

MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC
COVER SHEET PG 1

The MPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00015794	2 Total pages filed: 71		
3 COMMITTEE NAME The Political Action Committee of the Texas Hospital Association			OFFICE USE ONLY Date Received ELECTRONICALLY FILED 04/06/2026 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged		
4 COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP 1108 Lavaca Ste 700 Austin, TX 78701				
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Sara			MI
	NICKNAME	LAST Gonzalez			SUFFIX
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1108 Lavaca Suite 700 Austin, TX 78701				
7 CAMPAIGN TREASURER MAILING ADDRESS	STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1108 Lavaca Suite 700 Austin, TX 78701				
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
	(512)	465-1000			
9 REPORT TYPE	<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Dissolution (Attach PAC-DR)				
10 MONTHLY REPORT FILING DEADLINE	<input type="checkbox"/> January 5 <input checked="" type="checkbox"/> April 5 <input type="checkbox"/> July 5 <input type="checkbox"/> October 5 <input type="checkbox"/> February 5 <input type="checkbox"/> May 5 <input type="checkbox"/> August 5 <input type="checkbox"/> November 5 <input type="checkbox"/> March 5 <input type="checkbox"/> June 5 <input type="checkbox"/> September 5 <input type="checkbox"/> December 5				
11 PERIOD COVERED	Month Day Year 02/26/2026		THROUGH	Month Day Year 03/25/2026	

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MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC
COVER SHEET PG 2

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

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 22,769.42
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 16,112.95
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 149,213.49
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

16 AFFIDAVIT

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

Sara Gonzalez

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

MONTHLY FILING GPAC REPORT: PURPOSE

FORM **MPAC**
ADDENDUM

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

MONTHLY FILING GPAC REPORT: PURPOSE

FORM **MPAC**
ADDENDUM

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

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

SUBTOTALS - MPAC

17 COMMITTEE NAME The Political Action Committee of the Texas Hospital Association		18 Filer ID (Ethics Commission Filers) 00015794
19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 17,448.42
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input checked="" type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$ 1,121.00
7.	<input checked="" type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$ 4,200.00
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 15,127.45
11.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 985.50
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/60 Rpt: 6/71
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 03/03/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amador, Dolores (Ms.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Georgetown, TX 78633	
8 Principal occupation / Job title (See Instructions) Claims Manager		9 Employer (See Instructions) Texas Hospital Insurance Exchange
Date 03/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amador, Dolores (Ms.)	Amount of Contribution (\$) \$0.50
	Contributor address; City; State; Zip Code Georgetown, TX 78633	
Principal occupation / Job title (See Instructions) Claims Manager		Employer (See Instructions) Texas Hospital Insurance Exchange
Date 03/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ambrose, Ryan (Mr.)	Amount of Contribution (\$) \$20.84
	Contributor address; City; State; Zip Code Houston, TX 77024	
Principal occupation / Job title (See Instructions) Director Federal and State Relations		Employer (See Instructions) Memorial Hermann Health System
Date 03/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andersen, Daniel (Mr.)	Amount of Contribution (\$) \$7.00
	Contributor address; City; State; Zip Code Georgetown, TX 78633	
Principal occupation / Job title (See Instructions) VP Underwriting & Business Development		Employer (See Instructions) Texas Hospital Insurance Exchange
Date 03/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andersen, Daniel (Mr.)	Amount of Contribution (\$) \$7.00
	Contributor address; City; State; Zip Code Georgetown, TX 78633	
Principal occupation / Job title (See Instructions) VP Underwriting & Business Development		Employer (See Instructions) Texas Hospital Insurance Exchange

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/60 Rpt: 7/71
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 03/12/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Apodaca, Michelle (Ms.)	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Austin, TX 78703	
8 Principal occupation / Job title (See Instructions) Managing Partner		9 Employer (See Instructions) Apodaca Advocacy Group LLC
Date 03/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arellano, Palmira (Ms.)	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code San Antonio, TX 78249	
Principal occupation / Job title (See Instructions) VP Communications & Community Affairs		Employer (See Instructions) Methodist Healthcare San Antonio
Date 03/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bagchi, Sam (Dr.)	Amount of Contribution (\$) \$165.00
	Contributor address; City; State; Zip Code Irving, TX 75039	
Principal occupation / Job title (See Instructions) EVP / Chief Clinical Officer		Employer (See Instructions) CHRISTUS Health
Date 03/17/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ballew, Joel (Mr.)	Amount of Contribution (\$) \$41.50
	Contributor address; City; State; Zip Code Arlington, TX 76011	
Principal occupation / Job title (See Instructions) VP Government & Community Affairs		Employer (See Instructions) Texas Health Resources
Date 03/18/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barron, Kevin (Mr.)	Amount of Contribution (\$) \$41.67
	Contributor address; City; State; Zip Code San Antonio, TX 78229	
Principal occupation / Job title (See Instructions) VP Payer Relations		Employer (See Instructions) University Health

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/60 Rpt: 8/71
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 03/04/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baty, Krista (Ms.) 6 Contributor address; City; State; Zip Code Brownwood, TX 76801	7 Amount of Contribution (\$) \$19.24
8 Principal occupation / Job title (See Instructions) Chief Administrative Officer		9 Employer (See Instructions) Hendrick Medical Center
Date 03/18/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baty, Krista (Ms.) Contributor address; City; State; Zip Code Brownwood, TX 76801	Amount of Contribution (\$) \$19.24
Principal occupation / Job title (See Instructions) Chief Administrative Officer		Employer (See Instructions) Hendrick Medical Center
Date 03/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beasley, Sharon (Ms.) Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Sr Dir Governance		Employer (See Instructions) Texas Hospital Association
Date 03/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beasley, Sharon (Ms.) Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Sr Dir Governance		Employer (See Instructions) Texas Hospital Association
Date 03/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beaton, Rebecca (Ms.) Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Director, Compass Data Program		Employer (See Instructions) THA Foundation

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/60 Rpt: 9/71
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 03/11/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beaton, Rebecca (Ms.)	7 Amount of Contribution (\$) \$1.00
	6 Contributor address; City; State; Zip Code Austin, TX 78701	
8 Principal occupation / Job title (See Instructions) Director, Compass Data Program		9 Employer (See Instructions) THA Foundation
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Benham, Bradley (Mr.)	Amount of Contribution (\$) \$9.62
	Contributor address; City; State; Zip Code Abilene, TX 79601	
Principal occupation / Job title (See Instructions) System VP HMC Foundation		Employer (See Instructions) Hendrick Medical Center
Date 03/18/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Benham, Bradley (Mr.)	Amount of Contribution (\$) \$9.62
	Contributor address; City; State; Zip Code Abilene, TX 79601	
Principal occupation / Job title (See Instructions) System VP HMC Foundation		Employer (See Instructions) Hendrick Medical Center
Date 02/27/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bennett, Elaine (Ms.)	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Seguin, TX 78155	
Principal occupation / Job title (See Instructions) CEO of Guadalupe Regional Foundation		Employer (See Instructions) Guadalupe Regional Medical Ctr
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bessent, Brian (Mr.)	Amount of Contribution (\$) \$32.50
	Contributor address; City; State; Zip Code Abilene, TX 79601	
Principal occupation / Job title (See Instructions) VP / Chief Strategy & Experience Officer		Employer (See Instructions) Hendrick Medical Center

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/60 Rpt: 10/71
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 03/18/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bessent, Brian (Mr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Abilene, TX 79601	
8 Principal occupation / Job title (See Instructions) VP / Chief Strategy & Experience Officer		9 Employer (See Instructions) Hendrick Medical Center
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bowden, Sherri (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Director Pulmonary Services		Employer (See Instructions) Hendrick Medical Center
Date 03/18/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bowden, Sherri (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Director Pulmonary Services		Employer (See Instructions) Hendrick Medical Center
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brockway, Toni (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Director of Workforce Dev		Employer (See Instructions) Hendrick Medical Center
Date 03/18/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brockway, Toni (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Director of Workforce Dev		Employer (See Instructions) Hendrick Medical Center

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/60 Rpt: 11/71
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 03/04/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Broderick, Treva (Ms.)	7 Amount of Contribution (\$) \$7.69
	6 Contributor address; City; State; Zip Code Abilene, TX 79601	
8 Principal occupation / Job title (See Instructions) Assistant Vice President Clinical Svs		9 Employer (See Instructions) Hendrick Medical Center
Date 03/18/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Broderick, Treva (Ms.)	Amount of Contribution (\$) \$7.69
	Contributor address; City; State; Zip Code Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Assistant Vice President Clinical Svs		Employer (See Instructions) Hendrick Medical Center
Date 03/18/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buckley Jr., John (Mr.)	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code College Station, TX 77843	
Principal occupation / Job title (See Instructions) Professor of the Practice		Employer (See Instructions) Texas A&M University Health Science Center
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Calvo, Raul (Mr.)	Amount of Contribution (\$) \$2.50
	Contributor address; City; State; Zip Code Abilene, TX 79608	
Principal occupation / Job title (See Instructions) Board Vice Chair		Employer (See Instructions) Hendrick Medical Center
Date 03/18/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Calvo, Raul (Mr.)	Amount of Contribution (\$) \$2.50
	Contributor address; City; State; Zip Code Abilene, TX 79608	
Principal occupation / Job title (See Instructions) Board Vice Chair		Employer (See Instructions) Hendrick Medical Center

