MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC COVER SHEET PG 1

			1 Filer ID	2 Total pages filed:
Th	e MPAC Instruction (Guide explains how to complete this form.	(Ethics Commission Filers)	24
_	COMMITTEE NAME		00015750	
3		(-11	Lance Construction BAC	OFFICE USE ONLY
	State	for Home Care and Hospice Inc Texas F	nome Care and Hospice PAC -	Date Received
l	State			ELECTRONICALLY FILED
l				02/05/2024
4	COMMITTEE	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP	1
ľ	ADDRESS	9390 Research Blvd., Bldg. 1 Suite 300	5, 5 <u>-</u> , <u>-</u>	
l		3330 Research biva., blug. 1 State 300		
l	Change of Address	Austin, TX 78759		
╙				Date Hand-delivered or Date Postmarked
5	CAMPAIGN TREASURER	MS / MRS / MR FIRST	MI	
l	NAME	Ms. Rachel		Receipt # Amount
l				
l				Date Processed
l		NICKNAME LAST	SUFFIX	(
l		Hammon		Date Imaged
l				
6	CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #; CITY; ST	ATE; ZIP CODE
l	TREASURER STREET	9390 Research Blvd., Bldg. 1 Suite 300		
l	ADDRESS			
	(Residence or Business)	Austin, TX 78759		
_				
7	CAMPAIGN TREASURER	STREET ADDRESS OR PO BOX;	APT / SUITE #; CITY; ST	ATE; ZIP CODE
l	MAILING	3737 Executive Center Dr., Ste. 268		
l	ADDRESS			
l	Change of Address	Austin, TX 78731		
╠	CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION	
8	TREASURER	AREA CODE PHONE NOMBER	EXTENSION	
l	PHONE	(512) 338-9293		
Ŀ				
9	REPORT TYPE	X Monthly	10th day after campaign	Dissolution (Attach PAC-DR)
l		Xey	treasurer termination	
10	MONTHLY			
l	REPORT FILING DEADLINE	January 5 April	5 July 5	October 5
	DEADEINE	X February 5 May	5 August 5	November 5
l			<u>—</u>	
		March 5 June	5 September 5	December 5
11	PERIOD	Month Day Year _	Month	Day Year
	COVERED	12/26/2023	HROUGH 01/25/	
		12/20/2023	01/23/	2024
l				
		00.7	O DACE 2	
		GO I	O PAGE 2	

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

L2 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	ome Care and Hospic	e Inc Texas Home Care a	nd Hospice	00015750	•
L4 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
5 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS N	POLITICAL CONTRIBUTION OR GUARANTEES OF LOANS ADE ELECTRONICALLY) qualifies for the higher itemization to	S, ÒR	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLEI	L CONTRIBUTIONS DGES, LOANS, OR GUARANT	TEES OF LOANS)	\$	2,702.74
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	6	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES		\$	1,086.24
CONTRIBUTION BALANCE	5. TOTAL POLITICAL (OF THE REPORTIN	CONTRIBUTIONS MAINTAINE G PERIOD	D AS OF THE LAST	DAY \$	121,970.82
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTAND REPORTING PERIOD	ING LOANS AS OF	THE \$	0.00
6 AFFIDAVIT				<u> </u>	
			and includes all infor		accompanying report is d to be reported by me
			Ms. Rach	el Hammon	
			Signature of Ca	ımpaign Treasu	ırer
AFFIX NOTARY	STAMP / SEAL ABOVE				
				his the	day
of	, 20, to certify \	vhich, witness my hand and se	al of office.		
Signature of officer add	ministering oath	Printed name of officer admini	stering oath	Title of office	cer administering oath

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

3 of 24

					3 01 24
		EE NAME sociation for Home Care and Hospice Inc Texas Home Care and Hospice	18 Filer ID 00015750	(Ethics Com	mission Filers)
		E SUBTOTALS SCHEDULE		SUBTO	TAL AMOUNT
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	1,780.46
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOURGANIZATION	DR	\$	
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$	
6.	X	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$	922.28
7.		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$	
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (ORGANIZATION	\$	
9.		SCHEDULE E: LOANS		\$	
10.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$	1,086.24
11.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
13.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$	

