**FEC** 

Only

## STATEMENT OF **ORGANIZATION**

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FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. HOSPAC - FEDERAL THE POLITICAL ACTION COMMITTEE OF THE TEXAS HOSPITAL ASSOCIATION P.O. BOX 679010 ADDRESS (number and street) (Check if address is changed) **AUSTIN** 78767 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address sgonzalez@tha.org is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2024 C00301325 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Gonzalez, Sara, , Ms, 10 29 2024 Signature of Treasurer Gonzalez, Sara, , Ms, Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012)

Toll Free 800-424-9530

Local 202-694-1100

FEC Form 1 (Revised 03/2022) Page <b>2</b>
. TYPE OF COMMITTEE:
Candidate Committee:
(a) This committee is a principal campaign committee. (Complete the candidate information below.)
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)  Name of
Candidate
Candidate Office State Party Affiliation Sought: House Senate President
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.
Name of Candidate  Party Committee:  (d) This committee is a (National, State or subordinate) committee of the Republican, etc.) Party
Political Action Committee (PAC):  (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:  Corporation Corporation Membership Organization Trade Association Cooperative  In addition, this committee is a Lobbyist/Registrant PAC.
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
In addition, this committee is a Lobbyist/Registrant PAC.
In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)
(g) This committee is an independent expenditure-only political committee (Super PAC).
In addition, this committee is a Lobbyist/Registrant PAC.
(h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).
In addition, this committee is a Lobbyist/Registrant PAC.
Joint Fundraising Representative:
(i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.
Committees Participating in Joint Fundraiser
1

•	FEC Form 1 (Revised 02	2/2009)			Page <b>3</b>
٧	Vrite or Type Committee Name				
	HOSPAC - FEDERAL	THE POLITICAL ACTION COMMITTEE	OF THE TEXAS	3 HOSPITAL A	ASSOCIATION
6.	Name of Any Connected Or	ganization, Affiliated Committee, Joint Fundr	aising Representa	tive, or Leaders	hip PAC Sponsor
	Texas Hospital Assoc	ciation, , , ,			
	Mailing Address	PO Box 679010			
		Austin	TX	78767	
		CITY ▲	STATI	<b>≣</b> ▲	ZIP CODE ▲
	Relationship: X Connected	Organization Affiliated Organization Joi	nt Fundraising Repre	econtative	Leadership PAC Sponso
	neialionship.	Organization Anniated Organization 301	in rundraising hepre	Serilative	Leadership FAC Sponso
7.	Custodian of Records: Identification books and records.	fy by name, address (phone number optional) a	and position of the p	erson in possess	on of committee
	Gonzalez, S	Sara, , Ms,			
	Full Name				
	Mailing Address	1108 Lavaca St Ste 700			
		Austin	TX	78701	
		CITY ▲	STATI	<u> </u>	ZIP CODE ▲
	Title or Position ▼				
	VP Advocacy		elephone number	512 –	465
8.	Treasurer: List the name and any designated agent (e.g., a	l address (phone number optional) of the tre ssistant treasurer).	asurer of the comm	nittee; and the na	me and address of
	Full Name Gonzalez, S	Sara, , Ms,			
	or measurer	1108 Lavaca St Ste 700			
	Mailing Address				
		Austin	ТХ	78701	
	Talle on Decilion	CITY ▲	STATI	Ξ ▲	ZIP CODE ▲
	Title or Position ▼				
	VP Advocacy		elephone number	512	465 - 1000

	FEC Form 1 (Revise	od 02/2009)		Page <b>4</b>
	Name of ignated			
Mail	ing Address			
Title	or Position <b>▼</b>	CITY ▲	STATE ▲	ZIP CODE ▲
			Telephone number	
<b>Ban</b> l safet	ks or Other Deposit by deposit boxes or n	ories: List all banks or other depositories in aintains funds.	which the committee deposits fur	ds, holds accounts, rents
Nam	e of Bank, Depositor	y, etc.		
	Frost	Bank		
Maili	ng Address	PO Box 1727		
		Austin		
		CITY A	STATE ▲	ZIP CODE ▲
Nam	e of Bank, Depositor	y, etc.		
Maili	ng Address			
		CITY A	STATE ▲	ZIP CODE ▲

