MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC COVER SHEET PG 1

			1 Filer ID	2 Total pages filed:
Th	e MPAC Instruction (Guide explains how to complete this form.	(Ethics Commission Filers)	49
_	COMMITTEE NAME		00015750	
3		(-11	Lance Construction BAC	OFFICE USE ONLY
l	State	for Home Care and Hospice Inc Texas F	nome Care and Hospice PAC -	Date Received
l	State			ELECTRONICALLY FILED
l				05/06/2024
4	COMMITTEE	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP	1
ľ	ADDRESS	9390 Research Blvd., Bldg. 1 Suite 300	· · · · · · · · · · · · · · · · · · ·	
l		3330 Research biva., blug. 1 State 300		
l	Change of Address	Austin, TX 78759		
┡				Date Hand-delivered or Date Postmarked
5	CAMPAIGN TREASURER	MS / MRS / MR FIRST	MI	
l	NAME	Ms. Rachel		Receipt # Amount
l				
l		NIOMANE	OUED	Date Processed
l		NICKNAME LAST	SUFFIX	
l		Hammon		Date Imaged
l				
6	CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #; CITY; ST	ATE; ZIP CODE
l	TREASURER STREET	9390 Research Blvd., Bldg. 1 Suite 300		
l	ADDRESS			
	(Residence or Business)	Austin, TX 78759		
7	CAMPAIGN	STREET ADDRESS OR PO BOX;	APT / SUITE #; CITY; ST	ATE; ZIP CODE
ľ	TREASURER	3737 Executive Center Dr., Ste. 268	ΛΙΤ/ 30ΠΕ #, CΠΤ, 31	ATE, ZII GODE
l	MAILING	3737 Executive Certier Dr., Ste. 206		
l	ADDRESS			
	Change of Address	Austin, TX 78731		
8	CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION	
l	TREASURER	(E12) 220 0202		
l	PHONE	(512) 338-9293		
9	REPORT TYPE		— 10th day ofter compaign	
l		X Monthly	10th day after campaign treasurer termination	Dissolution (Attach PAC-DR)
<u> </u>	MONITHIN			
10	MONTHLY REPORT FILING	January 5 April	5 July 5	October 5
l	DEADLINE		<u> </u>	
l		February 5 X May	5 August 5	November 5
l		March 5 June	5 September 5	December 5
		water 5	S Copiember 5	
11	PERIOD	Month Day Year _	Month	Day Year
l	COVERED	03/26/2024	HROUGH 04/25/:	2024
_				
		COT	O PAGE 2	
		GO I	O PAGE 2	

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME		13 Filer ID	(Ethics Commission Filers)			
Texas Association for	Home Care and Hospice	e Inc Texas Home Care and Hospice	0001575	0		
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported				
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	Measures (Describe by date and location of election and nature of issue.)	A. Supported B. Opposed				
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00		
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)					
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00		
	4. TOTAL POLITICA	L EXPENDITURES	\$	3,594.31		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL (OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	127,263.96		
OUTSTANDING LOAN TOTALS	•	AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	HE \$	0.00		
16 AFFIDAVIT	<u> </u>		<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 nation requir	e accompanying report is ed to be reported by me		
		Ms. Rache	el Hammon			
		Signature of Car	mpaign Trea	surer		
AFFIX NOTA	RY STAMP / SEAL ABOVE					
Sworn to and subscrib	ed before me, by the said	, th	nis 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	l'itle of of	ficer administering oath		

