

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

HOSPAC - Federal The Political Action Committee of The Texas Hospital Association

Report Covering the Period: From: / / To: / /

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|---------------------------------------|---------------------------------------|
| 6. (a) Cash on Hand January 1, <input type="text" value="2014"/> | <input type="text" value="1571.96"/> | <input type="text" value="1571.96"/> |
| (b) Cash on Hand at Beginning of Reporting Period..... | <input type="text" value="42165.43"/> | |
| (c) Total Receipts (from Line 19) | <input type="text" value="10026.17"/> | <input type="text" value="65653.01"/> |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | <input type="text" value="52191.60"/> | <input type="text" value="67224.97"/> |
| 7. Total Disbursements (from Line 31)..... | <input type="text" value="33004.85"/> | <input type="text" value="48038.22"/> |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | <input type="text" value="19186.75"/> | <input type="text" value="19186.75"/> |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | <input type="text" value="0.00"/> | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | <input type="text" value="0.00"/> | |

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

HOSPAC - Federal The Political Action Committee of The Texas Hospital Association

Report Covering the Period: From: / / To: / /

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A)..... | 7856.67 | 51456.31 |
| (ii) Unitemized | 2169.50 | 14196.70 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶ | 10026.17 | 65653.01 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) | 10026.17 | 65653.01 |
| 12. Transfers From Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received..... | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... | 0.00 | 0.00 |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... | 0.00 | 0.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.)..... | 0.00 | 0.00 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3)..... | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfers (add 18(a) and 18(b)).. | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶ | 10026.17 | 65653.01 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶ | 10026.17 | 65653.01 |

DETAILED SUMMARY PAGE

of Disbursements

| II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures | 4.85 | 38.22 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 4.85 | 38.22 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 33000.00 | 48000.00 |
| 24. Independent Expenditures (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... | 0.00 | 0.00 |
| 29. Other Disbursements | 0.00 | 0.00 |
| 30. Federal Election Activity (2 U.S.C. §431(20)) | | |
| (a) Allocated Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share..... | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) .. | 33004.85 | 48038.22 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 33004.85 | 48038.22 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) (from Line 11(d), page 3) | 10026.17 | 65653.01 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 10026.17 | 65653.01 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 4.85 | 38.22 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 4.85 | 38.22 |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 6 OF 33 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
HOSPAC - Federal The Political Action Committee of The Texas Hospital Association

A. Mr William D Adams
Full Name (Last, First, Middle Initial)

Mailing Address 7 Medical Parkway

City Dallas State TX Zip Code 75234

FEC ID number of contributing federal political committee. **C**

Name of Employer Prime Healthcare Services Occupation Regional CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 16 / 2014
Transaction ID : A808D42EE0DCB427E98E

Amount of Each Receipt this Period 250.00

B. Mr Norman Archibald
Full Name (Last, First, Middle Initial)

Mailing Address 1900 Pine

City Abilene State TX Zip Code 79601-2316

FEC ID number of contributing federal political committee. **C**

Name of Employer Hendrick Medical Center Occupation Vice President, Foundation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 288.45

Date of Receipt 07 / 10 / 2014
Transaction ID : AE47FE57462504A7CAB9

Amount of Each Receipt this Period 19.23

C. Mr Norman Archibald
Full Name (Last, First, Middle Initial)

Mailing Address 1900 Pine

City Abilene State TX Zip Code 79601-2316

FEC ID number of contributing federal political committee. **C**

Name of Employer Hendrick Medical Center Occupation Vice President, Foundation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 307.68

Date of Receipt 07 / 22 / 2014
Transaction ID : A8DE2EBB54996433AF6

Amount of Each Receipt this Period 19.23

SUBTOTAL of Receipts This Page (optional)..... ▶ 288.46

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 7 OF 33 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
HOSPAC - Federal The Political Action Committee of The Texas Hospital Association

| | | |
|--|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) A. Mr Norman Archibald | | Date of Receipt |
| Mailing Address 1900 Pine | | <input type="text" value="08"/> / <input type="text" value="05"/> / <input type="text" value="2014"/> |
| City | State | Zip Code |
| Abilene | TX | 79601-2316 |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | Transaction ID : AA599F335D35F45B3833 |
| Name of Employer | Occupation | Amount of Each Receipt this Period |
| Hendrick Medical Center | Vice President, Foundation | <input type="text" value="19.23"/> |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="326.91"/> | |
| <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|--|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. Mr Norman Archibald | | Date of Receipt |
| Mailing Address 1900 Pine | | <input type="text" value="08"/> / <input type="text" value="19"/> / <input type="text" value="2014"/> |
| City | State | Zip Code |
| Abilene | TX | 79601-2316 |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | Transaction ID : A1C8B8FBC166B421DBCD |
| Name of Employer | Occupation | Amount of Each Receipt this Period |
| Hendrick Medical Center | Vice President, Foundation | <input type="text" value="19.23"/> |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="346.14"/> | |
| <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|--|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. Mr Norman Archibald | | Date of Receipt |
| Mailing Address 1900 Pine | | <input type="text" value="09"/> / <input type="text" value="04"/> / <input type="text" value="2014"/> |
| City | State | Zip Code |
| Abilene | TX | 79601-2316 |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | Transaction ID : A09C13226328043A7BC2 |
| Name of Employer | Occupation | Amount of Each Receipt this Period |
| Hendrick Medical Center | Vice President, Foundation | <input type="text" value="19.23"/> |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="365.37"/> | |
| <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|------------------------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text" value="57.69"/> |
| TOTAL This Period (last page this line number only).....▶ | <input type="text"/> |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 8 OF 33 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
HOSPAC - Federal The Political Action Committee of The Texas Hospital Association

