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

## FORM MPAC COVER SHEET PG 1

Th	e MPAC Instruction (	Guide explains how to complete this form.  1 Filer ID (Ethics Commission Filers) 00015750		2 Total pages filed: 33
3	COMMITTEE NAME	•		OFFICE USE ONLY
		for Home Care and Hospice Inc Texas Home Care and Hospic	e PAC -	Date Received
	State			ELECTRONICALLY FILED 04/05/2024
4	COMMITTEE	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIF	)	
	ADDRESS	9390 Research Blvd., Bldg. 1 Suite 300		
	Change of Address	Austin, TX 78759	- 1	Date Hand-delivered or Date Postmarked
5	CAMPAIGN	MS / MRS / MR FIRST	MI	
	TREASURER	Ms. Rachel	ľ	Receipt # Amount
	NAME			
				Date Processed
		NICKNAME LAST	SUFFIX	
		Hammon		Date Imaged
6	CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;	CITY; STA	TE; ZIP CODE
	TREASURER	9390 Research Blvd., Bldg. 1 Suite 300	•	·
	STREET ADDRESS	, <b>3</b>		
	(Residence or Business)	Austin, TX 78759		
7	CAMPAIGN	STREET ADDRESS OR PO BOX; APT / SUITE #;	CITY; STA	TE; ZIP CODE
	TREASURER MAILING ADDRESS	3737 Executive Center Dr., Ste. 268		
	Change of Address	Austin, TX 78731		
8	CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENS (512) 338-9293	ION	
9	REPORT TYPE	X Monthly 10th day after cam treasurer termination		Dissolution (Attach PAC-DR)
10	MONTHLY REPORT FILING	January 5 X April 5 Ju	ıly 5	October 5
	DEADLINE	February 5 May 5 A	ugust 5	November 5
			eptember 5	December 5
			eptember 5	December 5
11	PERIOD	Month Day Year THROUGH	Month	Day Year
	COVERED	02/26/2024	03/25/20	024
Г				
		GO TO PAGE 2		

## MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

## FORM MPAC COVER SHEET PG 2

12 COMMITTE	NAME		13 Filer ID	(Ethics Commission Filers)
Texas Asso	ciation for Home Care and Hospid	ce Inc Texas Home Care and Hospice	00015750	
14 COMMITTEI ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported		
(Attach lists on p paper to complet report if necessa	e this	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.)			
15 CONTRIBUT TOTALS	PLEDGES, LOANS CONTRIBUTIONS	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) t qualifies for the higher itemization threshold	\$	0.00
		AL CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	17,308.83
EXPENDITU TOTALS	RE 3. TOTAL UNITEMIZE	D POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	AL EXPENDITURES	\$	2,431.68
CONTRIBUT BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST I	DAY \$	128,903.43
OUTSTAND LOAN TOTA		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	HE \$	0.00
16 AFFIDAVIT	•		<u>'</u>	
		I swear, or affirm, under penalty of per true and correct and includes all inforr under Title 15, Election Code.	rjury, that the a nation required	ccompanying report is I to be reported by me
		Ms. Rache	el Hammon	
		Signature of Car	npaign Treasui	rer
AF	FIX NOTARY STAMP / SEAL ABOVE			
Sworn to a	d subscribed before me, by the said _	, th	is the	day
of	, 20, to certify	which, witness my hand and seal of office.		
Signatur	e of officer administering oath	Printed name of officer administering oath	Title of offic	er administering oath

### **SUBTOTALS - MPAC**

### FORM MPAC COVER SHEET PG 3 3 of 33

					0 01 00
		EE NAME sociation for Home Care and Hospice Inc Texas Home Care and Hospice	<b>18</b> Filer ID 00015750	(Eth	nics Commission Filers)
		E SUBTOTALS SCHEDULE			SUBTOTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	16,386.55
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOURGANIZATION	PR	\$	
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.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	2,431.68
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	\$	

	MONET	ARY POLITICAL CONTR	KIBUTIOI	<b>V</b> 5	SCHEDULE A1
	The Instruc	ction Guide explains how to comp	olete this fo	rm.	1 Total pages Schedule A1: Sch: 1/15 Rpt: 4/33
2	FILER NAME Texas Assoc	ciation for Home Care and Hospice Inc	- Texas Home	Care and Hospice PAC -	3 Filer ID (Ethics Commission Filers) 00015750
4	Date 02/27/2024	Avery, Amy (Ms.)		)	7 Amount of Contribution (\$) \$20.00
		Tyler, TX 75701			
8	Principal occu Physical The	pation / Job title (See Instructions)	9	Employer (See Instructions Paradigm Rehab & Nurs	
	Date 03/19/2024	<u> </u>	tate PAC (ID#:	)	Amount of Contribution (\$) \$20.00
		pation / Job title (See Instructions)		Employer (See Instructions	
	Physical The	erapist		Paradigm Rehab & Nurs	
	Date 02/29/2024	Bakare, Lola (Ms.)  Contributor address; City; State; Zip Cod	tate PAC (ID#: de		Amount of Contribution (\$) \$900.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u></u>
	Administrato			Silverspring Home Heal	
	Date 02/27/2024	Bullock, Melissa (Ms.)  Contributor address; City; State; Zip Cod			Amount of Contribution (\$) \$50.00
	Drincinal occu	Sherman, TX 75090 pation / Job title (See Instructions)		Employer (See Instructions	
	Chief Operat	,		Childrens Home Healtho	
	Date 02/27/2024	Full name of contributor out-of-st Bulls, David (Mr.)  Contributor address; City; State; Zip Cod  Tyler, TX 75703		)	Amount of Contribution (\$) \$20.00
		pation / Job title (See Instructions)		Employer (See Instructions	
	Physical The	erapist		Paradigm Rehab & Nurs	sing LP

