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)	20
_	COMMITTEE NAME		00015750	
3		(-11	Lance Constant Libraria 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				03/05/2024
4	COMMITTEE	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP	1
ľ	ADDRESS	9390 Research Blvd., Bldg. 1 Suite 300	····, · ····-,	
l		3330 Nesection 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		
8	CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION	
ľ	TREASURER	ANEA CODE FROME NOMBER	EXTENSION	
l	PHONE	(512) 338-9293		
Ļ	DEDODT TVDE			
۱ ⁹	REPORT TYPE	X Monthly	10th day after campaign	Dissolution (Attach PAC-DR)
			☐ treasurer termination	,
10	MONTHLY	☐ January E ☐ April	E Duby E	October 5
	REPORT FILING DEADLINE	January 5 April	5 July 5	October 5
l	<i>DE</i> , (<i>D</i> E 142	February 5 May	5 August 5	November 5
		X March 5 June	5 September 5	December 5
11	PERIOD	Month Day Year	Month	Day Year
	COVERED	01/26/2024	HROUGH 02/25/2	
		01/20/2024	02/23/2	
l				
		CO.T	O BACE 2	
		GO I	O PAGE 2	

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

2 COMMITTEE NAME	ullama Cara and Haania		13 Filer ID	(Ethics Commission Filers)
Texas Association to	r Home Care and Hospic	e Inc Texas Home Care and Hospice	00015750	J
4 COMMITTEE ACTIVITY	1. Candidates	A. Supported		
ACTIVITY	(Identify by name or, if applicable, classify by party.)			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
repetra necessary,				
	2. Measures	A. Supported		
	(Describe by date and location of election and nature of issue.)			
		B. Opposed		
	3. Officeholders			
	Assisted (Identify by name or, if applicable, classify by party.)			
5 CONTRIBUTION) POLITICAL CONTRIBUTIONS (OTHER THAN		
TOTALS	CONTRIBUTIONS N	OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA			
		OGES, LOANS, OR GUARANTEES OF LOANS)	\$	2,036.28
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	8,076.87
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	115,008.45
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF TREPORTING PERIOD	THE \$	0.00
6 AFFIDAVIT	l		<u> </u>	
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.	rjury, that the mation require	accompanying report is ed to be reported by me
		Ms Pach	el Hammon	
		Signature of Ca		urer
		Signature of Sta	mpaigii iicas	
AFFIX NOTAI	RY STAMP / SEAL ABOVE			
Sworn to and subscrib	ed before me, by the said	, th	nis the	day
of	, 20, to certify v	which, witness my hand and seal of office.		
Signature of officer	administering oath	Printed name of officer administering oath	little of off	icer administering oath

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

					3 of 20
		EE NAME sociation for Home Care and Hospice Inc Texas Home Care and Hospice	18 Filer ID 00015750	(Ethics	Commission Filers)
		E SUBTOTALS SCHEDULE		SI	JBTOTAL AMOUNT
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	1,114.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.			\$		
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOURGANIZATION)R	\$	
5.		ATION OR	\$		
6.	Х	ANIZATION	\$	922.28	
7.		\$			
8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION					
9. SCHEDULE E: LOANS					
10	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$	8,076.87
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 TO FILER	RETURNED	\$	