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

				3 of 49
17 COMMI	ITEE NAME	18 Filer ID	(Ethics Commissi	on Filers)
Texas /	Association for Home Care and Hospice Inc Texas Home Care and Hospice	00015750	•	,
19 SCHED	JLE SUBTOTALS			
NAME C	OF SCHEDULE		SUBTOTAL	AMOUNT
	1		1.	
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	2,093.10
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
			ļ .	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO			
4. L	ORGANIZATION		\$	
	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPOR.	ATION OR		
5.	LABOR ORGANIZATION		\$	
6. X	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	CANIZATION	\$	922.28
0	SCHEDOLE CS. MONETARY SUFFORT TROM CORPORATION OR EABOR ORC	BANIZATION		922.20
7.	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR	₹		
,. <u></u>	JORGANIZATION		 \$	
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR	OPGANIZATION	\$	
о	SCHEDOLE D. FLEDGED CONTRIBOTIONS TROM CORPORATION OR EABOR	ONGANIZATION	P	
9.	SCHEDULE E: LOANS			
9.	SCHEDOLE E. LOANS		\$	
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ıs		3,594.31
10.	SCHEDOLET 1. FOLITICAL EXPENDITORES FROM FOLITICAL CONTRIBOTION	13	 \$	3,394.31
11.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS			
11. ∟	SCHEDOLE FZ. UNFAID INCORRED OBLIGATIONS		\$	
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTI	IONS		
12. L	3CHEDOLE F3. FORCHASE OF INVESTIMENTS FROM FOLITICAL CONTRIBOTI	ONS	\$	
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		<u></u>	
13.	SCHEDULE F4. EXPENDITURES MADE BY CREDIT CARD		\$	
14	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTI	ONE		
14.	3 SCHEDOLE I. NON-FOLITICAL EXPENDITORES PROMIFOLITICAL CONTRIBOTI	ONS	\$	
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS	RETURNED		
15. L	I TO FILER		\$	
I				

	MONEI	ARY POLITICAL (CONTRIBUTIO	INS		SCHEDULE	A1
	The Instru	ction Guide explains hov	v to complete this fo	orm.	1	Total pages Schedule A1: Sch: 1/36 Rpt: 4/49	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	ciation for Home Care and Ho	spice Inc Texas Hom	e Care and Hospice PAC -		00015750	
4	Date 04/24/2024	5 Full name of contributor Aguilar, Maria (Ms.)6 Contributor address; City; S	out-of-state PAC (ID#:_ tate; Zip Code		7	Amount of Contribution (\$)	\$3.00
		Tyler, TX 75701					
8	Principal occu	pation / Job title (See Instruction	s)	9 Employer (See Instructions	5)		
	Regional Ad	ministrative Specialist		Green Apple Therapy			
	Date 04/24/2024	Full name of contributor Aguilar, Maria (Ms.) Contributor address; City; S	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$3.00
		Tyler, TX 75701					
		pation / Job title (See Instruction	s)	Employer (See Instructions	5)		
	Regional Ad	ministrative Specialist		Green Apple Therapy			
	Date 04/24/2024	Full name of contributor Aguilar, Maria (Ms.) Contributor address; City; S	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$3.00
		Tyler, TX 75701					
	Principal occu	pation / Job title (See Instruction	5)	Employer (See Instructions	5)		
	Regional Ad	ministrative Specialist		Green Apple Therapy			
			out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$3.00
		pation / Job title (See Instruction	s)	Employer (See Instructions	5)		
	Regional Ad	ministrative Specialist		Green Apple Therapy			
	Date 04/24/2024	Full name of contributor Aguilar, Maria (Ms.) Contributor address; City; S Tyler, TX 75701	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$3.00
	Principal occu	pation / Job title (See Instruction	s)	Employer (See Instructions	<u>.</u> 5)		
	Regional Ad	ministrative Specialist		Green Apple Therapy			

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 2/36 Rpt: 5/49	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	ciation for Home Care and Ho	spice Inc Texas Hom	e Care and Hospice PAC -		00015750	
4	Date 04/24/2024	5 Full name of contributor Barone, Catherine (Ms.)6 Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code		7	Amount of Contribution (\$)	\$3.00
		Tyler, TX 75701					
8		pation / Job title (See Instructions	9)	9 Employer (See Instructions	()		
	Occupationa	l Therapist		Green Apple Therapy			
	Date 04/24/2024	Full name of contributor Barone, Catherine (Ms.) Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code			Amount of Contribution (\$)	\$3.00
		Tyler, TX 75701					
		pation / Job title (See Instructions	5)	Employer (See Instructions	()		
	Occupationa	l Therapist		Green Apple Therapy			
	Date 04/24/2024	Full name of contributor Barone, Catherine (Ms.) Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$3.00
		Tyler, TX 75701					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Occupationa	l Therapist		Green Apple Therapy			
	Occupational Therapist Date Full name of contributor out-of-state PAC (III 04/24/2024 Barone, Catherine (Ms.) Contributor address; City; State; Zip Code Tyler, TX 75701		out-of-state PAC (ID#:			Amount of Contribution (\$)	\$3.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Occupationa	l Therapist		Green Apple Therapy			
	Date 04/24/2024	Full name of contributor Barone, Catherine (Ms.) Contributor address; City; St Tyler, TX 75701	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$3.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	()		
	Occupationa			Green Apple Therapy			