	MONEI	ARY POLITICAL C	ONTRIBUTIO	'NS	SCHEDULE A1	
	The Instru	ction Guide explains how	to complete this fo	orm.	1 Total pages Schedule A1: Sch: 2/15 Rpt: 5/33	
2	FILER NAME Texas Assoc	ciation for Home Care and Hos	spice Inc Texas Hom	ne Care and Hospice PAC -	3 Filer ID (Ethics Commission Filers) 00015750	
4	Date 03/19/2024	Full name of contributor     Bulls, David (Mr.)     Contributor address; City; Sta	out-of-state PAC (ID#:		7 Amount of Contribution (\$) \$20.0	00
_	2 : -il	Tyler, TX 75703		2 F	<u> </u>	
8	Principal occu Physical The	ipation / Job title (See Instructions) erapist	)	9 Employer (See Instructions Paradigm Rehab & Nurs		
	Date 02/27/2024	Full name of contributor Campos , Marcos (Mr.)  Contributor address; City; Sta	out-of-state PAC (ID#:ate; Zip Code		Amount of Contribution (\$)	00
_	Principal occu	San Antonio, TX 78210  Ipation / Job title (See Instructions)	<u>,                                      </u>	Employer (See Instructions	ns)	
	Regional Dire		<sup>'</sup>	Disability Services of the		
	Date 03/21/2024	Full name of contributor Chavez , Delma (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#:_		Amount of Contribution (\$)	00
		Midland, TX 79707				
	Principal occu Social Worke	upation / Job title (See Instructions) er		Employer (See Instructions St. Joseph's Home Hea	, ,	
	Date 03/11/2024	Full name of contributor Cornett, Valerie (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#:_		Amount of Contribution (\$)	00
	Principal occu COSI	ipation / Job title (See Instructions)	)	Employer (See Instructions MAC Legacy	ns)	
	Date 02/27/2024	Full name of contributor Costello, Marjorie (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#:_		Amount of Contribution (\$)	00
	Principal occu	pation / Job title (See Instructions)	)	Employer (See Instructions Disability Services of the		

	MONET	ARY POLITICAL CONTRIBUTION	UN5	SCHEDULE A1
	The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 3/15 Rpt: 6/33
2	FILER NAME Texas Assoc	ciation for Home Care and Hospice Inc Texas Ho	ome Care and Hospice PAC -	<b>3</b> Filer ID (Ethics Commission Filers) 00015750
4	Date 03/12/2024	<ul> <li>5 Full name of contributor  out-of-state PAC (ID# Davis, Sheila (Ms.)</li> <li>6 Contributor address; City; State; Zip Code</li> </ul>	÷	7 Amount of Contribution (\$) \$12.50
		Wichita Falls, TX 76310		
8		pation / Job title (See Instructions)	9 Employer (See Instructions	
	CHCE; COS	-C	Always Best Care Senio	or Services
	Date 02/27/2024	Full name of contributor	t:)	Amount of Contribution (\$) \$25.00
	Data da al accor	Danbury, TX 77534	Farada a a (Carada a da atau atiana	
	•	pation / Job title (See Instructions) ent of Home Therapy Services	Employer (See Instructions  MedCare Pediatric Nurs	
	Date 02/27/2024	Full name of contributor out-of-state PAC (ID# Escamilla, Jamie (Ms.)  Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$8.00
	Dringing coou	San Antonio, TX 78258 pation / Job title (See Instructions)	Employer (See Instructions	
	•	eech Language Pathologist	Employer (See Instructions Ability Pediatric Therapy	
	Date 03/19/2024	Full name of contributor	÷)	Amount of Contribution (\$) \$8.00
	•	pation / Job title (See Instructions)	Employer (See Instructions	
	MC CCC-Sp	eech Language Pathologist	Ability Pediatric Therapy	/
	Date 02/27/2024	Full name of contributor		Amount of Contribution (\$) \$10.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)
	Director of T	herapy	Ability Pediatric Therapy	/

	MONEI	ARY POLITICAL CON	TRIBUTIONS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to co	omplete this form.	1	Total pages Schedule A1: Sch: 4/15 Rpt: 7/33	
2	FILER NAME Texas Assoc	siation for Home Care and Hospice I	nc Texas Home Care and Hospice PAC	3 -	Filer ID (Ethics Commission 00015750	n Filers)
4	Date 03/19/2024	<ul> <li>Full name of contributor  ou  ou  Escobar, Christina (Ms.)</li> <li>Contributor address; City; State; Zip</li> </ul>	t-of-state PAC (ID#:)  D Code	7	Amount of Contribution (\$)	\$10.00
		Selma, TX 78154				
8	Principal occu Director of T	pation / Job title (See Instructions) herapy	9 Employer (See Instruction Ability Pediatric Thera			
	Date 02/27/2024	Full name of contributor ou  Fox , Eric (Mr.)  Contributor address; City; State; Zip  Whitehouse, TX 75791	t-of-state PAC (ID#:)  Code		Amount of Contribution (\$)	\$20.00
	Principal occupation / Job title (See Instructions)  Physical Therapist  Employer (See Instructions)  Paradigm Rehab &				na LP	
	Date 03/19/2024	Fox , Eric (Mr.)  Contributor address; City; State; Zi	t-of-state PAC (ID#:)  Code		Amount of Contribution (\$)	\$20.00
	Principal occu	Whitehouse, TX 75791 pation / Job title (See Instructions)	Employer (See Instruction	ons)		
	Physical The		Paradigm Rehab & Ni	ursir	ng LP	
	Date 03/12/2024	Goolsby, Sharon (Ms.)  Contributor address; City; State; Zip	t-of-state PAC (ID#:)  D Code		Amount of Contribution (\$)	\$125.00
	Principal occu Administrato	Jefferson, TX 75657 pation / Job title (See Instructions) r	Employer (See Instruction First in Pediatrics Hor		lealth Care, Inc.	
	Date 02/27/2024	Graham-Stone, Mary (Ms.)	t-of-state PAC (ID#:)  Code		Amount of Contribution (\$)	\$5.00
	Principal occu Home Care	pation / Job title (See Instructions)	Employer (See Instruction Ability Pediatric Thera			
			Table 1	7*7		