	WONET	ARY POLITICAL (CONTRIBUTIO		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this f	orm.	1 Total pages Schedule A1: Sch: 1/8 Rpt: 4/20	
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 F 00015750	ilers)
4	Date 01/31/2024	5 Full name of contributor Avery, Amy (Ms.)6 Contributor address; City; St	out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	\$20.00
	Dinainalaa	Tyler, TX 75701		D. Faralana (On tankantian		
8	Principal occu Physical The	pation / Job title (See Instructions erapist	5)	9 Employer (See Instructions Paradigm Rehab & Nurs		
	Date 01/31/2024	Full name of contributor Avery, Amy (Ms.) Contributor address; City; Si Tyler, TX 75701	out-of-state PAC (ID#:_		Amount of Contribution (\$)	\$40.00
	Principal occu Physical The	pation / Job title (See Instructions	5)	Employer (See Instructions Paradigm Rehab & Nurs		
	Date 01/31/2024	Full name of contributor Bulls, David (Mr.) Contributor address; City; S Tyler, TX 75703	out-of-state PAC (ID#:_)	Amount of Contribution (\$)	\$20.00
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions Paradigm Rehab & Nurs		
	Date 01/31/2024	Full name of contributor Bulls, David (Mr.) Contributor address; City; S Tyler, TX 75703	out-of-state PAC (ID#:_tate; Zip Code)	Amount of Contribution (\$)	\$40.00
	Principal occu Physical The	pation / Job title (See Instructions	s)	Employer (See Instructions Paradigm Rehab & Nurs		
	Date 02/09/2024	Full name of contributor Cornett, Valerie (Ms.) Contributor address; City; S Keller, TX 76244		_	Amount of Contribution (\$)	\$40.00
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions MAC Legacy	; ;)	

	MONET	ARY POLITICAL CONTRIB	BUTIONS	1		SCHEDULE	A1
	The Instru	ction Guide explains how to complet	e this form.		1	Total pages Schedule A1: Sch: 2/8 Rpt: 5/20	
2	FILER NAME Texas Assoc	siation for Home Care and Hospice Inc Te	exas Home Ca	re and Hospice PAC -	1	Filer ID (Ethics Commission 00015750	Filers)
4	Date 01/29/2024	 5 Full name of contributor out-of-state FDavis, Sheila (Ms.) 6 Contributor address; City; State; Zip Code 	PAC (ID#:		7	Amount of Contribution (\$)	\$12.50
		Wichita Falls, TX 76310					
8		pation / Job title (See Instructions)		mployer (See Instructions	•		
	CHCE; COS	-C	A	lways Best Care Senio	or Se	ervices	
	Date 01/29/2024	Full name of contributor out-of-state F Dilleshaw, Brittany (Ms.) Contributor address; City; State; Zip Code Danbury, TX 77534	PAC (ID#:)		Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	l Fi	nployer (See Instructions	e) 		
	•	nt of Home Therapy Services		edCare Pediatric Nurs			
	Date 02/16/2024	Full name of contributor out-of-state F Flores, Sonia (Ms.) Contributor address; City; State; Zip Code Amarillo, TX 79109	PAC (ID#:			Amount of Contribution (\$)	\$3.00
	Principal occu	pation / Job title (See Instructions)	l Fi	nployer (See Instructions	e) 		
		rsing Assistant		oodcare Health Servic			
	Date 01/31/2024	Full name of contributor out-of-state F Fox , Eric (Mr.) Contributor address; City; State; Zip Code Whitehouse, TX 75791				Amount of Contribution (\$)	\$20.00
	Principal occu Physical The	pation / Job title (See Instructions)		mployer (See Instructions aradigm Rehab & Nurs		LP	
	Date 01/31/2024	Full name of contributor out-of-state F Fox , Eric (Mr.) Contributor address; City; State; Zip Code Whitehouse, TX 75791	PAC (ID#:		_	Amount of Contribution (\$)	\$40.00
	Principal occu	pation / Job title (See Instructions)	E	mployer (See Instructions	s)		
	Physical The	erapist	P	aradigm Rehab & Nurs	sing	LP	

