (See Instructions			
	Vice President of Human Resources			Hendrick Medical Cente	r		
	Date 10/22/2025)		mount of Contribution (\$)	\$9.62
		Abilene, TX 79601					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>l</u> s)		
		nt of Human Resources		Hendrick Medical Cente			
	Date	Full name of contributor	out-of-state PAC (ID#:)	Δ		
10/23/2025		Henderson, John (Mr.) Contributor address; City; State; Zip Code Round Rock, TX 78664					\$500.00
	Principal occu President / C	pation / Job title (See Instructions) CEO		Employer (See Instructions TORCH	5)		
	Date	Full name of contributor	out-of-state PAC (ID#:)	Α	mount of Contribution (\$)	
	10/08/2025	Henry, Elizabeth (Ms.)					\$4.81
		Contributor address; City; State Abilene, TX 79601	e; Zip Code		•		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Director Cas	e Management		Hendrick Medical Cente	er		
			·				

	MONEI	ARY POLITICAL CO	NIRIBUTION	15		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to	complete this for	m.	1	Total pages Schedule A1: Sch: 24/54 Rpt: 28/66	
2	FILER NAME				3	•	Filers)
	The Political	Action Committee of the Texas F	lospital Association			00015794	
4	Date 10/22/2025	 Full name of contributor Henry, Elizabeth (Ms.) Contributor address; City; State; 	out-of-state PAC (ID#: Zip Code		7	Amount of Contribution (\$)	\$4.81
		Abilene, TX 79601					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	()		
	Director Cas	e Management		Hendrick Medical Cente	r		
	Date 10/18/2025	Full name of contributor Hernandez, Elisa (Ms.) Contributor address; City; State;	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$29.17
		El Paso, TX 79905					
		pation / Job title (See Instructions)		Employer (See Instructions			
	Senior Advisor of Government Relations			University Medical Cent	er (of El Paso	
	Date 10/08/2025)		Amount of Contribution (\$)	\$3.85
		Abilene, TX 79601					
	•	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Director of S	urgery		Hendrick Medical Center			
			out-of-state PAC (ID#:			Amount of Contribution (\$)	\$3.85
	Principal occu Director of S	pation / Job title (See Instructions) urgery		Employer (See Instructions Hendrick Medical Cente			
	Date Full name of contributor out-of-state PAC (ID#:) 10/19/2025 Holcomb, Holly (Ms.) Contributor address; City; State; Zip Code Childress, TX 79201			Amount of Contribution (\$)	\$50.00		
		pation / Job title (See Instructions)		Employer (See Instructions			
	Chief Execut	tive Officer		Childress Regional Med	ica	l Center	
							

	MONEI	ARY POLITICAL (CONTRIBUTIO	INS		SCHEDUL	E A1	
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 25/54 Rpt: 29/66		
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)	
		Action Committee of the Tex				00015794		
4	Date 10/07/2025	 5 Full name of contributor Holland, Brad (Mr.) 6 Contributor address; City; S 	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	\$145.84	
_		Abilene, TX 79601						
8		pation / Job title (See Instructions Chief Executive Officer	5)	9 Employer (See Instructions Hendrick Health	S)			
	President / C	niei Executive Officer		непапск неакп	_			
	Date 10/03/2025	Full name of contributor Holleman, Will (Mr.) Contributor address; City; S	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$30.00	
		Austin, TX 78701						
		pation / Job title (See Instructions	5)	Employer (See Instructions				
	VP Advocacy & Pub Policy			Texas Hospital Associa	tior			
	Date Full name of contributor out-of-state PAC (ID#:)) Amount of Contribution (\$) \$		\$40.00		
		Austin, TX 78701						
	Principal occu	pation / Job title (See Instructions	3)	Employer (See Instructions	<u> </u> s)			
	•	,	,		Fexas Hospital Association			
	Date Full name of contributor out-of-state PAC (ID# 10/25/2025 Honea, Michael (Mr.) Contributor address; City; State; Zip Code Glen Rose, TX 76043		out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$41.00	
	Principal occu Chief Execut	pation / Job title (See Instructions	5)	Employer (See Instructions Glen Rose Medical Cen				
				Olem Nose Wedledi Cen	T	A		
	Date Full name of contributor out-of-state PAC (ID#:) 10/22/2025 Hoppe, Christina (Ms.) Contributor address; City; State; Zip Code Austin, TX 78701				Amount of Contribution (\$)	\$500.00		
	Principal occu	pation / Job title (See Instructions	6)	Employer (See Instructions	s)			
	Director Pub	lic Policy		Children's Hospital Asso	ocia	tion of Texas		

	MONEI	NETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1		
	The Instruc	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 26/54 Rpt: 30/66	
2	FILER NAME				3	•	Filers)
		Action Committee of the Texa				00015794	
4	Date 10/08/2025	5 Full name of contributor Howard, Erica (Ms.)6 Contributor address; City; Sta	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$3.85
_		Abilene, TX 79601	1-				
8		pation / Job title (See Instructions)	9	Employer (See Instructions			
	System Dire			Hendrick Medical Cente			
	Date 10/22/2025	Full name of contributor Howard, Erica (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$3.85
		Abilene, TX 79601					
		pation / Job title (See Instructions))	Employer (See Instructions			
	System Director Benefits		Hendrick Medical Cente	r			
	Date Full name of contributor out-of-state PAC (ID#:) 10/21/2025 Hrncirik, Bobbye (Ms.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$83.00		
		Lubbock, TX 79415					
	Principal occu	I		Employer (See Instructions	<u>L</u>		
	VP Supplem	ental Funding		University Medical Cent	er		
Date Full name of contributor out-of-state PAC (IE 10/03/2025 Huff, Alexander (Mr.) Contributor address; City; State; Zip Code Austin, TX 78701		out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$2.00	
		pation / Job title (See Instructions) nt of Health IT Programs		Employer (See Instructions THA Foundation	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 10/24/2025 Huff, Alexander (Mr.) Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$)	\$20.00		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Vice Preside	nt of Health IT Programs		THA Foundation			

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDULE	■ A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 27/54 Rpt: 31/66	
2	FILER NAME	Aution Consulting of the Ton			3	Filer ID (Ethics Commission	Filers)
_		Action Committee of the Texa			L	00015794	
4	Date 10/08/2025	5 Full name of contributor Huffington, Mark (Mr.)6 Contributor address; City; Sta	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$4.81
		Abilene, TX 79601					
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions	s)		
	System Assi	stant Vice President Analytics		Hendrick Medical Cente	er		
	Date 10/22/2025	Full name of contributor Huffington, Mark (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$4.81
		Abilene, TX 79601					
		pation / Job title (See Instructions)		Employer (See Instructions			
	<u> </u>		Hendrick Medical Cente	er			
	Date 10/22/2025				Amount of Contribution (\$)	\$41.67	
		Pearsall, TX 78061					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Chief Execut	tive Officer		Frio Regional Hospital			
			out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$3.85
	•	pation / Job title (See Instructions) ional Services		Employer (See Instructions Hendrick Medical Cente			
				——————————————————————————————————————	;;		
	Date Full name of contributor out-of-state PAC (ID#:) 10/22/2025 Hunnicutt, Craig (Mr.) Contributor address; City; State; Zip Code Abilene, TX 79601			Amount of Contribution (\$)	\$3.85		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Director Reg	ional Services		Hendrick Medical Cente	er		