	WUNEI	ARY POLITICAL (CONTRIBUTIO			SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A1: Sch: 1/13 Rpt: 4/24	
2	FILER NAME Texas Assoc	ciation for Home Care and Ho	spice Inc Texas Hon	ne Care and Hospice PAC -	I	Filer ID (Ethics Commission 00015750	n Filers)
4	Date 12/29/2023	5 Full name of contributor Boston, Jessica (Ms.)6 Contributor address; City; S)	7 /	Amount of Contribution (\$)	\$126.00
		Austin, TX 78745					
8	Principal occu Director Poli	pation / Job title (See Instructions cv Specialist	3)	9 Employer (See Instructions Texas Association for H	•	& Hospice. Inc.	
	Date 12/26/2023	Full name of contributor Chavez , Delma (Ms.) Contributor address; City; S	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$50.00
	Midland, TX 79707 Principal occupation / Job title (See Instructions) Employer (See Instruction				<u> </u> S)		
	Social Worker			St. Joseph's Home Heal	lth		
	Date 01/17/2024	Full name of contributor Chavez , Delma (Ms.) Contributor address; City; S				Amount of Contribution (\$)	\$50.00
	Delinational	Midland, TX 79707		Familia and (October Instruction	<u> </u>		
	Social Worke	pation / Job title (See Instructions er	5)	Employer (See Instructions St. Joseph's Home Heal			
	Date 12/26/2023	Full name of contributor Cornett, Valerie (Ms.) Contributor address; City; S Keller, TX 76244	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$40.00
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions MAC Legacy	5)		
	Date 01/18/2024	Full name of contributor Cornett, Valerie (Ms.) Contributor address; City; S Keller, TX 76244	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$40.00
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions MAC Legacy	5)		

	MONET	ARY POLITICAL CONTRIBUTI	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 2/13 Rpt: 5/24		
2	FILER NAME Texas Assoc	ciation for Home Care and Hospice Inc Texas Ho	ome Care and Hospice PAC -	3 Filer ID (Ethics Commission Filer 00015750	ilers)	
4	Date 12/26/2023	 5 Full name of contributor out-of-state PAC (ID# Davis , Sheila (Ms.) 6 Contributor address; City; State; Zip Code 	* :)	7 Amount of Contribution (\$)	\$12.50	
		Wichita Falls, TX 76310				
8	Principal occu CHCE; COS	pation / Job title (See Instructions) -C	9 Employer (See Instructions Always Best Care Senio			
	Date 12/26/2023	Full name of contributor	#:)	Amount of Contribution (\$)	\$25.00	
	Principal occu	Danbury, TX 77534 pation / Job title (See Instructions)	Employer (See Instructions	.)		
	•	ent of Home Therapy Services	MedCare Pediatric Nurs			
	Date 12/26/2023	Full name of contributor out-of-state PAC (ID# Escamilla, Jamie (Ms.) Contributor address; City; State; Zip Code	<u>*:)</u>	Amount of Contribution (\$)	\$8.00	
		San Antonio, TX 78258				
	•	pation / Job title (See Instructions) eech Language Pathologist	Employer (See Instructions Ability Pediatric Therapy			
	Date 12/26/2023	Full name of contributor	#:)	Amount of Contribution (\$)	\$8.00	
	•	pation / Job title (See Instructions) eech Language Pathologist	Employer (See Instructions Ability Pediatric Therapy			
	Date 12/26/2023	Full name of contributor out-of-state PAC (ID# Escamilla, Jamie (Ms.) Contributor address; City; State; Zip Code San Antonio, TX 78258		Amount of Contribution (\$)	\$8.00	
	•	pation / Job title (See Instructions)	Employer (See Instructions			
	MC CCC-Sp	eech Language Pathologist	Ability Pediatric Therapy			