	MONEI	ARY POLITICAL (CONTRIBUTIO	INS		SCHEDULE	A1
	The Instruc	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 3/36 Rpt: 6/49	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	ciation for Home Care and Ho	spice Inc Texas Hom	e Care and Hospice PAC -		00015750	
4	Date 04/24/2024	5 Full name of contributor Bihl, Amelia (Ms.)6 Contributor address; City; Si	out-of-state PAC (ID#:_		7	Amount of Contribution (\$)	\$3.00
		Waco, TX 76712					
8		pation / Job title (See Instructions	5)	9 Employer (See Instructions	5)		
	Social Worke	er Case Manager		Green Apple Therapy			
	Date 04/24/2024	Full name of contributor Bihl, Amelia (Ms.) Contributor address; City; S	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$3.00
		Waco, TX 76712					
		pation / Job title (See Instructions	3)	Employer (See Instructions	5)		
	Social Worke	er Case Manager		Green Apple Therapy			
	Date 04/24/2024	Full name of contributor Bihl, Amelia (Ms.) Contributor address; City; S	out-of-state PAC (ID#:_ ate; Zip Code			Amount of Contribution (\$)	\$3.00
		Waco, TX 76712					
	Principal occu	pation / Job title (See Instructions	3)	Employer (See Instructions	5)		
	Social Worke	er Case Manager		Green Apple Therapy			
	Date O4/24/2024 Full name of contributor O4/24/2024 Bihl, Amelia (Ms.) Contributor address; City; State; Zip Code Waco, TX 76712		out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$3.00
	•	pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	Social Worke	er Case Manager		Green Apple Therapy			
	Date 04/24/2024	Full name of contributor Bihl, Amelia (Ms.) Contributor address; City; S Waco, TX 76712	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$3.00
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	Social Worke	er Case Manager		Green Apple Therapy			

	MONEI	ARY POLITICAL (CONTRIBUTIO	INS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 4/36 Rpt: 7/49	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	ciation for Home Care and Ho	spice Inc Texas Hom	e Care and Hospice PAC -		00015750	
4	Date 04/24/2024	5 Full name of contributor Bostick, Lindsey (Ms.)6 Contributor address; City; S	out-of-state PAC (ID#:_		7	Amount of Contribution (\$)	\$3.00
		Eustace, TX 75124					
8		pation / Job title (See Instructions	5)	9 Employer (See Instructions	()		
	Speech Lan	guage Pathologist		Green Apple Therapy			
	Date 04/24/2024	Full name of contributor Bostick, Lindsey (Ms.) Contributor address; City; S	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$3.00
		Eustace, TX 75124					
		pation / Job title (See Instructions	5)	Employer (See Instructions	()		
	Speech Lan	guage Pathologist		Green Apple Therapy			
	Date 04/24/2024	Full name of contributor Bostick, Lindsey (Ms.) Contributor address; City; S	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$3.00
		Eustace, TX 75124					
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	()		
	Speech Lang	guage Pathologist		Green Apple Therapy			
			out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$3.00
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	Speech Lan	guage Pathologist		Green Apple Therapy.			
	Date 04/24/2024	Full name of contributor Bostick, Lindsey (Ms.) Contributor address; City; S Eustace, TX 75124	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$3.00
	Principal occu	pation / Job title (See Instructions	3)	Employer (See Instructions	·)		
	Speech Lang	guage Pathologist		Green Apple Therapy			