	MONEI	ARY POLITICAL C	ONTRIBUTION	IS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this forr	n.	1	Total pages Schedule A1: Sch: 28/54 Rpt: 32/66	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	The Political	Action Committee of the Texas				00015794	
4	Date 09/30/2025	Full name of contributor Jackson, Olga (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)	7	Amount of Contribution (\$)	\$0.97
		Cuero, TX 77954					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	<u>L</u> 5)		
	Support Serv			Cuero Regional Hospita			
_	Date	Full name of contributor	out-of-state PAC (ID#:	<u> </u>	_	Amount of Contribution (\$)	
	10/22/2025	Jackson, Olga (Ms.)	Out-of-state PAC (ID#)		Amount of Contribution (\$)	\$0.97
	10/22/2025						Ф0.97
		Contributor address; City; Sta	te; Zip Code				
		Cuero, TX 77954					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Support Services			Cuero Regional Hospita	ıl		
	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					
_	Dringing con			Employer (See Instructions	·/ 		
	·	pation / Job title (See Instructions) ent Service Center		Employer (See Instructions Texas Hospital Associat		.	
	vice Preside			Texas nuspital Assucial	lioi	I	
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/24/2025	Jackson, Robin (Ms.) Contributor address; City; State; Zip Code Austin, TX 78701					\$4.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Vice Preside	ent Service Center		Texas Hospital Associat	tior	1	
	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 occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Member Am			Texas Hospital Associat		1	
			1				

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDULI	A1
	The Instruc	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 29/54 Rpt: 33/66	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	The Political	Action Committee of the Texa	as Hospital Association			00015794	
4	Date 10/24/2025	5 Full name of contributor Jones, Susan (Ms.)6 Contributor address; City; S	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$20.00
		Austin, TX 78701					
8	Principal occu	I pation / Job title (See Instructions	s) [:	9 Employer (See Instructions	<u>l</u> s)		
	Member Aml		,	Texas Hospital Associa			
	Date	Full name of contributor	out-of-state PAC (ID#:		Т	Amount of Contribution (\$)	
	10/08/2025	08/2025 Kelly, Tave (Ms.) Contributor address; City; State; Zip Code				γ unount of Containation (φ)	\$4.81
		Abilene, TX 79601	, _ , ,				
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	s)		
	AVP Revenue Cycle			Hendrick Medical Cente	er		
	Date 10/22/2025				Amount of Contribution (\$)	\$4.81	
		Abilene, TX 79601					
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	s)		
	AVP Revenu	ie Cycle		Hendrick Medical Cente	er		
<u> </u>		out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$83.00	
	•	pation / Job title (See Instructions	5)	Employer (See Instructions			
	Chief Financ	ial Officer		Cook Children's Medica	al Co	enter	
	Date Full name of contributor out-of-state PAC (ID#:) 10/10/2025 Kirkman, Leni (Ms.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$41.00		
	Principal occu	San Antonio, TX 78229 pation / Job title (See Instructions	s) T	Employer (See Instructions	<u> </u> s)		
		rp Communications & Mktg	·1	University Health	-, 		

	MONEI	ARY POLITICAL CO	ONTRIBUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains how t	o complete this fo	rm.	1	otal pages Schedule A1: Sch: 30/54 Rpt: 34/66	
2	FILER NAME The Political	Action Committee of the Texas	Hospital Association		1	iler ID (Ethics Commission 0015794	Filers)
4	Date 10/03/2025	5 Full name of contributor Kouadio, Faith (Ms.)6 Contributor address; City; State	out-of-state PAC (ID#:		╄	smount of Contribution (\$)	\$2.00
_	5	Austin, TX 78701			<u> </u>		
8		pation / Job title (See Instructions) a & Advocacy Writer	9	 Employer (See Instructions Texas Hospital Associat 			
	Date 10/24/2025	Full name of contributor Kouadio, Faith (Ms.) Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code)		nmount of Contribution (\$)	\$2.00
		Austin, TX 78701					
	•	pation / Job title (See Instructions)		Employer (See Instructions			
	Digital Media & Advocacy Writer			Texas Hospital Associat			
	Date Full name of contributor out-of-state PAC (ID# 10/03/2025 Kroll, Carrie (Ms.) Contributor address; City; State; Zip Code					amount of Contribution (\$)	\$82.00
	Deinsinal assu	Austin, TX 78701			<u>-,</u>		
	•	pation / Job title (See Instructions) ident Advocacy & Pub Policy		Employer (See Instructions Texas Hospital Associat	•		
		out-of-state PAC (ID#:e; Zip Code		. A	smount of Contribution (\$)	\$82.00	
	•	pation / Job title (See Instructions)		Employer (See Instructions			
	Sr Vice Pres	ident Advocacy & Pub Policy		Texas Hospital Associat	tion		
	Date Full name of contributor out-of-state PAC (ID#:) 09/30/2025 Krupala, Judith (Ms.) Contributor address; City; State; Zip Code Cuero, TX 77954		A	mount of Contribution (\$)	\$1.93		
		pation / Job title (See Instructions)		Employer (See Instructions			
	Chief Nursin	g Officer		Cuero Regional Hospita	al		

	MONET	ARY POLITICAL CONTRIBUT	ΓΙΟΝ	IS		SCHEDULE	E A1
	The Instruc	ction Guide explains how to complete th	nis fori	m.	1	Total pages Schedule A1: Sch: 31/54 Rpt: 35/66	
2	FILER NAME The Political	Action Committee of the Texas Hospital Associ	ation		3	Filer ID (Ethics Commission 00015794	ı Filers)
4	Date 10/22/2025	 Full name of contributor)	7	Amount of Contribution (\$)	\$1.93
8	Dringinal accu	Cuero, TX 77954 pation / Job title (See Instructions)	اه	Employer (See Instructions	·/		
0	Chief Nursin]	Cuero Regional Hospita			
	Date 10/08/2025	Full name of contributor out-of-state PAC (Lafrance, Judith (Ms.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$12.50
		Abilene, TX 79606			<u></u>		
	Principal occupation / Job title (See Instructions) HMCS Chief Administrative Officer			Employer (See Instructions Hendrick Medical Cente			
	Date 10/22/2025	Full name of contributor out-of-state PAC (Lafrance, Judith (Ms.) Contributor address; City; State; Zip Code	(ID#:)		Amount of Contribution (\$)	\$12.50
		Abilene, TX 79606					
		pation / Job title (See Instructions) Administrative Officer		Employer (See Instructions Hendrick Medical Cente			
	Date 10/08/2025	Full name of contributor out-of-state PAC (Lee, Rachel (Ms.) Contributor address; City; State; Zip Code Abilene, TX 79601				Amount of Contribution (\$)	\$3.85
	•	pation / Job title (See Instructions) if Srvcs & Physician Recruitment		Employer (See Instructions Hendrick Medical Cente	•		
	Date 10/22/2025	Full name of contributor out-of-state PAC (Lee, Rachel (Ms.) Contributor address; City; State; Zip Code Abilene, TX 79601				Amount of Contribution (\$)	\$3.85
	•	pation / Job title (See Instructions) f Srvcs & Physician Recruitment		Employer (See Instructions Hendrick Medical Cente			
	J. Med Jiai	. S. 135 & Fity Stoken Recording to			•		