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/60 Rpt: 12/71
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 03/04/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Camacho, Precilla (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Abilene, TX 79601	7 Amount of Contribution (\$) \$3.85
8 Principal occupation / Job title (See Instructions) Vice President / Chief Nursing Officer		9 Employer (See Instructions) Hendrick Medical Center
Date 03/18/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Camacho, Precilla (Ms.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$3.85
Principal occupation / Job title (See Instructions) Vice President / Chief Nursing Officer		Employer (See Instructions) Hendrick Medical Center
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Canada, Kirk (Mr.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Chief Operating Office / System VP		Employer (See Instructions) Hendrick Medical Center
Date 03/18/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Canada, Kirk (Mr.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Chief Operating Office / System VP		Employer (See Instructions) Hendrick Medical Center
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cates, Boyd (Mr.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Diagnostic Technologist		Employer (See Instructions) Hendrick Medical Center

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/60 Rpt: 13/71
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 03/18/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cates, Boyd (Mr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Abilene, TX 79601	
8 Principal occupation / Job title (See Instructions) Diagnostic Technologist		9 Employer (See Instructions) Hendrick Medical Center
Date 03/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cintron, R Jacob (Mr.)	Amount of Contribution (\$) \$1,750.00
	Contributor address; City; State; Zip Code El Paso, TX 79905	
Principal occupation / Job title (See Instructions) President & Chief Executive Officer		Employer (See Instructions) University Medical Center of El Paso
Date 03/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, Stephen (Mr.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Austin, TX 78701	
Principal occupation / Job title (See Instructions) Sr Dir Reg Ambassador East Texas		Employer (See Instructions) Texas Hospital Association
Date 03/10/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, Stephen (Mr.)	Amount of Contribution (\$) \$62.50
	Contributor address; City; State; Zip Code Austin, TX 78701	
Principal occupation / Job title (See Instructions) Sr Dir Reg Ambassador East Texas		Employer (See Instructions) Texas Hospital Association
Date 03/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, Stephen (Mr.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Austin, TX 78701	
Principal occupation / Job title (See Instructions) Sr Dir Reg Ambassador East Texas		Employer (See Instructions) Texas Hospital Association

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/60 Rpt: 14/71
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 03/13/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clevenger, Erin (Ms.) 6 Contributor address; City; State; Zip Code Port Lavaca, TX 77979	7 Amount of Contribution (\$) \$41.67
8 Principal occupation / Job title (See Instructions) Chief Executive Officer		9 Employer (See Instructions) Memorial Medical Center
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Conger, Cody (Mr.) Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Health Director, Invasive Cardiology		Employer (See Instructions) Hendrick Medical Center
Date 03/18/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Conger, Cody (Mr.) Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Health Director, Invasive Cardiology		Employer (See Instructions) Hendrick Medical Center
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Connell, Jessica (Ms.) Contributor address; City; State; Zip Code Brownwood, TX 76804	Amount of Contribution (\$) \$9.62
Principal occupation / Job title (See Instructions) Chief Nursing Officer		Employer (See Instructions) Hendrick Medical Center
Date 03/18/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Connell, Jessica (Ms.) Contributor address; City; State; Zip Code Brownwood, TX 76804	Amount of Contribution (\$) \$9.62
Principal occupation / Job title (See Instructions) Chief Nursing Officer		Employer (See Instructions) Hendrick Medical Center

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/60 Rpt: 15/71
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 03/03/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Conner, Cecil (Mr.)	7 Amount of Contribution (\$) \$2.00
	6 Contributor address; City; State; Zip Code Austin, TX 78731	
8 Principal occupation / Job title (See Instructions) Risk Management Advisor		9 Employer (See Instructions) Texas Hospital Insurance Exchange
Date 03/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Conner, Cecil (Mr.)	Amount of Contribution (\$) \$2.00
	Contributor address; City; State; Zip Code Austin, TX 78731	
Principal occupation / Job title (See Instructions) Risk Management Advisor		Employer (See Instructions) Texas Hospital Insurance Exchange
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contreras, Rosendo (Ms.)	Amount of Contribution (\$) \$1.93
	Contributor address; City; State; Zip Code Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Dir Patient Safety, Infect Prevention, Perform Improvement		Employer (See Instructions) Hendrick Medical Center
Date 03/18/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contreras, Rosendo (Ms.)	Amount of Contribution (\$) \$1.93
	Contributor address; City; State; Zip Code Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Dir Patient Safety, Infect Prevention, Perform Improvement		Employer (See Instructions) Hendrick Medical Center
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cooper, David (Mr.)	Amount of Contribution (\$) \$3.85
	Contributor address; City; State; Zip Code Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Lab Supervisor		Employer (See Instructions) Hendrick Medical Center

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/60 Rpt: 16/71
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 03/18/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cooper, David (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Abilene, TX 79601	7 Amount of Contribution (\$) \$3.85
8 Principal occupation / Job title (See Instructions) Lab Supervisor		9 Employer (See Instructions) Hendrick Medical Center
Date 03/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cornelson, Laura (Ms.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) VP Clinical Initiatives		Employer (See Instructions) THA Foundation
Date 03/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cornelson, Laura (Ms.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) VP Clinical Initiatives		Employer (See Instructions) THA Foundation
Date 03/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Costilla, Nina (Ms.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Clinical Projects Manager		Employer (See Instructions) THA Foundation
Date 03/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Costilla, Nina (Ms.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Clinical Projects Manager		Employer (See Instructions) THA Foundation

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/60 Rpt: 17/71
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 03/03/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cotton, Corey (Mr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Austin, TX 78701	
8 Principal occupation / Job title (See Instructions) VP Member Solutions		9 Employer (See Instructions) Texas Hospital Association
Date 03/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cotton, Corey (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78701	
Principal occupation / Job title (See Instructions) VP Member Solutions		Employer (See Instructions) Texas Hospital Association
Date 03/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davenport, Chad (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Georgetown, TX 78633	
Principal occupation / Job title (See Instructions) Accounting Specialist		Employer (See Instructions) Texas Hospital Insurance Exchange
Date 03/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davenport, Chad (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Georgetown, TX 78633	
Principal occupation / Job title (See Instructions) Accounting Specialist		Employer (See Instructions) Texas Hospital Insurance Exchange
Date 03/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davila, Leslie (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Georgetown, TX 78633	
Principal occupation / Job title (See Instructions) Receptionist		Employer (See Instructions) Texas Hospital Insurance Exchange

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/60 Rpt: 18/71
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 03/11/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davila, Leslie (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Georgetown, TX 78633	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Receptionist		9 Employer (See Instructions) Texas Hospital Insurance Exchange
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, John (Mr.) <hr/> Contributor address; City; State; Zip Code Cuero, TX 77954	Amount of Contribution (\$) \$3.85
Principal occupation / Job title (See Instructions) Director Cardiopulmonary		Employer (See Instructions) Cuero Regional Hospital
Date 03/18/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, John (Mr.) <hr/> Contributor address; City; State; Zip Code Cuero, TX 77954	Amount of Contribution (\$) \$3.85
Principal occupation / Job title (See Instructions) Director Cardiopulmonary		Employer (See Instructions) Cuero Regional Hospital
Date 03/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Valerie (Ms.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Sr. Accounts Payable Specialist		Employer (See Instructions) Texas Hospital Association
Date 03/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Valerie (Ms.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Sr. Accounts Payable Specialist		Employer (See Instructions) Texas Hospital Association

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/60 Rpt: 19/71
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 03/03/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) De La Garza-Barone, Heather (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78701	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Associate General Counsel		9 Employer (See Instructions) Texas Hospital Association
Date 03/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) De La Garza-Barone, Heather (Ms.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Associate General Counsel		Employer (See Instructions) Texas Hospital Association
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeHoyos, Cynthia (Ms.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$5.77
Principal occupation / Job title (See Instructions) Managing Director		Employer (See Instructions) Hendrick Medical Center
Date 03/18/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeHoyos, Cynthia (Ms.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$5.77
Principal occupation / Job title (See Instructions) Managing Director		Employer (See Instructions) Hendrick Medical Center
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dennis, Gregory (Mr.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$3.85
Principal occupation / Job title (See Instructions) Director Facility Management		Employer (See Instructions) Hendrick Medical Center

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/60 Rpt: 20/71
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 03/18/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dennis, Gregory (Mr.)	7 Amount of Contribution (\$) \$3.85
	6 Contributor address; City; State; Zip Code Abilene, TX 79601	
8 Principal occupation / Job title (See Instructions) Director Facility Management		9 Employer (See Instructions) Hendrick Medical Center
Date 03/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dolbow, Sheila (Ms.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Austin, TX 78701	
Principal occupation / Job title (See Instructions) Quality Project Improvement Mgr		Employer (See Instructions) THA Foundation
Date 03/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dolbow, Sheila (Ms.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Austin, TX 78701	
Principal occupation / Job title (See Instructions) Quality Project Improvement Mgr		Employer (See Instructions) THA Foundation
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donaway, Duane (Mr.)	Amount of Contribution (\$) \$1.93
	Contributor address; City; State; Zip Code Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Director Information Systems		Employer (See Instructions) Hendrick Medical Center
Date 03/18/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donaway, Duane (Mr.)	Amount of Contribution (\$) \$1.93
	Contributor address; City; State; Zip Code Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Director Information Systems		Employer (See Instructions) Hendrick Medical Center