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDULI	■ A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 5/36 Rpt: 8/49	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	ciation for Home Care and Ho	spice Inc Texas Home	e Care and Hospice PAC -		00015750	
4	Date 04/05/2024	Full name of contributor Cornett, Valerie (Ms.)Contributor address; City; S	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$40.00
		Keller, TX 76244					
8	Principal occu COSI	pation / Job title (See Instructions	s) <u> </u>	Employer (See Instructions MAC Legacy	5)		
	Date 04/24/2024	Full name of contributor Davis, Lauren (Ms.) Contributor address; City; S	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$5.00
		Lindale, TX 75771					
		pation / Job title (See Instructions	5)	Employer (See Instructions	s)		
	Community Relations Rep.			Green Apple Therapy			
	Date 04/24/2024	Full name of contributor Davis, Lauren (Ms.) Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
		Lindale, TX 75771					
	Principal occu	pation / Job title (See Instructions) Employer (See Instructions)			<u>l</u> S)		
	Community I	Relations Rep.		Green Apple Therapy			
	Date Full name of contributor out-of-state PAC (ID#:			•	Amount of Contribution (\$)	\$5.00	
	•	pation / Job title (See Instructions	3)	Employer (See Instructions	5)		
	Community I	Relations Rep.		Green Apple Therapy			
	Date 04/24/2024	Full name of contributor Davis, Lauren (Ms.) Contributor address; City; S Lindale, TX 75771	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
		pation / Job title (See Instructions	6)	Employer (See Instructions	5)		
	Community I	Relations Rep.		Green Apple Therapy			

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDULE	■ A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 6/36 Rpt: 9/49	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	tiation for Home Care and Ho	spice Inc Texas Hom	e Care and Hospice PAC -		00015750	
4	Date 04/24/2024	5 Full name of contributor Davis, Lauren (Ms.)6 Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code		7	Amount of Contribution (\$)	\$5.00
		Lindale, TX 75771					
8	Principal occu	pation / Job title (See Instructions	5)	9 Employer (See Instructions	5)		
	Community I	Relations Rep.		Green Apple Therapy			
	Date 03/27/2024	Full name of contributor Davis , Sheila (Ms.) Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$12.50
		Wichita Falls, TX 76310					
		pation / Job title (See Instructions	s)	Employer (See Instructions			
	CHCE; COS	-C		Always Best Care Senio	or S	Services	
	Date 04/25/2024	Full name of contributor Davis , Sheila (Ms.) Contributor address; City; St	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$12.50
		Wichita Falls, TX 76310					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	CHCE; COS	-C		Always Best Care Senio	r S	ervices	
	Date 03/27/2024	Full name of contributor Dilleshaw, Brittany (Ms.) Contributor address; City; St Danbury, TX 77534	out-of-state PAC (ID#:ate; Zip Code			Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Vice Preside	nt of Home Therapy Services		MedCare Pediatric Nurs	ing		
	Date 04/25/2024	Full name of contributor Dilleshaw, Brittany (Ms.) Contributor address; City; St Danbury, TX 77534	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
		pation / Job title (See Instructions		Employer (See Instructions	5)		
	Vice Preside	nt of Home Therapy Services		MedCare Pediatric Nurs	ing	<u> </u>	

	MONEI	ARY POLITICAL (CONTRIBUTIO	ONS		SCHEDULI	■ A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 7/36 Rpt: 10/49	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	ciation for Home Care and Ho	spice Inc Texas Hom	ne Care and Hospice PAC -		00015750	
4	Date 04/16/2024	5 Full name of contributor Escamilla, Jamie (Ms.)6 Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code		7	Amount of Contribution (\$)	\$8.00
		San Antonio, TX 78258					
8	Principal occu	pation / Job title (See Instructions	3)	9 Employer (See Instructions	5)		
	MC CCC-Sp	eech Language Pathologist		Ability Pediatric Therapy	′		
	Date 04/16/2024	Full name of contributor Escobar, Christina (Ms.) Contributor address; City; S	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$10.00
		Selma, TX 78154					
		pation / Job title (See Instructions	3)	Employer (See Instructions			
	Director of T	nerapy 		Ability Pediatric Therapy			
	Date Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$3.00	
		Amarillo, TX 79121					
	Principal occu	pation / Job title (See Instructions	3)	Employer (See Instructions	i)		
	Community I	Relations Representative		Green Apple Therapy			
	Date Full name of contributor out-of-state PAC (ID#:				Amount of Contribution (\$)	\$3.00	
		pation / Job title (See Instructions	3)	Employer (See Instructions	()		
	Community I	Relations Representative		Green Apple Therapy			
	Date 04/24/2024	Full name of contributor Ewing, Andrea L. (Ms.) Contributor address; City; S Amarillo, TX 79121	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$3.00
	Principal occu	pation / Job title (See Instructions	3)	Employer (See Instructions	<u> </u>		
	Community I	Relations Representative		Green Apple Therapy			