	MONEI	ARY POLITICAL (CONTRIBUTION	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 32/54 Rpt: 36/66	
2	FILER NAME	Action Committee of the Texa	as Hospital Association		3	Filer ID (Ethics Commission 00015794	Filers)
4	Date	5 Full name of contributor	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	
•	10/03/2025	Lipchak, David (Mr.) 6 Contributor address; City; Si	_			yanount of Continuation (¢)	\$2.00
		Austin, TX 78701					
8		pation / Job title (See Instructions) 9	Employer (See Instructions	s)		
	IT Director S	ecurity & Data		THA Foundation			
	Date 10/24/2025	Full name of contributor Lipchak, David (Mr.) Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)		Amount of Contribution (\$)	\$4.00
		Austin, TX 78701					
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	IT Director Security & Data			THA Foundation			
	Date 10/08/2025				Amount of Contribution (\$)	\$3.85	
		Abilene, TX 79601					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
			,	Hendrick Medical Cente			
	Date Full name of contributor out-of-state PAC (IE 10/22/2025 Lowery, James (Mr.) Contributor address; City; State; Zip Code Abilene, TX 79601)	•	Amount of Contribution (\$)	\$3.85
	Principal occu Director Man	pation / Job title (See Instructions naged Care)	Employer (See Instructions Hendrick Medical Cente			
	Date Full name of contributor out-of-state PAC (ID#:) 10/03/2025 Lozano, Deborah (Ms.) Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$)	\$20.00		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions			
	Staff Accoun	itant		Texas Hospital Associat	tior	1	
			·				

	MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A	1	
	The Instru	ction Guide explains how	to complete this fo	rm.	1 Total pages Schedule A1: Sch: 33/54 Rpt: 37/66	
2	FILER NAME				3 Filer ID (Ethics Commission Filer	s)
	The Political	Action Committee of the Texas	s Hospital Association		00015794	
4	Date 10/24/2025	5 Full name of contributor [Lozano, Deborah (Ms.)6 Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)	7 Amount of Contribution (\$) \$2	20.00
		Austin, TX 78701				
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u>	
	Staff Accoun			Texas Hospital Associat		
	Date	Full name of contributor	Tout of state DAC (ID#)			
	10/03/2025	Lusardi, Nicole (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code		Amount of Contribution (\$)	64.00
		Austin, TX 78701				
		pation / Job title (See Instructions)		Employer (See Instructions		
	Associate G	eneral Counsel		Texas Hospital Associat	tion	
	Date 10/24/2025	Full name of contributor Lusardi, Nicole (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)	Amount of Contribution (\$)	64.00
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)	
	Associate G	eneral Counsel		Texas Hospital Associat	tion	
	Date 10/03/2025	Full name of contributor Manire, Kaitlyn (Ms.) Contributor address; City; Sta Austin, TX 78701	out-of-state PAC (ID#: te; Zip Code		Amount of Contribution (\$)	64.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)	
	Sr Specialist	Governance Programs		Texas Healthcare Trusto	ees	
	Date 10/24/2025	Full name of contributor Manire, Kaitlyn (Ms.) Contributor address; City; Sta Austin, TX 78701	out-of-state PAC (ID#: te; Zip Code)	Amount of Contribution (\$)	64.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)	
	Sr Specialist	Governance Programs		Texas Healthcare Truste	ees	

MONETARY POLITICAL CONTRIBUTIONS				NS		SCHEDULE A1		
	The Instru	ction Guide explains how to complete thi	s foi	rm.	1	Total pages Schedule A1: Sch: 34/54 Rpt: 38/66		
2	FILER NAME				3	•	Filers)	
		Action Committee of the Texas Hospital Associa				00015794		
4	Date 10/22/2025	 5 Full name of contributor	D#:)	7	Amount of Contribution (\$)	\$83.33	
		Austin, TX 78756						
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	5)			
	Chief Execut	tive Officer		Heart Hospital of Austin				
	Date 10/14/2025	Full name of contributor out-of-state PAC (If McCain, Rebecca (Ms.) Contributor address; City; State; Zip Code	D#:			Amount of Contribution (\$)	\$41.67	
	5	Electra, TX 76360			<u></u>			
	Chief Execut	pation / Job title (See Instructions)		Employer (See Instructions				
	Crilei Execut	live Officer		Electra Memorial Hospit	.aı			
	Date 10/08/2025	Full name of contributor out-of-state PAC (II McCollough, Kimberly (Ms.) Contributor address; City; State; Zip Code	J#			Amount of Contribution (\$)	\$3.85	
		Abilene, TX 79606						
		pation / Job title (See Instructions) rogressive Care Services		Employer (See Instructions Hendrick Medical Cente				
	Date 10/22/2025	Full name of contributor out-of-state PAC (II McCollough, Kimberly (Ms.) Contributor address; City; State; Zip Code Abilene, TX 79606	D#:			Amount of Contribution (\$)	\$3.85	
	•	pation / Job title (See Instructions) rogressive Care Services		Employer (See Instructions Hendrick Medical Cente				
	Date 10/08/2025	Full name of contributor out-of-state PAC (II McElrath, Pamela (Ms.) Contributor address; City; State; Zip Code Abilene, TX 79601	D#:)		Amount of Contribution (\$)	\$4.00	
		pation / Job title (See Instructions)		Employer (See Instructions				
	Registered N	Nurse		Hendrick Medical Cente	r			

	MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1			
	The Instruc	ction Guide explains how	to complete this for	rm.	1	Total pages Schedule A1: Sch: 35/54 Rpt: 39/66	
2	FILER NAME				3	•	Filers)
	The Political	Action Committee of the Texa	as Hospital Association		L	00015794	
4	Date 10/22/2025	5 Full name of contributor McElrath, Pamela (Ms.)6 Contributor address; City; St	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$4.00
		Abilene, TX 79601					
8	Principal occu	pation / Job title (See Instructions) [9	Employer (See Instructions	<u> </u>		
	Registered N		,	Hendrick Medical Cente			
	Date	Full name of contributor	Out of state DAC (ID#)		Т	Amount of Contribution (\$)	
	10/03/2025	Merrell, Angie (Ms.)	out-of-state PAC (ID#:			Amount of Continuation (4)	\$2.00
	10/03/2023	Contributor address; City; St	ate; Zip Code				Ψ2.00
		Georgetown, TX 78633					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	THIE Vice Pr	resident of Risk Management		Texas Hospital Insuranc	ce I	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; St Georgetown, TX 78633	ate; Zip Code				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	THIE Vice Pr	resident of Risk Management		Texas Hospital Insuranc	ce I	Exchange	
	Date	Full name of contributor	out-of-state PAC (ID#:			Amount of Contribution (\$)	
	10/01/2025	Mitchell, Kenneth (Dr.) Contributor address; City; St Austin, TX 78701	ate; Zip Code		•		\$41.00
	•	pation / Job title (See Instructions Medical Officer		Employer (See Instructions St. David's HealthCare	S)		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/03/2025	Mundfrom, Jessie (Ms.)	_				\$2.00
		Contributor address; City; St Austin, TX 78701	ate; Zip Code		•		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Manager of \	/irtual Education		THA Foundation			

	MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1			
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 36/54 Rpt: 40/66	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	The Political	Action Committee of the Texa				00015794	
4	Date 10/24/2025	 5 Full name of contributor Mundfrom, Jessie (Ms.) 6 Contributor address; City; St 	out-of-state PAC (ID#: ate; Zip Code		7	Amount of Contribution (\$)	\$2.00
		Austin, TX 78701					
8	Principal occu	pation / Job title (See Instructions) 9	Employer (See Instructions	5)		
	Manager of \	Virtual Education		THA Foundation			
	Date 10/08/2025	Full name of contributor Murphy, Patrick (Mr.) Contributor address; City; St	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$3.85
		Abilene, TX 79601			L		
		pation / Job title (See Instructions)	Employer (See Instructions			
	Healthcare F			Hendrick Medical Cente	er		
	Date 10/22/2025	Full name of contributor Murphy, Patrick (Mr.) Contributor address; City; St	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$3.85
		Abilene, TX 79601					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Healthcare F	Professional		Hendrick Medical Cente	r		
	Date 10/03/2025	Full name of contributor Murray, Elle (Ms.) Contributor address; City; St Austin, TX 78701	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$1.00
	Principal occu Benefits Ana	pation / Job title (See Instructions llyst)	Employer (See Instructions Texas Hospital Associat		n Retirement Plan	
	Date 10/24/2025	Full name of contributor Murray, Elle (Ms.) Contributor address; City; St Austin, TX 78701	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$2.00
	Principal occu Benefits Ana	pation / Job title (See Instructions llyst		Employer (See Instructions Texas Hospital Associate		n Retirement Plan	
			,				

	MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1			
	The Instru	ction Guide explains how t	o complete this for	m.	1	Total pages Schedule A1: Sch: 37/54 Rpt: 41/66	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	The Political	Action Committee of the Texas	Hospital Association			00015794	
4	Date 10/03/2025	5 Full name of contributor Neiger, David (Mr.)	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$82.00
		6 Contributor address; City; State Austin, TX 78701	e; Zip Code				
8	Principal occu	pation / Job title (See Instructions)	l q	Employer (See Instructions	:) 		
Ü		ident / Chief Financial Officer		Texas Hospital Associat			
			<u> </u>	Toxao Troophai 7 looddaa			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	ታ ΩΩ ΩΩ
	10/24/2025	Neiger, David (Mr.)					\$82.00
		Contributor address; City; State	e; Zip Code				
		Austin, TX 78701					
		pation / Job title (See Instructions)		Employer (See Instructions			
	Sr Vice Pres	ident / Chief Financial Officer		Texas Hospital Associat	tior		
	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	e; Zip Code				
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>L</u> 5)		
		dministrative Manager		Texas Hospital Associat			
	Date	Full name of contributor	out-of-state PAC (ID#:		Т	Amount of Contribution (\$)	
	10/24/2025	O'Neil, Jennifer (Ms.)	Out-of-state 1 AC (ID#	· · · · · · · · · · · · · · · · · · ·		γιποαπι οι Continbution (φ)	\$20.00
	10/24/2023	Contributor address; City; State	o: Zin Codo		l		Ψ20.00
		Contributor address, City, State	s, zip code				
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Executive Ac	dministrative Manager		Texas Hospital Associat			
	Date	Full name of contributor	out-of-state PAC (ID#:)	Г	Amount of Contribution (\$)	
	10/03/2025	Pargac, Ann (Ms.)	out or state 1710 (IBII.	/		7 another 51 Contains at 1511 (4)	\$2.00
		Contributor address; City; State	2. Zin Code		l		,
		Contributor address, City, State	, zip code				
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>. </u>		
	Sr Director o			THA Foundation			
_							

	MONEI	MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1		
	The Instruc	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 38/54 Rpt: 42/66	
2	FILER NAME	Action Committee of the Toyo	s Hospital Association		3	Filer ID (Ethics Commission 00015794	n Filers)
_		Action Committee of the Texa			L		
4	Date 10/24/2025	5 Full name of contributor Pargac, Ann (Ms.)6 Contributor address; City; State	out-of-state PAC (ID#: tte; Zip Code)	7	Amount of Contribution (\$)	\$2.00
		Austin, TX 78701					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	s)		
	Sr Director o	f Education		THA Foundation			
	Date 10/01/2025	Full name of contributor Parisi, James (Mr.) Contributor address; City; Sta)	•	Amount of Contribution (\$)	\$41.67
		The Woodlands, TX 77384					
		pation / Job title (See Instructions)		Employer (See Instructions			
	Chief Execut	ive Officer		CHI St Lukes Health - T	he	Woodlands Hospital	
	Date 09/29/2025	Full name of contributor Parnell, Winfred (Dr.) Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code)		Amount of Contribution (\$)	\$200.00
		Dallas, TX 75247					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions			
	Board Memb	er		Parkland Center For Cli	nica	al Innovations	
	Date 10/23/2025	Full name of contributor Porsa, Esmaeil (Dr.) Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code)	•	Amount of Contribution (\$)	\$1,000.00
	Principal occu President &	pation / Job title (See Instructions) CEO		Employer (See Instructions Harris Health System	s)		
	Date 10/03/2025	Full name of contributor Porter, Lea Anne (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$2.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	VP Retireme	nt Plans		Texas Hospital Associat	tion	Retirement Plan	

	MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1	
	The Instru	ction Guide explains how	to complete this fo	rm.	1 Total pages Schedule A1: Sch: 39/54 Rpt: 43/66
2	FILER NAME				3 Filer ID (Ethics Commission Filers)
	The Political	Action Committee of the Texa	s Hospital Association		00015794
4	Date 10/24/2025	5 Full name of contributor Porter, Lea Anne (Ms.)6 Contributor address; City; Sta	out-of-state PAC (ID#: atte; Zip Code)	7 Amount of Contribution (\$) \$2.00
		Austin, TX 78701			
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	ns)
	VP Retireme	ent Plans		Texas Hospital Associat	ation Retirement Plan
	Date 10/14/2025	Full name of contributor Qualls, Rustin (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#:		Amount of Contribution (\$)
	Principal occu	Clifton, TX 76634 pation / Job title (See Instructions)		Employer (See Instructions	20)
	Data Protect			Goodall-Witcher Health	
	Date	Full name of contributor		- Coodaii Witorici Ficaliii	Amount of Contribution (\$)
	10/03/2025	Ramirez, Erika (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#: ate; Zip Code		\$2.00
		Austin, TX 78701			
		pation / Job title (See Instructions) tor Health Policy		Employer (See Instructions Texas Hospital Associat	•
	Date 10/24/2025	Full name of contributor Ramirez, Erika (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#:)	Amount of Contribution (\$)
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	ns)
	Senior Direc	tor Health Policy		Texas Hospital Associat	ation
	Date 10/03/2025	Full name of contributor Ramirez, Lisa (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#:		Amount of Contribution (\$)
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	ns)
	Manager of I	Facilities		Texas Hospital Associat	ation
			·		

	MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1	•	
	The Instruc	ction Guide explains how	to complete this fo	orm.	1 Total pages Schedule A1: Sch: 40/54 Rpt: 44/66	
2	FILER NAME				3 Filer ID (Ethics Commission Filers)	
	The Political	Action Committee of the Texa	as Hospital Association		00015794	
4	Date 10/24/2025	 5 Full name of contributor Ramirez, Lisa (Ms.) 6 Contributor address; City; St 	out-of-state PAC (ID#:)	7 Amount of Contribution (\$) \$4	.00
		Austin, TX 78701				
8		pation / Job title (See Instructions	5)	9 Employer (See Instructions		
	Manager of F	-acilities		Texas Hospital Associa	ation	
	Date 10/03/2025	Full name of contributor Ratcliff, Alex (Ms.) Contributor address; City; Si	out-of-state PAC (ID#:_)	Amount of Contribution (\$) \$1	.00
		Austin, TX 78701				
		pation / Job title (See Instructions	5)	Employer (See Instructions		
	Sr Marketing	Director		Texas Hospital Associa	ation	
	Date 10/24/2025	Full name of contributor Ratcliff, Alex (Ms.) Contributor address; City; Si	out-of-state PAC (ID#:_)	Amount of Contribution (\$) \$2	.00
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions	(a)	Employer (See Instructions	s)	
	Sr Marketing		,	Texas Hospital Associa		
	Date	Full name of contributor	out-of-state PAC (ID#:		Amount of Contribution (\$)	
	10/03/2025	Reiter, Audrey (Ms.) Contributor address; City; St Austin, TX 78701		······································		.00
	Principal occu	pation / Job title (See Instructions	3)	Employer (See Instructions	s)	
	HR & Retirer	ment Plans Coordinator		Texas Hospital Associa	ation	
	Date 10/24/2025	Full name of contributor Reiter, Audrey (Ms.) Contributor address; City; Si	out-of-state PAC (ID#:)	Amount of Contribution (\$)	.00
		Austin, TX 78701				
		pation / Job title (See Instructions ment Plans Coordinator	(5)	Employer (See Instructions Texas Hospital Associa		

	MONEI	ARY POLITICAL C	ONTRIBUTION	IS		SCHEDULE	■ A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 41/54 Rpt: 45/66	
2	FILER NAME	Author Constitution (the Tour			3	Filer ID (Ethics Commission	Filers)
		Action Committee of the Texas	_		L	00015794	
4	Date 10/08/2025	5 Full name of contributor [Richert, Ron (Mr.) 6 Contributor address; City; Sta	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$3.85
		Abilene, TX 79601					
8		pation / Job title (See Instructions)	9	1 , (
	Director of th	ne Health Club		Hendrick Medical Cente	r		
	Date 10/22/2025	Full name of contributor Richert, Ron (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$3.85
		Abilene, TX 79601					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Director of th	ne Health Club		Hendrick Medical Cente	r		
	Date 10/10/2025	Full name of contributor [Robicheaux, James (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$42.00
		Bay City, TX 77414					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Chief Execut	tive Officer		Matagorda Regional Me	dic	cal Center	
	Date 10/08/2025	Full name of contributor Robinson, Tracee (Ms.) Contributor address; City; Sta Abilene, TX 79601	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$3.85
	Principal occu Director of Q	pation / Job title (See Instructions) quality		Employer (See Instructions Hendrick Medical Cente			
	Date 10/22/2025	Full name of contributor Robinson, Tracee (Ms.) Contributor address; City; Sta Abilene, TX 79601	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$3.85
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Director of Q	uality		Hendrick Medical Cente	r		
			,				

	MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1			
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 42/54 Rpt: 46/66	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
		Action Committee of the Texa			L	00015794	
4	Date 10/07/2025	 5 Full name of contributor Rodriguez, Micah (Mr.) 6 Contributor address; City; St 	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$29.16
		Houston, TX 77266					
8	Principal occu	pation / Job title (See Instructions	3)	9 Employer (See Instructions	5)		
	VP Public Po	olicy & Government Relations		Harris Health System			
	Date 10/23/2025	Full name of contributor Rogers, Emily (Ms.) Contributor address; City; Si	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$20.84
		Eastland, TX 76448					
		pation / Job title (See Instructions	5)	Employer (See Instructions			
	Chief Operat	ting Officer		Eastland Memorial Hosp	oita		
	Date 10/03/2025	Full name of contributor Safarik, Paulina (Ms.) Contributor address; City; Si	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$3.00
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions	3)	Employer (See Instructions	•		
	Senior Direc	tor of Human Resources		Texas Hospital Associa	tior	l	
	Date 10/24/2025	Full name of contributor Safarik, Paulina (Ms.) Contributor address; City; Si Austin, TX 78701	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$4.00
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions			
	Senior Direc	tor of Human Resources		Texas Hospital Associa	tior	l	
	Date 10/08/2025	Full name of contributor Schmidt, Timothy (Mr.) Contributor address; City; St Abilene, TX 79601	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$3.85
	Principal occu	pation / Job title (See Instructions	3)	Employer (See Instructions	5)		
	Dir Property	/ Facility Management		Hendrick Medical Cente	r		

	MONEI	ARY POLITICAL (CONTRIBUTION	NS		SCHEDULI	A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 43/54 Rpt: 47/66	
2	FILER NAME	Action Committee of the Toy	an Lloopital Apposintion		3	Filer ID (Ethics Commission	Filers)
		Action Committee of the Texa	_		L	00015794	
4	Date 10/22/2025	5 Full name of contributor Schmidt, Timothy (Mr.)6 Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)	7	Amount of Contribution (\$)	\$3.85
		Abilene, TX 79601					
8	Principal occu	pation / Job title (See Instructions	9	Employer (See Instructions	5)		
	Dir Property	/ Facility Management		Hendrick Medical Cente	r		
	Date 10/23/2025	Full name of contributor Shannon, Patrick (Mr.) Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$50.00
		Huntsville, TX 77342					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Chief Execut	tive Officer		Huntsville Memorial Hos	spit	al	
	Date 10/03/2025	Full name of contributor Shea, Patrick (Mr.) Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)		Amount of Contribution (\$)	\$2.00
	5: : 1	Georgetown, TX 78633	<u>, </u>		Ĺ		
	•	pation / Job title (See Instructions ement Coordinator	(1)	Employer (See Instructions Texas Hospital Insurance		Exchange	
	Date 10/24/2025	Full name of contributor Shea, Patrick (Mr.) Contributor address; City; St Georgetown, TX 78633	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$2.00
	Principal occu	pation / Job title (See Instructions		Employer (See Instructions	5)		
	Risk Manage	ement Coordinator		Texas Hospital Insuranc	e I	Exchange	
	Date 10/03/2025	Full name of contributor Sipes, Michael (Mr.) Contributor address; City; St Austin, TX 78701	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$2.00
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	<u>. </u>		
		es Specialist		Texas Hospital Associat		1	
			1				

