

**MONTHLY FILING GENERAL-PURPOSE
COMMITTEE CAMPAIGN FINANCE REPORT**

The MPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00015750		2 Total pages filed: 16	
3 COMMITTEE NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC - State				OFFICE USE ONLY	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP 9390 Research Blvd., Bldg. 1 Suite 300 Austin, TX 78759				Date Received	
				ELECTRONICALLY FILED 01/05/2024	
5 CAMPAIGN TREASURER NAME <input type="checkbox"/> Change of Address		MS / MRS / MR Ms.	FIRST Rachel	MI MI	Date Hand-delivered or Date Postmarked
		NICKNAME Hammon	LAST Hammon	SUFFIX Hammon	Receipt # Amount Date Processed Date Imaged
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 9390 Research Blvd., Bldg. 1 Suite 300 Austin, TX 78759			
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address		STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 3737 Executive Center Dr., Ste. 268 Austin, TX 78731			
8 CAMPAIGN TREASURER PHONE		AREA CODE PHONE NUMBER EXTENSION (512) 338-9293			
9 REPORT TYPE		<input checked="checked" type="checkbox"/> Monthly <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Dissolution (Attach PAC-DR)			
10 MONTHLY REPORT FILING DEADLINE		<input checked="checked" type="checkbox"/> January 5 <input type="checkbox"/> February 5 <input type="checkbox"/> March 5 <input type="checkbox"/> April 5 <input type="checkbox"/> May 5 <input type="checkbox"/> June 5 <input type="checkbox"/> July 5 <input type="checkbox"/> August 5 <input type="checkbox"/> September 5 <input type="checkbox"/> October 5 <input type="checkbox"/> November 5 <input type="checkbox"/> December 5			
11 PERIOD COVERED		Month Day Year 11/26/2023 THROUGH Month Day Year 12/25/2023			

GO TO PAGE 2

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC
COVER SHEET PG 2

12 COMMITTEE NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice	13 Filer ID (Ethics Commission Filers) 00015750
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14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,673.83
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 17,157.11
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 121,276.60
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

16 AFFIDAVIT

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

Ms. Rachel Hammon

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

SUBTOTALS - MPAC

17 COMMITTEE NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice	18 Filer ID (Ethics Commission Filers) 00015750
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19 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3,751.55
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5. <input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6. <input checked="" type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$ 922.28
7. <input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8. <input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9. <input type="checkbox"/> SCHEDULE E: LOANS	\$
10. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 17,157.11
11. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/4 Rpt: 4/16
2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		3 Filer ID (Ethics Commission Filers) 00015750
4 Date 11/29/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boston, Jessica (Ms.)	7 Amount of Contribution (\$) \$42.00
	6 Contributor address; City; State; Zip Code Austin, TX 78745	
8 Principal occupation / Job title (See Instructions) Director Policy Specialist		9 Employer (See Instructions) Texas Association for Home & Hospice, Inc.
Date 11/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boston, Jessica (Ms.)	Amount of Contribution (\$) \$42.00
	Contributor address; City; State; Zip Code Austin, TX 78745	
Principal occupation / Job title (See Instructions) Director Policy Specialist		Employer (See Instructions) Texas Association for Home & Hospice, Inc.
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis , Sheila (Ms.)	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code Wichita Falls, TX 76310	
Principal occupation / Job title (See Instructions) CHCE; COS-C		Employer (See Instructions) Always Best Care Senior Services
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dilleshaw, Brittany (Ms.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Danbury, TX 77534	
Principal occupation / Job title (See Instructions) Vice President of Home Therapy Services		Employer (See Instructions) MedCare Pediatric Nursing
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goolsby, Sharon (Ms.)	Amount of Contribution (\$) \$125.00
	Contributor address; City; State; Zip Code Jefferson, TX 75657	
Principal occupation / Job title (See Instructions) Administrator		Employer (See Instructions) First in Pediatrics Home Health Care, Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/4 Rpt: 5/16
2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		3 Filer ID (Ethics Commission Filers) 00015750
4 Date 11/29/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hammon, Rachel (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78732	7 Amount of Contribution (\$) \$42.00
8 Principal occupation / Job title (See Instructions) Executive Director		9 Employer (See Instructions) Texas Assn. for Home Care & Hospice Inc.
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hosley, Dennis (Mr.) <hr/> Contributor address; City; State; Zip Code Dallas, TX 75214	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) President COO		Employer (See Instructions) Pediatric Home Healthcare
Date 11/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Machado, Marisa (Ms.) <hr/> Contributor address; City; State; Zip Code Hutto, TX 78634	Amount of Contribution (\$) \$42.00
Principal occupation / Job title (See Instructions) COO		Employer (See Instructions) Texas Assn. for Homecare & Hospice, Inc.
Date 11/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Machado, Marisa (Ms.) <hr/> Contributor address; City; State; Zip Code Hutto, TX 78634	Amount of Contribution (\$) \$42.00
Principal occupation / Job title (See Instructions) COO		Employer (See Instructions) Texas Assn. for Homecare & Hospice, Inc.
Date 11/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Manley, Victoria (Ms.) <hr/> Contributor address; City; State; Zip Code Centennial, CO 80015	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Authorization Coordinator		Employer (See Instructions) Angels of Care