	MONET	ARY POLITICAL CONTRIBU	TIONS		SCHEDULI	E <b>A1</b>
	The Instru	ction Guide explains how to complete t	this form.	1	Total pages Schedule A1: Sch: 5/15 Rpt: 8/33	
2	FILER NAME Texas Assoc	iation for Home Care and Hospice Inc Texas	s Home Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	n Filers)
4	Date 03/19/2024	<ul> <li>Full name of contributor  out-of-state PAC Graham-Stone, Mary (Ms.)</li> <li>Contributor address; City; State; Zip Code</li> </ul>	C (ID#:)		Amount of Contribution (\$)	\$5.00
		San Antonio, TX 78230				
8	Principal occu Home Care	pation / Job title (See Instructions)	9 Employer (See Instructions Ability Pediatric Therapy			
	Date 02/27/2024	Full name of contributor	C (ID#:)		Amount of Contribution (\$)	\$50.00
	Principal occu	Center, TX 75935 pation / Job title (See Instructions)	Employer (See Instructions	ıs)		
	Administrato	r	A Piney Woods			
	Date 03/11/2024	Full name of contributor out-of-state PAC Hale, Kati (Ms.)  Contributor address; City; State; Zip Code	C (ID#:)		Amount of Contribution (\$)	\$90.00
		Denton, TX 76208				
	Principal occu COO	pation / Job title (See Instructions)	Employer (See Instructions MAC Legacy	ıs)		
	Date 02/28/2024	Full name of contributor out-of-state PAC Hammon, Rachel (Ms.)  Contributor address; City; State; Zip Code  Austin, TX 78732	C (ID#:)		Amount of Contribution (\$)	\$21.00
	Principal occu Executive Di	pation / Job title (See Instructions)	Employer (See Instructions Texas Assn. for Home (	-	e & Hospice Inc.	
	Date 02/27/2024	Full name of contributor out-of-state PAC Hanberry, Shannon (Ms.)  Contributor address; City; State; Zip Code  Dallas, TX 75214			Amount of Contribution (\$)	\$50.00
	Principal occu Administrato	pation / Job title (See Instructions)	Employer (See Instructions Kids Care Home Health			
			-			

	MONEI	ARY POLITICAL (	CONTRIBUTIO	NS		SCHEDUI	LE <b>A1</b>
	The Instruc	ction Guide explains how	<i>I</i> to complete this fo	rm.	1	Total pages Schedule A1: Sch: 6/15 Rpt: 9/33	
2	FILER NAME				3	Filer ID (Ethics Commission	on Filers)
	Texas Assoc	ciation for Home Care and Ho	spice Inc Texas Home	e Care and Hospice PAC -		00015750	
4	Date 02/27/2024	<ul><li>5 Full name of contributor Harding, Debra (Ms.)</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$2.00
		San Antonio, TX 78230					
8		pation / Job title (See Instructions	s) !	Employer (See Instructions	5)		
	Home Care			Ability HomeCare, Inc.			
	Date 03/19/2024	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					
		pation / Job title (See Instructions	5)	Employer (See Instructions	()		
	Home Care			Ability HomeCare, Inc.			
	Date 03/12/2024	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	pation / Job title (See Instructions	5)	Employer (See Instructions	<u> </u>		
	President CO	00		Pediatric Home Healthc	are		
	Date 03/21/2024	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 Instructions	5)	Employer (See Instructions Girling Community Care			
	Date 02/27/2024	Full name of contributor Hunt, Dean (Mr.) Contributor address; City; S Houston, TX 77007	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$5,000.00
		pation / Job title (See Instructions	5)	Employer (See Instructions			
	Owner, Pres	ident		Astrocare Home Health	car	e	

	MONEI	ARY POLITICAL (	CONTRIBUTIO	NS		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 7/15 Rpt: 10/33	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Texas Assoc	iation for Home Care and Ho	spice Inc Texas Hom	e Care and Hospice PAC -		00015750	
4	Date 02/27/2024	<ul><li>5 Full name of contributor James , Natasha (Ms.)</li><li>6 Contributor address; City; St</li></ul>	out-of-state PAC (ID#: ate; Zip Code	)	7	Amount of Contribution (\$)	\$900.00
		Moody, TX 76557					
8	Principal occu RN	pation / Job title (See Instructions	)	9 Employer (See Instructions PALS Home Health	i)		
	Date 02/29/2024	Full name of contributor  Machado, Marisa (Ms.)  Contributor address; City; St  Hutto, TX 78634	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$42.00
	Principal occu	pation / Job title (See Instructions	)	Employer (See Instructions	.) [		
				Texas Assn. for Homeca		& Hospice, Inc.	
	Date 03/12/2024	Full name of contributor Manley, Victoria (Ms.) Contributor address; City; St	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
		Centennial, CO 80015					
		pation / Job title (See Instructions n Coordinator	)	Employer (See Instructions Angels of Care	5)		
	Date 02/27/2024	Full name of contributor Martin , Tyler Contributor address; City; St Waco, TX 76708	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$500.00
	Principal occu CEO	pation / Job title (See Instructions	)	Employer (See Instructions Pals Home Health	)		
	Date 02/27/2024	Full name of contributor Mayes, Lora (Ms.)  Contributor address; City; St  Missouri City, TX 77459	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$200.00
	Principal occu CEO	pation / Job title (See Instructions	)	Employer (See Instructions Beacon Home Health A		псу	