IVIC	JNEI	ARY POLITICAL C	ONTRIBUTIO	JNS	SCHEDULE A1
The	e Instruc	ction Guide explains how	to complete this f	form.	1 Total pages Schedule A1: Sch: 44/54 Rpt: 48/66
	R NAME Political	Action Committee of the Texa	s Hospital Association	n	3 Filer ID (Ethics Commission Filers) 00015794
4 Date 10/2	e 24/2025	5 Full name of contributor Sipes, Michael (Mr.)6 Contributor address; City; St.)	7 Amount of Contribution (\$) \$2.00
		Austin, TX 78701			
8 Princ	cipal occu	pation / Job title (See Instructions)	9 Employer (See Instruction:	s)
Leg	al Service	es Specialist		Texas Hospital Associa	ation
Date 10/2	20/2025	Full name of contributor Sisk, Bryan (Mr.) Contributor address; City; St	out-of-state PAC (ID#:_		Amount of Contribution (\$) \$250.00
		Houston, TX 77024		1	<u> </u>
		pation / Job title (See Instructions	•	Employer (See Instruction	
Sen	ior vice i	President / Chief Nursing Exec	cutive	Memorial Hermann Hea	
10/C	93/2025	Full name of contributor Smith, John (Mr.) Contributor address; City; St. Austin, TX 78701	out-of-state PAC (ID#:_		Amount of Contribution (\$) \$1.00
Princ	cipal occur	L pation / Job title (See Instructions)	Employer (See Instruction:	s)
		a & Technology	,	THA Foundation	,
Date 10/2	24/2025	Full name of contributor Smith, John (Mr.) Contributor address; City; St. Austin, TX 78701			Amount of Contribution (\$) \$1.00
		pation / Job title (See Instructions a & Technology)	Employer (See Instruction: THA Foundation	s)
Date 09/3	9 30/2025	Full name of contributor Smith, Tracie (Ms.) Contributor address; City; St Mount Pleasant, TX 7545	·		Amount of Contribution (\$) \$100.00
	cipal occur	pation / Job title (See Instructions)	Employer (See Instruction	S)
Princ	orber occert	pation / dob title (doe motivatione			

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A		
	The Instruc	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 45/54 Rpt: 49/66		
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)	
		Action Committee of the Texa			L	00015794		
4	Date 10/08/2025	5 Full name of contributor out-of-state PAC (ID#:) Speckels, Donna (Ms.) 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$3.85		
		Abilene, TX 79601						
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	5)			
	Director Hen	drick HouseCalls		Hendrick Medical Cente	r			
	Date 10/22/2025	Full name of contributor Speckels, Donna (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code)		Amount of Contribution (\$)	\$3.85	
		Abilene, TX 79601						
		pation / Job title (See Instructions)		Employer (See Instructions				
	Director Hendrick HouseCalls Hendrick Med		Hendrick Medical Cente	r				
	Date 10/03/2025)		Amount of Contribution (\$)	\$3.00	
		Georgetown, TX 78633						
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)			
	Executive As	ssistant		Texas Hospital Insuranc	e E	Exchange		
	Date 10/24/2025	Date Full name of contributor out-of-state PAC (ID#:)				Amount of Contribution (\$)	\$3.00	
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)			
	Executive As	ssistant		Texas Hospital Insuranc	e E	Exchange		
	Date Full name of contributor out-of-state PAC (ID#:) 10/08/2025 Stafford, Steven (Mr.) Contributor address; City; State; Zip Code Abilene, TX 79601			Amount of Contribution (\$)	\$3.85			
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)			
	Director Hen	drick Clinic		Hendrick Medical Cente	r			

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A		
	The Instru	ction Guide explains how to com	plete this for	m.	1	Total pages Schedule A1: Sch: 46/54 Rpt: 50/66	
2	FILER NAME	Action Committee of the Toyon Hospit	al Association		3	Filer ID (Ethics Commission	Filers)
		Action Committee of the Texas Hospit				00015794	
4	Date 10/22/2025			7	Amount of Contribution (\$)	\$3.85	
		Abilene, TX 79601					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	()		
	Director Hen	drick Clinic		Hendrick Medical Cente	r		
	Date 10/03/2025	Full name of contributor out-of- Thomas, Wendy (Ms.) Contributor address; City; State; Zip C	state PAC (ID#:)		Amount of Contribution (\$)	\$10.00
		Austin, TX 78701					
		pation / Job title (See Instructions)		Employer (See Instructions			
	Mgr Advocacy / Pub Policy / HOSPAC Texas Ho			Texas Hospital Associat	ion		
	Date Full name of contributor out-of-state PAC (ID#:				Amount of Contribution (\$)	\$10.00	
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Mgr Advocad	cy / Pub Policy / HOSPAC		Texas Hospital Associat	ion		
	Date 10/03/2025	Date Full name of contributor out-of-state PAC (ID#:))		Amount of Contribution (\$)	\$14.00
		pation / Job title (See Instructions) F VP Educ & Gov Programs		Employer (See Instructions THA Foundation	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 10/24/2025 Thompson, Lindsay (Ms.) Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$)	\$14.00		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	()		
	CEO & THAI	F 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	NAME Ditical Action Committee of the Texas Hospital Association		3	Filer ID (Ethics Commission 00015794	Filers)			
4	Date 09/30/2025	5 Full name of contributor out-of-state PAC (ID#:) Tiffin, Laura (Ms.) 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$1.00			
		Cuero, TX 77954							
8	•	pation / Job title (See Instructions) fice Manager	9	Employer (See Instructions Cuero Regional Hospita					
	Date 10/22/2025	Full name of contributor of contributor of contributor address; City; State; Z	ut-of-state PAC (ID#: ip Code			Amount of Contribution (\$)	\$1.00		
				Employer (See Instructions	<u> </u>				
	Business Office Manager			Cuero Regional Hospita	l				
	Date 10/03/2025)		Amount of Contribution (\$)	\$4.00		
	Dringing Loggy	Austin, TX 78701		Employer (See Instructions	<u></u>				
		pation / Job title (See Instructions) ent Finance		Texas Hospital Association					
Vice President Finance Date Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$4.00				
		Austin, TX 78701			<u></u>				
	Vice Preside			Employer (See Instructions Texas Hospital Associat					
	Date Full name of contributor out-of-state PAC (ID#:) 10/03/2025 Trout, Judith (Ms.) Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$)	\$4.00				
				Employer (See Instructions	5)				
	Healthcare D	Data Analyst		THA Foundation					