	MONET	ARY POLITICAL	CONTRIBUTIO	JNS	SCHEDULE	A1
	The Instru	ction Guide explains how	v to complete this fo	orm.	1 Total pages Schedule A1: Sch: 3/8 Rpt: 6/20	
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 F 00015750	ilers)
4	Date 02/14/2024	5 Full name of contributor Goolsby, Sharon (Ms.)6 Contributor address; City; S)	7 Amount of Contribution (\$)	\$125.00
		Jefferson, TX 75657				
8	Principal occu Administrato	pation / Job title (See Instruction r	s)	9 Employer (See Instructions First in Pediatrics Home		
	Date 02/09/2024	Full name of contributor Hale, Kati (Ms.) Contributor address; City; S	out-of-state PAC (ID#:_		Amount of Contribution (\$)	\$60.00
	Principal occu	Denton, TX 76208 pation / Job title (See Instruction	s)	Employer (See Instructions MAC Legacy)	
	Date 01/31/2024	Full name of contributor Hammon, Rachel (Ms.) Contributor address; City; S Austin, TX 78732	out-of-state PAC (ID#:_		Amount of Contribution (\$)	\$10.50
	Principal occu Executive Di	pation / Job title (See Instruction	s)	Employer (See Instructions Texas Assn. for Home C	,	
	Date 02/14/2024	Full name of contributor Hosley, Dennis (Mr.) Contributor address; City; S Dallas, TX 75214			Amount of Contribution (\$)	\$50.00
	Principal occu President CO	pation / Job title (See Instruction	s)	Employer (See Instructions Pediatric Home Healthc		
	Date 02/16/2024	Full name of contributor Howard, Jesse (Mr.) Contributor address; City; S McGregor, TX 76657	out-of-state PAC (ID#:_		Amount of Contribution (\$)	\$25.00
	Principal occu Healthcare	pation / Job title (See Instruction	s)	Employer (See Instructions Girling Community Care		

	MONEI	ARY POLITICAL CO	ONTRIBUTION	NS		SCHEDULI	E A1
	The Instruc	ction Guide explains how t	o complete this for	m.	1	Total pages Schedule A1: Sch: 4/8 Rpt: 7/20	
2	FILER NAME				3	Filer ID (Ethics Commission	r Filers)
	Texas Assoc	ciation for Home Care and Hosp	ice Inc Texas Home	Care and Hospice PAC -		00015750	
4	Date 01/31/2024	 Full name of contributor Machado, Marisa (Ms.) Contributor address; City; State 	out-of-state PAC (ID#: e; Zip Code		7	Amount of Contribution (\$)	\$21.00
		Hutto, TX 78634					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	()		
	COO			Texas Assn. for Homeca	are	& Hospice, Inc.	
	Date 01/29/2024	Full name of contributor Manley, Victoria (Ms.) Contributor address; City; State	out-of-state PAC (ID#: e; Zip Code			Amount of Contribution (\$)	\$25.00
		Centennial, CO 80015					
		pation / Job title (See Instructions)		Employer (See Instructions	()		
	Authorization	n Coordinator		Angels of Care			
	Date 02/16/2024	Full name of contributor Martinez, Rebecca (Ms.) Contributor address; City; State	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
		Amarillo, TX 79110					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	()		
	Certified Nur	sing Assistant		Goodcare Health Servic	es		
	Date 02/16/2024	Full name of contributor Martinez, Rebecca (Ms.) Contributor address; City; State Amarillo, TX 79110	out-of-state PAC (ID#: e; Zip Code			Amount of Contribution (\$)	\$5.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	()		
	Certified Nur	sing Assistant		Goodcare Health Servic	es		
	Date 02/16/2024	Full name of contributor Martinez, Rebecca (Ms.) Contributor address; City; State Amarillo, TX 79110	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$5.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>.</u>		
	Certified Nur	rsing Assistant		Goodcare Health Servic	es		
			•				