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h). <b>Joint Fundraisi</b>	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
ame of Any Connector	l Organization, Affiliated Committee, Joint Fund	draining Paprocentative	or Loadership BAC Spen
AZHHA Political Acti			
Mailing Address	3901 North Central Ave		
	Phoenix	AZ	85012
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
esignated Agent: Identi	fy by name, address (phone number – optional)		
esignated Agent: Identi	fy by name, address (phone number – optional)		
	fy by name, address (phone number – optional)		
Full Name	fy by name, address (phone number – optional)		
Full Name	fy by name, address (phone number – optional)		
Full Name	CITY	STATE A	ZIP CODE A
Full Name	CITY A	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION	CITY ▲  CITY ▲  pries: List all banks or other depositories in which aintains funds.	Telephone Number	s funds, holds accounts, rent
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank,	CITY ▲  CITY ▲  pries: List all banks or other depositories in which aintains funds.	Telephone Number	s funds, holds accounts, rent
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Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	CITY ▲  CITY ▲  pries: List all banks or other depositories in which aintains funds.	Telephone Number	s funds, holds accounts, rent

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	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	C
-	d Organization, Affiliated Committee, Joint Fure Association PAC-Federal	ndraising Representativ	e, or Leadership PAC Spon
Mailing Address	PO Box 1100		
	Sacramento	CA CA	95812-1100
Relationship:	CITY A	STATE A	ZIP CODE ▲
	ed Organization X Affiliated Committee Jof fy by name, address (phone number – optional)	oint Fundraising Represent	Leadership FAC S
		om Fundraising Represent	Leadership PAC Sp
esignated Agent: Ident		July 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Leadership FAC 5
esignated Agent: Ident		July 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Leadership FAC 5
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esignated Agent: Ident	fy by name, address (phone number – optional)	STATE A	ZIP CODE A
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Full Name Mailing Address	fy by name, address (phone number – optional)  CITY   CITY   ories: List all banks or other depositories in which an intains funds.	STATE A Telephone Number	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or name of Bank,	fy by name, address (phone number – optional)  CITY   CITY   ories: List all banks or other depositories in which an intains funds.	STATE A  Telephone Number	ZIP CODE A
esignated Agent: Ident  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or name of Bank, epository, etc.	fy by name, address (phone number – optional)  CITY   CITY   ories: List all banks or other depositories in which an intains funds.	STATE A  Telephone Number	ZIP CODE A
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	g Participant:		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
Name of Any Connected	Organization, Affiliated Committee, Joint Fu	ndraising Representative	e, or Leadership PAC Sponsor
PAC of Missouri Hosp	ital Association		
Mailing Address	PO Box 60		
	Jefferson City	MO I	65102
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
П.	Organization X Affiliated Committee	oint Fundraising Representa	ative Leadership PAC Spon
	by name, address (phone number - optional		
<b>Designated Agent:</b> Identify	by name, address (phone number – optional		
	by name, address (phone number – optional		
Full Name	by name, address (phone number – optional		
Full Name	by name, address (phone number – optional		
Full Name   Mailing Address	CITY	STATE A	ZIP CODE A
Full Name	CITY		ZIP CODE A

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1.			
		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
Jame of Any Connected	I Organization, Affiliated Committee, Joint Fur	draising Representativ	e. or Leadership PAC Spons
-	ssociation PAC - Federal		-,
Mailing Address	PO Box 1519		
	Helena	MT	59604
Deletter (1)	CITY ▲	STATE ▲	ZIP CODE ▲
		int Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi	ed Organization X Affiliated Committee Jo	int Fundraising Represent	ative Leadership PAC Sp
Connecte esignated Agent: Identi	ed Organization X Affiliated Committee Jo	int Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi	ed Organization X Affiliated Committee Jo	int Fundraising Represent	ative Leadership PAC Sp
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esignated Agent: Identi	ed Organization X Affiliated Committee Jo	sint Fundraising Represent	Leadership PAC Sp

# Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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h). <b>Joint Fundraisi</b>	ig Faiticipant.		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	C
	Organization, Affiliated Committee, Joint Funital Association Federal	draising Representative	e, or Leadership PAC Spon
Nottr Carolina Hosp	III ASSOCIATION FEDERAL		
Mailing Address	PO Box 80428		
	Raleigh	NC	27623
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte	d Organization X Affiliated Committee Jo	int Fundraising Representa	ative Leadership PAC S
esignated Agent: Identi	y by name, address (phone number – optional)	int Fundraising Representa	Leadership PAC S
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esignated Agent: Identi		int Fundraising Represent	Leadership PAC S
esignated Agent: Identi		int Fundraising Represent	Leadership PAC S
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esignated Agent: Identi	y by name, address (phone number – optional)	int Fundraising Representation	Leadership PAC S
esignated Agent: Identing Full Name  Mailing Address	by by name, address (phone number – optional)  CITY		
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esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mane of Bank, epository, etc.	by by name, address (phone number – optional)  CITY   CITY   Pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
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h). <b>Joint Fundrais</b>			
1.		FEC ID number	С
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3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connecte	d Organization, Affiliated Committee, Joint Fo	undraising Representativ	e, or Leadership PAC Spons
Health Alliance Polit	tical Action Committee-Federal		
	. 4750 Lindle Pood		
Mailing Address	4750 Lindle Road		
	Harrisburg	PA PA	17105 
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	ed Organization X Affiliated Committee	Joint Fundraising Represent	Leadership PAC Sp
			Leadership PAC Sp
esignated Agent: Ident			Leadership PAC Sp
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1	ng Participant:		
1		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4.		   FEC ID number	C
lame of Any Connected Healthcare Association	Organization, Affiliated Committee, Joint on of Hawaii PAC	Fundraising Representati	ve, or Leadership PAC Spon
Mailing Address	932 Ward Ave		
Mailing Address			
	, Honolulu	, HI	, 96814
Relationship:			
neiationship.	CITY A	STATE A	ZIP CODE A
Full Name	<u> </u>	· 	
Full Name			
Mailing Address	CITY A	STATE A	ZIP CODE A
Mailing Address  TITLE OR POSITION	CITY A	STATE A Telephone Number	ZIP CODE A
Mailing Address  TITLE OR POSITION  anks or Other Deposited afety deposit boxes or mail	pries: List all banks or other depositories in valuations funds.	Telephone Number	
Mailing Address  TITLE OR POSITION  anks or Other Deposited afety deposit boxes or mail	pries: List all banks or other depositories in valuations funds.	Telephone Number	sits funds, holds accounts, rent
Mailing Address  TITLE OR POSITION  Banks or Other Deposite afety deposit boxes or mail after the property of the position of Bank, depository, etc.	pries: List all banks or other depositories in valuations funds.	Telephone Number	sits funds, holds accounts, rent

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h). <b>Joint Fundraisi</b>	-		
1.		FEC ID number	С
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4.		FEC ID number	C
ame of Any Connected	l Organization, Affiliated Committee, Joint Fu	ndraising Representativ	e. or Leadership PAC Spon
-	pital and Healthcare Associations' Federal		
Mailing Address	One Empire Dr		
	Rensselaer	NY NY	12144
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	fy by name, address (phone number – optional)	oint Fundraising Represent	Leadership PAC Sp
			Leadership PAC Sp
esignated Agent: Identi			Leadership PAC Sp
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esignated Agent: Identi  Full Name  Mailing Address	fy by name, address (phone number – optional)		
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# Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
-	d Organization, Affiliated Committee, Joint I Hospital Association Federal PAC	Fundraising Representativ	ve, or Leadership PAC Spons
Mailing Address	PO Box 259038		
	Madison	WI	53725
Relationship:	CITY A	STATE A	ZIP CODE ▲
	ed Organization X Affiliated Committee	Joint Fundraising Represen	Leadership FAC 3
			tative Leadership PAC Sp
esignated Agent: Ident			Leavership FAC 3
esignated Agent: Ident			Leadership PAC 3
esignated Agent: Ident			Leadership PAC 3
esignated Agent: Ident	ify by name, address (phone number – option		ZIP CODE A
esignated Agent: Ident  Full Name  Mailing Address	ify by name, address (phone number – option	al)	
Full Name Mailing Address	ories: List all banks or other depositories in variantains funds.	al)  STATE   Telephone Number	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or name of Bank,	ories: List all banks or other depositories in variantains funds.	al)  STATE   Telephone Number  which the committee depos	ZIP CODE A
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	ng Participant:		
1.		FEC ID number	С
2		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
-	I Organization, Affiliated Committee, Joint Full ASSOCIATION PAC	ndraising Representative	e, or Leadership PAC Spons
Mailing Address	800 TENTH STREET, NW		
Maining Addices	TWO CITYCENTER, SUITE 400		
	WASHINGTON	DC	20001
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Full Name			1 1 1 1 1 1 1 1 1 1
Mailing Address			
Mailing Address			
Mailing Address			
·	CITY A	STATE A	ZIP CODE A
TITLE OR POSITION	CITY A	STATE   Telephone Number	ZIP CODE A
TITLE OR POSITION  Banks or Other Deposite safety deposit boxes or management of Bank,	ories: List all banks or other depositories in whaintains funds.	Telephone Number	s funds, holds accounts, rents
TITLE OR POSITION  Banks or Other Deposite safety deposit boxes or management of Bank,	ories: List all banks or other depositories in whaintains funds.	Telephone Numberich the committee deposit	s funds, holds accounts, rents
TITLE OR POSITION  Banks or Other Deposite safety deposit boxes or management of Bank, Depository, etc.	pries: List all banks or other depositories in whaintains funds.	Telephone Numberich the committee deposit	s funds, holds accounts, rents