The Instruction Guide explains how to complete this form. 1 Total pages Schedule Sch: 3/13 Rpt: 6/24 2 FILER NAME Texas Association for Home Care and Hospice Inc Texas Home Care and Hospice PAC - 00015750 4 Date 12/26/2023	OULE A1
Texas Association for Home Care and Hospice Inc Texas Home Care and Hospice PAC - 4 Date 12/26/2023	1:
12/26/2023 Escobar, Christina (Ms.) 6 Contributor address; City; State; Zip Code	ssion Filers)
8 Principal occupation / Job title (See Instructions) Director of Therapy Date 12/26/2023 Full name of contributor out-of-state PAC (ID#:	\$10.00
Date Full name of contributor out-of-state PAC (ID#: Selma, TX 78154 Escobar, Christina (Ms.) Escobar, Christina (Ms.) Employer (See Instructions) Amount of Contribution Amount of Contribution Director of Therapy Amount of Contribution Employer (See Instructions) Amount of Contribution Amount of Contribution Amount of Contribution Out-of-state PAC (ID#: Selma, TX 78154 Escobar, Christina (Ms.) Escobar, Christina (Ms.) Escobar, Christina (Ms.) Contributor address; City; State; Zip Code Employer (See Instructions) Employer (See Instructions) Director of Therapy Ability Pediatric Therapy Ability Pediatric Therapy Amount of Contribution Out-of-state PAC (ID#: Amount of Contribution Amount of Contribution Director of Therapy Amount of Contribution Amount of Contribution Out-of-state PAC (ID#: Amount of Contribution Amount of Contribution Director of Therapy Amount of Contribution Amount of Contribution Out-of-state PAC (ID#: Amount of Contribution Amount of Contribution Director of Therapy Date Full name of contributor Out-of-state PAC (ID#: Amount of Contribution Director of Therapy Date Full name of contributor Director of Therapy Date Director of T	
Date Full name of contributor out-of-state PAC (ID#:	
12/26/2023 Escobar, Christina (Ms.) Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions) Director of Therapy Date 12/26/2023 Full name of contributor out-of-state PAC (ID#: Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Director of Therapy Date Full name of contributor out-of-state PAC (ID#: Selma, TX 78154 Principal occupation / Job title (See Instructions) Director of Therapy Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution Amount of Contribution Amount of Contribution Amount of Contribution Principal occupation / Job title (See Instructions) Director of Therapy Amount of Contribution Page Full name of contributor out-of-state PAC (ID#: 12/26/2023 Flores, Sonia (Ms.)	\$10.00
Director of Therapy Date	
Date Full name of contributor out-of-state PAC (ID#:	
12/26/2023 Escobar, Christina (Ms.) Contributor address; City; State; Zip Code Selma, TX 78154 Principal occupation / Job title (See Instructions) Director of Therapy Date 12/26/2023 Full name of contributor out-of-state PAC (ID#:) Flores, Sonia (Ms.) Amount of Contribution	
Principal occupation / Job title (See Instructions) Director of Therapy Date 12/26/2023 Flores, Sonia (Ms.) Employer (See Instructions) Ability Pediatric Therapy Amount of Contribution	\$) \$10.00
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution 12/26/2023 Flores, Sonia (Ms.)	
12/26/2023 Flores, Sonia (Ms.)	
Amarillo, TX 79109	\$3.00
Principal occupation / Job title (See Instructions) Certified Nursing Assistant Employer (See Instructions) Goodcare Health Services	
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution 12/26/2023 Flores, Sonia (Ms.) Contributor address; City; State; Zip Code Amarillo, TX 79109	\$3.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Certified Nursing Assistant Goodcare Health Services	

	MONEI	DNETARY POLITICAL CONTRIBUTIONS				SCHEDULE	A1
	The Instru	ction Guide explains how to complete this t	for	m.	1	Total pages Schedule A1: Sch: 4/13 Rpt: 7/24	
2	FILER NAME Texas Assoc	ciation for Home Care and Hospice Inc Texas Hor	ne	Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	Filers)
4	Date 01/17/2024	 Full name of contributor out-of-state PAC (ID#: Goolsby, Sharon (Ms.) Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$125.00
		Jefferson, TX 75657					
8	Principal occu Administrato	pation / Job title (See Instructions)	9	Employer (See Instructions First in Pediatrics Home			
	Date 12/26/2023	Full name of contributor out-of-state PAC (ID#:_ Graham-Stone, Mary (Ms.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$5.00
		San Antonio, TX 78230	_				
	Principal occu Home Care	pation / Job title (See Instructions)		Employer (See Instructions Ability Pediatric Therapy			
	Date 12/26/2023	Full name of contributor out-of-state PAC (ID#:_ Graham-Stone, Mary (Ms.) Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$5.00
		San Antonio, TX 78230					
	Principal occu Home Care	pation / Job title (See Instructions)		Employer (See Instructions Ability Pediatric Therapy			
	Date 12/26/2023	Full name of contributor out-of-state PAC (ID#:_ Graham-Stone, Mary (Ms.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$5.00
	Principal occu Home Care	San Antonio, TX 78230 pation / Job title (See Instructions)		Employer (See Instructions Ability Pediatric Therapy			
	Date 12/26/2023	Full name of contributor out-of-state PAC (ID#:_Guerrero, Bianca (Ms.) Contributor address; City; State; Zip Code San Antonio, TX 78232)		Amount of Contribution (\$)	\$4.00
	•	pation / Job title (See Instructions) guage Pathologist Assistant		Employer (See Instructions Ability Pediatric Therapy			
	Specol Lali	gaago i aliiologist Assistant	1	Turning I Guiauro Trierapy			