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) A. Mr Norman Archibald | | Date of Receipt |
| Mailing Address 1900 Pine | | <input type="text" value="09"/> / <input type="text" value="16"/> / <input type="text" value="2014"/> |
| City | State | Zip Code |
| Abilene | TX | 79601-2316 |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | Transaction ID : A58937DF11DBC4E91990 |
| Name of Employer | Occupation | Amount of Each Receipt this Period |
| Hendrick Medical Center | Vice President, Foundation | <input type="text" value="19.23"/> |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="text" value="384.60"/> | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. Mr Norman Archibald | | Date of Receipt |
| Mailing Address 1900 Pine | | <input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2014"/> |
| City | State | Zip Code |
| Abilene | TX | 79601-2316 |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | Transaction ID : AB3E5596184BD4760BC1 |
| Name of Employer | Occupation | Amount of Each Receipt this Period |
| Hendrick Medical Center | Vice President, Foundation | <input type="text" value="19.23"/> |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="text" value="403.83"/> | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. Mr Charles W Bailey | | Date of Receipt |
| Mailing Address 1108 Lavaca Ste 700 | | <input type="text" value="07"/> / <input type="text" value="22"/> / <input type="text" value="2014"/> |
| City | State | Zip Code |
| Austin | TX | 78701-2180 |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | Transaction ID : ADBF93AF0B7364BE49A8 |
| Name of Employer | Occupation | Amount of Each Receipt this Period |
| Texas Hospital Association | Sr Vice President / Gen Counsel | <input type="text" value="41.68"/> |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="text" value="291.76"/> | |

| | |
|--|------------------------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text" value="80.14"/> |
| TOTAL This Period (last page this line number only).....▶ | <input type="text"/> |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 9 OF 33 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
HOSPAC - Federal The Political Action Committee of The Texas Hospital Association

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) A. Mr Charles W Bailey | | Date of Receipt |
| Mailing Address 1108 Lavaca Ste 700 | | <input type="text" value="08"/> / <input type="text" value="19"/> / <input type="text" value="2014"/> |
| City State Zip Code Austin TX 78701-2180 | | Transaction ID : A961D64BF5505444F86B |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Amount of Each Receipt this Period <input type="text" value="41.68"/> |
| Name of Employer Texas Hospital Association | Occupation Sr Vice President / Gen Counsel | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ <input type="text" value="333.44"/> | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. Mr Charles W Bailey | | Date of Receipt |
| Mailing Address 1108 Lavaca Ste 700 | | <input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2014"/> |
| City State Zip Code Austin TX 78701-2180 | | Transaction ID : A279D834CE4574DBFA29 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Amount of Each Receipt this Period <input type="text" value="41.68"/> |
| Name of Employer Texas Hospital Association | Occupation Sr Vice President / Gen Counsel | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ <input type="text" value="375.12"/> | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. Ms Jennifer C Banda | | Date of Receipt |
| Mailing Address 1108 Lavaca Ste 700 | | <input type="text" value="07"/> / <input type="text" value="22"/> / <input type="text" value="2014"/> |
| City State Zip Code Austin TX 78701-2180 | | Transaction ID : A1387A25B50794BF9A15 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Amount of Each Receipt this Period <input type="text" value="41.00"/> |
| Name of Employer Texas Hospital Association | Occupation VP Advocacy/Public Policy/HOSPAC | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ <input type="text" value="287.00"/> | |

| | |
|--|-------------------------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text" value="124.36"/> |
| TOTAL This Period (last page this line number only).....▶ | <input type="text"/> |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 10 OF 33 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
HOSPAC - Federal The Political Action Committee of The Texas Hospital Association

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) A. Ms Jennifer C Banda | | Date of Receipt |
| Mailing Address 1108 Lavaca Ste 700 | | <input type="text" value="08"/> / <input type="text" value="19"/> / <input type="text" value="2014"/> |
| City | State | Zip Code |
| Austin | TX | 78701-2180 |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | Transaction ID : A4C20C4D379084948BB6 |
| Name of Employer | Occupation | Amount of Each Receipt this Period |
| Texas Hospital Association | VP Advocacy/Public Policy/HOSPAC | <input type="text" value="41.00"/> |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="text" value="328.00"/> | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. Ms Jennifer C Banda | | Date of Receipt |
| Mailing Address 1108 Lavaca Ste 700 | | <input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2014"/> |
| City | State | Zip Code |
| Austin | TX | 78701-2180 |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | Transaction ID : AB9540E24FCF24A03B8F |
| Name of Employer | Occupation | Amount of Each Receipt this Period |
| Texas Hospital Association | VP Advocacy/Public Policy/HOSPAC | <input type="text" value="41.00"/> |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="text" value="369.00"/> | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. Mr Jeffrey A Bourgeois | | Date of Receipt |
| Mailing Address 11212 State Hwy 151 | | <input type="text" value="07"/> / <input type="text" value="07"/> / <input type="text" value="2014"/> |
| City | State | Zip Code |
| San Antonio | TX | 78251-4498 |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | Transaction ID : A07F9EE90D35D4A8D946 |
| Name of Employer | Occupation | Amount of Each Receipt this Period |
| CHRISTUS Santa Rosa Westover Hills | President / Administrator | <input type="text" value="41.50"/> |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="text" value="249.00"/> | |

| | |
|--|-------------------------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text" value="123.50"/> |
| TOTAL This Period (last page this line number only).....▶ | <input type="text"/> |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 11 OF 33 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
HOSPAC - Federal The Political Action Committee of The Texas Hospital Association