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/60 Rpt: 21/71
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 03/03/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doyle, Rosalinda (Ms.) 6 Contributor address; City; State; Zip Code Austin, TX 78701	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Payroll Administrator		9 Employer (See Instructions) Texas Hospital Association
Date 03/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doyle, Rosalinda (Ms.) Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Payroll Administrator		Employer (See Instructions) Texas Hospital Association
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Driskell, Jesiree (Ms.) Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$8.00
Principal occupation / Job title (See Instructions) AVP Strategic Comms & Digital Expert		Employer (See Instructions) Hendrick Medical Center
Date 03/18/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Driskell, Jesiree (Ms.) Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$8.00
Principal occupation / Job title (See Instructions) AVP Strategic Comms & Digital Expert		Employer (See Instructions) Hendrick Medical Center
Date 03/25/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duncan, Cameron (Mr.) Contributor address; City; State; Zip Code Austin, TX 78723	Amount of Contribution (\$) \$41.67
Principal occupation / Job title (See Instructions) Chief Advocacy Officer		Employer (See Instructions) Ascension Texas

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/60 Rpt: 22/71
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 03/05/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Durovich, Chris (Mr.)	7 Amount of Contribution (\$) \$1,000.00
	6 Contributor address; City; State; Zip Code Dallas, TX 75235	
8 Principal occupation / Job title (See Instructions) President and CEO		9 Employer (See Instructions) Children's Health
Date 02/27/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edwards, Mark (Mr.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Abilene, TX 79601	
Principal occupation / Job title (See Instructions) AVP Information Technology		Employer (See Instructions) Hendrick Medical Center
Date 03/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eskew, Amy (Ms.)	Amount of Contribution (\$) \$31.00
	Contributor address; City; State; Zip Code Austin, TX 78701	
Principal occupation / Job title (See Instructions) Sr Vice President of Operations		Employer (See Instructions) Texas Hospital Association
Date 03/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eskew, Amy (Ms.)	Amount of Contribution (\$) \$31.00
	Contributor address; City; State; Zip Code Austin, TX 78701	
Principal occupation / Job title (See Instructions) Sr Vice President of Operations		Employer (See Instructions) Texas Hospital Association
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eurek, Andrew (Mr.)	Amount of Contribution (\$) \$4.00
	Contributor address; City; State; Zip Code Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Director Financial Analysis		Employer (See Instructions) Hendrick Medical Center

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/60 Rpt: 23/71
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 03/18/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eurek, Andrew (Mr.)	7 Amount of Contribution (\$) \$4.00
	6 Contributor address; City; State; Zip Code Abilene, TX 79601	
8 Principal occupation / Job title (See Instructions) Director Financial Analysis		9 Employer (See Instructions) Hendrick Medical Center
Date 03/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Felton, Chris (Mr.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Austin, TX 78701	
Principal occupation / Job title (See Instructions) Sr. Director of Business Services		Employer (See Instructions) Texas Hospital Association
Date 03/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Felton, Chris (Mr.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Austin, TX 78701	
Principal occupation / Job title (See Instructions) Sr. Director of Business Services		Employer (See Instructions) Texas Hospital Association
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fisherman, Jaclyn (Ms.)	Amount of Contribution (\$) \$41.67
	Contributor address; City; State; Zip Code Chicago, IL 60606	
Principal occupation / Job title (See Instructions) Division Dir Government Affairs		Employer (See Instructions) CommonSpirit Health
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ford, Christopher (Mr.)	Amount of Contribution (\$) \$9.62
	Contributor address; City; State; Zip Code Abilene, TX 79601	
Principal occupation / Job title (See Instructions) AVP Support Services		Employer (See Instructions) Hendrick Medical Center

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/60 Rpt: 24/71
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 03/18/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ford, Christopher (Mr.)	7 Amount of Contribution (\$) \$9.62
6 Contributor address; City; State; Zip Code Abilene, TX 79601		
8 Principal occupation / Job title (See Instructions) AVP Support Services		9 Employer (See Instructions) Hendrick Medical Center
Date 03/14/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fox, Jay (Mr.)	Amount of Contribution (\$) \$20.50
Contributor address; City; State; Zip Code Austin, TX 78701		
Principal occupation / Job title (See Instructions) President BSWH Austin Area		Employer (See Instructions) Baylor Scott & White Medical Center - Pflugerville
Date 03/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frazier, Tess (Ms.)	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Georgetown, TX 78633		
Principal occupation / Job title (See Instructions) President / CEO		Employer (See Instructions) Texas Hospital Insurance Exchange
Date 03/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frazier, Tess (Ms.)	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Georgetown, TX 78633		
Principal occupation / Job title (See Instructions) President / CEO		Employer (See Instructions) Texas Hospital Insurance Exchange
Date 03/01/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gage, Weldon (Mr.)	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code Houston, TX 77230		
Principal occupation / Job title (See Instructions) EVP/Chief Financial Officer		Employer (See Instructions) Texas Children's Hospital

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/60 Rpt: 25/71
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 03/03/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gaines, Cameron (Mr.)	7 Amount of Contribution (\$) \$1.00
	6 Contributor address; City; State; Zip Code Georgetown, TX 78633	
8 Principal occupation / Job title (See Instructions) IT Support Specialist		9 Employer (See Instructions) Texas Hospital Insurance Exchange
Date 03/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gaines, Cameron (Mr.)	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code Georgetown, TX 78633	
Principal occupation / Job title (See Instructions) IT Support Specialist		Employer (See Instructions) Texas Hospital Insurance Exchange
Date 03/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gette, Angela (Ms.)	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code Georgetown, TX 78633	
Principal occupation / Job title (See Instructions) Vice President Claims		Employer (See Instructions) Texas Hospital Insurance Exchange
Date 03/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gette, Angela (Ms.)	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code Georgetown, TX 78633	
Principal occupation / Job title (See Instructions) Vice President Claims		Employer (See Instructions) Texas Hospital Insurance Exchange
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gladden, Jaye (Ms.)	Amount of Contribution (\$) \$3.85
	Contributor address; City; State; Zip Code Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Hospital Professional		Employer (See Instructions) Hendrick Medical Center

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/60 Rpt: 26/71
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 03/18/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gladden, Jaye (Ms.)	7 Amount of Contribution (\$) \$3.85
	6 Contributor address; City; State; Zip Code Abilene, TX 79601	
8 Principal occupation / Job title (See Instructions) Hospital Professional		9 Employer (See Instructions) Hendrick Medical Center
Date 03/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Glas, Jessie (Ms.)	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code Austin, TX 78701	
Principal occupation / Job title (See Instructions) Manager of Virtual Education		Employer (See Instructions) THA Foundation
Date 03/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Glas, Jessie (Ms.)	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code Austin, TX 78701	
Principal occupation / Job title (See Instructions) Manager of Virtual Education		Employer (See Instructions) THA Foundation
Date 03/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez, Sara (Ms.)	Amount of Contribution (\$) \$31.00
	Contributor address; City; State; Zip Code Austin, TX 78701	
Principal occupation / Job title (See Instructions) VP Advocacy & Pub Policy		Employer (See Instructions) Texas Hospital Association
Date 03/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez, Sara (Ms.)	Amount of Contribution (\$) \$31.00
	Contributor address; City; State; Zip Code Austin, TX 78701	
Principal occupation / Job title (See Instructions) VP Advocacy & Pub Policy		Employer (See Instructions) Texas Hospital Association

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/60 Rpt: 27/71
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 03/03/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gordon, Brittany (Ms.)	7 Amount of Contribution (\$) \$1.00
	6 Contributor address; City; State; Zip Code Austin, TX 78701	
8 Principal occupation / Job title (See Instructions) Sr Specialist, AR & Association Management System		9 Employer (See Instructions) Texas Hospital Association
Date 03/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gordon, Brittany (Ms.)	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code Austin, TX 78701	
Principal occupation / Job title (See Instructions) Sr Specialist, AR & Association Management System		Employer (See Instructions) Texas Hospital Association
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Graham Jr., Charles (Mr.)	Amount of Contribution (\$) \$7.69
	Contributor address; City; State; Zip Code Abilene, TX 79601	
Principal occupation / Job title (See Instructions) CFO Hendrick Clinic		Employer (See Instructions) Hendrick Medical Center
Date 03/18/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Graham Jr., Charles (Mr.)	Amount of Contribution (\$) \$7.69
	Contributor address; City; State; Zip Code Abilene, TX 79601	
Principal occupation / Job title (See Instructions) CFO Hendrick Clinic		Employer (See Instructions) Hendrick Medical Center
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greenwood, Susan (Ms.)	Amount of Contribution (\$) \$29.00
	Contributor address; City; State; Zip Code Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Vice President / Chief Nursing Officer		Employer (See Instructions) Hendrick Medical Center