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 5/13 Rpt: 8/24	
2	FILER NAME Texas Assoc	ciation for Home Care and Hos	pice Inc Texas Home	e Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	Filers)
4	Date 12/26/2023	5 Full name of contributor Hale, Kati (Ms.)6 Contributor address; City; Sta	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$60.00
_	<u> </u>	Denton, TX 76208	1.		_		
8	COO	pation / Job title (See Instructions)	[9	Employer (See Instructions MAC Legacy			
	Date 01/18/2024	Full name of contributor Hale, Kati (Ms.) Contributor address; City; Sta Denton, TX 76208	out-of-state PAC (ID#: tte; Zip Code			Amount of Contribution (\$)	\$60.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions MAC Legacy	<u> </u>		
	Date 12/29/2023	Full name of contributor Hammon, Rachel (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#: ite; Zip Code)		Amount of Contribution (\$)	\$15.36
	Principal occu	Austin, TX 78732 pation / Job title (See Instructions)		Employer (See Instructions	:) 		
	Executive Di			Texas Assn. for Home C		e & Hospice Inc.	
Date 01/17/2024		Full name of contributor Hammon, Rachel (Ms.) Contributor address; City; Sta)		Amount of Contribution (\$)	\$10.50
		Austin, TX 78732					
	Principal occu Executive Di	pation / Job title (See Instructions) rector		Employer (See Instructions Texas Assn. for Home C		e & Hospice Inc.	
	Date 12/26/2023	Full name of contributor Harding, Debra (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code)		Amount of Contribution (\$)	\$2.00
	Principal occu Home Care	pation / Job title (See Instructions)		Employer (See Instructions Ability HomeCare, Inc.	5)		
	Tiomo Gare			, sainty from Courte, into			

	MONEI	ARY POLITICAL	CONTRIBUTIO	JNS		SCHEDULE	A1
	The Instru	ction Guide explains ho	v to complete this f	orm.	1	Total pages Schedule A1: Sch: 6/13 Rpt: 9/24	
2	FILER NAME Texas Assoc	ciation for Home Care and Ho	spice Inc Texas Hon	ne Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	Filers)
4	Date 12/26/2023	5 Full name of contributor Harding, Debra (Ms.)6 Contributor address; City; S			7	Amount of Contribution (\$)	\$2.00
		San Antonio, TX 78230					
8	Principal occu Home Care	pation / Job title (See Instruction	s)	9 Employer (See Instructions Ability HomeCare, Inc.			
	Date 12/26/2023	Full name of contributor Harding, Debra (Ms.) Contributor address; City; S	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$2.00
	San Antonio, TX 78230 Principal occupation / Job title (See Instructions) Employer (See Instructions)				 ;)		
	Home Care			Ability HomeCare, Inc.			
	Date 01/17/2024	Full name of contributor Hosley, Dennis (Mr.) Contributor address; City; S	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$50.00
		Dallas, TX 75214					
	Principal occu President CO	pation / Job title (See Instruction DO	s)	Employer (See Instructions Pediatric Home Healthc)	
	Date 12/26/2023	Full name of contributor Kendrick, Sarah (Ms.) Contributor address; City; S San Antonio, TX 78260	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$8.00
	Principal occu Physical The	pation / Job title (See Instruction erapist	s)	Employer (See Instructions Ability Pediatric Therapy			
	Date 12/26/2023	Full name of contributor Kendrick, Sarah (Ms.) Contributor address; City; S San Antonio, TX 78260	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$4.00
	Principal occu Physical The	pation / Job title (See Instruction erapist	s)	Employer (See Instructions Ability Pediatric Therapy			

	MONEI	ARY POLITICAL CO	SCHEDULE A1			
	The Instru	ction Guide explains how t	to complete this fo	rm.	1 Total pages Schedule A1: Sch: 7/13 Rpt: 10/24	
2	FILER NAME Texas Assoc	ciation for Home Care and Hosp	oice Inc Texas Home	e Care and Hospice PAC -	3 Filer ID (Ethics Commission File 00015750	ilers)
4	Date 12/29/2023	Full name of contributor Machado, Marisa (Ms.) Contributor address; City; Stat)	7 Amount of Contribution (\$)	\$84.00
		Hutto, TX 78634				
8	Principal occu COO	pation / Job title (See Instructions)	9	Employer (See Instructions Texas Assn. for Homeca		
	Date 01/17/2024	Full name of contributor Machado, Marisa (Ms.) Contributor address; City; Stat Hutto, TX 78634	out-of-state PAC (ID#: e; Zip Code		Amount of Contribution (\$)	\$21.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)	
	COO			Texas Assn. for Homeca	are & Hospice, Inc.	
	Date 12/29/2023	Full name of contributor Manley, Victoria (Ms.) Contributor address; City; Stat	out-of-state PAC (ID#: e; Zip Code		Amount of Contribution (\$)	\$25.00
		Centennial, CO 80015				
		pation / Job title (See Instructions) n Coordinator		Employer (See Instructions Angels of Care)	
	Date 01/24/2024	Contributor address; City; Stat			Amount of Contribution (\$)	\$5.00
	•	Amarillo, TX 79110 upation / Job title (See Instructions) rsing Assistant		Employer (See Instructions Goodcare Health Servic	•	
	Date 01/24/2024	Full name of contributor Martinez, Rebecca (Ms.) Contributor address; City; Stat Amarillo, TX 79110	out-of-state PAC (ID#:		Amount of Contribution (\$)	\$5.00
		pation / Job title (See Instructions)		Employer (See Instructions		
	Cerullea Nur	rsing Assistant		Goodcare Health Servic	೮১	