A. Mr Jeffrey A Bourgeois
 Full Name (Last, First, Middle Initial)
 Mailing Address 11212 State Hwy 151
 City San Antonio State TX Zip Code 78251-4498
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CHRISTUS Santa Rosa Westover Hills Occupation President / Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 290.50

Date of Receipt 08 / 07 / 2014
Transaction ID : A91D914AE02324E96B3F
 Amount of Each Receipt this Period 41.50

B. Mr Jeffrey A Bourgeois
 Full Name (Last, First, Middle Initial)
 Mailing Address 11212 State Hwy 151
 City San Antonio State TX Zip Code 78251-4498
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CHRISTUS Santa Rosa Westover Hills Occupation President / Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 332.00

Date of Receipt 09 / 07 / 2014
Transaction ID : A351A3528E49446EA900
 Amount of Each Receipt this Period 41.50

C. Dr Jeffrey L Canose
 Full Name (Last, First, Middle Initial)
 Mailing Address 612 E Lamar Blvd Ste 500
 City Arlington State TX Zip Code 76011
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Texas Health Resources Occupation Chief Operating Officer/Sr VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.00

Date of Receipt 07 / 07 / 2014
Transaction ID : AEF4E63DC31514EC1822
 Amount of Each Receipt this Period 83.00

SUBTOTAL of Receipts This Page (optional).....▶ 166.00
TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 12 OF 33 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
HOSPAC - Federal The Political Action Committee of The Texas Hospital Association

A. Dr Jeffrey L Canose
Full Name (Last, First, Middle Initial)

Mailing Address 612 E Lamar Blvd Ste 500

City State Zip Code
Arlington TX 76011

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Texas Health Resources Chief Operating Officer/Sr VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
332.00

Date of Receipt
08 / 07 / 2014
Transaction ID : A4E0549AE060D4487938

Amount of Each Receipt this Period
83.00

B. Ms Stacy Cantu
Full Name (Last, First, Middle Initial)

Mailing Address 1108 Lavaca Ste 700

City State Zip Code
Austin TX 78701

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Texas Healthcare Trustees President / CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
287.00

Date of Receipt
07 / 22 / 2014
Transaction ID : AA232E0BC42AD45939F1

Amount of Each Receipt this Period
41.00

c. Ms Stacy Cantu
Full Name (Last, First, Middle Initial)

Mailing Address 1108 Lavaca Ste 700

City State Zip Code
Austin TX 78701

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Texas Healthcare Trustees President / CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
328.00

Date of Receipt
08 / 19 / 2014
Transaction ID : AA6F771881875455BBBE

Amount of Each Receipt this Period
41.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 165.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 13 OF 33 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
HOSPAC - Federal The Political Action Committee of The Texas Hospital Association

A. Ms Stacy Cantu
Full Name (Last, First, Middle Initial)
Mailing Address 1108 Lavaca Ste 700

| | | |
|---|------------------------------------|-------------------|
| City Austin | State TX | Zip Code 78701 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Texas Healthcare Trustees | Occupation President / CEO | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 369.00 | |

Date of Receipt
09 / 30 / 2014
Transaction ID : AA3FB350581B643C2A59

Amount of Each Receipt this Period
41.00

B. Mr John M Checkley
Full Name (Last, First, Middle Initial)
Mailing Address 1108 Lavaca Ste 700

| | | |
|---|--|------------------------|
| City Austin | State TX | Zip Code 78701-2180 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer HealthSHARE | Occupation CEO HealthSHARE/SVP Mem Relation | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 574.00 | |

Date of Receipt
07 / 22 / 2014
Transaction ID : A886A30570E90474DB9D

Amount of Each Receipt this Period
82.00

C. Mr John M Checkley
Full Name (Last, First, Middle Initial)
Mailing Address 1108 Lavaca Ste 700

| | | |
|---|--|------------------------|
| City Austin | State TX | Zip Code 78701-2180 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer HealthSHARE | Occupation CEO HealthSHARE/SVP Mem Relation | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 656.00 | |

Date of Receipt
08 / 19 / 2014
Transaction ID : AABA3E730F9FA43D7AE9

Amount of Each Receipt this Period
82.00

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 205.00 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 14 OF 33 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
HOSPAC - Federal The Political Action Committee of The Texas Hospital Association

A. Mr John M Checkley
 Full Name (Last, First, Middle Initial)
 Mailing Address 1108 Lavaca Ste 700
 City Austin State TX Zip Code 78701-2180
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HealthSHARE Occupation CEO HealthSHARE/SVP Mem Relation
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **738.00**

Date of Receipt **09 / 30 / 2014**
Transaction ID : A0BE7F5FED969479083F
 Amount of Each Receipt this Period **82.00**

B. Ms Sally A Deitch
 Full Name (Last, First, Middle Initial)
 Mailing Address 3280 Joe Battle Blvd
 City El Paso State TX Zip Code 79938-2622
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sierra Providence East Medical Center Occupation Chief Executive Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **241.50**