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instruc	ction Guide explains how to	complete this forn	n.	1	Total pages Schedule A1: Sch: 48/54 Rpt: 52/66		
2	FILER NAME The Political	NAME olitical Action Committee of the Texas Hospital Association			3	Filer ID (Ethics Commission 00015794	Filers)	
4	Date 10/24/2025	5 Full name of contributor out-of-state PAC (ID#:) Trout, Judith (Ms.) 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$4.00		
_	Dringing! aggr	Austin, TX 78701	lo.	Employer (Con Instructions	<u></u>			
8	Healthcare D	pation / Job title (See Instructions) Pata Analyst	9	Employer (See Instructions THA Foundation	·)			
	Date 10/08/2025	Full name of contributor Tucek, Karen (Ms.) Contributor address; City; State;)	•	Amount of Contribution (\$)	\$3.85	
	Principal occur	Abilene, TX 79601 pation / Job title (See Instructions)		Employer (See Instructions	;) 			
	Director, Hospice			Hendrick Medical Cente				
	Date 10/22/2025	Full name of contributor out-of-state PAC (ID#:) Tucek, Karen (Ms.) Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$3.85	
		Abilene, TX 79601						
	Principal occup	pation / Job title (See Instructions)		Employer (See Instructions Hendrick Medical Cente				
	Date Full name of contributor out-of-state PAC (ID#:) 10/03/2025 Turner, Matt (Mr.) Contributor address; City; State; Zip Code Austin, TX 78701			•	Amount of Contribution (\$)	\$2.00		
		pation / Job title (See Instructions) tor Quality & Payment		Employer (See Instructions Texas Hospital Associate		1		
	Date Full name of contributor out-of-state PAC (ID#:) 10/24/2025 Turner, Matt (Mr.) Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$)	\$2.00			
		pation / Job title (See Instructions)		Employer (See Instructions				
	Senior Direct	tor Quality & Payment		Texas Hospital Associat	uUſ	1		

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1	
	The Instru	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 49/54 Rpt: 53/66	
2	FILER NAME	ME tical Action Committee of the Texas Hospital Association		3	`	Filers)	
				L	00015794		
4	Date 10/08/2025			7	Amount of Contribution (\$)	\$3.85	
		Abilene, TX 79601					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Quality & Re	gulatory Manager		Hendrick Medical Cente	r		
	Date 10/22/2025	Full name of contributor Vidrine, Amanda (Ms.) Contributor address; City; St	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$3.85
		Abilene, TX 79601			<u> </u>		
	Principal occupation / Job title (See Instructions)		Employer (See Instructions				
	Quality & Regulatory Manager Hendrick Med		Hendrick Medical Cente	r			
	Date 10/08/2025)		Amount of Contribution (\$)	\$15.00
		Abilene, TX 79601					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Abilene Mark	ket COO		Hendrick Medical Cente	r		
	Date 10/22/2025	Date Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$15.00
	Principal occu Abilene Mark	pation / Job title (See Instructions ket COO		Employer (See Instructions Hendrick Medical Cente			
	Date Full name of contributor out-of-state PAC (ID#:) 10/12/2025 Walker, Jeremy (Mr.) Contributor address; City; State; Zip Code Abilene, TX 79601			Amount of Contribution (\$)	\$83.34		
		pation / Job title (See Instructions & Chief Financial Officer		Employer (See Instructions Hendrick Health	5)		

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1	
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 50/54 Rpt: 54/66	
2	FILER NAME				3	Filer ID (Ethics Commission	r Filers)
		Action Committee of the Texas			L	00015794	
4	Date 10/08/2025			7	Amount of Contribution (\$)	\$9.62	
		Brownwood, TX 76804					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Chief Financ	ial Officer		Hendrick Medical Cente	r		
	Date 10/22/2025	Full name of contributor Wallschlaeger, Erich (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$9.62
		Brownwood, TX 76804					
				Employer (See Instructions			
			Hendrick Medical Cente	er .			
	Date 10/08/2025	Full name of contributor [Walzer, Cheryl (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$3.85
		Abilene, TX 79601					
	•	pation / Job title (See Instructions)		Employer (See Instructions			
	Director of M	ledsurg / Tele		Hendrick Medical Cente	r		
	Date 10/22/2025	Date Full name of contributor out-of-state PAC (ID#:)				Amount of Contribution (\$)	\$3.85
	•	pation / Job title (See Instructions) ledsurg / Tele		Employer (See Instructions Hendrick Medical Cente			
	Date Full name of contributor out-of-state PAC (ID#:) 10/20/2025 Warner, Freddy (Mr.) Contributor address; City; State; Zip Code Houston, TX 77024			Amount of Contribution (\$)	\$145.50		
		pation / Job title (See Instructions)		Employer (See Instructions			
	Chief Govern	nment Relations Officer		Memorial Hermann Hea	lth	System	

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1	
	The Instruc	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 51/54 Rpt: 55/66	
2	FILER NAME	Action Committee of the Texa	s Hospital Association		3	Filer ID (Ethics Commission 00015794	Filers)
_		5 Full name of contributor		,	_		
4	Date 10/08/2025			′	Amount of Contribution (\$)	\$3.85	
		Abilene, TX 79601					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Director of A	dmissions		Hendrick Medical Cente	r		
	Date 10/22/2025	Full name of contributor Waters, Amber (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$3.85
		Abilene, TX 79601	_				
	Principal occupation / Job title (See Instructions)			Employer (See Instructions			
	Director of Admissions		Hendrick Medical Cente	r			
	Date 10/08/2025	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$3.85
		Abilene, TX 79601					
	Principal occu	nation / Job title (See Instructions))	Employer (See Instructions	<u>L</u>		
				Hendrick Medical Cente			
	Date 10/22/2025	Date Full name of contributor out-of-state PAC (ID#:				Amount of Contribution (\$)	\$3.85
	Principal occu Sr Practice N	pation / Job title (See Instructions) Nanager		Employer (See Instructions Hendrick Medical Cente			
	Date 10/03/2025				Amount of Contribution (\$)	\$14.00	
	Principal occu	pation / Job title (See Instructions))	Employer (See Instructions	5)		
	VP Advocacy	y & Pub Policy		Texas Hospital Associat	ior	l	
			·				

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instru	ction Guide explains how	to complete this fo	orm.	1 Total pages Schedule A1: Sch: 52/54 Rpt: 56/66		
2	FILER NAME				3 Filer ID (Ethics Commission Fi	lers)	
		Action Committee of the Texa			00015794		
4	Date 10/24/2025			7 Amount of Contribution (\$)	\$14.00		
		Austin, TX 78701					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	rs)		
	VP Advocacy	y & Pub Policy		Texas Hospital Associa	ation		
	Date 10/03/2025	Full name of contributor Williams, Carrie (Ms.) Contributor address; City; St.	out-of-state PAC (ID#:ate; Zip Code)	Amount of Contribution (\$)	\$41.00	
		Austin, TX 78701	·				
	Principal occupation / Job title (See Instructions)			Employer (See Instructions			
	Chief Communications Officer Texas Hospital Asso		Texas Hospital Associa	ation			
	Date 10/24/2025)	Amount of Contribution (\$)	\$41.00	
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	rs)		
	Chief Comm	unications Officer		Texas Hospital Associa	ation		
	Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	\$2.00		
	·	pation / Job title (See Instructions Manager Business Services		Employer (See Instructions THA Foundation	s)		
	Date Full name of contributor out-of-state PAC (ID#:) 10/24/2025 Williams, Patty (Ms.) Contributor address; City; State; Zip Code Austin, TX 78701		Amount of Contribution (\$)	\$2.00			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	rs)		
	Relationship	Manager Business Services		THA Foundation			