Texas Association for Home Care and Hospice Inc Texas Home Care and Hospice PAC.    Date   S Full name of contributor   out-of-state PAC (IDIF:		MONET	ARY POLITICAL C	ONTRIBUTIO	JIN 5		SCHEDUL	E <b>A1</b>
Texas Association for Home Care and Hospice Inc Texas Home Care and Hospice PAC .    Date   S Full name of contributor   Qui-of-state PAC (IDIF:		The Instru	ction Guide explains how	to complete this fo	orm.	1		
McClammy, Lisa (Ms.) 6 Contributor address; City; State; Zip Code  Whitney, TX 76692  8 Principal occupation / Job title (See Instructions) RN Consultant  Date 02/27/2024  McGraw, Joseph (Mr.) Contributor address; City; State; Zip Code  Tyler, TX 75703  Principal occupation / Job title (See Instructions) Business Development  Date 03/19/2024  Full name of contributor out-of-state PAC (IDI* 03/19/2024  McGraw, Joseph (Mr.) Contributor address; City; State; Zip Code  Tyler, TX 75703  Principal occupation / Job title (See Instructions) Business Development  Date 03/19/2024  Full name of contributor out-of-state PAC (IDI* 03/19/2024  Full name of contributor out-of-state PAC (IDI* 02/27/2024  Principal occupation / Job title (See Instructions) Business Development  Date 02/27/2024  Full name of contributor out-of-state PAC (IDI* 02/27/2024  Meave, Adan and Monica (Mr.) Contributor address; City; State; Zip Code  Weslaco, TX 78599  Principal occupation / Job title (See Instructions) Employer (See Ins	2		siation for Home Care and Hos	spice Inc Texas Hom	ne Care and Hospice PAC -	L		n Filers)
Principal occupation / Job title (See Instructions) RN Consultant  Date 02/27/2024    Full name of contributor   out-of-state PAC (ID#:	4		McClammy, Lisa (Ms.)		_	7	Amount of Contribution (\$)	\$25.00
RN Consultant    Date   Contributor   Contri								
O2/27/2024 McGraw, Joseph (Mr.) Contributor address; City; State; Zip Code  Tyler, TX 75703  Principal occupation / Job title (See Instructions) Business Development  Date O3/19/2024 Full name of contributor	8			s) 		s)		
Principal occupation / Job title (See Instructions) Business Development  Date  O3/19/2024  Full name of contributor			McGraw, Joseph (Mr.)		)	•	Amount of Contribution (\$)	\$20.00
Business Development    Date   O3/19/2024   Full name of contributor   out-of-state PAC (ID#:		Principal occu	<u> </u>	<u>.</u>	Employer (See Instructions	<u>"</u>		
O3/19/2024 McGraw, Joseph (Mr.)  Contributor address; City; State; Zip Code  Tyler, TX 75703  Principal occupation / Job title (See Instructions) Business Development Paradigm Rehab & Nursing LP  Date O2/27/2024 Meave, Adan and Monica (Mr.)  Contributor address; City; State; Zip Code  Weslaco, TX 78599  Principal occupation / Job title (See Instructions) Homecare Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) El Rey Primary Health Care, LLC  Date O3/21/2024 Meave, Adan and Monica (Mr.)  Contributor address; City; State; Zip Code  Weslaco, TX 78599  Weslaco, TX 78599  Weslaco, TX 78599				,			g LP	
Principal occupation / Job title (See Instructions) Business Development  Date 02/27/2024  Full name of contributor out-of-state PAC (ID#:			McGraw, Joseph (Mr.)		)	•	Amount of Contribution (\$)	\$20.00
Business Development  Paradigm Rehab & Nursing LP  Date  O2/27/2024  Full name of contributor  out-of-state PAC (ID#:  Amount of Contribution (\$)  Weslaco, TX 78599  Principal occupation / Job title (See Instructions) Homecare  Employer (See Instructions) El Rey Primary Health Care, LLC  Date O3/21/2024  Full name of contributor  out-of-state PAC (ID#:  Amount of Contribution (\$)  Weslaco, TX 78599  Weslaco, TX 78599			Tyler, TX 75703					
O2/27/2024 Meave, Adan and Monica (Mr.)  Contributor address; City; State; Zip Code  Weslaco, TX 78599  Principal occupation / Job title (See Instructions) Homecare El Rey Primary Health Care, LLC  Date O3/21/2024 Full name of contributor Out-of-state PAC (ID#: Amount of Contribution (\$)  Meave, Adan and Monica (Mr.)  Contributor address; City; State; Zip Code  Weslaco, TX 78599				s) 			g LP	
Principal occupation / Job title (See Instructions)  Homecare  Employer (See Instructions)  El Rey Primary Health Care, LLC  Date  O3/21/2024  Meave, Adan and Monica (Mr.)  Contributor address; City; State; Zip Code  Weslaco, TX 78599			Meave, Adan and Monica	(Mr.)		•	Amount of Contribution (\$)	\$150.00
03/21/2024 Meave, Adan and Monica (Mr.)  Contributor address; City; State; Zip Code  Weslaco, TX 78599		•		;)			e, LLC	
			Meave, Adan and Monica Contributor address; City; St	(Mr.)	)		Amount of Contribution (\$)	\$150.00
		Principal occu		s)	Employer (See Instructions			
Homecare El Rey Primary Health Care, LLC		Homecare			El Rey Primary Health C	Car	e, LLC	