Date of Receipt **07 / 07 / 2014**
Transaction ID : A4EE5CC42684F47B1A19
 Amount of Each Receipt this Period **50.00**

c. Ms Sally A Deitch
 Full Name (Last, First, Middle Initial)
 Mailing Address 3280 Joe Battle Blvd
 City El Paso State TX Zip Code 79938-2622
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sierra Providence East Medical Center Occupation Chief Executive Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **291.50**

Date of Receipt **08 / 07 / 2014**
Transaction ID : AF9D7B5B142454DCDB0D
 Amount of Each Receipt this Period **50.00**

| | |
|---|---------------|
| SUBTOTAL of Receipts This Page (optional)..... | 182.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 15 OF 33 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
HOSPAC - Federal The Political Action Committee of The Texas Hospital Association

A. Ms Sally A Deitch
 Full Name (Last, First, Middle Initial)
 Mailing Address 3280 Joe Battle Blvd
 City El Paso State TX Zip Code 79938-2622
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sierra Providence East Medical Center Occupation Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 07 / 2014
Transaction ID : A544DA2C771F5415BACA
 Amount of Each Receipt this Period
 83.50

B. Mr John M Hawkins
 Full Name (Last, First, Middle Initial)
 Mailing Address 1108 Lavaca Ste 700
 City Austin State TX Zip Code 78701-2180
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Texas Hospital Association Occupation SVP Advocacy & Public Policy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 630.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 22 / 2014
Transaction ID : A4EB91F181B244EE7B59
 Amount of Each Receipt this Period
 90.00

C. Mr John M Hawkins
 Full Name (Last, First, Middle Initial)
 Mailing Address 1108 Lavaca Ste 700
 City Austin State TX Zip Code 78701-2180
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Texas Hospital Association Occupation SVP Advocacy & Public Policy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 19 / 2014
Transaction ID : A8BBB3A7F97D04AE79CD
 Amount of Each Receipt this Period
 90.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 263.50
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 16 OF 33 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
HOSPAC - Federal The Political Action Committee of The Texas Hospital Association

A. Mr John M Hawkins
 Full Name (Last, First, Middle Initial)
 Mailing Address 1108 Lavaca Ste 700
 City Austin State TX Zip Code 78701-2180
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Texas Hospital Association Occupation SVP Advocacy & Public Policy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 810.00

Date of Receipt 09 / 30 / 2014
Transaction ID : AA220360BAD7E4626A20
 Amount of Each Receipt this Period 90.00

B. Mr Douglas D Hawthorne
 Full Name (Last, First, Middle Initial)
 Mailing Address 612 E Lamar Blvd Ste 900
 City Arlington State TX Zip Code 76011-4130
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Texas Health Resources Occupation Founding CEO Emeritus
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 01 / 2014
Transaction ID : A264BC5F34D67454BF4
 Amount of Each Receipt this Period 1000.00

C. Dr Robert S Hendler
 Full Name (Last, First, Middle Initial)
 Mailing Address 5201 Harry Hines Blvd
 City Dallas State TX Zip Code 75235-7708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Parkland Health and Hospital System Occupation Chief Quality and Safety Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 14 / 2014
Transaction ID : A3C4B07FE877F43668F1
 Amount of Each Receipt this Period 250.00

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1340.00 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 17 OF 33 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
HOSPAC - Federal The Political Action Committee of The Texas Hospital Association

A. Ms Carrie Kroll
Full Name (Last, First, Middle Initial)
Mailing Address 1108 Lavaca Ste 700

| | | |
|---|--|------------------------|
| City Austin | State TX | Zip Code 78701-2180 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Texas Hospital Association | Occupation VP Advocacy/Quality/Pub Health | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 287.00 | |

Date of Receipt
07 / 22 / 2014
Transaction ID : AB8098D5CBB1C458F9F6
Amount of Each Receipt this Period
41.00

B. Ms Carrie Kroll
Full Name (Last, First, Middle Initial)
Mailing Address 1108 Lavaca Ste 700

| | | |
|---|--|------------------------|
| City Austin | State TX | Zip Code 78701-2180 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Texas Hospital Association | Occupation VP Advocacy/Quality/Pub Health | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 328.00 | |

Date of Receipt
08 / 19 / 2014
Transaction ID : A85C5F20DB6E54946984
Amount of Each Receipt this Period
41.00

C. Ms Carrie Kroll
Full Name (Last, First, Middle Initial)
Mailing Address 1108 Lavaca Ste 700

| | | |
|---|--|------------------------|
| City Austin | State TX | Zip Code 78701-2180 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Texas Hospital Association | Occupation VP Advocacy/Quality/Pub Health | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 369.00 | |

Date of Receipt
09 / 30 / 2014
Transaction ID : A71EA666162E64413A86
Amount of Each Receipt this Period
41.00

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 123.00 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 18 OF 33 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
HOSPAC - Federal The Political Action Committee of The Texas Hospital Association

A. Mr Tim Lancaster
Full Name (Last, First, Middle Initial)

Mailing Address 1900 Pine

City Abilene State TX Zip Code 79601-2316

FEC ID number of contributing federal political committee. **C**

Name of Employer Hendrick Medical Center Occupation President/CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2014

Transaction ID : A7C995A3C8BFD4F76810

Amount of Each Receipt this Period
 1000.00

B. Mr David S Lopez
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 66769

City Houston State TX Zip Code 77266-6769

FEC ID number of contributing federal political committee. **C**

Name of Employer Harris Health System Occupation President & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 214.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 07 / 2014