	MONET	ARY POLITICAL (ONTRIBUTIO	JNS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A1: Sch: 5/8 Rpt: 8/20	
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 02/16/2024	5 Full name of contributor Martinez, Rebecca (Ms.)6 Contributor address; City; St			7	Amount of Contribution (\$)	\$5.00
		Amarillo, TX 79110					
8	Principal occu	pation / Job title (See Instructions	3)	9 Employer (See Instructions	s)		
	Certified Nur	sing Assistant		Goodcare Health Service	es		
	Date 02/16/2024	Full name of contributor Martinez, Rebecca (Ms.) Contributor address; City; St	out-of-state PAC (ID#:_)	•	Amount of Contribution (\$)	\$5.00
		Amarillo, TX 79110		i			
	•	pation / Job title (See Instructions	3)	Employer (See Instructions			
	Certified Nur	rsing Assistant		Goodcare Health Service	es		
	Date 02/14/2024	Full name of contributor McClammy, Lisa (Ms.) Contributor address; City; St	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$25.00
	Dringing Lagou	Whitney, TX 76692		Franksian (Cook Instructions	<u></u>		
	RN Consulta	pation / Job title (See Instructions unt	5)	Employer (See Instructions MAC Legacy	5)		
	Date 01/31/2024	Full name of contributor McGraw, Joseph (Mr.) Contributor address; City; St Tyler, TX 75703	out-of-state PAC (ID#:_		•	Amount of Contribution (\$)	\$20.00
	Principal occu Business De	pation / Job title (See Instructions	;)	Employer (See Instructions Paradigm Rehab & Nurs	•	g LP	
	Date 01/31/2024	Full name of contributor McGraw, Joseph (Mr.)	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$40.00
	Principal occu	pation / Job title (See Instructions	3)	Employer (See Instructions	<u>. </u>		
	Business De			Paradigm Rehab & Nurs		g LP	

	MONEI	ARY POLITICAL CONTRI	BUTIONS			SCHEDUL	E A1
	The Instru	ction Guide explains how to compl	ete this form.		1	Total pages Schedule A1: Sch: 6/8 Rpt: 9/20	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Texas Assoc	iation for Home Care and Hospice Inc 1	Texas Home Car	e and Hospice PAC -		00015750	
4	Date 01/29/2024	 Full name of contributor out-of-state out-o	e PAC (ID#:		7	Amount of Contribution (\$)	\$5.00
_		Katy, TX 77494	la a				
8	Supervisor	pation / Job title (See Instructions)		ployer (See Instructions) gels of Care)		
	Date 02/16/2024	Full name of contributor out-of-state Palmer, Lee (Mr.) Contributor address; City; State; Zip Code	e PAC (ID#:)		Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)	Fm	ployer (See Instructions)	<u> </u>		
	Administrato			nsolidated Home Hea			
	Date 02/16/2024	Peterson, Michelle (Ms.) Contributor address; City; State; Zip Code	e PAC (ID#:			Amount of Contribution (\$)	\$100.00
	Deinsinal assu	Cedar Creek, TX 78612	1	unlesses (Coo linetus etione)			
	VP of Opera	pation / Job title (See Instructions) cions		ployer (See Instructions) uebonnet Home Healtl		Care of Texas, Inc.	
	Date 01/29/2024	Full name of contributor out-of-state Pledger, Carla (Ms.) Contributor address; City; State; Zip Code Kerrville, TX 78028	e PAC (ID#:			Amount of Contribution (\$)	\$30.00
	Principal occu Nurse	pation / Job title (See Instructions)		ployer (See Instructions) gels of Care)		
	Date 02/16/2024	Full name of contributor out-of-state Rangel, Teresa (Ms.) Contributor address; City; State; Zip Code	e PAC (ID#:			Amount of Contribution (\$)	\$5.00
	Principal occu LVN	pation / Job title (See Instructions)		ployer (See Instructions)			
			·				