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 23/60 Rpt: 28/71
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 03/18/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greenwood, Susan (Ms.)	7 Amount of Contribution (\$) \$29.00
	6 Contributor address; City; State; Zip Code Abilene, TX 79601	
8 Principal occupation / Job title (See Instructions) Vice President / Chief Nursing Officer		9 Employer (See Instructions) Hendrick Medical Center
Date 03/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haas, Mark (Mr.)	Amount of Contribution (\$) \$2.00
	Contributor address; City; State; Zip Code Georgetown, TX 78633	
Principal occupation / Job title (See Instructions) Staff Accountant		Employer (See Instructions) Texas Hospital Insurance Exchange
Date 03/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haas, Mark (Mr.)	Amount of Contribution (\$) \$2.00
	Contributor address; City; State; Zip Code Georgetown, TX 78633	
Principal occupation / Job title (See Instructions) Staff Accountant		Employer (See Instructions) Texas Hospital Insurance Exchange
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hair, Donna (Ms.)	Amount of Contribution (\$) \$3.85
	Contributor address; City; State; Zip Code Brownwood, TX 76804	
Principal occupation / Job title (See Instructions) Director of Marketing		Employer (See Instructions) Hendrick Medical Center
Date 03/18/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hair, Donna (Ms.)	Amount of Contribution (\$) \$3.85
	Contributor address; City; State; Zip Code Brownwood, TX 76804	
Principal occupation / Job title (See Instructions) Director of Marketing		Employer (See Instructions) Hendrick Medical Center

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 24/60 Rpt: 29/71
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 03/04/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Erica (Ms.)	7 Amount of Contribution (\$) \$3.85
	6 Contributor address; City; State; Zip Code Abilene, TX 79601	
8 Principal occupation / Job title (See Instructions) Admissions Director		9 Employer (See Instructions) Hendrick Medical Center
Date 03/18/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Erica (Ms.)	Amount of Contribution (\$) \$3.85
	Contributor address; City; State; Zip Code Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Admissions Director		Employer (See Instructions) Hendrick Medical Center
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hart, Brandy (Mrs.)	Amount of Contribution (\$) \$83.00
	Contributor address; City; State; Zip Code Nashville, TN 37203	
Principal occupation / Job title (See Instructions) Regional Vice President / Behavioral Health		Employer (See Instructions) HCA Healthcare
Date 03/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hawkins, John (Mr.)	Amount of Contribution (\$) \$45.00
	Contributor address; City; State; Zip Code Austin, TX 78701	
Principal occupation / Job title (See Instructions) President / CEO		Employer (See Instructions) Texas Hospital Association
Date 03/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hawkins, John (Mr.)	Amount of Contribution (\$) \$45.00
	Contributor address; City; State; Zip Code Austin, TX 78701	
Principal occupation / Job title (See Instructions) President / CEO		Employer (See Instructions) Texas Hospital Association

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 25/60 Rpt: 30/71
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 03/03/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haynes, Robert (Mr.)	7 Amount of Contribution (\$) \$500.00
	6 Contributor address; City; State; Zip Code Seguin, TX 78155	
8 Principal occupation / Job title (See Instructions) Chief Executive Officer		9 Employer (See Instructions) Guadalupe Regional Medical Ctr
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Head, Courtney (Ms.)	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Vice President of Human Resources		Employer (See Instructions) Hendrick Medical Center
Date 03/18/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Head, Courtney (Ms.)	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Vice President of Human Resources		Employer (See Instructions) Hendrick Medical Center
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henderson, John (Mr.)	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Round Rock, TX 78664	
Principal occupation / Job title (See Instructions) President / CEO		Employer (See Instructions) TORCH
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henk, Deana (Ms.)	Amount of Contribution (\$) \$182.50
	Contributor address; City; State; Zip Code Seguin, TX 78155	
Principal occupation / Job title (See Instructions) Guadalupe Healthcare Network CEO		Employer (See Instructions) Guadalupe Regional Medical Ctr

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 26/60 Rpt: 31/71
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 03/04/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herota, Lisa (Ms.) 6 Contributor address; City; State; Zip Code Abilene, TX 79601	7 Amount of Contribution (\$) \$9.62
8 Principal occupation / Job title (See Instructions) VP Compliance & Integrity		9 Employer (See Instructions) Hendrick Medical Center
Date 03/18/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herota, Lisa (Ms.) Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$9.62
Principal occupation / Job title (See Instructions) VP Compliance & Integrity		Employer (See Instructions) Hendrick Medical Center
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hess, Heather (Ms.) Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$3.85
Principal occupation / Job title (See Instructions) Director of Surgery		Employer (See Instructions) Hendrick Medical Center
Date 03/18/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hess, Heather (Ms.) Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$3.85
Principal occupation / Job title (See Instructions) Director of Surgery		Employer (See Instructions) Hendrick Medical Center
Date 03/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hillier, Robert (Mr.) Contributor address; City; State; Zip Code Bellaire, TX 77401	Amount of Contribution (\$) \$83.34
Principal occupation / Job title (See Instructions) SVP Public Policy / Govt Relations		Employer (See Instructions) Harris Health System

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 27/60 Rpt: 32/71
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 03/19/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holcomb, Holly (Ms.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Childress, TX 79201	
8 Principal occupation / Job title (See Instructions) Chief Executive Officer		9 Employer (See Instructions) Childress Regional Medical Center
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holder, Ron (Mr.)	Amount of Contribution (\$) \$9.62
	Contributor address; City; State; Zip Code Abilene, TX 79606	
Principal occupation / Job title (See Instructions) Chief Administrative Officer		Employer (See Instructions) Hendrick Medical Center
Date 03/18/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holder, Ron (Mr.)	Amount of Contribution (\$) \$9.62
	Contributor address; City; State; Zip Code Abilene, TX 79606	
Principal occupation / Job title (See Instructions) Chief Administrative Officer		Employer (See Instructions) Hendrick Medical Center
Date 03/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holleman, Will (Mr.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Austin, TX 78701	
Principal occupation / Job title (See Instructions) VP Advocacy & Pub Policy		Employer (See Instructions) Texas Hospital Association
Date 03/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holleman, Will (Mr.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Austin, TX 78701	
Principal occupation / Job title (See Instructions) VP Advocacy & Pub Policy		Employer (See Instructions) Texas Hospital Association

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 28/60 Rpt: 33/71
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 03/25/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Honea, Michael (Mr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Glen Rose, TX 76043	
8 Principal occupation / Job title (See Instructions) Chief Executive Officer		9 Employer (See Instructions) Glen Rose Medical Center
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howard, Erica (Ms.)	Amount of Contribution (\$) \$3.85
	Contributor address; City; State; Zip Code Abilene, TX 79601	
Principal occupation / Job title (See Instructions) System Director Benefits		Employer (See Instructions) Hendrick Medical Center
Date 03/18/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howard, Erica (Ms.)	Amount of Contribution (\$) \$3.85
	Contributor address; City; State; Zip Code Abilene, TX 79601	
Principal occupation / Job title (See Instructions) System Director Benefits		Employer (See Instructions) Hendrick Medical Center
Date 03/21/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hrncirik, Bobbye (Ms.)	Amount of Contribution (\$) \$83.00
	Contributor address; City; State; Zip Code Lubbock, TX 79415	
Principal occupation / Job title (See Instructions) VP Supplemental Funding		Employer (See Instructions) University Medical Center
Date 03/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Huff, Alexander (Mr.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Austin, TX 78701	
Principal occupation / Job title (See Instructions) Vice President of Health IT Programs		Employer (See Instructions) THA Foundation

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 29/60 Rpt: 34/71
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 03/11/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Huff, Alexander (Mr.)	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code Austin, TX 78701		
8 Principal occupation / Job title (See Instructions) Vice President of Health IT Programs		9 Employer (See Instructions) THA Foundation
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Huffington, Mark (Mr.)	Amount of Contribution (\$) \$4.81
Contributor address; City; State; Zip Code Abilene, TX 79601		
Principal occupation / Job title (See Instructions) System Assistant Vice President Analytics		Employer (See Instructions) Hendrick Medical Center
Date 03/18/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Huffington, Mark (Mr.)	Amount of Contribution (\$) \$4.81
Contributor address; City; State; Zip Code Abilene, TX 79601		
Principal occupation / Job title (See Instructions) System Assistant Vice President Analytics		Employer (See Instructions) Hendrick Medical Center
Date 03/22/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hughson, John (Mr.)	Amount of Contribution (\$) \$41.67
Contributor address; City; State; Zip Code Pearsall, TX 78061		
Principal occupation / Job title (See Instructions) Chief Executive Officer		Employer (See Instructions) Frio Regional Hospital
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hunnicut, Craig (Mr.)	Amount of Contribution (\$) \$3.85
Contributor address; City; State; Zip Code Abilene, TX 79601		
Principal occupation / Job title (See Instructions) Director Regional Services		Employer (See Instructions) Hendrick Medical Center

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 30/60 Rpt: 35/71
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 03/18/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hunnicut, Craig (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Abilene, TX 79601	7 Amount of Contribution (\$) \$3.85
8 Principal occupation / Job title (See Instructions) Director Regional Services		9 Employer (See Instructions) Hendrick Medical Center
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Olga (Ms.) <hr/> Contributor address; City; State; Zip Code Cuero, TX 77954	Amount of Contribution (\$) \$0.97
Principal occupation / Job title (See Instructions) Support Services		Employer (See Instructions) Cuero Regional Hospital
Date 03/18/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Olga (Ms.) <hr/> Contributor address; City; State; Zip Code Cuero, TX 77954	Amount of Contribution (\$) \$0.97
Principal occupation / Job title (See Instructions) Support Services		Employer (See Instructions) Cuero Regional Hospital
Date 03/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Robin (Ms.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Vice President Service Center		Employer (See Instructions) Texas Hospital Association
Date 03/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Robin (Ms.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Vice President Service Center		Employer (See Instructions) Texas Hospital Association