Transaction ID : A6549D57830874A77BD0

Amount of Each Receipt this Period
 20.50

C. Mr Matt T Maxfield
Full Name (Last, First, Middle Initial)

Mailing Address 850 W Central Expressway

City Harker Heights State TX Zip Code 76548

FEC ID number of contributing federal political committee. **C**

Name of Employer Seton Medical Center Harker Heights Occupation Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 07 / 2014

Transaction ID : A9CBF8494A5BC4131B44

Amount of Each Receipt this Period
 50.00

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1070.50 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 19 OF 33 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
HOSPAC - Federal The Political Action Committee of The Texas Hospital Association

A. Mr Matt T Maxfield
Full Name (Last, First, Middle Initial)

Mailing Address 850 W Central Expressway

| | | |
|------------------------|-------------|-------------------|
| City Harker Heights | State TX | Zip Code 76548 |
|------------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|---|---------------------------------------|
| Name of Employer Seton Medical Center Harker Heights | Occupation Chief Executive Officer |
|---|---------------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt

| |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 08 / 07 / 2014 |

Transaction ID : AAA7E9250AC154D6AAAC

Amount of Each Receipt this Period

| |
|-------|
| 50.00 |
|-------|

B. Mr Matt T Maxfield
Full Name (Last, First, Middle Initial)

Mailing Address 850 W Central Expressway

| | | |
|------------------------|-------------|-------------------|
| City Harker Heights | State TX | Zip Code 76548 |
|------------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|---|---------------------------------------|
| Name of Employer Seton Medical Center Harker Heights | Occupation Chief Executive Officer |
|---|---------------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt

| |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 09 / 07 / 2014 |

Transaction ID : A28A7519FEA3B4A53BD5

Amount of Each Receipt this Period

| |
|-------|
| 50.00 |
|-------|

C. Dr James E Morrison
Full Name (Last, First, Middle Initial)

Mailing Address 3000 Herring Avenue

| | | |
|--------------|-------------|-------------------|
| City Waco | State TX | Zip Code 76708 |
|--------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|---|
| Name of Employer Hillcrest Baptist Medical Center | Occupation Chief Med Officer/Exec VP |
|--|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt

| |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 08 / 07 / 2014 |

Transaction ID : AAD1D76E12A1A4D47851

Amount of Each Receipt this Period

| |
|-------|
| 62.50 |
|-------|

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 162.50 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 20 OF 33 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
HOSPAC - Federal The Political Action Committee of The Texas Hospital Association

A. Dr James E Morrison
Full Name (Last, First, Middle Initial)
Mailing Address 3000 Herring Avenue
City Waco State TX Zip Code 76708
FEC ID number of contributing federal political committee. **C**
Name of Employer Hillcrest Baptist Medical Center Occupation Chief Med Officer/Exec VP
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **312.50**

Date of Receipt **09 / 07 / 2014**
Transaction ID : A16BA96951D7B49F4871
Amount of Each Receipt this Period **62.50**

B. Mr J P Murray
Full Name (Last, First, Middle Initial)
Mailing Address 551 Hill Country Dr
City Kerrville State TX Zip Code 78028-6085
FEC ID number of contributing federal political committee. **C**
Name of Employer Peterson Regional Medical Center Occupation Chief Executive Officer
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **395.50**

Date of Receipt **07 / 07 / 2014**
Transaction ID : A00BAAEE77DF94FB497D
Amount of Each Receipt this Period **62.50**

C. Mr J P Murray
Full Name (Last, First, Middle Initial)
Mailing Address 551 Hill Country Dr
City Kerrville State TX Zip Code 78028-6085
FEC ID number of contributing federal political committee. **C**
Name of Employer Peterson Regional Medical Center Occupation Chief Executive Officer
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **458.00**

Date of Receipt **08 / 07 / 2014**
Transaction ID : ACF2DA7739203425E8C1
Amount of Each Receipt this Period **62.50**

SUBTOTAL of Receipts This Page (optional)..... **187.50**
TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 21 OF 33 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
HOSPAC - Federal The Political Action Committee of The Texas Hospital Association

A. Mr J P Murray
 Full Name (Last, First, Middle Initial)
 Mailing Address 551 Hill Country Dr
 City Kerrville State TX Zip Code 78028-6085
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Peterson Regional Medical Center Occupation Chief Executive Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **520.50**

Date of Receipt **09 / 07 / 2014**
Transaction ID : AD608AF495C5B4C2888B
 Amount of Each Receipt this Period **62.50**

B. Mr. Chuck Norris
 Full Name (Last, First, Middle Initial)
 Mailing Address P. O. Box 587
 City Gonzales State TX Zip Code 78629
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Memorial Hospital Occupation Chief Executive Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **750.00**

Date of Receipt **07 / 28 / 2014**
Transaction ID : AC0260AF80295492A820
 Amount of Each Receipt this Period **750.00**

C. Dr William B Parks
 Full Name (Last, First, Middle Initial)
 Mailing Address 9250 Pincroft
 City The Woodlands State TX Zip Code 77380
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Memorial Hermann The Woodlands Hospita Occupation Chief Medical Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **290.50**

Date of Receipt **07 / 07 / 2014**
Transaction ID : AC09FB3C4BF824F24AD0
 Amount of Each Receipt this Period **41.50**

SUBTOTAL of Receipts This Page (optional)..... **854.00**
TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 22 OF 33 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
HOSPAC - Federal The Political Action Committee of The Texas Hospital Association

A. Dr William B Parks
Full Name (Last, First, Middle Initial)

Mailing Address 9250 Pinecroft

City The Woodlands State TX Zip Code 77380

FEC ID number of contributing federal political committee. **C**

Name of Employer Memorial Hermann The Woodlands Hospita Occupation Chief Medical Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 332.00