	MONEI	ARY POLITICAL (CONTRIBUTIO	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 8/36 Rpt: 11/49	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	ciation for Home Care and Ho	spice Inc Texas Hom	e Care and Hospice PAC -		00015750	
4	Date 04/24/2024	5 Full name of contributor Ewing, Andrea L. (Ms.)6 Contributor address; City; St	out-of-state PAC (ID#:_		7	Amount of Contribution (\$)	\$3.00
		Amarillo, TX 79121					
8	Principal occu	pation / Job title (See Instructions	3)	9 Employer (See Instructions	5)		
	Community I	Relations Representative		Green Apple Therapy			
	Date 04/24/2024	Full name of contributor Ewing, Andrea L. (Ms.) Contributor address; City; Si	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$3.00
		Amarillo, TX 79121					
	•	pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	Community I	Relations Representative		Green Apple Therapy			
	Date 04/24/2024	Full name of contributor Fagnan, Marc (Mr.) Contributor address; City; Si	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$7.00
		Dallas, TX 75240					
	Principal occu	pation / Job title (See Instructions	3)	Employer (See Instructions	5)		
	Speech The	rapist		Green Apple Therapy			
			out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$7.00
	Principal occu Speech The	pation / Job title (See Instructions rapist	5)	Employer (See Instructions Green Apple Therapy	5)		
	Date 04/24/2024	Full name of contributor Fagnan, Marc (Mr.) Contributor address; City; Si Dallas, TX 75240	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$7.00
	Principal occu Speech The	pation / Job title (See Instructions rapist	s)	Employer (See Instructions Green Apple Therapy	5)		

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains hov	v to complete this fo	rm.	1	Total pages Schedule A1: Sch: 9/36 Rpt: 12/49	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	ciation for Home Care and Ho	spice Inc Texas Home	e Care and Hospice PAC -		00015750	
4	Date 04/24/2024	5 Full name of contributor Fagnan, Marc (Mr.)6 Contributor address; City; S	out-of-state PAC (ID#: tate; Zip Code)	7	Amount of Contribution (\$)	\$7.00
		Dallas, TX 75240					
8	Principal occu	pation / Job title (See Instruction:	s) !	9 Employer (See Instructions)		
	Speech The	rapist		Green Apple Therapy			
	Date 04/24/2024	Full name of contributor Fagnan, Marc (Mr.) Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$7.00
		Dallas, TX 75240					
		pation / Job title (See Instruction	5)	Employer (See Instructions)		
	Speech The	rapist		Green Apple Therapy			
	Date 04/24/2024	Full name of contributor Ferguson, Tonya (Ms.) Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
		Fort Worth, TX 76112					
	Principal occu	pation / Job title (See Instruction	5)	Employer (See Instructions)		
	Speech Lang	guage Pathologist		Green Apple Therapy			
			out-of-state PAC (ID#:			Amount of Contribution (\$)	\$5.00
		pation / Job title (See Instruction	6)	Employer (See Instructions)		
	Speech Lan	guage Pathologist		Green Apple Therapy			
	Date 04/24/2024	Full name of contributor Ferguson, Tonya (Ms.) Contributor address; City; S Fort Worth, TX 76112	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$5.00
	Principal occu	pation / Job title (See Instruction	s)	Employer (See Instructions)		
	Speech Lang	guage Pathologist		Green Apple Therapy			