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 31/60 Rpt: 36/71
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 03/23/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones,Carolynn (Mrs.) 6 Contributor address; City; State; Zip Code Houston, TX 77401	7 Amount of Contribution (\$) \$166.67
8 Principal occupation / Job title (See Instructions) Exec VP Chief Compliance & Risk Officer		9 Employer (See Instructions) Harris Health System
Date 03/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Susan (Ms.) Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Member Ambassador		Employer (See Instructions) Texas Hospital Association
Date 03/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Susan (Ms.) Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Member Ambassador		Employer (See Instructions) Texas Hospital Association
Date 03/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Junkins, Curt (Mr.) Contributor address; City; State; Zip Code Granbury, TX 76048	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Chief Executive Officer		Employer (See Instructions) Lake Granbury Medical Center
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly, Tave (Ms.) Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$7.69
Principal occupation / Job title (See Instructions) AVP Revenue Cycle		Employer (See Instructions) Hendrick Medical Center

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 32/60 Rpt: 37/71
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 03/18/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly, Tave (Ms.) 6 Contributor address; City; State; Zip Code Abilene, TX 79601	7 Amount of Contribution (\$) \$7.69
8 Principal occupation / Job title (See Instructions) AVP Revenue Cycle		9 Employer (See Instructions) Hendrick Medical Center
Date 03/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kimmel, Stephen (Mr.) Contributor address; City; State; Zip Code Fort Worth, TX 76104	Amount of Contribution (\$) \$83.00
Principal occupation / Job title (See Instructions) Chief Financial Officer		Employer (See Instructions) Cook Children's Medical Center
Date 03/10/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kirkman, Leni (Ms.) Contributor address; City; State; Zip Code San Antonio, TX 78229	Amount of Contribution (\$) \$41.00
Principal occupation / Job title (See Instructions) Exec VP Corp Communications & Mktg		Employer (See Instructions) University Health
Date 03/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Korkmas, Ross (Mr.) Contributor address; City; State; Zip Code Mineral Wells, TX 76067	Amount of Contribution (\$) \$365.00
Principal occupation / Job title (See Instructions) Chief Executive Officer		Employer (See Instructions) Palo Pinto General Hospital
Date 03/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kouadio, Faith (Ms.) Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Digital Media & Advocacy Writer		Employer (See Instructions) Texas Hospital Association

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 33/60 Rpt: 38/71
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 03/11/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kouadio, Faith (Ms.)	7 Amount of Contribution (\$) \$1.00
6 Contributor address; City; State; Zip Code Austin, TX 78701		
8 Principal occupation / Job title (See Instructions) Digital Media & Advocacy Writer		9 Employer (See Instructions) Texas Hospital Association
Date 03/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kroll, Carrie (Ms.)	Amount of Contribution (\$) \$41.00
Contributor address; City; State; Zip Code Austin, TX 78701		
Principal occupation / Job title (See Instructions) Sr Vice President Advocacy & Pub Policy		Employer (See Instructions) Texas Hospital Association
Date 03/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kroll, Carrie (Ms.)	Amount of Contribution (\$) \$41.00
Contributor address; City; State; Zip Code Austin, TX 78701		
Principal occupation / Job title (See Instructions) Sr Vice President Advocacy & Pub Policy		Employer (See Instructions) Texas Hospital Association
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krupala, Judith (Ms.)	Amount of Contribution (\$) \$1.93
Contributor address; City; State; Zip Code Cuero, TX 77954		
Principal occupation / Job title (See Instructions) Chief Nursing Officer		Employer (See Instructions) Cuero Regional Hospital
Date 03/18/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krupala, Judith (Ms.)	Amount of Contribution (\$) \$1.93
Contributor address; City; State; Zip Code Cuero, TX 77954		
Principal occupation / Job title (See Instructions) Chief Nursing Officer		Employer (See Instructions) Cuero Regional Hospital

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 34/60 Rpt: 39/71
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 03/04/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lafrance, Judith (Ms.)	7 Amount of Contribution (\$) \$9.62
6 Contributor address; City; State; Zip Code Abilene, TX 79606		
8 Principal occupation / Job title (See Instructions) HMCS Chief Administrative Officer		9 Employer (See Instructions) Hendrick Medical Center
Date 03/18/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lafrance, Judith (Ms.)	Amount of Contribution (\$) \$9.62
Contributor address; City; State; Zip Code Abilene, TX 79606		
Principal occupation / Job title (See Instructions) HMCS Chief Administrative Officer		Employer (See Instructions) Hendrick Medical Center
Date 03/21/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leal, Jorge (Mr.)	Amount of Contribution (\$) \$125.00
Contributor address; City; State; Zip Code Laredo, TX 78044		
Principal occupation / Job title (See Instructions) Chief Executive Officer		Employer (See Instructions) Laredo Medical Center
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee, Jory (Mr.)	Amount of Contribution (\$) \$9.62
Contributor address; City; State; Zip Code Brownwood, TX 76801		
Principal occupation / Job title (See Instructions) Chief Operating Officer		Employer (See Instructions) Hendrick Medical Center
Date 03/18/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee, Jory (Mr.)	Amount of Contribution (\$) \$9.62
Contributor address; City; State; Zip Code Brownwood, TX 76801		
Principal occupation / Job title (See Instructions) Chief Operating Officer		Employer (See Instructions) Hendrick Medical Center

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 35/60 Rpt: 40/71
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 03/04/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee, Rachel (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Abilene, TX 79601	7 Amount of Contribution (\$) \$5.77
8 Principal occupation / Job title (See Instructions) Dir Med Staff Srvcs & Physician Recruitment		9 Employer (See Instructions) Hendrick Medical Center
Date 03/18/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee, Rachel (Ms.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$5.77
Principal occupation / Job title (See Instructions) Dir Med Staff Srvcs & Physician Recruitment		Employer (See Instructions) Hendrick Medical Center
Date 03/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lipchak, David (Mr.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) IT Director Security & Data		Employer (See Instructions) THA Foundation
Date 03/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lipchak, David (Mr.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) IT Director Security & Data		Employer (See Instructions) THA Foundation
Date 03/18/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lovett, Dale (Mr.) <hr/> Contributor address; City; State; Zip Code Olney, TX 76374	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Board Chairman		Employer (See Instructions) Olney Hamilton Hospital

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 36/60 Rpt: 41/71
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 03/03/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lozano, Deborah (Ms.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Austin, TX 78701	
8 Principal occupation / Job title (See Instructions) Staff Accountant		9 Employer (See Instructions) Texas Hospital Association
Date 03/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lozano, Deborah (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78701	
Principal occupation / Job title (See Instructions) Staff Accountant		Employer (See Instructions) Texas Hospital Association
Date 03/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lusardi, Nicole (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78701	
Principal occupation / Job title (See Instructions) Associate General Counsel		Employer (See Instructions) Texas Hospital Association
Date 03/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lusardi, Nicole (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78701	
Principal occupation / Job title (See Instructions) Associate General Counsel		Employer (See Instructions) Texas Hospital Association
Date 03/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Manire, Kaitlyn (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78701	
Principal occupation / Job title (See Instructions) Sr Specialist Governance Programs		Employer (See Instructions) Texas Healthcare Trustees

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 37/60 Rpt: 42/71
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 03/11/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Manire, Kaitlyn (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78701	7 Amount of Contribution (\$) \$2.00
8 Principal occupation / Job title (See Instructions) Sr Specialist Governance Programs		9 Employer (See Instructions) Texas Healthcare Trustees
Date 03/02/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCaig, Amy (Ms.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77030	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Manager of Public Relations		Employer (See Instructions) Houston Methodist Hospital
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCollough, Kimberly (Ms.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79606	Amount of Contribution (\$) \$3.85
Principal occupation / Job title (See Instructions) Director of Progressive Care Services		Employer (See Instructions) Hendrick Medical Center
Date 03/18/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCollough, Kimberly (Ms.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79606	Amount of Contribution (\$) \$3.85
Principal occupation / Job title (See Instructions) Director of Progressive Care Services		Employer (See Instructions) Hendrick Medical Center
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McElrath, Pamela (Ms.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$5.77
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions) Hendrick Medical Center