Date of Receipt 08 / 07 / 2014
Transaction ID : A5ECDBD888C274FC1802

Amount of Each Receipt this Period 41.50

B. Dr William B Parks
Full Name (Last, First, Middle Initial)

Mailing Address 9250 Pinecroft

City The Woodlands State TX Zip Code 77380

FEC ID number of contributing federal political committee. **C**

Name of Employer Memorial Hermann The Woodlands Hospita Occupation Chief Medical Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 373.50

Date of Receipt 09 / 07 / 2014
Transaction ID : AFC904E03627143AEBB0

Amount of Each Receipt this Period 41.50

C. Mr Glenn A Robinson
Full Name (Last, First, Middle Initial)

Mailing Address 100 Hillcrest Medical Blvd

City Waco State TX Zip Code 76712-8897

FEC ID number of contributing federal political committee. **C**

Name of Employer Hillcrest Baptist Medical Center Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 437.50

Date of Receipt 07 / 07 / 2014
Transaction ID : A5CD0A64E8C0B470DA1F

Amount of Each Receipt this Period 62.50

SUBTOTAL of Receipts This Page (optional)..... ▶ 145.50

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 23 OF 33 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
HOSPAC - Federal The Political Action Committee of The Texas Hospital Association

A. Mr Glenn A Robinson
 Full Name (Last, First, Middle Initial)
 Mailing Address 100 Hillcrest Medical Blvd
 City Waco State TX Zip Code 76712-8897
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hillcrest Baptist Medical Center Occupation President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **08 / 07 / 2014**
Transaction ID : A96C56DF142424933B71
 Amount of Each Receipt this Period **62.50**

B. Mr Glenn A Robinson
 Full Name (Last, First, Middle Initial)
 Mailing Address 100 Hillcrest Medical Blvd
 City Waco State TX Zip Code 76712-8897
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hillcrest Baptist Medical Center Occupation President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **562.50**

Date of Receipt **09 / 07 / 2014**
Transaction ID : A8445B5AE58104D23931
 Amount of Each Receipt this Period **62.50**

C. Ms Gabriela Saenz
 Full Name (Last, First, Middle Initial)
 Mailing Address 919 Hidden Ridge
 City Irving State TX Zip Code 75038
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CHRISTUS Health Occupation VP Advocacy & Public Policy
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **207.50**

Date of Receipt **07 / 07 / 2014**
Transaction ID : A7824961D7F3F43F2BCE
 Amount of Each Receipt this Period **41.50**

SUBTOTAL of Receipts This Page (optional)..... **166.50**
TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 24 OF 33 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
HOSPAC - Federal The Political Action Committee of The Texas Hospital Association

| | | |
|--|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) A. Ms Gabriela Saenz | | Date of Receipt |
| Mailing Address 919 Hidden Ridge | | <input type="text" value="08"/> / <input type="text" value="07"/> / <input type="text" value="2014"/> |
| City | State | Zip Code |
| Irving | TX | 75038 |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | Transaction ID : AFBEC9AC73CC84D35A7C |
| Name of Employer | Occupation | Amount of Each Receipt this Period |
| CHRISTUS Health | VP Advocacy & Public Policy | <input type="text" value="41.50"/> |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="249.00"/> | |
| <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|--|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. Ms Gabriela Saenz | | Date of Receipt |
| Mailing Address 919 Hidden Ridge | | <input type="text" value="09"/> / <input type="text" value="07"/> / <input type="text" value="2014"/> |
| City | State | Zip Code |
| Irving | TX | 75038 |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | Transaction ID : A5E87E092226409E96A |
| Name of Employer | Occupation | Amount of Each Receipt this Period |
| CHRISTUS Health | VP Advocacy & Public Policy | <input type="text" value="41.50"/> |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="290.50"/> | |
| <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. Ms Elizabeth N Sjoberg | | Date of Receipt |
| Mailing Address 1108 Lavaca Ste 700 | | <input type="text" value="07"/> / <input type="text" value="22"/> / <input type="text" value="2014"/> |
| City | State | Zip Code |
| Austin | TX | 78701-2180 |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | Transaction ID : A689A87D75AA44720A85 |
| Name of Employer | Occupation | Amount of Each Receipt this Period |
| Texas Hospital Association | Associate General Counsel | <input type="text" value="41.00"/> |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="287.00"/> | |
| <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|-------------------------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text" value="124.00"/> |
| TOTAL This Period (last page this line number only).....▶ | <input type="text"/> |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 25 OF 33 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
HOSPAC - Federal The Political Action Committee of The Texas Hospital Association

A. Ms Elizabeth N Sjoberg
 Full Name (Last, First, Middle Initial)
 Mailing Address 1108 Lavaca Ste 700
 City Austin State TX Zip Code 78701-2180
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Texas Hospital Association Occupation Associate General Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 328.00

Date of Receipt 08 / 19 / 2014
Transaction ID : AE279838233154694950
 Amount of Each Receipt this Period 41.00

B. Ms Elizabeth N Sjoberg
 Full Name (Last, First, Middle Initial)
 Mailing Address 1108 Lavaca Ste 700
 City Austin State TX Zip Code 78701-2180
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Texas Hospital Association Occupation Associate General Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 369.00

Date of Receipt 09 / 30 / 2014
Transaction ID : A0D5997161EE14F31BCC
 Amount of Each Receipt this Period 41.00