	MONEI	ARY POLITICAL CO	NIRIBUTION	S		SCHEDULI	A1
	The Instru	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 7/8 Rpt: 10/20	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	ciation for Home Care and Hospi	ce Inc Texas Home (Care and Hospice PAC -		00015750	
4	Date 02/16/2024	5 Full name of contributor Rangel, Teresa (Ms.)6 Contributor address; City; State	out-of-state PAC (ID#: ; Zip Code		7	Amount of Contribution (\$)	\$5.00
		Amarillo, TX 79108					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	LVN			Goodcare Health Service	es		
_	Date	Full name of contributor	out-of-state PAC (ID#:)	Г	Amount of Contribution (\$)	
	02/16/2024	Rangel, Teresa (Ms.)					\$5.00
		Contributor address; City; State	; Zip Code				,,,,,
		Amerilla TV 70100					
L	Dringinal occu	Amarillo, TX 79108 pation / Job title (See Instructions)		Employer (See Instructions	·/_		
	LVN	pation / 300 title (See Instructions)		Goodcare Health Service			
_		E. II. a super of a subdivision				Assessment of Operation (d)	
	Date 02/16/2024	Full name of contributor Rangel, Teresa (Ms.)	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
	02/10/2024	Contributor address; City; State	· 7in Code				Ψ3.00
		Continuator address, City, State	, zip code				
		Amarillo, TX 79108					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	LVN			Goodcare Health Service	es		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	02/16/2024	Rangel, Teresa (Ms.)					\$5.00
		Contributor address; City; State	; Zip Code				
		A					
_	Dringing con	Amarillo, TX 79108		Employer (Coo Instructions	<u>, </u>		
	LVN	pation / Job title (See Instructions)		Employer (See Instructions Goodcare Health Service			
				Obdicare Fleatin Servic			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	ф12E 00
	02/14/2024						\$125.00
		Contributor address; City; State	; Zip Code				
		San Antonio, TX 78209					
Н	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
		t. Affairs, CCO		Angels of Care Pediatric		ome Health	

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 8/8 Rpt: 11/20
FILER NAME Texas Assoc	ciation for Home Care and Hospice Inc Texas Hon	ne Care and Hospice PAC -	3 Filer ID (Ethics Commission Filers) 00015750
Date 02/16/2024	5 Full name of contributor out-of-state PAC (ID#:_Smith , Joni (Ms.))	7 Amount of Contribution (\$) \$40.00
	McKinney, TX 75070		
Principal occu VP, RN	pation / Job title (See Instructions)	9 Employer (See Instructions Amity Hospice	s)
Date 01/31/2024	Wade, Cynthia (Ms.)		Amount of Contribution (\$) \$14.00
Principal occu	Tyler, TX 75703 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
LVN		Paradigm Rehab & Nurs	sing LP
Date 01/31/2024	Full name of contributor out-of-state PAC (ID#:_ Wade, Cynthia (Ms.) Contributor address; City; State; Zip Code)	Amount of Contribution (\$) \$28.00
	Tyler, TX 75703		
Principal occu LVN	pation / Job title (See Instructions)	Employer (See Instructions Paradigm Rehab & Nurs	
Date 02/16/2024	Woodward, Amber (Ms.)		Amount of Contribution (\$) \$10.00
•		Employer (See Instructions	
RN Senior D	Director of Quality	Healing Hands Healthca	are
	Principal occultivn Date 01/31/2024 Principal occultivn Date 01/31/2024 Principal occultivn Date 01/31/2024 Principal occultivn Date 02/16/2024	FILER NAME Texas Association for Home Care and Hospice Inc Texas Home Date 02/16/2024 5 Full name of contributor	FileR NAME Texas Association for Home Care and Hospice Inc Texas Home Care and Hospice PAC - Date O2/16/2024 Smith , Joni (Ms.) 6 Contributor address; City; State; Zip Code McKinney, TX 75070 Principal occupation / Job title (See Instructions) VP, RN Full name of contributor out-of-state PAC (ID#:

MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C3

	The Instruction Guide explains how to complete this form.				Total pages Sch: 1/1 Rp	Schedule C3: ot: 12/20
2	FILER NAME			3	Filer ID	(Ethics Commission Filers)
	Texas Assoc	ciat	ion for Home Care and Hospice Inc Texas Home Care and Hospice		00015750	
4	Date	5	Corporation / Labor Organization name	6	Amount (\$)	
	02/01/2024		Texas Association for Home Care & Hospice, Inc.			922.28

SCHEDULE F1

Solicitation/Fundraising Expense

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Transportation Equipment & Related Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 1/8 Rpt: 13/20 Texas Association for Home Care and Hospice Inc. - Texas 00015750 4 Date Payee name 02/02/2024 Ashby Campaign, Trent (Rep.) 6 Amount (\$) Payee address; State; Zip Code \$1,000.00 2915 Atkinson Dr. Expenditure from Lufkin, TX 75901 corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Contribution Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/30/2024 Campbell, Donna (Sen.) Amount (\$) Payee address; City; State; Zip Code \$1,000.00 1308 Common Street, Suite 2015 Box 713 Expenditure from New Braunfels, TX 78130 corporate funds **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Contribution Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/02/2024 Global Payments Inc. Amount (\$) Payee address: City; State; Zip Code \$48.20 3550 Lenox Road, Suite 3000 Expenditure from corporate funds Atlanta, GA 30326 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Accounting/Banking **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/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement
Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment				
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
	Sch: 2/8 Rpt: 14/20	Texas Association for Home Care and Hospice Inc Texas 00015750			
4	Date	5 Payee name			
	02/12/2024	Hull Campaign, Lacey (Rep.)			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$1,000.00	10190 Katy Fwy., Suite 555G			
	Expenditure from corporate funds	Houston, TX 77043			
8	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 travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
		Candidate/Officeriolder/Political Committee Contribution			
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held			
	Date	Payee name			
	02/08/2024	Manuel Campaign, Christian (Rep.)			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$1,000.00	2300 FM 365, Suite 360			
	Expenditure from corporate funds	Nederlands, TX 77627			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.			
		Candidate/Officeholder/Political Committee			
		Continuation			
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH					
	Date	Payee name			
	02/20/2024	Noble Campaign, Candy (Rep.)			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$1,000.00	206 North Murphy Road			
	Expenditure from corporate funds	Murphy, TX 75094			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
		Candidate/Officerioider/Political Committee Contribution			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
expenditure to benefit C/OH					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment				
1 Total pages Schedule F1: Sch: 3/8 Rpt: 15/20	2 FILER NAME Texas Association for Home Care and Hospice Inc Texas 3 Filer ID (Ethics Commission Filers) 00015750			
4 Date	5 Payee name			
01/29/2024	PayPal			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$0.68	2211 N. First St.			
Expenditure from corporate funds	San Jose, CA 95131			
	1			
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.			
	Credit card processing fee			
	Credit card processing ree			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
01/29/2024	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	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/OI	1			
Data	Para and a second secon			
Date	Payee name			
01/29/2024	PayPal			
Amount (\$)	Payee address; City; State; Zip Code			
\$0.66	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) (b) Description			
EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.			
	Credit card processing fee			
	Credit card processing fee			
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH				
experiancie to benefit O/O/1				

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.		
1 Total pages Schedule F1:			
Sch: 4/8 Rpt: 16/20	Texas Association for Home Care and Hospice Inc Texas 00015750		
4 Date	5 Payee name		
01/29/2024	PayPal		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$1.54	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		
	Crossing is		
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/OI	-i		
Date	Payee name		
01/29/2024	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. Check if Austin, TX, officeholder living expense		
	Credit card processing fee		
	Crossing is		
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/OI	-i		
Date	Payee name		
02/14/2024	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.		
D. LIBITORE	Check if Austin, TX, officeholder living expense		
	Credit card processing fee		
Complete <u>ONLY</u> 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 Candidate/Officeholder/Political Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment				
1 Total pages Schedule F1: Sch: 5/8 Rpt: 17/20	2 FILER NAME Texas Association for Home Care and Hospice Inc Texas 3 Filer ID (Ethics Commission Filers) 00015750			
4 Date	5 Payee name			
02/14/2024	PayPal			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$4.85	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	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 expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
02/14/2024	PayPal			
Amount (\$)	Payee address; City; State; Zip Code			
\$4.85	2211 N. First St.			
Ψ4.00	ZZII 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.			
EXPENDITORE	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/OH				
Date	Payee name			
02/14/2024	PayPal			
Amount (\$)	Payee address; City; State; Zip Code			
\$2.24	2211 N. First St.			
Expenditure from	0104.05404			
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 ONLY if direct Candidate/Officeholder name Office sought Office held				
expenditure to benefit C/OH				