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 38/60 Rpt: 43/71
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 03/18/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McElrath, Pamela (Ms.)	7 Amount of Contribution (\$) \$5.77
	6 Contributor address; City; State; Zip Code Abilene, TX 79601	
8 Principal occupation / Job title (See Instructions) Registered Nurse		9 Employer (See Instructions) Hendrick Medical Center
Date 03/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Merrell, Angie (Ms.)	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code Georgetown, TX 78633	
Principal occupation / Job title (See Instructions) THE Vice President of Risk Management		Employer (See Instructions) Texas Hospital Insurance Exchange
Date 03/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Merrell, Angie (Ms.)	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code Georgetown, TX 78633	
Principal occupation / Job title (See Instructions) THE Vice President of Risk Management		Employer (See Instructions) Texas Hospital Insurance Exchange
Date 03/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miao, Winjie (Ms.)	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Arlington, TX 76011	
Principal occupation / Job title (See Instructions) SEVP & Chief Operating Officer		Employer (See Instructions) Texas Health Resources
Date 03/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Matt (Mr.)	Amount of Contribution (\$) \$750.00
	Contributor address; City; State; Zip Code Dallas, TX 75235	
Principal occupation / Job title (See Instructions) Chief of Staff / External Relations Officer		Employer (See Instructions) Children's Health

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 39/60 Rpt: 44/71
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 03/04/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murphy, Patrick (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Abilene, TX 79606	7 Amount of Contribution (\$) \$5.77
8 Principal occupation / Job title (See Instructions) Director Hendrick Clinic		9 Employer (See Instructions) Hendrick Medical Center
Date 03/18/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murphy, Patrick (Mr.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79606	Amount of Contribution (\$) \$5.77
Principal occupation / Job title (See Instructions) Director Hendrick Clinic		Employer (See Instructions) Hendrick Medical Center
Date 03/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murray, Elle (Ms.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Benefits Analyst		Employer (See Instructions) Texas Hospital Association Retirement Plan
Date 03/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murray, Elle (Ms.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Benefits Analyst		Employer (See Instructions) Texas Hospital Association Retirement Plan
Date 03/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neiger, David (Mr.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$41.00
Principal occupation / Job title (See Instructions) Sr Vice President / Chief Financial Officer		Employer (See Instructions) Texas Hospital Association

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 40/60 Rpt: 45/71
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 03/11/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neiger, David (Mr.)	7 Amount of Contribution (\$) \$41.00
	6 Contributor address; City; State; Zip Code Austin, TX 78701	
8 Principal occupation / Job title (See Instructions) Sr Vice President / Chief Financial Officer		9 Employer (See Instructions) Texas Hospital Association
Date 03/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nunez, Michael (Mr.)	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code El Paso, TX 79998	
Principal occupation / Job title (See Instructions) District Chief Financial Officer		Employer (See Instructions) University Medical Center of El Paso
Date 03/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Neil, Jennifer (Ms.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Austin, TX 78701	
Principal occupation / Job title (See Instructions) Executive Administrative Manager		Employer (See Instructions) Texas Hospital Association
Date 03/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Neil, Jennifer (Ms.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Austin, TX 78701	
Principal occupation / Job title (See Instructions) Executive Administrative Manager		Employer (See Instructions) Texas Hospital Association
Date 03/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ols, Timothy (Mr.)	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Marble Falls, TX 78654	
Principal occupation / Job title (See Instructions) President - Hill Country Region		Employer (See Instructions) Baylor Scott & White Medical Center - Marble Falls

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 41/60 Rpt: 46/71
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 03/20/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ortiz III, Alfonso (Mr.)	7 Amount of Contribution (\$) \$8.33
	6 Contributor address; City; State; Zip Code Carrizo Springs, TX 78834	
8 Principal occupation / Job title (See Instructions) Director of Operations		9 Employer (See Instructions) Dimmit Regional Hospital
Date 03/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pargac, Ann (Ms.)	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code Austin, TX 78701	
Principal occupation / Job title (See Instructions) Sr Director of Education		Employer (See Instructions) THA Foundation
Date 03/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pargac, Ann (Ms.)	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code Austin, TX 78701	
Principal occupation / Job title (See Instructions) Sr Director of Education		Employer (See Instructions) THA Foundation
Date 03/01/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parisi, James (Mr.)	Amount of Contribution (\$) \$41.67
	Contributor address; City; State; Zip Code The Woodlands, TX 77384	
Principal occupation / Job title (See Instructions) Chief Executive Officer		Employer (See Instructions) St. Luke's Health - The Woodlands Hospital
Date 03/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Porter, Lea Anne (Ms.)	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code Austin, TX 78701	
Principal occupation / Job title (See Instructions) VP Retirement Plans		Employer (See Instructions) Texas Hospital Association Retirement Plan

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 42/60 Rpt: 47/71
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 03/11/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Porter, Lea Anne (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78701	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) VP Retirement Plans		9 Employer (See Instructions) Texas Hospital Association Retirement Plan
Date 03/14/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Qualls, Rustin (Mr.) <hr/> Contributor address; City; State; Zip Code Clifton, TX 76634	Amount of Contribution (\$) \$20.50
Principal occupation / Job title (See Instructions) Data Protection Officer		Employer (See Instructions) Goodall-Witcher Healthcare
Date 03/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramirez, Erika (Ms.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Senior Director Health Policy		Employer (See Instructions) Texas Hospital Association
Date 03/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramirez, Erika (Ms.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Senior Director Health Policy		Employer (See Instructions) Texas Hospital Association
Date 03/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramirez, Lisa (Ms.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Manager of Facilities		Employer (See Instructions) Texas Hospital Association

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 43/60 Rpt: 48/71
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 03/11/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramirez, Lisa (Ms.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Austin, TX 78701	
8 Principal occupation / Job title (See Instructions) Manager of Facilities		9 Employer (See Instructions) Texas Hospital Association
Date 03/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ratcliff, Alex (Ms.)	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code Austin, TX 78701	
Principal occupation / Job title (See Instructions) Sr Marketing Director		Employer (See Instructions) Texas Hospital Association
Date 03/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ratcliff, Alex (Ms.)	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code Austin, TX 78701	
Principal occupation / Job title (See Instructions) Sr Marketing Director		Employer (See Instructions) Texas Hospital Association
Date 03/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reiter, Audrey (Ms.)	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code Austin, TX 78701	
Principal occupation / Job title (See Instructions) HR & Retirement Plans Coordinator		Employer (See Instructions) Texas Hospital Association
Date 03/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reiter, Audrey (Ms.)	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code Austin, TX 78701	
Principal occupation / Job title (See Instructions) HR & Retirement Plans Coordinator		Employer (See Instructions) Texas Hospital Association

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 44/60 Rpt: 49/71
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 03/04/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richert, Ron (Mr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Abilene, TX 79601	
8 Principal occupation / Job title (See Instructions) Director of the Health Club		9 Employer (See Instructions) Hendrick Medical Center
Date 03/18/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richert, Ron (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Director of the Health Club		Employer (See Instructions) Hendrick Medical Center
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ritter, Jade (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Dir Architecture & Engineering		Employer (See Instructions) Hendrick Medical Center
Date 03/18/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ritter, Jade (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Dir Architecture & Engineering		Employer (See Instructions) Hendrick Medical Center
Date 03/10/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robicheaux, James (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Bay City, TX 77414	
Principal occupation / Job title (See Instructions) Chief Executive Officer		Employer (See Instructions) Matagorda Regional Medical Center

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 45/60 Rpt: 50/71
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 03/04/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Tracee (Ms.)	7 Amount of Contribution (\$) \$3.85
	6 Contributor address; City; State; Zip Code Abilene, TX 79601	
8 Principal occupation / Job title (See Instructions) Director of Quality		9 Employer (See Instructions) Hendrick Medical Center
Date 03/18/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Tracee (Ms.)	Amount of Contribution (\$) \$3.85
	Contributor address; City; State; Zip Code Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Director of Quality		Employer (See Instructions) Hendrick Medical Center
Date 03/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rogers, Emily (Ms.)	Amount of Contribution (\$) \$20.83
	Contributor address; City; State; Zip Code Eastland, TX 76448	
Principal occupation / Job title (See Instructions) Chief Operating Officer		Employer (See Instructions) Eastland Memorial Hospital
Date 03/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rogers, Ronald (Mr.)	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code Olney, TX 76374	
Principal occupation / Job title (See Instructions) Trustee		Employer (See Instructions) Olney Hamilton Hospital
Date 03/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Safarik, Paulina (Ms.)	Amount of Contribution (\$) \$2.00
	Contributor address; City; State; Zip Code Austin, TX 78701	
Principal occupation / Job title (See Instructions) Senior Director of Human Resources		Employer (See Instructions) Texas Hospital Association

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 46/60 Rpt: 51/71
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 03/11/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Safarik, Paulina (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78701	7 Amount of Contribution (\$) \$2.00
8 Principal occupation / Job title (See Instructions) Senior Director of Human Resources		9 Employer (See Instructions) Texas Hospital Association
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schmidt, Timothy (Mr.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$3.85
Principal occupation / Job title (See Instructions) Dir Property / Facility Management		Employer (See Instructions) Hendrick Medical Center
Date 03/18/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schmidt, Timothy (Mr.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$3.85
Principal occupation / Job title (See Instructions) Dir Property / Facility Management		Employer (See Instructions) Hendrick Medical Center
Date 03/01/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shafi, Shahid (Mr.) <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76132	Amount of Contribution (\$) \$175.00
Principal occupation / Job title (See Instructions) Chief Medical Officer		Employer (See Instructions) TX Health Harris Methodist Hospital SW Fort Worth
Date 03/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shea, Patrick (Mr.) <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78633	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Risk Management Coordinator		Employer (See Instructions) Texas Hospital Insurance Exchange