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/4 Rpt: 6/16
2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		3 Filer ID (Ethics Commission Filers) 00015750
4 Date 12/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McClammy, Lisa (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Whitney, TX 76692	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) RN Consultant		9 Employer (See Instructions) MAC Legacy
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore , Kellie (Ms.) <hr/> Contributor address; City; State; Zip Code Katy, TX 77494	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Supervisor		Employer (See Instructions) Angels of Care
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morales, Carlos (Mr.) <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79424	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Executive Vice President		Employer (See Instructions) Caprock Home Health Services, Inc.
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olguin, Christie (Ms.) <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78254	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Therapist		Employer (See Instructions) Angels of Care
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peterson, Michelle (Ms.) <hr/> Contributor address; City; State; Zip Code Cedar Creek, TX 78612	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) VP of Operations		Employer (See Instructions) Bluebonnet Home Health Care of Texas, Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/4 Rpt: 7/16
2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		3 Filer ID (Ethics Commission Filers) 00015750
4 Date 11/29/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledger, Carla (Ms.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Kerrville, TX 78028	
8 Principal occupation / Job title (See Instructions) Nurse		9 Employer (See Instructions) Angels of Care
Date 11/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rash, Rose (Ms.)	Amount of Contribution (\$) \$119.05
	Contributor address; City; State; Zip Code Corsicana, TX 75109	
Principal occupation / Job title (See Instructions) Owner/Director of Nursing		Employer (See Instructions) Angels At Home, Inc.
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robison, Kristen (Ms.)	Amount of Contribution (\$) \$125.00
	Contributor address; City; State; Zip Code San Antonio, TX 78209	
Principal occupation / Job title (See Instructions) RN, VP Govt. Affairs, CCO		Employer (See Instructions) Angels of Care Pediatric Home Health
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sandoval, Vanessa (Ms.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Harlingen, TX 78552	
Principal occupation / Job title (See Instructions) Administrator		Employer (See Instructions) Texas Visiting Nurse Services Ltd.
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) van den Bent, Jerre (Mr.)	Amount of Contribution (\$) \$2,800.00
	Contributor address; City; State; Zip Code Dallas, TX 75208	
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Therapy 2000 Inc.

MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C3

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C3: Sch: 1/1 Rpt: 8/16
2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice		3 Filer ID (Ethics Commission Filers) 00015750
4 Date 12/01/2023	5 Corporation / Labor Organization name Texas Association for Home Care & Hospice, Inc.	6 Amount (\$) 922.28