	MONEI	ARY POLITICAL CON	IKIBUTION	5		SCHEDULE	A1
	The Instru	ction Guide explains how to co	omplete this forr	n.	1	Total pages Schedule A1: Sch: 9/15 Rpt: 12/33	
2	FILER NAME Texas Assoc	siation for Home Care and Hospice Ir	nc Texas Home (	Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	Filers)
4	Date 02/27/2024	Moore , Kellie (Ms.)	-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	\$5.00
		Katy, TX 77494	<u>,                                      </u>				
8	Principal occu Supervisor	pation / Job title (See Instructions)	9	Employer (See Instructions Angels of Care	5)		
	Date 02/27/2024	Morales, Carlos (Mr.)  Contributor address; City; State; Zip	of-state PAC (ID#:	)		Amount of Contribution (\$)	\$50.00
	Principal occu	Lubbock, TX 79424 pation / Job title (See Instructions)		Employer (See Instructions	<u>                                      </u>		
	•	ce President		Caprock Home Health S		rices, Inc.	
	Date 03/21/2024	Morales, Carlos (Mr.)  Contributor address; City; State; Zip	-of-state PAC (ID#: ) Code	)		Amount of Contribution (\$)	\$50.00
	Dringinal occu	Lubbock, TX 79424 pation / Job title (See Instructions)	i	Employer (See Instructions	·/_		
		ce President		Caprock Home Health S	•	rices, Inc.	
	Date 02/27/2024	Murphy, Maryann (Ms.)		)		Amount of Contribution (\$)	\$25.00
		Early, TX 76802					
	Principal occu RN	pation / Job title (See Instructions)		Employer (See Instructions Lee HealthCare	5)		
	Date 03/21/2024	Murphy, Maryann (Ms.)	-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions Lee HealthCare	5)		
			,				

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDUL	E A1	
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 10/15 Rpt: 13/33		
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Texas Assoc	ciation for Home Care and Hos	spice Inc Texas Hom	e Care and Hospice PAC -		00015750	
4	Date 02/27/2024	<ul><li>5 Full name of contributor Naranjo, Mary Ann (Ms.)</li><li>6 Contributor address; City; St</li></ul>	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$500.00
		Lufkin, TX 75902					
8		pation / Job title (See Instructions	)	9 Employer (See Instructions			
	Owner Alt Ad	dmin		A Piney Woods Home F	łea	Ith Care	
	Date 02/27/2024	Full name of contributor Niedermayer, Vicki (Ms.) Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code	)		Amount of Contribution (\$)	\$50.00
		Arlington, TX 76001	,		Ĺ		
		pation / Job title (See Instructions	)	Employer (See Instructions	5)		
CEO/Social Services Helpin		Helping Restore Ability	_				
	Date 03/21/2024	Full name of contributor Palmer, Lee (Mr.)  Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code			Amount of Contribution (\$)	\$50.00
	D: : 1	Richmond, TX 77406	, T		Ĺ		
		pation / Job title (See Instructions	)	Employer (See Instructions			
	Administrato	l		Consolidated Home Hea	aiu		
	Date 03/21/2024	Full name of contributor Peterson, Michelle (Ms.)  Contributor address; City; St  Cedar Creek, TX 78612	out-of-state PAC (ID#: ate; Zip Code			Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions	)	Employer (See Instructions	5)		
	VP of Opera	tions		Bluebonnet Home Healt	h C	Care of Texas, Inc.	
Date  O3/12/2024  Pledger, Carla (Ms.)  Contributor address; City; State; Zip Code  Kerrville, TX 78028				Amount of Contribution (\$)	\$30.00		
	Principal occu Nurse	pation / Job title (See Instructions	)	Employer (See Instructions Angels of Care	s)		

	MONEI	ARY POLITICAL CONTI	RIBUTIONS		SCHEDUL	E <b>A1</b>
	The Instruction Guide explains how to complete this form.				Total pages Schedule A1: Sch: 11/15 Rpt: 14/33	
2	FILER NAME Texas Assoc	ciation for Home Care and Hospice Inc.	- Texas Home Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	n Filers)
4	Date 02/28/2024	Rash, Rose (Ms.)	state PAC (ID#:) ode	7	Amount of Contribution (\$)	\$119.05
		Corsicana, TX 75109				
8	•	pation / Job title (See Instructions) tor of Nursing	9 Employer (See Instructions Angels At Home, Inc.	5)		
	Date 02/27/2024	Full name of contributor out-of-Reyes, Kathleen (Ms.)  Contributor address; City; State; Zip Co	state PAC (ID#:) ode	-	Amount of Contribution (\$)	\$8.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	Speech Lang	guage Pathologist Assistant	Ability Pediatric Therapy	/		
Date  O3/19/2024  Full name of contributor  Out-of-state PAC (ID#:  Reyes, Kathleen (Ms.)  Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$8.00	
	Dringing con	San Antonio, TX 78260	Employer (Coo Instructions	<u>'</u>		
		pation / Job title (See Instructions) guage Pathologist Assistant	Employer (See Instructions Ability Pediatric Therapy			
	Date 03/12/2024	Robison, Kristen (Ms.)  Contributor address; City; State; Zip Co	state PAC (ID#:) ode	•	Amount of Contribution (\$)	\$125.00
			Employer (See Instructions Angels of Care Pediatric		ome Health	
	Date 02/27/2024	Rodriguez , Alma (Ms.)	state PAC (ID#:)  ode		Amount of Contribution (\$)	\$600.00
	•	pation / Job title (See Instructions)	Employer (See Instructions		-	
	Owner		Soft Touch Home Care,	ın	с.	

	MONEI	ARY POLITICAL CONTRIBUT	I IONS		SCHEDUL	E A1
	The Instruction Guide explains how to complete this form.				Total pages Schedule A1: Sch: 12/15 Rpt: 15/33	
2	FILER NAME Texas Assoc	ciation for Home Care and Hospice Inc Texas	Home Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	n Filers)
4	Date 02/27/2024	<ul> <li>Full name of contributor</li></ul>	(ID#:)	7	Amount of Contribution (\$)	\$10.00
		San Antonio, TX 78253				
8	Principal occu Occupationa	pation / Job title (See Instructions) Il Therapist	Employer (See Instructions     Ability Pediatric Therapy			
	Date 03/19/2024	Full name of contributor	(ID#:)		Amount of Contribution (\$)	\$10.00
	Principal occu	San Antonio, TX 78253 pation / Job title (See Instructions)	Employer (See Instructions	e)		
	Occupationa		Ability Pediatric Therapy			
Date Full name of contributor out-of-state PAC (ID 02/27/2024 Sandoval, Vanessa (Ms.)  Contributor address; City; State; Zip Code		Sandoval, Vanessa (Ms.)	(ID#:)		Amount of Contribution (\$)	\$25.00
		Harlingen, TX 78552				
	Principal occu Administrato	pation / Job title (See Instructions) r	Employer (See Instructions Texas Visiting Nurse Se		ces Ltd.	
	Date 02/29/2024	Full name of contributor	(ID#:)		Amount of Contribution (\$)	\$500.00
Principal occupation / Job title (See Instructions) Employ			Employer (See Instructions Presidente Homecare	<u> </u> s)		
	Date 02/27/2024	Full name of contributor out-of-state PAC ( Wade, Cynthia (Ms.)  Contributor address; City; State; Zip Code  Tyler, TX 75703			Amount of Contribution (\$)	\$14.00
	Principal occu LVN	pation / Job title (See Instructions)	Employer (See Instructions Paradigm Rehab & Nurs		a LP	
			. s. s. g. ronaz a run		<b>ʊ</b> ·	

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDUL	E <b>A1</b>	
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 13/15 Rpt: 16/33		
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Texas Assoc	ciation for Home Care and Ho	spice Inc Texas Home	e Care and Hospice PAC -		00015750	
4	Date 03/19/2024	<ul><li>Full name of contributor Wade, Cynthia (Ms.)</li><li>Contributor address; City; S</li></ul>	out-of-state PAC (ID#: tate; Zip Code			Amount of Contribution (\$)	\$14.00
		Tyler, TX 75703					
8	Principal occu	pation / Job title (See Instructions	5) 9	Employer (See Instructions	()		
	LVN			Paradigm Rehab & Nurs	sin	g LP	
	Date Full name of contributor out-of-state PAC (ID#:)  02/27/2024 Whitlock, Amy (Ms.)  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$50.00	
		Houston, TX 77023	,		Ĺ		
		Employer (See Instructions	5)				
	Quality Specialist Manager AccentCare, Inc.		Accenicare, inc.				
	Date 03/12/2024	Full name of contributor Willman, Jonathan (Mr.) Contributor address; City; S	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$500.00
		Sugar Land, TX 77479					
		pation / Job title (See Instructions	5)	Employer (See Instructions			
	RN, Director	of Operations		Consolidated Home Hea	alth	1	
Date  O2/27/2024  Full name of contributor  Out-of-state PAC ( Young, Anita (Ms.)  Contributor address; City; State; Zip Code  San Antonio, TX 78248		out-of-state PAC (ID#:			Amount of Contribution (\$)	\$4.00	
	Principal occu Physical The	pation / Job title (See Instructions erapist	5)	Employer (See Instructions Ability Pediatric Therapy			
Date Full name of contributor out-of-state PAC (ID#:)  Voung, Anita (Ms.)  Contributor address; City; State; Zip Code  San Antonio, TX 78248			Amount of Contribution (\$)	\$4.00			
		pation / Job title (See Instructions	5)	Employer (See Instructions			
	Physical The	erapist		Ability Pediatric Therapy	_		

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1	
	The Instruc	ction Guide explains how to complete this f	or	m.	1	Total pages Schedule A1: Sch: 14/15 Rpt: 17/33	
2	FILER NAME Texas Assoc	ciation for Home Care and Hospice Inc Texas Hom	ne	Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	n Filers)
4	Date 02/27/2024	<ul> <li>5 Full name of contributor  out-of-state PAC (ID#:_van den Bent, Jerre (Mr.)</li> <li>6 Contributor address; City; State; Zip Code</li> </ul>			7	Amount of Contribution (\$)	\$400.00
		Dallas, TX 75208					
8	Principal occu CEO	pation / Job title (See Instructions)	9	Employer (See Instructions Therapy 2000 Inc.	5)		
	Date 02/27/2024	Full name of contributor out-of-state PAC (ID#:_van den Bent, Jerre (Mr.)  Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$400.00
		Dallas, TX 75208					
		Employer (See Instructions Therapy 2000 Inc.	5)				
	Date 02/27/2024	Full name of contributor out-of-state PAC (ID#:_van den Bent, Jerre (Mr.)  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$400.00
		Dallas, TX 75208					
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  CEO  Therapy 2000 Inc.			Employer (See Instructions Therapy 2000 Inc.	5)			
Date Full name of contributor out-of-state PAC (ID# 02/27/2024 van den Bent, Jerre (Mr.)  Contributor address; City; State; Zip Code					Amount of Contribution (\$)	\$400.00	
		Employer (See Instructions Therapy 2000 Inc.	<u> </u> ;)				
	Date  O2/27/2024  Full name of contributor out-of-state PAC (ID#:)  van den Bent, Jerre (Mr.)  Contributor address; City; State; Zip Code  Dallas, TX 75208			Amount of Contribution (\$)	\$400.00		
	Principal occu CEO	pation / Job title (See Instructions)		Employer (See Instructions Therapy 2000 Inc.	5)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A1
	The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 15/15 Rpt: 18/33
2	FILER NAME Texas Assoc	ciation for Home Care and Hospice Inc Texas Hor	me Care and Hospice PAC -	3 Filer ID (Ethics Commission Filers) 00015750
4	Date 03/12/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID#: van den Bent, Jerre (Mr.)</li> <li>Contributor address; City; State; Zip Code</li> </ul>		7 Amount of Contribution (\$) \$2,000.00
Ω	Principal occu	Dallas, TX 75208  pation / Job title (See Instructions)	9 Employer (See Instructions	0)
0	CEO	pation / Job title (See Instructions)	Therapy 2000 Inc.	5)

# MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C3

	The Instruction Guide explains how to complete this form.			1	Total pages Sch: 1/1 Rp	Schedule C3: ot: 19/33
2	2 FILER NAME			3	Filer ID	(Ethics Commission Filers)
	Texas Assoc	ciat	tion for Home Care and Hospice Inc Texas Home Care and Hospice		00015750	
4	Date	5	Corporation / Labor Organization name	6	Amount (\$)	
	03/01/2024		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 -Candidate/Officeholder/Political Con

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

Candidate/Officeholder/Political 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: 1/14 Rpt: 20/33	Texas Association for Home Care and Hospice Inc Texas 00015750					
4 Date	5 Payee name					
02/28/2024	Blanco Campaign, Cesar (Sen.)					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
\$1,000.00	416 N. Stanton St. Suite 700					
Expenditure from corporate funds	El Paso, TX 79901					
8 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					
	Contribution					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought Office held					
Date	Payee name					
03/04/2024	Global Payments Inc.					
Amount (\$)	Payee address; City; State; Zip Code					
\$48.20	3550 Lenox Road, Suite 3000					
Ψ-0.20	3330 Leriox Noda, June 3000					
Expenditure from corporate funds	Atlanta, GA 30326					
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 expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held					
Date	Payee name					
02/27/2024	PayPal					
Amount (\$)	Payee address; City; State; Zip Code					
\$1.94	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/OH					

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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: 2/14 Rpt: 21/33	Texas Association for Home Care and Hospice Inc Texas 00015750
4 Date	5 Payee name
02/27/2024	PayPal
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.94	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
	Credit card processing ree
O Complete CNII V if divers	Candidate/Officeholder name Office cought Office hold
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
·	
Date	Payee name
02/27/2024	PayPal
Amount (\$)	Payee address; City; State; Zip Code
\$3.38	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	
Date	Payee name
02/27/2024	PayPal
Amount (\$)	Payee address; City; State; Zip Code
\$144.99	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)  Accounting/Banking  (b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Accounting/Banking
	Credit card processing fee
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 -

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

Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1:		)			
Sch: 3/14 Rpt: 22/33	Texas Association for Home Care and Hospice Inc Texas 00015750				
4 Date	5 Payee name				
02/27/2024	PayPal				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$17.94	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				
	Grount data producesting for				
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H				
Date	Payee name	_			
02/27/2024	PayPal				
Amount (\$)	Payee address; City; State; Zip Code				
\$14.94	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 fe				
	Great data processing to				
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H				
Date	Payee name	_			
02/27/2024	PayPal				
Amount (\$)	Payee address; City; State; Zip Code	_			
\$17.63	2211 N. First St.				
411.00					
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				
	Ordan data producting for				
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 -Candidate/Officeholder/Political Co

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (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: 4/14 Rpt: 23/33	Texas Association for Home Care and Hospice Inc Texas 00015750
4 Date	5 Payee name
02/27/2024	PayPal
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$17.63	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 eard processing rec
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
02/27/2024	PayPel PayPel
Amount (\$)	
\$26.30	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 <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Data	
Date	Payee name
02/27/2024	PayPal
Amount (\$)	Payee address; City; State; Zip Code
\$11.95	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 foe
	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
Conditional Office holder/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	l 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:					
Sch: 5/14 Rpt: 24/33	Texas Association for Home Care and Hospice Inc Texas 00015750				
4 Date	5 Payee name				
02/27/2024	PayPal				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$11.95	2211 N. First St.				
Expenditure from corporate funds	San Jose, CA 95131				
8 PURPOSE					
OF 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 Austin, TX, officeholder living expense				
	Credit card processing fee				
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
expenditure to benefit C/OI					
Date	Payee name				
02/27/2024	PayPal				
Amount (\$)	Payee address; City; State; Zip Code				
\$11.95	2211 N. First St.				
Φ11.95	ZZII IV. I IISUSU.				
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 CNII V if direct	Candidate/Officeholder name Office sought Office hold				
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
Date	Payee name				
02/27/2024	PayPal				
Amount (\$)	Payee address; City; State; Zip Code				
\$11.95	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 EVENINE UPF	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	<u> </u>				

### 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	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: 6/14 Rpt: 25/33	Texas Association for Home Care and Hospice Inc Texas 00015750
4 Date	5 Payee name
02/27/2024	PayPal
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$11.96	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
	Credit card processing ree
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Dete	
Date	Payee name
02/27/2024	PayPal
Amount (\$)	Payee address; City; State; Zip Code
\$5.73	2211 N. First St.
— Forestitus from	
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
experientare to benefit 6/61	
Date	Payee name
02/27/2024	PayPal
Amount (\$)	Payee address; City; State; Zip Code
\$1.69	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

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made E 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	l 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: 7/14 Rpt: 26/33	Texas Association for Home Care and Hospice Inc Texas 00015750
4 Date	5 Payee name
02/27/2024	PayPal
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.36	2211 N. First St.
Expenditure from	San Jose, CA 95131
corporate funds	
8 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
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Data	
Date	Payee name
02/27/2024	PayPal
Amount (\$)	Payee address; City; State; Zip Code
\$1.36	2211 N. First St.
- Formanditure Cons	
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 <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experialtare to beliefft C/OI	·
Date	Payee name
02/27/2024	PayPal
Amount (\$)	Payee address; City; State; Zip Code
\$1.36	2211 N. First St.
, = .00	
Expenditure from	San Jose, CA 95131
corporate funds	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  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	<b>y</b>

### 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: 8/14 Rpt: 27/33	Texas Association for Home Care and Hospice Inc Texas 00015750
4 Date	5 Payee name
02/27/2024	PayPal
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$0.66	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 card processing ree
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/Ol	
Date	Davies warms
02/27/2024	Payee name PayPal
	·
Amount (\$) \$1.99	Payee address; City; State; Zip Code  2211 N. First St.
Ф1.99	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	Accounting/Banking  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	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 H
Date	Payee name
02/27/2024	PayPal
Amount (\$)	Payee address; City; State; Zip Code
\$7.18	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
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	н

### 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: 9/14 Rpt: 28/33	Texas Association for Home Care and Hospice Inc Texas 00015750
4 Date	5 Payee name
02/27/2024	PayPal
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$14.69	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
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
03/12/2024	PayPal
Amount (\$)	Payee address; City; State; Zip Code
\$0.68	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
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
03/12/2024	PayPal
Amount (\$)	Payee address; City; State; Zip Code
\$4.85	2211 N. First St.
— Forestitus from	
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
	Credit card processing ree
Complete <u>ONLY</u> 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
Gift/Awards/Memorials Expense

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

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: 10/14 Rpt: 29/33	Texas Association for Home Care and Hospice Inc Texas 00015750
4 Date	5 Payee name
03/12/2024	PayPal
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.36	2211 N. First St.
- Evpanditura from	
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
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
03/12/2024	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.  Check if Austin, TX, officeholder living expense
	Credit card processing fee
	Great data processing for
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
03/12/2024	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 foe
	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 -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

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: 11/14 Rpt: 30/33	Texas Association for Home Care and Hospice Inc Texas 00015750
4 Date	5 Payee name
03/12/2024	PayPal
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.36	2211 N. First St.
- Evpanditura from	
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
	a constant processing to
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
03/12/2024	PayPal
Amount (\$)	Payee address; City; State; Zip Code
\$1.54	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
	Great data processing for
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
03/21/2024	PayPal
Amount (\$)	Payee address; City; State; Zip Code
\$7.47	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 foe
	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 -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Lenal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor, Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	
Sch: 12/14 Rpt: 31/33	Texas Association for Home Care and Hospice Inc Texas 00015750
4 Date	5 Payee name
03/21/2024	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
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiditure to benefit C/Oi	
Date	Payee name
03/21/2024	PayPal
Amount (\$)	Payee address; City; State; Zip Code
\$3.98	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
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
03/21/2024	PayPal
Amount (\$)	Payee address; City; State; Zip Code
\$2.24	2211 N. First St.
Ψ2.24	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.
	Cradit cord processing for
	Credit card processing fee
Commission ONII V if diment	Condidate/Office helder no year Office accords
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
•	

#### SCHEDULE F1

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

Event Expense 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		
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission F	Filers)
Sch: 13/14 Rpt: 32/33	Texas Association for Home Care and Hospice Inc Texas 00015750	
4 Date	5 Payee name	
03/21/2024	PayPai	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$5.73	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	
	Seeman processing to	
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
03/21/2024	PayPal	
Amount (\$)	Payee address; City; State; Zip Code	
\$1.99	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	
	Great data processing tee	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
Date	Payee name	
03/21/2024	PayPal	
Amount (\$)	Payee address; City; State; Zip Code	
\$1.36	2211 N. First St.	
Ψ1.50	ZZII W. I list 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 <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
<u></u>		

### 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/Jawards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	l Com	nmittee	Legal Ser		ide explains l		ages/C	Contract Labor e this form.		Travel Out of Di OTHER (enter a	a category not listed	above)
1	Total pages Schedule F1:	2				•		•		3 [	Filer ID	(Ethics Commi	ssion Filers)
	Sch: 14/14 Rpt: 33/33		Texas Asso		for Home	Care and	Hospice	Inc.	- Texas	1	00015750	(Euros Comm	
4	Date	5	Payee name							•			
	02/27/2024		VanDeaver		aign, Gary								
6	Amount (\$)	7	Payee addres	SS;	City;	State;	Zip Cod	de					
	\$1,000.00		710 James	Bowie	Dr.								
	Expenditure from corporate funds		New Boston	n, TX 7	5570								
8	PURPOSE	(a)	Category (Se	ee Catego	ries listed at the	e top of this sch	edule)	(b) [	Description				
	OF EXPENDITURE		Contribution					Ī	_			nplete Schedule T.	ļ
			Candidate/C	Officeho	older/Polit	ical Comm	ittee	L	Check if Austin	1, TX, o	fficeholder livin	g expense	
								`	Sommon				
9	Complete ONLY if direct	C	andidate/Offic	ceholde	r name	C	Office soug	ght			Office h	eld	
	expenditure to benefit C/OI	4											