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 47/60 Rpt: 52/71
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 03/11/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shea, Patrick (Mr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Georgetown, TX 78633	
8 Principal occupation / Job title (See Instructions) Risk Management Coordinator		9 Employer (See Instructions) Texas Hospital Insurance Exchange
Date 03/10/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shelton, Jared (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Fort Worth, TX 76104	
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Texas Health Harris Methodist Hospital Fort Worth
Date 03/01/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Siegert, Stasha (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Olney, TX 76374	
Principal occupation / Job title (See Instructions) Chief Operating Officer / Interim CFO		Employer (See Instructions) Olney Hamilton Hospital
Date 03/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sims, Connor (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78701	
Principal occupation / Job title (See Instructions) Sr Director / Regional Ambassador West Texas		Employer (See Instructions) Texas Hospital Association
Date 03/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sims, Connor (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78701	
Principal occupation / Job title (See Instructions) Sr Director / Regional Ambassador West Texas		Employer (See Instructions) Texas Hospital Association

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 48/60 Rpt: 53/71
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 03/03/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sipes, Michael (Mr.)	7 Amount of Contribution (\$) \$1.00
	6 Contributor address; City; State; Zip Code Austin, TX 78701	
8 Principal occupation / Job title (See Instructions) Legal Services Specialist		9 Employer (See Instructions) Texas Hospital Association
Date 03/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sipes, Michael (Mr.)	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code Austin, TX 78701	
Principal occupation / Job title (See Instructions) Legal Services Specialist		Employer (See Instructions) Texas Hospital Association
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Amy (Ms.)	Amount of Contribution (\$) \$7.69
	Contributor address; City; State; Zip Code Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Governance Admin Coordinator		Employer (See Instructions) Hendrick Medical Center
Date 03/18/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Amy (Ms.)	Amount of Contribution (\$) \$7.69
	Contributor address; City; State; Zip Code Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Governance Admin Coordinator		Employer (See Instructions) Hendrick Medical Center
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, David (Mr.)	Amount of Contribution (\$) \$7.69
	Contributor address; City; State; Zip Code Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Director IT Security CISO		Employer (See Instructions) Hendrick Medical Center

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 49/60 Rpt: 54/71
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 03/18/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, David (Mr.)	7 Amount of Contribution (\$) \$7.69
	6 Contributor address; City; State; Zip Code Abilene, TX 79601	
8 Principal occupation / Job title (See Instructions) Director IT Security CISO		9 Employer (See Instructions) Hendrick Medical Center
Date 03/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, John (Mr.)	Amount of Contribution (\$) \$0.50
	Contributor address; City; State; Zip Code Austin, TX 78701	
Principal occupation / Job title (See Instructions) Director Data & Technology		Employer (See Instructions) THA Foundation
Date 03/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, John (Mr.)	Amount of Contribution (\$) \$0.50
	Contributor address; City; State; Zip Code Austin, TX 78701	
Principal occupation / Job title (See Instructions) Director Data & Technology		Employer (See Instructions) THA Foundation
Date 03/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Kathrine (Ms.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Olney, TX 76374	
Principal occupation / Job title (See Instructions) Board Member		Employer (See Instructions) Olney Hamilton Hospital
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Speckels, Donna (Ms.)	Amount of Contribution (\$) \$3.85
	Contributor address; City; State; Zip Code Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Director Hendrick HouseCalls		Employer (See Instructions) Hendrick Medical Center

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 50/60 Rpt: 55/71
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 03/18/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Speckels, Donna (Ms.) 6 Contributor address; City; State; Zip Code Abilene, TX 79601	7 Amount of Contribution (\$) \$3.85
8 Principal occupation / Job title (See Instructions) Director Hendrick HouseCalls		9 Employer (See Instructions) Hendrick Medical Center
Date 03/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Srubar, Linda (Mrs.) Contributor address; City; State; Zip Code Georgetown, TX 78633	Amount of Contribution (\$) \$1.50
Principal occupation / Job title (See Instructions) Executive Assistant		Employer (See Instructions) Texas Hospital Insurance Exchange
Date 03/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Srubar, Linda (Mrs.) Contributor address; City; State; Zip Code Georgetown, TX 78633	Amount of Contribution (\$) \$1.50
Principal occupation / Job title (See Instructions) Executive Assistant		Employer (See Instructions) Texas Hospital Insurance Exchange
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stafford, Steven (Mr.) Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$3.85
Principal occupation / Job title (See Instructions) Director Hendrick Clinic		Employer (See Instructions) Hendrick Medical Center
Date 03/18/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stafford, Steven (Mr.) Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$3.85
Principal occupation / Job title (See Instructions) Director Hendrick Clinic		Employer (See Instructions) Hendrick Medical Center

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 51/60 Rpt: 56/71
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 03/13/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swindle, Patrick (Mr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Longview, TX 75605	
8 Principal occupation / Job title (See Instructions) Chief Executive Officer		9 Employer (See Instructions) Longview Regional Medical Center
Date 03/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Wendy (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78701	
Principal occupation / Job title (See Instructions) Mgr Advocacy / Pub Policy / HOSPAC		Employer (See Instructions) Texas Hospital Association
Date 03/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Wendy (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78701	
Principal occupation / Job title (See Instructions) Mgr Advocacy / Pub Policy / HOSPAC		Employer (See Instructions) Texas Hospital Association
Date 03/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Lindsay (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78701	
Principal occupation / Job title (See Instructions) CEO & THAF VP Educ & Gov Programs		Employer (See Instructions) THA Foundation
Date 03/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Lindsay (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78701	
Principal occupation / Job title (See Instructions) CEO & THAF VP Educ & Gov Programs		Employer (See Instructions) THA Foundation

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 52/60 Rpt: 57/71
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 03/04/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tiffin, Laura (Ms.)	7 Amount of Contribution (\$) \$1.00
	6 Contributor address; City; State; Zip Code Cuero, TX 77954	
8 Principal occupation / Job title (See Instructions) Business Office Manager		9 Employer (See Instructions) Cuero Regional Hospital
Date 03/18/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tiffin, Laura (Ms.)	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code Cuero, TX 77954	
Principal occupation / Job title (See Instructions) Business Office Manager		Employer (See Instructions) Cuero Regional Hospital
Date 03/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trevino, Judy (Ms.)	Amount of Contribution (\$) \$2.00
	Contributor address; City; State; Zip Code Austin, TX 78701	
Principal occupation / Job title (See Instructions) Vice President Finance		Employer (See Instructions) Texas Hospital Association
Date 03/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trevino, Judy (Ms.)	Amount of Contribution (\$) \$2.00
	Contributor address; City; State; Zip Code Austin, TX 78701	
Principal occupation / Job title (See Instructions) Vice President Finance		Employer (See Instructions) Texas Hospital Association
Date 03/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trout, Judith (Ms.)	Amount of Contribution (\$) \$2.00
	Contributor address; City; State; Zip Code Austin, TX 78701	
Principal occupation / Job title (See Instructions) Healthcare Data Analyst		Employer (See Instructions) THA Foundation

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 53/60 Rpt: 58/71
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 03/11/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trout, Judith (Ms.)	7 Amount of Contribution (\$) \$2.00
	6 Contributor address; City; State; Zip Code Austin, TX 78701	
8 Principal occupation / Job title (See Instructions) Healthcare Data Analyst		9 Employer (See Instructions) THA Foundation
Date 03/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turner, Matt (Mr.)	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code Austin, TX 78701	
Principal occupation / Job title (See Instructions) Senior Director Quality & Payment		Employer (See Instructions) Texas Hospital Association
Date 03/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turner, Matt (Mr.)	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code Austin, TX 78701	
Principal occupation / Job title (See Instructions) Senior Director Quality & Payment		Employer (See Instructions) Texas Hospital Association
Date 03/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turner, McCann (Mr.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Arlington, TX 76011	
Principal occupation / Job title (See Instructions) Specialist of Gov Affairs & Advocacy		Employer (See Instructions) Texas Health Resources
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vidrine, Amanda (Ms.)	Amount of Contribution (\$) \$3.85
	Contributor address; City; State; Zip Code Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Quality & Regulatory Manager		Employer (See Instructions) Hendrick Medical Center

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 54/60 Rpt: 59/71
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 03/18/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vidrine, Amanda (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Abilene, TX 79601	7 Amount of Contribution (\$) \$3.85
8 Principal occupation / Job title (See Instructions) Quality & Regulatory Manager		9 Employer (See Instructions) Hendrick Medical Center
Date 03/05/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vogt, Ruben (Mr.) <hr/> Contributor address; City; State; Zip Code El Paso, TX 79905	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Asst Admin Gov Relations & External Affairs		Employer (See Instructions) University Medical Center of El Paso
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wade, Susan (Ms.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$19.24
Principal occupation / Job title (See Instructions) Abilene Market COO		Employer (See Instructions) Hendrick Medical Center
Date 03/18/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wade, Susan (Ms.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$19.24
Principal occupation / Job title (See Instructions) Abilene Market COO		Employer (See Instructions) Hendrick Medical Center
Date 03/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walker, Jeremy (Mr.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$83.33
Principal occupation / Job title (See Instructions) System VP & Chief Financial Officer		Employer (See Instructions) Hendrick Health