	MONET	ARY POLITICAL CO	DNIKIBUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains how to	o complete this for	m.	1	Total pages Schedule A1: Sch: 8/13 Rpt: 11/24	
2	FILER NAME Texas Assoc	ciation for Home Care and Hospi	ce Inc Texas Home	Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	Filers)
4	Date 01/17/2024	5 Full name of contributor McClammy, Lisa (Ms.)6 Contributor address; City; State)	7	Amount of Contribution (\$)	\$25.00
•	Dringing! goog	Whitney, TX 76692	lo lo	Employer (See Instructions	<u>, </u>		
8	RN Consulta	pation / Job title (See Instructions) unt	9	Employer (See Instructions MAC Legacy)		
	Date 12/29/2023	Full name of contributor Moore , Kellie (Ms.) Contributor address; City; State	out-of-state PAC (ID#: e; Zip Code)		Amount of Contribution (\$)	\$5.00
	Principal occu	Maty, TX 77494 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	Supervisor			Angels of Care			
	Date 12/26/2023	Full name of contributor Morales, Carlos (Mr.) Contributor address; City; State	out-of-state PAC (ID#: e; Zip Code)		Amount of Contribution (\$)	\$50.00
	5	Lubbock, TX 79424		5 1 (2 1 1 1	<u>_</u>		
		pation / Job title (See Instructions) ce President		Employer (See Instructions Caprock Home Health S		vices, Inc.	
	Date 01/23/2024	Contributor address; City; State)		Amount of Contribution (\$)	\$50.00
	•	Lubbock, TX 79424 pation / Job title (See Instructions) ce President		Employer (See Instructions Caprock Home Health S		vices, Inc.	
	Date 12/26/2023	Full name of contributor Palmer, Lee (Mr.) Contributor address; City; State Richmond, TX 77406	out-of-state PAC (ID#: ;; Zip Code			Amount of Contribution (\$)	\$50.00
	Principal occu Administrato	pation / Job title (See Instructions)		Employer (See Instructions Consolidated Home Hea		1	
	, anninguato	•		Sonsonation From Free	A111	·	

	MONEI	ARY POLITICAL C	ONTRIBUTIO	N2	SCHEDULE A	A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1 Total pages Schedule A1: Sch: 9/13 Rpt: 12/24	
2	FILER NAME Texas Assoc	iation for Home Care and Hosp	oice Inc Texas Hom	e Care and Hospice PAC -	3 Filer ID (Ethics Commission File 00015750	ers)
4	Date 01/17/2024	5 Full name of contributor Palmer, Lee (Mr.)6 Contributor address; City; Star)	7 Amount of Contribution (\$)	\$50.00
		Richmond, TX 77406				
8	Administrato	pation / Job title (See Instructions) r		Employer (See Instructions Consolidated Home Hea		
	Date 01/17/2024	Full name of contributor [Peterson, Michelle (Ms.) Contributor address; City; Star	out-of-state PAC (ID#:_ te; Zip Code		Amount of Contribution (\$) \$:	100.00
	Cedar Creek, TX 78612 Principal occupation / Job title (See Instructions) Employer (See Instruction)	
	VP of Operations			Bluebonnet Home Healt		
	Date 12/29/2023	Full name of contributor [Pledger, Carla (Ms.) Contributor address; City; Star	out-of-state PAC (ID#:		Amount of Contribution (\$)	\$30.00
	Dringing! goog	Kerrville, TX 78028		Employer (Co.) Instructions	Y	
	Nurse	pation / Job title (See Instructions)		Employer (See Instructions Angels of Care)	
	Date 12/26/2023	Full name of contributor [Rangel, Teresa (Ms.) Contributor address; City; State Amarillo, TX 79108)	Amount of Contribution (\$)	\$5.00
	Principal occu LVN	pation / Job title (See Instructions)		Employer (See Instructions Goodcare Health Servic		
	Date 12/26/2023	Full name of contributor Rangel, Teresa (Ms.) Contributor address; City; Star Amarillo, TX 79108	out-of-state PAC (ID#:)	Amount of Contribution (\$)	\$5.00
	Principal occu LVN	pation / Job title (See Instructions)		Employer (See Instructions Goodcare Health Servic		