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/Officenolder/Politica 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: 6/8 Rpt: 18/20	Texas Association for Home Care and Hospice Inc Texas 00015750			
4 Date	5 Payee name			
02/16/2024	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 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			
	3 · · · · · · · · · · · · · · · · · · ·			
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
expenditure to benefit C/OI				
Date	Payee name			
02/16/2024	PayPal			
Amount (\$)	Payee address; City; State; Zip Code			
\$0.84	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 dard processing rec			
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
expenditure to benefit C/OI	· ·			
Date	Payee name			
02/16/2024	PayPal			
Amount (\$)	Payee address; City; State; Zip Code			
\$3.98	2211 N. First St.			
Ψ3.30	2211 N. 1 113t 3t.			
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.			
LXI LINDITORE	Check if Austin, TX, officeholder living expense			
	Credit card processing fee			
Commission ONII V if diment	Condidate/Officeholder name Office pought			
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH				

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/	Nages/Contract Labor OTHER (enter a category not listed above)		
	The Instruction Guide explains how to co	omplete this form.		
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
Sch: 7/8 Rpt: 19/20	Texas Association for Home Care and Hospice Inc Texas 00015750			
4 Date	5 Payee name			
02/16/2024	PayPal			
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode		
\$2.24	2211 N. First St.			
Expenditure from	San Jose, CA 95131			
corporate funds		Lax		
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		
		Croan dara processing los		
9 Complete ONLY if direct	Candidate/Officeholder name Office so	ludht Office held		
expenditure to benefit C/OI		agrit Office field		
-				
Date	Payee name			
02/16/2024	PayPal			
Amount (\$)	Payee address; City; State; Zip Co	ode		
\$1.35	2211 N. First St.			
Expenditure from corporate funds	San Jose, CA 95131			
·		Lax		
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		
		Great data processing fee		
Complete ONLY if direct	Candidate/Officeholder name Office sou	lught Office held		
expenditure to benefit C/OI		office field		
Date	Payee name			
02/12/2024	Smith Campaign, Reggie (Rep.)			
Amount (\$)	Payee address; City; State; Zip Co	ode		
\$1,000.00	421 N. Crockett St.			
Expenditure from corporate funds	Sherman, TX 75090			
		(A) 5		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T.		
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee	Check if Austin, TX, officeholder living expense		
	Cardidate/Oniceriolaei/i Onical Committee	Contribution		
Complete ONLY if direct	Candidate/Officeholder name Office sou	Lught Office held		
expenditure to benefit C/OH				

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			
1 Total pages Schedule F1: Sch: 8/8 Rpt: 20/20			
4 Date 02/15/2024 6 Amount (\$) \$1,000.00	5 Payee name Stucky Campaign, Lynne (Rep.) 7 Payee address; City; State; Zip Code		
Expenditure from corporate funds	Denton, TX 76201		
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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Contribution		
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		
Date 02/14/2024 Amount (\$) \$1,000.00	Payee name Zaffirini Campaign, Judith (Sen.) Payee address; City; State; Zip Code 1407 Washington Street		
Expenditure from corporate funds	Laredo, TX 78042		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Contribution		
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held		