C. Mr James A Summersett III
 Full Name (Last, First, Middle Initial)
 Mailing Address 7 Medical Parkway
 City Dallas State TX Zip Code 75234
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Prime Healthcare Services Occupation Regional Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 437.50

Date of Receipt 07 / 07 / 2014
Transaction ID : AA7E15D029B984F979D9
 Amount of Each Receipt this Period 62.50

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 144.50 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 26 OF 33 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
HOSPAC - Federal The Political Action Committee of The Texas Hospital Association

A. Mr James A Summersett III
 Full Name (Last, First, Middle Initial)
 Mailing Address 7 Medical Parkway
 City Dallas State TX Zip Code 75234
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Prime Healthcare Services Occupation Regional Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 07 / 2014
Transaction ID : ADC606CCD8A5426F9B6
 Amount of Each Receipt this Period 62.50

B. Mr James A Summersett III
 Full Name (Last, First, Middle Initial)
 Mailing Address 7 Medical Parkway
 City Dallas State TX Zip Code 75234
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Prime Healthcare Services Occupation Regional Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 562.50

Date of Receipt 09 / 07 / 2014
Transaction ID : AB1759BEDEC9C49D288E
 Amount of Each Receipt this Period 62.50

C. Ms Winjie Tang Miao
 Full Name (Last, First, Middle Initial)
 Mailing Address 10864 Texas Health Trail
 City Fort Worth State TX Zip Code 76244
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Texas Health Harris Methodist Hospital Occupation President/CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 21 / 2014
Transaction ID : AD90C4A6A891C4924983
 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 375.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | | PAGE 27 OF 33 | |
| | (check only one) | | | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
HOSPAC - Federal The Political Action Committee of The Texas Hospital Association

A. Mr Xavier Villarreal
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 5280
 City Corpus Christi State TX Zip Code 78465-5280
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CHRISTUS Spohn Hospital Corpus Christi Occupation Vice President / COO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 19 / 2014
Transaction ID : AB65E3F519117433AA51
 Amount of Each Receipt this Period
250.00

B. Mr Carlyle Walton
 Full Name (Last, First, Middle Initial)
 Mailing Address 2201 S Clear Creek Rd
 City Killeen State TX Zip Code 76549-4110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Metroplex Adventist Hospital Inc Occupation Chief Executive Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **206.50**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 07 / 2014
Transaction ID : AFF227E251A92406DB17
 Amount of Each Receipt this Period
41.50

C. Mr Carlyle Walton
 Full Name (Last, First, Middle Initial)
 Mailing Address 2201 S Clear Creek Rd
 City Killeen State TX Zip Code 76549-4110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Metroplex Adventist Hospital Inc Occupation Chief Executive Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **248.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 07 / 2014
Transaction ID : ACB3E3BBB3C6F4100A64
 Amount of Each Receipt this Period
41.50

| | |
|---|---------------|
| SUBTOTAL of Receipts This Page (optional)..... | 333.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 28 OF 33 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
HOSPAC - Federal The Political Action Committee of The Texas Hospital Association

| | | | |
|---|-------------------------------------|------------|---|
| Full Name (Last, First, Middle Initial) A. Mr Freddy C Warner Jr | | | Date of Receipt |
| Mailing Address 920 Frostwood Dr | | | <input type="text" value="07"/> / <input type="text" value="07"/> / <input type="text" value="2014"/> |
| City | State | Zip Code | Transaction ID : A1351DF2491164FCAA21 |
| Houston | TX | 77024-2314 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | | <input type="text" value="62.50"/> |
| Name of Employer | Occupation | | |
| Memorial Hermann Health System | Sys Exec Public Policy/Gov Rel | | |
| Receipt For: | Aggregate Year-to-Date ▼ | | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="437.50"/> | | |
| <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|-------------------------------------|------------|---|
| Full Name (Last, First, Middle Initial) B. Mr Freddy C Warner Jr | | | Date of Receipt |
| Mailing Address 920 Frostwood Dr | | | <input type="text" value="08"/> / <input type="text" value="07"/> / <input type="text" value="2014"/> |
| City | State | Zip Code | Transaction ID : AE7AB292BFE9E469E99E |
| Houston | TX | 77024-2314 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | | <input type="text" value="62.50"/> |
| Name of Employer | Occupation | | |
| Memorial Hermann Health System | Sys Exec Public Policy/Gov Rel | | |
| Receipt For: | Aggregate Year-to-Date ▼ | | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="500.00"/> | | |
| <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|-------------------------------------|------------|---|
| Full Name (Last, First, Middle Initial) C. Mr Freddy C Warner Jr | | | Date of Receipt |
| Mailing Address 920 Frostwood Dr | | | <input type="text" value="09"/> / <input type="text" value="07"/> / <input type="text" value="2014"/> |
| City | State | Zip Code | Transaction ID : A13C24261A70D4497AF9 |
| Houston | TX | 77024-2314 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | | <input type="text" value="62.50"/> |
| Name of Employer | Occupation | | |
| Memorial Hermann Health System | Sys Exec Public Policy/Gov Rel | | |
| Receipt For: | Aggregate Year-to-Date ▼ | | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="562.50"/> | | |
| <input type="checkbox"/> Other (specify) ▼ | | | |

| | |
|--|-------------------------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text" value="187.50"/> |
| TOTAL This Period (last page this line number only).....▶ | <input type="text"/> |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 29 OF 33
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
HOSPAC - Federal The Political Action Committee of The Texas Hospital Association