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 55/60 Rpt: 60/71
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 03/04/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wallschlaeger, Erich (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Brownwood, TX 76804	7 Amount of Contribution (\$) \$9.62
8 Principal occupation / Job title (See Instructions) Chief Financial Officer		9 Employer (See Instructions) Hendrick Medical Center
Date 03/18/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wallschlaeger, Erich (Mr.) <hr/> Contributor address; City; State; Zip Code Brownwood, TX 76804	Amount of Contribution (\$) \$9.62
Principal occupation / Job title (See Instructions) Chief Financial Officer		Employer (See Instructions) Hendrick Medical Center
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walzer, Cheryl (Ms.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$3.85
Principal occupation / Job title (See Instructions) Director of Medsurg / Tele		Employer (See Instructions) Hendrick Medical Center
Date 03/18/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walzer, Cheryl (Ms.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$3.85
Principal occupation / Job title (See Instructions) Director of Medsurg / Tele		Employer (See Instructions) Hendrick Medical Center
Date 03/20/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warner Jr., Freddy (Mr.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77024	Amount of Contribution (\$) \$145.50
Principal occupation / Job title (See Instructions) Chief Government Relations Officer		Employer (See Instructions) Memorial Hermann Health System

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 56/60 Rpt: 61/71
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 03/04/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Waters, Amber (Ms.)	7 Amount of Contribution (\$) \$3.85
6 Contributor address; City; State; Zip Code Abilene, TX 79601		
8 Principal occupation / Job title (See Instructions) Director of Admissions		9 Employer (See Instructions) Hendrick Medical Center
Date 03/18/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Waters, Amber (Ms.)	Amount of Contribution (\$) \$3.85
Contributor address; City; State; Zip Code Abilene, TX 79601		
Principal occupation / Job title (See Instructions) Director of Admissions		Employer (See Instructions) Hendrick Medical Center
Date 03/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weller, Meghan (Ms.)	Amount of Contribution (\$) \$83.34
Contributor address; City; State; Zip Code Austin, TX 78701		
Principal occupation / Job title (See Instructions) Director of Government Relations		Employer (See Instructions) HCA Healthcare-Central & West Texas Division
Date 03/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Westerman, Mandy (Ms.)	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code Kingwood, TX 77339		
Principal occupation / Job title (See Instructions) Divisional Vice President		Employer (See Instructions) Universal Health Services Inc
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wharton, Elisha (Ms.)	Amount of Contribution (\$) \$6.00
Contributor address; City; State; Zip Code Abilene, TX 79601		
Principal occupation / Job title (See Instructions) Sr Practice Manager		Employer (See Instructions) Hendrick Medical Center

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 57/60 Rpt: 62/71
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 03/18/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wharton, Elisha (Ms.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Abilene, TX 79601	
8 Principal occupation / Job title (See Instructions) Sr Practice Manager		9 Employer (See Instructions) Hendrick Medical Center
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wiley, Robert (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Abilene, TX 79601	
Principal occupation / Job title (See Instructions) VP / CMO/ CQO		Employer (See Instructions) Hendrick Medical Center
Date 03/18/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wiley, Robert (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Abilene, TX 79601	
Principal occupation / Job title (See Instructions) VP / CMO/ CQO		Employer (See Instructions) Hendrick Medical Center
Date 03/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Ben (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78701	
Principal occupation / Job title (See Instructions) VP Advocacy & Pub Policy		Employer (See Instructions) Texas Hospital Association
Date 03/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Ben (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78701	
Principal occupation / Job title (See Instructions) VP Advocacy & Pub Policy		Employer (See Instructions) Texas Hospital Association

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 58/60 Rpt: 63/71
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 03/03/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Carrie (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78701	7 Amount of Contribution (\$) \$20.50
8 Principal occupation / Job title (See Instructions) Chief Communications Officer		9 Employer (See Instructions) Texas Hospital Association
Date 03/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Carrie (Ms.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$20.50
Principal occupation / Job title (See Instructions) Chief Communications Officer		Employer (See Instructions) Texas Hospital Association
Date 03/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Patty (Ms.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Relationship Manager Business Services		Employer (See Instructions) THA Foundation
Date 03/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Patty (Ms.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Relationship Manager Business Services		Employer (See Instructions) THA Foundation
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Willmann, Adam (Mr.) <hr/> Contributor address; City; State; Zip Code Clifton, TX 76634	Amount of Contribution (\$) \$62.50
Principal occupation / Job title (See Instructions) President / CEO		Employer (See Instructions) Goodall-Witcher Healthcare

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 59/60 Rpt: 64/71
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 03/18/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Melissa (Ms.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Fairfield, TX 75840	
8 Principal occupation / Job title (See Instructions) CEO / Administrator		9 Employer (See Instructions) Freestone Medical Center
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wiswell, Ashleigh (Mrs.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Dumas, TX 79029	
Principal occupation / Job title (See Instructions) Chief Operating Officer		Employer (See Instructions) Moore County Hospital District
Date 03/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wohleb, Stephen (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78701	
Principal occupation / Job title (See Instructions) General Counsel		Employer (See Instructions) Texas Hospital Association
Date 03/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wohleb, Stephen (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78701	
Principal occupation / Job title (See Instructions) General Counsel		Employer (See Instructions) Texas Hospital Association
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wood, Adam (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Abilene, TX 79601	
Principal occupation / Job title (See Instructions) System Assistant VP Supply Chain		Employer (See Instructions) Hendrick Medical Center

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 60/60 Rpt: 65/71
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 03/18/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wood, Adam (Mr.)	7 Amount of Contribution (\$) \$7.69
	6 Contributor address; City; State; Zip Code Abilene, TX 79601	
8 Principal occupation / Job title (See Instructions) System Assistant VP Supply Chain		9 Employer (See Instructions) Hendrick Medical Center
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wray, Robert (Mr.)	Amount of Contribution (\$) \$7.69
	Contributor address; City; State; Zip Code Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Dir Financial & Outpatient Pharmacy Svcs		Employer (See Instructions) Hendrick Medical Center
Date 03/18/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wray, Robert (Mr.)	Amount of Contribution (\$) \$7.69
	Contributor address; City; State; Zip Code Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Dir Financial & Outpatient Pharmacy Svcs		Employer (See Instructions) Hendrick Medical Center
Date 02/28/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wren, Jason (Mr.)	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Decatur, TX 76234	
Principal occupation / Job title (See Instructions) Chief Executive Officer		Employer (See Instructions) Medical City Decatur - A Campus of Medical City Denton

**MONETARY SUPPORT FROM CORPORATION OR
LABOR ORGANIZATION**

SCHEDULE C3

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C3: Sch: 1/1 Rpt: 66/71
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 03/02/2026	5 Corporation / Labor Organization name Texas Hospital Association	6 Amount (\$) 1,121.00

**NON-MONETARY SUPPORT FROM CORPORATION
OR LABOR ORGANIZATION**

SCHEDULE C4

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C4: Sch: 1/1 Rpt: 6771
2 FILER NAME The Political Action Committee of the Texas Hospital Association		3 Filer ID (Ethics Commission Filers) 00015794
4 Date 03/25/2026	5 Corporation / Labor Organization name Texas Hospital Association	6 Amount (\$) 4,200.00

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/3 Rpt: 68/71	2 FILER NAME The Political Action Committee of the Texas Hospital	3 Filer ID (Ethics Commission Filers) 00015794
4 Date 03/18/2026	5 Payee name Claudia Perez Campaign	
6 Amount (\$) \$2,500.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code P.O. Box 71738 El Paso, TX 79917	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/18/2026	Payee name Eddie Morales Campaign	
Amount (\$) \$2,500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 352 Hillcrest Blvd Eagle Pass, TX 78852	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/03/2026	Payee name Frost Bank	
Amount (\$) \$127.45 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 1727 Austin, TX 78767	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PAC credit card processing fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/3 Rpt: 69/71	2 FILER NAME The Political Action Committee of the Texas Hospital	3 Filer ID (Ethics Commission Filers) 00015794
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4 Date 03/20/2026	5 Payee name Jeff Barry Campaign
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6 Amount (\$) \$2,500.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 4418 Broadway St Pearland, TX 77581
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 03/18/2026	Payee name Joseph Moody Campaign
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Amount (\$) \$2,500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 920827 El Paso, TX 79902
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 03/18/2026	Payee name Mary Edna Gonzalez Campaign
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Amount (\$) \$2,500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 450 Clint, TX 79836
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Credit Card Payment | 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: Sch: 3/3 Rpt: 70/71	2 FILER NAME The Political Action Committee of the Texas Hospital	3 Filer ID (Ethics Commission Filers) 00015794
4 Date 03/18/2026	5 Payee name Vince Perez Campaign	
6 Amount (\$) \$2,500.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 649 Londonderry Road El Paso, TX 79907	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2: Sch: 1/1 Rpt: 71/71	2 FILER NAME The Political Action Committee of the Texas Hospital	3 Filer ID (Ethics Commission Filers) 00015794
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$
5 Date 03/17/2026	6 Payee name Atchley & Associates LLP	
7 Amount (\$) \$985.50	8 Payee address; City; State; Zip Code 1005 La Posada Dr Austin, TX 78752	
<input checked="" type="checkbox"/> Expenditure from corporate funds	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
9 TYPE OF EXPENDITURE		
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PAC accounting and reposting services
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held