	MONEI	ARY POLITICAL (CONTRIBUTIO	JIN 5		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	ges Schedule A1: 1/13 Rpt: 13/24	
2	2 FILER NAME Texas Association for Home Care and Hospice Inc Texas Home Care and Hospice PAC			ne Care and Hospice PAC -	3 Filer ID 000157	(Ethics Commission 50	Filers)
4	Date 12/26/2023 Full name of contributor out-of-state PAC (ID#:) Rangel, Teresa (Ms.) 6 Contributor address; City; State; Zip Code		7 Amount	of Contribution (\$)	\$5.00		
		Amarillo, TX 79108					
8	Principal occu LVN	pation / Job title (See Instructions	s) 	9 Employer (See Instructions Goodcare Health Service			
	Date 12/26/2023	Full name of contributor Rangel, Teresa (Ms.) Contributor address; City; S)	Amount	of Contribution (\$)	\$5.00
	Principal occu	Amarillo, TX 79108 pation / Job title (See Instructions	5)	Employer (See Instructions	<u> </u> s)		
	LVN			Goodcare Health Service	ces		
01/24/2024 Rangel, Teresa (Ms.))	Amount	of Contribution (\$)	\$5.00	
		Amarillo, TX 79108					
	Principal occu LVN	pation / Job title (See Instructions	s)	Employer (See Instructions Goodcare Health Service			
	Date 01/24/2024	Full name of contributor Rangel, Teresa (Ms.) Contributor address; City; S Amarillo, TX 79108			Amount	of Contribution (\$)	\$5.00
Principal occupation / Job title (See Instructions) LVN Employer (See Instructions) Goodcare Health Service							
	Date 01/24/2024	Full name of contributor Rangel, Teresa (Ms.) Contributor address; City; S Amarillo, TX 79108	out-of-state PAC (ID#:_		Amount	of Contribution (\$)	\$5.00
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions Goodcare Health Service			

	MONEI	ARY POLITICAL (CONTRIBUTIO	N/S		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 11/13 Rpt: 14/24	
2	FILER NAME Texas Assoc	ciation for Home Care and Ho	spice Inc Texas Hom	ne Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	n Filers)
4	Date 01/24/2024	Full name of contributor Rangel, Teresa (Ms.) Contributor address; City; Si			7	Amount of Contribution (\$)	\$5.00
		Amarillo, TX 79108					
8	Principal occu LVN	pation / Job title (See Instructions	5)	Employer (See Instructions Goodcare Health Service			
	Date 12/26/2023	Full name of contributor Rash, Rose (Ms.) Contributor address; City; S	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$119.05
	Dringing aggr	Corsicana, TX 75109	s)	Employer (See Instructions	<u></u>		
	•	ctor of Nursing	5)	Employer (See Instructions Angels At Home, Inc.	»)		
	Date 01/24/2024	Full name of contributor Rash, Rose (Ms.) Contributor address; City; S	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$119.05
		Corsicana, TX 75109					
		pation / Job title (See Instructions stor of Nursing	5)	Employer (See Instructions Angels At Home, Inc.	5)		
	Date 12/26/2023	Full name of contributor Reyes, Kathleen (Ms.) Contributor address; City; S San Antonio, TX 78260				Amount of Contribution (\$)	\$8.00
	•	pation / Job title (See Instructions guage Pathologist Assistant	5)	Employer (See Instructions Ability Pediatric Therapy			
	Date 12/26/2023	Full name of contributor Reyes, Kathleen (Ms.) Contributor address; City; Stan Antonio, TX 78260	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$8.00
	•	pation / Job title (See Instructions	5)	Employer (See Instructions			
	Speech Land	guage Pathologist Assistant		Ability Pediatric Therapy	<u>′</u>		

	TARY POLITICAL CO	NINIBOTIONS	SCHEDULE A1
The Instru	uction Guide explains how to	complete this form.	1 Total pages Schedule A1: Sch: 12/13 Rpt: 15/24
2 FILER NAME Texas Asso		ce Inc Texas Home Care and Hospice PAC -	3 Filer ID (Ethics Commission Filers) 5 - 00015750
4 Date 12/26/2023	5 Full name of contributor Reyes, Kathleen (Ms.) 6 Contributor address; City; State	out-of-state PAC (ID#:) ; Zip Code	7 Amount of Contribution (\$) \$8.0
	San Antonio, TX 78260		
8 Principal occ	upation / Job title (See Instructions)	9 Employer (See Instructions	ns)
Speech Lar	nguage Pathologist Assistant	Ability Pediatric Therap	ру
Date 01/17/2024	Contributor address; City; State	out-of-state PAC (ID#:) ; Zip Code	Amount of Contribution (\$) \$125.0
	San Antonio, TX 78209		
•	cupation / Job title (See Instructions)	Employer (See Instructions	
RN, VP Go	vt. Affairs, CCO	Angels of Care Pediatri	ric Home Health
Date 12/26/2023	Full name of contributor Rodriguez, Kristine (Ms.) Contributor address; City; State	out-of-state PAC (ID#:) ; Zip Code	Amount of Contribution (\$) \$10.0
	San Antonio, TX 78253		
	upation / Job title (See Instructions)	Employer (See Instructions Ability Pediatric Therapy	
—————	al Therapist	Ability Pediatric Therap	
Date 12/26/2023		out-of-state PAC (ID#:) ; Zip Code	Amount of Contribution (\$) \$10.0
•	upation / Job title (See Instructions) al Therapist	Employer (See Instructions Ability Pediatric Therap	
Date 12/26/2023	1	out-of-state PAC (ID#:) ; Zip Code	Amount of Contribution (\$) \$10.0
	cupation / Job title (See Instructions)	Employer (See Instructions	ns)
Principal occ	apation / oob title (occ motractions)	' ' '	