A. Mr William W Webster
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Drawer 7239
 City Odessa State TX Zip Code 79760-7239
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medical Center Health System Occupation Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 437.50

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 07 / 2014
Transaction ID : A4B10CC5F5458478089F
 Amount of Each Receipt this Period
 62.50

B. Mr William W Webster
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Drawer 7239
 City Odessa State TX Zip Code 79760-7239
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medical Center Health System Occupation Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 07 / 2014
Transaction ID : AF92EC3DF8B2245638B8
 Amount of Each Receipt this Period
 62.50

C. Mr William W Webster
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Drawer 7239
 City Odessa State TX Zip Code 79760-7239
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medical Center Health System Occupation Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 562.50

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 07 / 2014
Transaction ID : A3BE376E349F1459791F
 Amount of Each Receipt this Period
 62.50

SUBTOTAL of Receipts This Page (optional)..... ▶ 187.50
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 30 OF 33 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
HOSPAC - Federal The Political Action Committee of The Texas Hospital Association

A. Mr Bob Williams
Full Name (Last, First, Middle Initial)

Mailing Address 1600 Wallace Blvd

City Amarillo State TX Zip Code 79106-1799

FEC ID number of contributing federal political committee. **C**

Name of Employer BSA Health System-Baptist Campus Occupation President & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 07 / 2014

Transaction ID : AE8A10B1E11C3484494F

Amount of Each Receipt this Period
 250.00

B. Mr Michael D Williams
Full Name (Last, First, Middle Initial)

Mailing Address 7800 N Dallas Pkwy Ste 200

City Plano State TX Zip Code 75024-4082

FEC ID number of contributing federal political committee. **C**

Name of Employer Community Hospital Corporation Occupation President / CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 07 / 2014

Transaction ID : A61FE7319B92540C9B8F

Amount of Each Receipt this Period
 100.00

C. Mr Michael D Williams
Full Name (Last, First, Middle Initial)

Mailing Address 7800 N Dallas Pkwy Ste 200

City Plano State TX Zip Code 75024-4082

FEC ID number of contributing federal political committee. **C**

Name of Employer Community Hospital Corporation Occupation President / CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 07 / 2014

Transaction ID : AED6AD83FE2CA4180B34

Amount of Each Receipt this Period
 100.00

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 450.00 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 31 OF 33 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
HOSPAC - Federal The Political Action Committee of The Texas Hospital Association

A. Mr Michael D Williams
 Full Name (Last, First, Middle Initial)
 Mailing Address 7800 N Dallas Pkwy Ste 200
 City Plano State TX Zip Code 75024-4082
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Community Hospital Corporation Occupation President / CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 07 / 2014
Transaction ID : A3F8C93865F324B83A92
 Amount of Each Receipt this Period 100.00

B. Mr Ignacio O Zamarron
 Full Name (Last, First, Middle Initial)
 Mailing Address 1108 Lavaca Ste 700
 City Austin State TX Zip Code 78701-2180
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Texas Hospital Association Occupation Sr VP CFO Bus Affairs & Oper
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 583.38

Date of Receipt 07 / 22 / 2014
Transaction ID : AF4B8DC1D51274058BAD
 Amount of Each Receipt this Period 83.34

c. Mr Ignacio O Zamarron
 Full Name (Last, First, Middle Initial)
 Mailing Address 1108 Lavaca Ste 700
 City Austin State TX Zip Code 78701-2180
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Texas Hospital Association Occupation Sr VP CFO Bus Affairs & Oper
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 666.72

Date of Receipt 08 / 19 / 2014
Transaction ID : A8C82D0FE6E144C2C80A
 Amount of Each Receipt this Period 83.34

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 266.68 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 32 OF 33
(check only one)

| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
HOSPAC - Federal The Political Action Committee of The Texas Hospital Association

A. Full Name (Last, First, Middle Initial)
Mr Ignacio O Zamarron

Mailing Address 1108 Lavaca Ste 700

City Austin State TX Zip Code 78701-2180

FEC ID number of contributing federal political committee. **C**

Name of Employer Texas Hospital Association Occupation Sr VP CFO Bus Affairs & Oper

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.06**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 30 / 2014

Transaction ID : AD7C364A78C384066B61

Amount of Each Receipt this Period
83.34

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 83.34 |
| TOTAL This Period (last page this line number only).....▶ | 7856.67 |

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

HOSPAC - Federal The Political Action Committee of The Texas Hospital Association

Full Name (Last, First, Middle Initial)

A. AHAPAC-American Hospital Association Federal PAC

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | | 03 | | 2014 |

Mailing Address 325 Seventh Street, N.W.
Suite 700

City Washington State DC Zip Code 20004

Purpose of Disbursement
PAC Transfer

| |
|-------------------|
| 011 |
| Category/ Type |

Transaction ID : B2DD8D29344B8437DA84

Amount of Each Disbursement this Period

| |
|----------|
| 33000.00 |
|----------|

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| | | | | |

Mailing Address

City State Zip Code

Purpose of Disbursement

| |
|-------------------|
| |
| Category/ Type |

Amount of Each Disbursement this Period

| |
|--|
| |
|--|

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| | | | | |

Mailing Address

City State Zip Code

Purpose of Disbursement

| |
|-------------------|
| |
| Category/ Type |

Amount of Each Disbursement this Period

| |
|--|
| |
|--|

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

| |
|----------|
| 33000.00 |
|----------|

| |
|----------|
| 33000.00 |
|----------|