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/8 Rpt: 9/16	2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas	3 Filer ID (Ethics Commission Filers) 00015750
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4 Date 12/11/2023	5 Payee name Allison Campaign, Steve (Rep.)
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6 Amount (\$) \$1,500.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1635 N.E. Loop 410, Suite 506 San Antonio, TX 78209
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/14/2023	Payee name Bonnen Campaign, Greg (Rep.)
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Amount (\$) \$2,500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 1183 Friendswood, TX 77546
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/05/2023	Payee name Campos Campaign, Elizabeth (Rep.)
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Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 3134 Sidney Brooks, Suite A San Antonio, TX 78235
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/8 Rpt: 10/16	2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas	3 Filer ID (Ethics Commission Filers) 00015750
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4 Date 12/04/2023	5 Payee name Global Payments Inc.
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6 Amount (\$) \$48.20	7 Payee address; City; State; Zip Code 3550 Lenox Road, Suite 3000 Atlanta, GA 30326
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Expenditure from corporate funds

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/07/2023	Payee name Hinojosa Campaign, Juan (Sen.)
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Amount (\$) \$2,000.00	Payee address; City; State; Zip Code 602 N. Staples St., Suite 200 Corpus Christi, TX 78401
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Expenditure from corporate funds

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/08/2023	Payee name Howard Campaign, Donna (Rep.)
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Amount (\$) \$2,500.00	Payee address; City; State; Zip Code P.O. Box 5375 Austin, TX 78763
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Expenditure from corporate funds

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/8 Rpt: 11/16	2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas	3 Filer ID (Ethics Commission Filers) 00015750
4 Date 12/14/2023	5 Payee name LaMantia Campaign, Morgan (Sen.)	
6 Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1324 E. Madison Brownsville, TX 78520	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/27/2023	Payee name PayPal	
Amount (\$) \$1.99 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2211 N. First St. San Jose, CA 95131	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/27/2023	Payee name PayPal	
Amount (\$) \$1.36 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2211 N. First St. San Jose, CA 95131	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/8 Rpt: 12/16	2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas	3 Filer ID (Ethics Commission Filers) 00015750
4 Date 11/27/2023	5 Payee name PayPal	
6 Amount (\$) \$1.36 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 2211 N. First St. San Jose, CA 95131	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/27/2023	Payee name PayPal	
Amount (\$) \$0.69 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2211 N. First St. San Jose, CA 95131	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/27/2023	Payee name PayPal	
Amount (\$) \$0.66 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2211 N. First St. San Jose, CA 95131	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/8 Rpt: 13/16	2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas	3 Filer ID (Ethics Commission Filers) 00015750
4 Date 11/27/2023	5 Payee name PayPal	
6 Amount (\$) \$1.36 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 2211 N. First St. San Jose, CA 95131	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/29/2023	Payee name PayPal	
Amount (\$) \$1.54 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2211 N. First St. San Jose, CA 95131	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/29/2023	Payee name PayPal	
Amount (\$) \$1.36 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2211 N. First St. San Jose, CA 95131	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/8 Rpt: 14/16	2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas	3 Filer ID (Ethics Commission Filers) 00015750
4 Date 12/11/2023	5 Payee name PayPal	
6 Amount (\$) \$4.85 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 2211 N. First St. San Jose, CA 95131	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/11/2023	Payee name PayPal	
Amount (\$) \$1.36 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2211 N. First St. San Jose, CA 95131	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/11/2023	Payee name PayPal	
Amount (\$) \$81.31 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2211 N. First St. San Jose, CA 95131	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/8 Rpt: 15/16	2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas	3 Filer ID (Ethics Commission Filers) 00015750
4 Date 12/11/2023	5 Payee name PayPal	
6 Amount (\$) \$2.24 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 2211 N. First St. San Jose, CA 95131	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/11/2023	Payee name PayPal	
Amount (\$) \$4.85 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2211 N. First St. San Jose, CA 95131	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/15/2023	Payee name PayPal	
Amount (\$) \$3.98 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2211 N. First St. San Jose, CA 95131	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 8/8 Rpt: 16/16	2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas	3 Filer ID (Ethics Commission Filers) 00015750
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4 Date 12/07/2023	5 Payee name Texans for Dan Patrick
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6 Amount (\$) \$4,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code P.O. Box 68085 Austin, TX 78768
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/15/2023	Payee name Texans for Joan Huffman
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Amount (\$) \$2,500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 16010 Barkers Point Ln, Suite 265 Houston, TX 77079
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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