	MONEI	ARY POLITICAL CON	TRIBUTIONS	SCHEDULE A1		
	The Instru	ction Guide explains how to co	omplete this form.	1 Total pages Schedule A1: Sch: 13/13 Rpt: 16/24		
2	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	1 Date 12/26/2023 5 Full name of contributor out-of-state PAC (ID#:) Sandoval, Vanessa (Ms.) 6 Contributor address; City; State; Zip Code			7 Amount of Contribution (\$) \$25.00		
		Harlingen, TX 78552	<u> </u>			
8	Principal occu Administrato	pation / Job title (See Instructions) r	9 Employer (See Instructions Texas Visiting Nurse Se			
	Date 01/23/2024	Full name of contributor our Sandoval, Vanessa (Ms.) Contributor address; City; State; Zip	t-of-state PAC (ID#:) c Code	Amount of Contribution (\$) \$25.00		
	Deinsinal assu	Harlingen, TX 78552	Franksian (Cool hashwatisha			
	Administrato	pation / Job title (See Instructions) r	Employer (See Instructions Texas Visiting Nurse Se			
Date Full name of contributor out-of-state PAC (ID# 12/26/2023 Young, Anita (Ms.) Contributor address; City; State; Zip Code		Young, Anita (Ms.)		Amount of Contribution (\$) \$4.00		
		San Antonio, TX 78248		S		
	Principal occu Physical The	pation / Job title (See Instructions) erapist	Employer (See Instructions Ability Pediatric Therapy			
	Date 12/26/2023	Young, Anita (Ms.)	t-of-state PAC (ID#:) D Code	Amount of Contribution (\$) \$4.00		
	Principal occu	San Antonio, TX 78248 pation / Job title (See Instructions) erapist	Employer (See Instructions Ability Pediatric Therapy			
Date Full name of contributor out-of-state PAC (ID#:) 12/26/2023 Young, Anita (Ms.) Contributor address; City; State; Zip Code San Antonio, TX 78248		Amount of Contribution (\$) \$4.00				
		pation / Job title (See Instructions)	Employer (See Instructions			
	Physical The	σι αφισί	Ability Pediatric Therapy			

MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C3

	The Instruction Guide explains how to complete this form.			1	Total pages S	Schedule C3: ot: 17/24
2	2 FILER NAME			3	Filer ID	(Ethics Commission Filers)
	Texas Association for Home Care and Hospice Inc Texas Home Care and Hospice			00015750		
4	Date	5	Corporation / Labor Organization name	6	Amount (\$)	
	01/01/2024		Texas Association for Home Care & Hospice, Inc.			922.28

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
	Sch: 1/7 Rpt: 18/24	Texas Association for Home Care and Hospice Inc Texas 00015750	
4	Date	5 Payee name	
	01/02/2024	Global Payments Inc.	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$48.20	3550 Lenox Road, Suite 3000	
	Expenditure from		
_	corporate funds	Atlanta, GA 30326	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Credit card processing fee	
		Ground data produceding for	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	1	
	Date	Payee name	_
	01/25/2024	Johnson Campaign, Nathan (Sen.)	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,000.00	12222 Merit Drive, Suite 1010	
_	T Expenditure from		
L	corporate funds	Dallas, TX 75251	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Contributions/Donations Made By	
		Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense	
		Contribution	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O		
	Date	Payee name	_
	12/26/2023	PayPal	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$2.24	2211 N. First St.	
	ΨΖ.Ζ-Τ	2211 (4.1 list of.	
	Expenditure from corporate funds	San Jose, CA 95131	
	PURPOSE		_
	OF	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Credit card processing fee	
_			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	1	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
Sch: 2/7 Rpt: 19/24	Texas Association for Home Care and Hospice Inc Texas 00015750	
4 Date	5 Payee name	
12/26/2023	PayPal	
6 Amount (\$)	7 Payee address; City; State; Zip Code	_
\$1.99	2211 N. First St.	
Expenditure from corporate funds	San Jose, CA 95131	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.	
	Cradit eard proceeding for	
	Credit card processing fee	
		_
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
Dete		_
Date	Payee name	
12/26/2023	PayPal	
Amount (\$)	Payee address; City; State; Zip Code	
\$1.99	2211 N. First St.	
Expenditure from corporate funds	San Jose, CA 95131	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.	
EXI ENDITORE	Check if Austin, TX, officeholder living expense	
	Credit card processing fee	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/O		
Date	Payee name	_
12/26/2023	PayPal	
Amount (\$)	Payee address; City; State; Zip Code	_
\$1.36	2211 N. First St.	
φ1.50	2211 N. FIISt St.	
Expenditure from		
corporate funds	San Jose, CA 95131	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Check if Austin, TX, officeholder living expense	
	Credit card processing fee	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/O	1	
		_

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 3/7 Rpt: 20/24	Texas Association for Home Care and Hospice Inc Texas 00015750
4 Date	5 Payee name
12/26/2023	PayPal
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.36	2211 N. First St.
Expenditure from corporate funds	San Jose, CA 95131
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	Credit card processing fee
	Great cara processing rec
O Complete CMI V if alian-	Condidate/Officeholder name Office sought
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
<u> </u>	
Date	Payee name
12/26/2023	PayPal
Amount (\$)	Payee address; City; State; Zip Code
\$0.68	2211 N. First St.
Expenditure from corporate funds	San Jose, CA 95131
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Credit card processing fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experience to belief of or	
Date	Payee name
12/29/2023	PayPal
Amount (\$)	Payee address; City; State; Zip Code
\$0.66	2211 N. First St.
Expenditure from corporate funds	San Jose, CA 95131
•	1
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Accounting/(Banking) Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Credit card processing fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 4/7 Rpt: 21/24	Texas Association for Home Care and Hospice Inc Texas 00015750
4 Date	5 Payee name
12/29/2023	PayPal
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.54	2211 N. First St.
— Forest diture from	
Expenditure from corporate funds	San Jose, CA 95131
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Credit card processing fee
	Credit data processing fee
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
12/29/2023	PayPal
Amount (\$)	Payee address; City; State; Zip Code
\$1.36	2211 N. First St.
Expenditure from corporate funds	San Jose, CA 95131
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	Check if Austin, TX, officeholder living expense
	Credit card processing fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/Or	
Date	Payee name
01/17/2024	PayPal
Amount (\$)	Payee address; City; State; Zip Code
\$4.85	2211 N. First St.
,	
Expenditure from	San Jose, CA 95131
corporate funds	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Credit card processing fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	y

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 5/7 Rpt: 22/24	Texas Association for Home Care and Hospice Inc Texas 00015750
4 Date	5 Payee name
01/17/2024	PayPal
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.36	2211 N. First St.
Expenditure from corporate funds	San Jose, CA 95131
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Credit card processing fee
	Credit eard processing rec
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Dougo nama
01/17/2024	Payee name
	PayPal
Amount (\$)	Payee address; City; State; Zip Code
\$2.24	2211 N. First St.
Expenditure from	
corporate funds	San Jose, CA 95131
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
-	Cradit cord processing for
	Credit card processing fee
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
D-1-	
Date	Payee name
01/17/2024	PayPal
Amount (\$)	Payee address; City; State; Zip Code
\$4.85	2211 N. First St.
Expenditure from	
corporate funds	San Jose, CA 95131
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	Credit card processing fee
	Credit card processing ree
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Git/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	Al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 6/7 Rpt: 23/24	Texas Association for Home Care and Hospice Inc Texas 00015750
4 Date	5 Payee name
01/17/2024	PayPal
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$3.98	2211 N. First St.
Expenditure from	
corporate funds	San Jose, CA 95131
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	Credit card processing fee
	Greatt eard processing rec
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
01/17/2024	PayPal
Amount (\$)	Payee address; City; State; Zip Code
\$2.24	2211 N. First St.
ΨΕ.Σ.	
Expenditure from corporate funds	San Jose, CA 95131
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	Credit card processing fee
	Credit card processing ree
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
01/17/2024	PayPal PayPal
Amount (\$)	Payee address; City; State; Zip Code
\$1.99	2211 N. First St.
φ1.33	2211 N. FIISt St.
Expenditure from corporate funds	San Jose, CA 95131
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Credit card processing fee
Commission ONU V. V. V.	Condidate/Officeholder norm
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 7/7 Rpt: 24/24	Texas Association for Home Care and Hospice Inc Texas 00015750
4 Date	5 Payee name
01/23/2024	PayPal
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.99	2211 N. First St.
Expenditure from corporate funds	San Jose, CA 95131
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Credit card processing fee
	Credit data processing fee
Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/23/2024	PayPal
Amount (\$)	Payee address; City; State; Zip Code
\$1.36	2211 N. First St.
Expenditure from corporate funds	San Jose, CA 95131
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Credit card processing fee
	Greatt card processing rec
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Same and the Same S	