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1			
	The Instru	ction Guide explains how t	to complete this for	m.	ı	Total pages Schedule A1: Sch: 53/54 Rpt: 57/66		
2	FILER NAME				ı	Filer ID (Ethics Commission	Filers)	
		Action Committee of the Texas	Hospital Association		┡	00015794		
4	Date 09/26/2025			7	Amount of Contribution (\$)	\$62.50		
		Clifton, TX 76634						
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	<u>. </u>			
	President / C			Goodall-Witcher Healtho				
	Date	Full name of contributor	out-of-state PAC (ID#:	1	Г	Amount of Contribution (\$)		
	10/03/2025	Wohleb, Stephen (Mr.) Contributor address; City; Stat				Amount of Continuation (\$\phi)	\$51.50	
		Austin, TX 78701						
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)			
	General Counsel Te		Texas Hospital Associat	tion				
	Date 10/24/2025	Full name of contributor out-of-state PAC (ID#:				Amount of Contribution (\$)	\$62.00	
		Austin, TX 78701						
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u></u> S)			
	General Cou	ınsel		Texas Hospital Associat	tion			
	Date 10/08/2025	Date Full name of contributor out-of-state PAC (ID#:				Amount of Contribution (\$)	\$4.81	
	•	pation / Job title (See Instructions)		Employer (See Instructions				
	System Assi	stant VP Supply Chain		Hendrick Medical Cente	er			
	Date Full name of contributor out-of-state PAC (ID#:) 10/22/2025 Wood, Adam (Mr.) Contributor address; City; State; Zip Code Abilene, TX 79601			Amount of Contribution (\$)	\$4.81			
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)			
	System Assis	stant VP Supply Chain		Hendrick Medical Cente	er			
			·					

	MONETARY POLITICAL CONTRIBUTIONS		SCHEDULE	A1
	The Instruction Guide explains how to complete this form.		Total pages Schedule A1: Sch: 54/54 Rpt: 58/66	
2	FILER NAME The Political Action Committee of the Texas Hospital Association	- 1	Filer ID (Ethics Commission F 00015794	Filers)
4	Date 10/17/2025 Full name of contributor out-of-state PAC (ID#:) Yoder, Katherine (Ms.) 6 Contributor address; City; State; Zip Code	7	Amount of Contribution (\$)	\$500.00
8	Dallas, TX 75235 Principal occupation / Job title (See Instructions) VP Government Relations 9 Employer (See Instruction Parkland Health	ns)		

MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C3

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

NON-MONETARY SUPPORT FROM CORPORATION SCHEDULE C4 **OR LABOR ORGANIZATION** 1 Total pages Schedule C4: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 60/66 2 FILER NAME 3 Filer ID (Ethics Commission Filers) The Political Action Committee of the Texas Hospital Association 00015794 Date 5 Corporation / Labor Organization name 6 Amount (\$) 10/25/2025 4,200.00 **Texas Hospital Association**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 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
- Evpanditura from	
Expenditure from corporate funds	Arlington, TX 76096
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Campaign continuation
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
10/02/2025	Payee name Frost Bank
Amount (\$)	Payee address; City; State; Zip Code
\$51.35	PO Box 1727
Expenditure from	
corporate funds	Austin, TX 78767
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense PAC credit card fees
	FAC credit card rees
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Data	D
Date 10/03/2025	Payee name Frost Bank
Amount (\$)	Payee address; City; State; Zip Code
\$19.95	PO Box 1727
Expenditure from	
corporate funds	Austin, TX 78767
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense PAC credit card fees
	FAC cieuit caid ices
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
Sch: 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	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
-	Check if Austin, TX, officeholder living expense PAC credit card fees	
	FAC cledit cald lees	
Complete CNI V if direct	Candidate/Officeholder name Office sought Office held	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI		
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	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense Processing fees for processing multiple credit card	
	contributions 9/26/25-10/24/25	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		
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	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense	
	PAC credit card fees	
Complete Chill V if all a	Condidate/Officeholder name Office county	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to complete this form.
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
Expenditure from corporate funds	South San Francisco, CA 94080
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense PAC credit card fees
	PAC Cledit Cald lees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experience to belief of or	
Date	Payee name
10/16/2025	Stripe
Amount (\$)	Payee address; City; State; Zip Code
\$1.76	354 Oyster Point Blvd
Ψ1.70	334 Oyster i dirk biva
Expenditure from corporate funds	South San Francisco, CA 94080
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	PAC credit card fees
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
10/16/2025	Stripe
Amount (\$)	Payee address; City; State; Zip Code
\$0.58	354 Oyster Point Blvd
Expenditure from	
corporate funds	South San Francisco, CA 94080
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Fees Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	PAC credit card fees
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1: Sch: 4/5 Rpt: 64/66	2 FILER NAME The Political Action Committee of the Texas Hospital 3 Filer ID (Ethics Commission Filers) 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
Expenditure from corporate funds	South San Francisco, CA 94080
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Fees (See Categories listed at the top of this schedule) Fees (D) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	PAC credit card fees
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
10/21/2025	Stripe
Amount (\$)	Payee address; City; State; Zip Code
\$0.35	354 Oyster Point Blvd
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Expenditure from	O th. O F
corporate funds	South San Francisco, CA 94080
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	PAC credit card fees
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
10/24/2025	Stripe
Amount (\$)	Payee address; City; State; Zip Code
\$1.17	354 Oyster Point Blvd
Expenditure from	
corporate funds	South San Francisco, CA 94080
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Fees Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	PAC credit card fees
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	- Gift/Awards/Memorials Expense Printing Expense 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	The Political Action Committee of the Texas Hospital 00015794
4 Date	5 Payee name
10/17/2025	Texans for Kelly Hancock
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$5,000.00	4908 Dory Ct
Expenditure from corporate funds	North Richland Hills, TX 76180
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	Campaign contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	Candidate/Oniceriolder Hame Onice sought Onice ned

UNPAID INCURRED OBLIGATIONS SCHEDULE F2 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F2: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 1/1 Rpt: 66/66 The Political Action Committee of the Texas Hospital 00015794 \$ TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS 5 Date Payee name 10/23/2025 Atchley & Associates LLP Amount (\$) Payee address; State; Zip Code \$697.00 1005 La Posada Dr Expenditure from Х Austin, TX 78752 corporate funds TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Accounting/Banking **EXPENDITURE** Check if Austin, TX, officeholder living expense PAC accounting and reporting services 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH