

# MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC  
COVER SHEET PG 1

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

GO TO PAGE 2

# MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC  
COVER SHEET PG 2

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

<b>15 CONTRIBUTION TOTALS</b>	<b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b> <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	<b>2. TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 17,308.83
EXPENDITURE TOTALS	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 2,431.68
CONTRIBUTION BALANCE	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 128,903.43
OUTSTANDING LOAN TOTALS	<b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 0.00

**16 AFFIDAVIT**

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

Ms. Rachel Hammon  
\_\_\_\_\_  
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

# SUBTOTALS - MPAC

<b>17 COMMITTEE NAME</b> Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice		<b>18 Filer ID</b> (Ethics Commission Filers) 00015750
<b>19 SCHEDULE SUBTOTALS</b>		<b>SUBTOTAL AMOUNT</b>
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 16,386.55
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input checked="" type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$ 922.28
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 2,431.68
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 1/15 Rpt: 4/33
2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		3 Filer ID (Ethics Commission Filers) 00015750
4 Date 02/27/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Avery, Amy (Ms.)	7 Amount of Contribution (\$)  \$20.00
	6 Contributor address; City; State; Zip Code  Tyler, TX 75701	
8 Principal occupation / Job title (See Instructions) Physical Therapist		9 Employer (See Instructions) Paradigm Rehab & Nursing LP
Date 03/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Avery, Amy (Ms.)	Amount of Contribution (\$)  \$20.00
	Contributor address; City; State; Zip Code  Tyler, TX 75701	
Principal occupation / Job title (See Instructions) Physical Therapist		Employer (See Instructions) Paradigm Rehab & Nursing LP
Date 02/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bakare, Lola (Ms.)	Amount of Contribution (\$)  \$900.00
	Contributor address; City; State; Zip Code  Spring, TX 77389	
Principal occupation / Job title (See Instructions) Administrator		Employer (See Instructions) Silverspring Home Healthcare Services
Date 02/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bullock, Melissa (Ms.)	Amount of Contribution (\$)  \$50.00
	Contributor address; City; State; Zip Code  Sherman, TX 75090	
Principal occupation / Job title (See Instructions) Chief Operating Officer		Employer (See Instructions) Childrens Home Healthcare
Date 02/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bulls, David (Mr.)	Amount of Contribution (\$)  \$20.00
	Contributor address; City; State; Zip Code  Tyler, TX 75703	
Principal occupation / Job title (See Instructions) Physical Therapist		Employer (See Instructions) Paradigm Rehab & Nursing LP

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 2/15 Rpt: 5/33
2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		3 Filer ID (Ethics Commission Filers) 00015750
4 Date 03/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bulls, David (Mr.)	7 Amount of Contribution (\$)  \$20.00
	6 Contributor address; City; State; Zip Code  Tyler, TX 75703	
8 Principal occupation / Job title (See Instructions) Physical Therapist		9 Employer (See Instructions) Paradigm Rehab & Nursing LP
Date 02/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Campos , Marcos (Mr.)	Amount of Contribution (\$)  \$100.00
	Contributor address; City; State; Zip Code  San Antonio, TX 78210	
Principal occupation / Job title (See Instructions) Regional Director		Employer (See Instructions) Disability Services of the Southwest
Date 03/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Chavez , Delma (Ms.)	Amount of Contribution (\$)  \$250.00
	Contributor address; City; State; Zip Code  Midland, TX 79707	
Principal occupation / Job title (See Instructions) Social Worker		Employer (See Instructions) St. Joseph's Home Health
Date 03/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cornett, Valerie (Ms.)	Amount of Contribution (\$)  \$60.00
	Contributor address; City; State; Zip Code  Keller, TX 76244	
Principal occupation / Job title (See Instructions) COSI		Employer (See Instructions) MAC Legacy
Date 02/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Costello, Marjorie (Ms.)	Amount of Contribution (\$)  \$500.00
	Contributor address; City; State; Zip Code  San Marcos, TX 78666	
Principal occupation / Job title (See Instructions) CAO		Employer (See Instructions) Disability Services of the Southwest/Lifespan

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/15 Rpt: 6/33
<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 03/12/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Davis , Sheila (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Wichita Falls, TX 76310	<b>7</b> Amount of Contribution (\$) \$12.50
<b>8</b> Principal occupation / Job title (See Instructions) CHCE; COS-C		<b>9</b> Employer (See Instructions) Always Best Care Senior Services
Date 02/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dilleshaw, Brittany (Ms.) <hr/> Contributor address; City; State; Zip Code  Danbury, TX 77534	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Vice President of Home Therapy Services		Employer (See Instructions) MedCare Pediatric Nursing
Date 02/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Escamilla, Jamie (Ms.) <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78258	Amount of Contribution (\$) \$8.00
Principal occupation / Job title (See Instructions) MC CCC-Speech Language Pathologist		Employer (See Instructions) Ability Pediatric Therapy
Date 03/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Escamilla, Jamie (Ms.) <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78258	Amount of Contribution (\$) \$8.00
Principal occupation / Job title (See Instructions) MC CCC-Speech Language Pathologist		Employer (See Instructions) Ability Pediatric Therapy
Date 02/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Escobar, Christina (Ms.) <hr/> Contributor address; City; State; Zip Code  Selma, TX 78154	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Director of Therapy		Employer (See Instructions) Ability Pediatric Therapy

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 4/15 Rpt: 7/33
2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		3 Filer ID (Ethics Commission Filers) 00015750
4 Date 03/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Escobar, Christina (Ms.)	7 Amount of Contribution (\$)  \$10.00
	6 Contributor address; City; State; Zip Code  Selma, TX 78154	
8 Principal occupation / Job title (See Instructions) Director of Therapy		9 Employer (See Instructions) Ability Pediatric Therapy
Date 02/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fox , Eric (Mr.)	Amount of Contribution (\$)  \$20.00
	Contributor address; City; State; Zip Code  Whitehouse, TX 75791	
Principal occupation / Job title (See Instructions) Physical Therapist		Employer (See Instructions) Paradigm Rehab & Nursing LP
Date 03/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fox , Eric (Mr.)	Amount of Contribution (\$)  \$20.00
	Contributor address; City; State; Zip Code  Whitehouse, TX 75791	
Principal occupation / Job title (See Instructions) Physical Therapist		Employer (See Instructions) Paradigm Rehab & Nursing LP
Date 03/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Goolsby, Sharon (Ms.)	Amount of Contribution (\$)  \$125.00
	Contributor address; City; State; Zip Code  Jefferson, TX 75657	
Principal occupation / Job title (See Instructions) Administrator		Employer (See Instructions) First in Pediatrics Home Health Care, Inc.
Date 02/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Graham-Stone, Mary (Ms.)	Amount of Contribution (\$)  \$5.00
	Contributor address; City; State; Zip Code  San Antonio, TX 78230	
Principal occupation / Job title (See Instructions) Home Care		Employer (See Instructions) Ability Pediatric Therapy

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/15 Rpt: 8/33
<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 03/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Graham-Stone, Mary (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78230	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) Home Care		<b>9</b> Employer (See Instructions) Ability Pediatric Therapy
Date 02/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Griffin, Kerri (Ms.) <hr/> Contributor address; City; State; Zip Code  Center, TX 75935	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Administrator		Employer (See Instructions) A Piney Woods
Date 03/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hale, Kati (Ms.) <hr/> Contributor address; City; State; Zip Code  Denton, TX 76208	Amount of Contribution (\$)  \$90.00
Principal occupation / Job title (See Instructions) COO		Employer (See Instructions) MAC Legacy
Date 02/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hammon, Rachel (Ms.) <hr/> Contributor address; City; State; Zip Code  Austin, TX 78732	Amount of Contribution (\$)  \$21.00
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) Texas Assn. for Home Care & Hospice Inc.
Date 02/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hanberry, Shannon (Ms.) <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75214	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Administrator		Employer (See Instructions) Kids Care Home Health



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/15 Rpt: 9/33
<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 02/27/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Harding, Debra (Ms.) ----- <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78230	<b>7</b> Amount of Contribution (\$)  \$2.00
<b>8</b> Principal occupation / Job title (See Instructions) Home Care		<b>9</b> Employer (See Instructions) Ability HomeCare, Inc.
Date 03/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Harding, Debra (Ms.) ----- Contributor address; City; State; Zip Code  San Antonio, TX 78230	Amount of Contribution (\$)  \$2.00
Principal occupation / Job title (See Instructions) Home Care		Employer (See Instructions) Ability HomeCare, Inc.
Date 03/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hosley, Dennis (Mr.) ----- Contributor address; City; State; Zip Code  Dallas, TX 75214	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) President COO		Employer (See Instructions) Pediatric Home Healthcare
Date 03/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Howard, Jesse (Mr.) ----- Contributor address; City; State; Zip Code  McGregor, TX 76657	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Healthcare		Employer (See Instructions) Girling Community Care
Date 02/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hunt, Dean (Mr.) ----- Contributor address; City; State; Zip Code  Houston, TX 77007	Amount of Contribution (\$)  \$5,000.00
Principal occupation / Job title (See Instructions) Owner, President		Employer (See Instructions) Astrocare Home Healthcare

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 7/15 Rpt: 10/33
2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		3 Filer ID (Ethics Commission Filers) 00015750
4 Date 02/27/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) James , Natasha (Ms.)	7 Amount of Contribution (\$)  \$900.00
	6 Contributor address; City; State; Zip Code  Moody, TX 76557	
8 Principal occupation / Job title (See Instructions) RN		9 Employer (See Instructions) PALS Home Health
Date 02/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Machado, Marisa (Ms.)	Amount of Contribution (\$)  \$42.00
	Contributor address; City; State; Zip Code  Hutto, TX 78634	
Principal occupation / Job title (See Instructions) COO		Employer (See Instructions) Texas Assn. for Homecare & Hospice, Inc.
Date 03/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Manley, Victoria (Ms.)	Amount of Contribution (\$)  \$25.00
	Contributor address; City; State; Zip Code  Centennial, CO 80015	
Principal occupation / Job title (See Instructions) Authorization Coordinator		Employer (See Instructions) Angels of Care
Date 02/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Martin , Tyler	Amount of Contribution (\$)  \$500.00
	Contributor address; City; State; Zip Code  Waco, TX 76708	
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Pals Home Health
Date 02/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mayes, Lora (Ms.)	Amount of Contribution (\$)  \$200.00
	Contributor address; City; State; Zip Code  Missouri City, TX 77459	
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Beacon Home Health Agency

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 8/15 Rpt: 11/33
<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 03/12/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McClammy, Lisa (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Whitney, TX 76692	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) RN Consultant		<b>9</b> Employer (See Instructions) MAC Legacy
Date 02/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGraw, Joseph (Mr.) <hr/> Contributor address; City; State; Zip Code  Tyler, TX 75703	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Business Development		Employer (See Instructions) Paradigm Rehab & Nursing LP
Date 03/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGraw, Joseph (Mr.) <hr/> Contributor address; City; State; Zip Code  Tyler, TX 75703	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Business Development		Employer (See Instructions) Paradigm Rehab & Nursing LP
Date 02/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meave, Adan and Monica (Mr.) <hr/> Contributor address; City; State; Zip Code  Weslaco, TX 78599	Amount of Contribution (\$)  \$150.00
Principal occupation / Job title (See Instructions) Homecare		Employer (See Instructions) El Rey Primary Health Care, LLC
Date 03/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meave, Adan and Monica (Mr.) <hr/> Contributor address; City; State; Zip Code  Weslaco, TX 78599	Amount of Contribution (\$)  \$150.00
Principal occupation / Job title (See Instructions) Homecare		Employer (See Instructions) El Rey Primary Health Care, LLC

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 9/15 Rpt: 12/33
<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 02/27/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Moore , Kellie (Ms.)	<b>7</b> Amount of Contribution (\$)  \$5.00
	<b>6</b> Contributor address; City; State; Zip Code  Katy, TX 77494	
<b>8</b> Principal occupation / Job title (See Instructions) Supervisor		<b>9</b> Employer (See Instructions) Angels of Care
Date 02/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Morales, Carlos (Mr.)	Amount of Contribution (\$)  \$50.00
	Contributor address; City; State; Zip Code  Lubbock, TX 79424	
Principal occupation / Job title (See Instructions) Executive Vice President		Employer (See Instructions) Caprock Home Health Services, Inc.
Date 03/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Morales, Carlos (Mr.)	Amount of Contribution (\$)  \$50.00
	Contributor address; City; State; Zip Code  Lubbock, TX 79424	
Principal occupation / Job title (See Instructions) Executive Vice President		Employer (See Instructions) Caprock Home Health Services, Inc.
Date 02/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Murphy, Maryann (Ms.)	Amount of Contribution (\$)  \$25.00
	Contributor address; City; State; Zip Code  Early, TX 76802	
Principal occupation / Job title (See Instructions) RN		Employer (See Instructions) Lee HealthCare
Date 03/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Murphy, Maryann (Ms.)	Amount of Contribution (\$)  \$25.00
	Contributor address; City; State; Zip Code  Early, TX 76802	
Principal occupation / Job title (See Instructions) RN		Employer (See Instructions) Lee HealthCare

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 10/15 Rpt: 13/33
2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		3 Filer ID (Ethics Commission Filers) 00015750
4 Date 02/27/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Naranjo, Mary Ann (Ms.)	7 Amount of Contribution (\$) \$500.00
	6 Contributor address; City; State; Zip Code  Lufkin, TX 75902	
8 Principal occupation / Job title (See Instructions) Owner Alt Admin		9 Employer (See Instructions) A Piney Woods Home Health Care
Date 02/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Niedermayer, Vicki (Ms.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Arlington, TX 76001	
Principal occupation / Job title (See Instructions) CEO/Social Services		Employer (See Instructions) Helping Restore Ability
Date 03/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Palmer, Lee (Mr.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Richmond, TX 77406	
Principal occupation / Job title (See Instructions) Administrator		Employer (See Instructions) Consolidated Home Health
Date 03/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peterson, Michelle (Ms.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Cedar Creek, TX 78612	
Principal occupation / Job title (See Instructions) VP of Operations		Employer (See Instructions) Bluebonnet Home Health Care of Texas, Inc.
Date 03/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledger, Carla (Ms.)	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code  Kerrville, TX 78028	
Principal occupation / Job title (See Instructions) Nurse		Employer (See Instructions) Angels of Care

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 11/15 Rpt: 14/33
<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 02/28/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rash, Rose (Ms.)	<b>7</b> Amount of Contribution (\$) \$119.05
	<b>6</b> Contributor address; City; State; Zip Code  Corsicana, TX 75109	
<b>8</b> Principal occupation / Job title (See Instructions) Owner/Director of Nursing		<b>9</b> Employer (See Instructions) Angels At Home, Inc.
Date 02/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Reyes, Kathleen (Ms.)	Amount of Contribution (\$) \$8.00
	Contributor address; City; State; Zip Code  San Antonio, TX 78260	
Principal occupation / Job title (See Instructions) Speech Language Pathologist Assistant		Employer (See Instructions) Ability Pediatric Therapy
Date 03/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Reyes, Kathleen (Ms.)	Amount of Contribution (\$) \$8.00
	Contributor address; City; State; Zip Code  San Antonio, TX 78260	
Principal occupation / Job title (See Instructions) Speech Language Pathologist Assistant		Employer (See Instructions) Ability Pediatric Therapy
Date 03/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Robison, Kristen (Ms.)	Amount of Contribution (\$) \$125.00
	Contributor address; City; State; Zip Code  San Antonio, TX 78209	
Principal occupation / Job title (See Instructions) RN, VP Govt. Affairs, CCO		Employer (See Instructions) Angels of Care Pediatric Home Health
Date 02/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rodriguez , Alma (Ms.)	Amount of Contribution (\$) \$600.00
	Contributor address; City; State; Zip Code  San Antonio, TX 78256	
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Soft Touch Home Care, Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 12/15 Rpt: 15/33
<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 02/27/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rodriguez, Kristine (Ms.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78253	
<b>8</b> Principal occupation / Job title (See Instructions) Occupational Therapist		<b>9</b> Employer (See Instructions) Ability Pediatric Therapy
Date 03/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rodriguez, Kristine (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  San Antonio, TX 78253	
Principal occupation / Job title (See Instructions) Occupational Therapist		Employer (See Instructions) Ability Pediatric Therapy
Date 02/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sandoval, Vanessa (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Harlingen, TX 78552	
Principal occupation / Job title (See Instructions) Administrator		Employer (See Instructions) Texas Visiting Nurse Services Ltd.
Date 02/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Valladares, Lydia (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  McAllen, TX 78501	
Principal occupation / Job title (See Instructions) Alternate Administrator		Employer (See Instructions) Presidente Homecare
Date 02/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wade, Cynthia (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Tyler, TX 75703	
Principal occupation / Job title (See Instructions) LVN		Employer (See Instructions) Paradigm Rehab & Nursing LP

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 13/15 Rpt: 16/33
<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 03/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wade, Cynthia (Ms.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Tyler, TX 75703	
<b>8</b> Principal occupation / Job title (See Instructions) LVN		<b>9</b> Employer (See Instructions) Paradigm Rehab & Nursing LP
<b>Date</b> 02/27/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Whitlock, Amy (Ms.)	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Contributor address; City; State; Zip Code</b>  Houston, TX 77023	
<b>Principal occupation / Job title (See Instructions)</b> Quality Specialist Manager		<b>Employer (See Instructions)</b> AccentCare, Inc.
<b>Date</b> 03/12/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Willman, Jonathan (Mr.)	<b>Amount of Contribution (\$)</b> \$500.00
	<b>Contributor address; City; State; Zip Code</b>  Sugar Land, TX 77479	
<b>Principal occupation / Job title (See Instructions)</b> RN, Director of Operations		<b>Employer (See Instructions)</b> Consolidated Home Health
<b>Date</b> 02/27/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Young, Anita (Ms.)	<b>Amount of Contribution (\$)</b> \$4.00
	<b>Contributor address; City; State; Zip Code</b>  San Antonio, TX 78248	
<b>Principal occupation / Job title (See Instructions)</b> Physical Therapist		<b>Employer (See Instructions)</b> Ability Pediatric Therapy
<b>Date</b> 03/19/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Young, Anita (Ms.)	<b>Amount of Contribution (\$)</b> \$4.00
	<b>Contributor address; City; State; Zip Code</b>  San Antonio, TX 78248	
<b>Principal occupation / Job title (See Instructions)</b> Physical Therapist		<b>Employer (See Instructions)</b> Ability Pediatric Therapy



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 14/15 Rpt: 17/33
<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 02/27/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) van den Bent, Jerre (Mr.)	<b>7</b> Amount of Contribution (\$) \$400.00
<b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75208		
<b>8</b> Principal occupation / Job title (See Instructions) CEO		<b>9</b> Employer (See Instructions) Therapy 2000 Inc.
Date 02/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) van den Bent, Jerre (Mr.)	Amount of Contribution (\$) \$400.00
Contributor address; City; State; Zip Code  Dallas, TX 75208		
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Therapy 2000 Inc.
Date 02/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) van den Bent, Jerre (Mr.)	Amount of Contribution (\$) \$400.00
Contributor address; City; State; Zip Code  Dallas, TX 75208		
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Therapy 2000 Inc.
Date 02/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) van den Bent, Jerre (Mr.)	Amount of Contribution (\$) \$400.00
Contributor address; City; State; Zip Code  Dallas, TX 75208		
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Therapy 2000 Inc.
Date 02/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) van den Bent, Jerre (Mr.)	Amount of Contribution (\$) \$400.00
Contributor address; City; State; Zip Code  Dallas, TX 75208		
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Therapy 2000 Inc.

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 15/15 Rpt: 18/33
<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 03/12/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) van den Bent, Jerre (Mr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75208	<b>7</b> Amount of Contribution (\$)  \$2,000.00
<b>8</b> Principal occupation / Job title (See Instructions) CEO		<b>9</b> Employer (See Instructions) Therapy 2000 Inc.

# MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C3

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule C3: Sch: 1/1 Rpt: 19/33
<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 03/01/2024	<b>5</b> Corporation / Labor Organization name Texas Association for Home Care & Hospice, Inc.	<b>6</b> Amount (\$) 922.28

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/14 Rpt: 20/33	<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas	<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 02/28/2024	<b>5</b> Payee name Blanco Campaign, Cesar (Sen.)	
<b>6</b> Amount (\$) \$1,000.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 416 N. Stanton St. Suite 700  El Paso, TX 79901	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/04/2024	Payee name Global Payments Inc.	
Amount (\$) \$48.20  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 3550 Lenox Road, Suite 3000  Atlanta, GA 30326	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/27/2024	Payee name PayPal	
Amount (\$) \$1.94  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2211 N. First St.  San Jose, CA 95131	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 2/14 Rpt: 21/33	<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas	<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 02/27/2024	<b>5</b> Payee name PayPal	
<b>6</b> Amount (\$) \$1.94  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 2211 N. First St.  San Jose, CA 95131	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/27/2024	Payee name PayPal	
Amount (\$) \$3.38  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2211 N. First St.  San Jose, CA 95131	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/27/2024	Payee name PayPal	
Amount (\$) \$144.99  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2211 N. First St.  San Jose, CA 95131	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 3/14 Rpt: 22/33	<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas	<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 02/27/2024	<b>5</b> Payee name PayPal	
<b>6</b> Amount (\$) \$17.94  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 2211 N. First St.  San Jose, CA 95131	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/27/2024	Payee name PayPal	
Amount (\$) \$14.94  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2211 N. First St.  San Jose, CA 95131	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/27/2024	Payee name PayPal	
Amount (\$) \$17.63  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2211 N. First St.  San Jose, CA 95131	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 4/14 Rpt: 23/33	<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas	<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 02/27/2024	<b>5</b> Payee name PayPal	
<b>6</b> Amount (\$) \$17.63  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 2211 N. First St.  San Jose, CA 95131	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/27/2024	Payee name PayPal	
Amount (\$) \$26.30  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2211 N. First St.  San Jose, CA 95131	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/27/2024	Payee name PayPal	
Amount (\$) \$11.95  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2211 N. First St.  San Jose, CA 95131	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 5/14 Rpt: 24/33	<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas	<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 02/27/2024	<b>5</b> Payee name PayPal	
<b>6</b> Amount (\$) \$11.95  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 2211 N. First St.  San Jose, CA 95131	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 02/27/2024	Payee name PayPal	
Amount (\$) \$11.95  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2211 N. First St.  San Jose, CA 95131	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 02/27/2024	Payee name PayPal	
Amount (\$) \$11.95  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2211 N. First St.  San Jose, CA 95131	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 6/14 Rpt: 25/33	<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas	<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 02/27/2024	<b>5</b> Payee name PayPal	
<b>6</b> Amount (\$) \$11.96  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 2211 N. First St.  San Jose, CA 95131	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/27/2024	Payee name PayPal	
Amount (\$) \$5.73  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2211 N. First St.  San Jose, CA 95131	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/27/2024	Payee name PayPal	
Amount (\$) \$1.69  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2211 N. First St.  San Jose, CA 95131	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 7/14 Rpt: 26/33	<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas	<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 02/27/2024	<b>5</b> Payee name PayPal	
<b>6</b> Amount (\$) \$1.36  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 2211 N. First St.  San Jose, CA 95131	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/27/2024	Payee name PayPal	
Amount (\$) \$1.36  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2211 N. First St.  San Jose, CA 95131	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/27/2024	Payee name PayPal	
Amount (\$) \$1.36  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2211 N. First St.  San Jose, CA 95131	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 8/14 Rpt: 27/33	<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas	<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 02/27/2024	<b>5</b> Payee name PayPal	
<b>6</b> Amount (\$) \$0.66  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 2211 N. First St.  San Jose, CA 95131	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/27/2024	Payee name PayPal	
Amount (\$) \$1.99  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2211 N. First St.  San Jose, CA 95131	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/27/2024	Payee name PayPal	
Amount (\$) \$7.18  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2211 N. First St.  San Jose, CA 95131	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 9/14 Rpt: 28/33	<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas	<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 02/27/2024	<b>5</b> Payee name PayPal	
<b>6</b> Amount (\$) \$14.69  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 2211 N. First St.  San Jose, CA 95131	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 03/12/2024	Payee name PayPal	
Amount (\$) \$0.68  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2211 N. First St.  San Jose, CA 95131	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 03/12/2024	Payee name PayPal	
Amount (\$) \$4.85  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2211 N. First St.  San Jose, CA 95131	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 10/14 Rpt: 29/33	<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas	<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 03/12/2024	<b>5</b> Payee name PayPal	
<b>6</b> Amount (\$) \$1.36  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 2211 N. First St.  San Jose, CA 95131	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/12/2024	Payee name PayPal	
Amount (\$) \$2.24  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2211 N. First St.  San Jose, CA 95131	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/12/2024	Payee name PayPal	
Amount (\$) \$4.85  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2211 N. First St.  San Jose, CA 95131	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 11/14 Rpt: 30/33	<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas	<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 03/12/2024	<b>5</b> Payee name PayPal	
<b>6</b> Amount (\$) \$1.36  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 2211 N. First St.  San Jose, CA 95131	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/12/2024	Payee name PayPal	
Amount (\$) \$1.54  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2211 N. First St.  San Jose, CA 95131	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/21/2024	Payee name PayPal	
Amount (\$) \$7.47  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2211 N. First St.  San Jose, CA 95131	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 12/14 Rpt: 31/33	<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas	<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 03/21/2024	<b>5</b> Payee name PayPal	
<b>6</b> Amount (\$) \$1.36  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 2211 N. First St.  San Jose, CA 95131	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/21/2024	Payee name PayPal	
Amount (\$) \$3.98  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2211 N. First St.  San Jose, CA 95131	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/21/2024	Payee name PayPal	
Amount (\$) \$2.24  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2211 N. First St.  San Jose, CA 95131	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 13/14 Rpt: 32/33	<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas	<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 03/21/2024	<b>5</b> Payee name PayPal	
<b>6</b> Amount (\$) \$5.73  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 2211 N. First St.  San Jose, CA 95131	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/21/2024	Candidate/Officeholder name Office sought Office held	
Payee name PayPal		
Amount (\$) \$1.99  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2211 N. First St.  San Jose, CA 95131	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/21/2024	Candidate/Officeholder name Office sought Office held	
Payee name PayPal		
Amount (\$) \$1.36  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2211 N. First St.  San Jose, CA 95131	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/21/2024	Candidate/Officeholder name Office sought Office held	
Payee name PayPal		
Amount (\$) \$1.36  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2211 N. First St.  San Jose, CA 95131	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 14/14 Rpt: 33/33	<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas	<b>3</b> Filer ID (Ethics Commission Filers) 00015750	
<b>4</b> Date 02/27/2024	<b>5</b> Payee name VanDeaver Campaign, Gary (Rep.)		
<b>6</b> Amount (\$) \$1,000.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 710 James Bowie Dr.  New Boston, TX 75570		
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held