	MONEI	ARY POLITICAL (CONTRIBUTIO	ONS		SCHEDULE	■ A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 10/36 Rpt: 13/49	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	ciation for Home Care and Ho	spice Inc Texas Hom	e Care and Hospice PAC -		00015750	
4	Date 04/24/2024	5 Full name of contributor Ferguson, Tonya (Ms.)6 Contributor address; City; S	out-of-state PAC (ID#:_		7	Amount of Contribution (\$)	\$5.00
		Fort Worth, TX 76112					
8	Principal occu	pation / Job title (See Instructions	5)	9 Employer (See Instructions	s)		
	Speech Lan	guage Pathologist		Green Apple Therapy			
	Date 04/24/2024	Full name of contributor Ferguson, Tonya (Ms.) Contributor address; City; S	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$5.00
		Fort Worth, TX 76112					
		pation / Job title (See Instructions	s)	Employer (See Instructions	5)		
	Speech Lan	guage Pathologist		Green Apple Therapy			
	Date 04/24/2024	Full name of contributor Finger, Amanda Thomiso Contributor address; City; S)		Amount of Contribution (\$)	\$50.00
		Cedar Hill, TX 75104					
		pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	AVP of Admi	n Ops		Sage Care Therapy			
	Date 03/28/2024	Full name of contributor Flores, Sonia (Ms.) Contributor address; City; S Amarillo, TX 79109	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$3.00
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	Certified Nur	sing Assistant		Goodcare Health Servic	es		
	Date 04/24/2024	Full name of contributor Flores, Sonia (Ms.) Contributor address; City; S Amarillo, TX 79109	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$3.00
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	Certified Nur	sing Assistant		Goodcare Health Servic	es		

	MONEI	ARY POLITICAL (CONTRIBUTIO	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 11/36 Rpt: 14/49	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	ciation for Home Care and Ho	spice Inc Texas Hom	e Care and Hospice PAC -		00015750	
4	Date 04/24/2024	5 Full name of contributor Flores, Sonia (Ms.)6 Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code		7	Amount of Contribution (\$)	\$3.00
		Amarillo, TX 79109					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Certified Nur	sing Assistant		Goodcare Health Service	es		
	Date 04/24/2024	Full name of contributor Flores, Sonia (Ms.) Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code)		Amount of Contribution (\$)	\$3.00
		Amarillo, TX 79109					
		pation / Job title (See Instructions)	Employer (See Instructions			
	Certified Nur	sing Assistant		Goodcare Health Servic	es		
	Date 04/24/2024	Full name of contributor Flores, Sonia (Ms.) Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code)		Amount of Contribution (\$)	\$3.00
		Amarillo, TX 79109					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Certified Nur	sing Assistant		Goodcare Health Service	es		
	Date 04/24/2024	Full name of contributor Flores, Sonia (Ms.) Contributor address; City; St Amarillo, TX 79109	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$3.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Certified Nur	sing Assistant		Goodcare Health Service	es		
	Date 04/24/2024	Full name of contributor Flores, Sonia (Ms.) Contributor address; City; St Amarillo, TX 79109	out-of-state PAC (ID#:_ ate; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Certified Nur	rsing Assistant		Goodcare Health Service	es		

	MONEI	ARY POLITICAL (CONTRIBUTIO	ONS		SCHEDULE	A1
	The Instru	ction Guide explains hov	v to complete this fo	orm.	1	Total pages Schedule A1: Sch: 12/36 Rpt: 15/49	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	ciation for Home Care and Ho	spice Inc Texas Hom	e Care and Hospice PAC -		00015750	
4	Date 04/24/2024	5 Full name of contributor Garza , Allison (Ms.)6 Contributor address; City; S	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$3.00
		Tyler, TX 75707					
8	Principal occu	pation / Job title (See Instructions	s)	9 Employer (See Instructions	()		
	Patient Servi	ces Specialist		Green Apple Therapy			
	Date 04/24/2024	Full name of contributor Garza , Allison (Ms.) Contributor address; City; S	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$3.00
		Tyler, TX 75707					
		pation / Job title (See Instructions	s)	Employer (See Instructions	()		
	Patient Servi	ces Specialist		Green Apple Therapy			
	Date 04/24/2024	Full name of contributor Garza , Allison (Ms.) Contributor address; City; S	out-of-state PAC (ID#:_ tate; Zip Code)		Amount of Contribution (\$)	\$3.00
		Tyler, TX 75707					
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	<u> </u>		
	Patient Servi	ces Specialist		Green Apple Therapy			
	Date 04/24/2024	Full name of contributor Garza , Allison (Ms.) Contributor address; City; S Tyler, TX 75707	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$3.00
	•	pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	Patient Servi	ces Specialist		Green Apple Therapy			
	Date 04/24/2024	Full name of contributor Garza , Allison (Ms.) Contributor address; City; S Tyler, TX 75707	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$3.00
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions)		
	Patient Servi	ces Specialist		Green Apple Therapy			

	MONEI	ARY POLITICAL C	ONTRIBUTION	NS		SCHEDUL	E A1
	The Instruc	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 13/36 Rpt: 16/49	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Texas Assoc	iation for Home Care and Hos	pice Inc Texas Home	Care and Hospice PAC -		00015750	
4	Date 04/05/2024	5 Full name of contributor Goolsby, Sharon (Ms.)6 Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code		7	Amount of Contribution (\$)	\$125.00
		Jefferson, TX 75657					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	()		
	Administrato	r		First in Pediatrics Home	Н	ealth Care, Inc.	
	Date 04/16/2024	Full name of contributor Graham-Stone, Mary (Ms.) Contributor address; City; Sta				Amount of Contribution (\$)	\$5.00
		San Antonio, TX 78230					
		pation / Job title (See Instructions)		Employer (See Instructions			
	Home Care			Ability Pediatric Therapy			
	Date 04/05/2024	Full name of contributor [Hale, Kati (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$60.00
		Denton, TX 76208					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	COO			MAC Legacy			
	Date 04/02/2024	Full name of contributor Hammon, Rachel (Ms.) Contributor address; City; Sta Austin, TX 78732	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$21.00
	•	pation / Job title (See Instructions)		Employer (See Instructions			
	Executive Di	rector		Texas Assn. for Home C	Car	e & Hospice Inc.	
	Date 04/02/2024	Full name of contributor Hammon, Rachel (Ms.) Contributor address; City; Sta Austin, TX 78732	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$21.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Executive Di	rector		Texas Assn. for Home C	Car	e & Hospice Inc.	

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 14/36 Rpt: 17/49	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	ciation for Home Care and Hos	spice Inc Texas Home	e Care and Hospice PAC -		00015750	
4	Date 04/25/2024	 Full name of contributor Hammon, Rachel (Ms.) Contributor address; City; St. 	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$21.00
		Austin, TX 78732					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	()		
	Executive Di	rector		Texas Assn. for Home C	Car	e & Hospice Inc.	
	Date 04/16/2024	Full name of contributor Harding, Debra (Ms.) Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$2.00
		San Antonio, TX 78230					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	()		
	Home Care			Ability HomeCare, Inc.			
	Date 04/24/2024	Full name of contributor Herrera, Jose (Mr.) Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$3.00
		Longview, TX 75604					
		pation / Job title (See Instructions)	Employer (See Instructions	()		
	Physical The	erapist 		Green Apple Therapy			
	Date 04/24/2024	Full name of contributor Herrera, Jose (Mr.) Contributor address; City; St. Longview, TX 75604	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$3.00
	Principal occu Physical The	pation / Job title (See Instructions erapist		Employer (See Instructions Green Apple Therapy	i)		
	Date 04/24/2024	Full name of contributor Herrera, Jose (Mr.) Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$3.00
		pation / Job title (See Instructions)	Employer (See Instructions)		
	Physical The	erapist		Green Apple Therapy			

	MONEI	ARY POLITICAL (CONTRIBUTIO	INS		SCHEDULE	■ A1
	The Instru	ction Guide explains hov	v to complete this fo	orm.	1	Total pages Schedule A1: Sch: 15/36 Rpt: 18/49	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	ciation for Home Care and Ho	spice Inc Texas Hom	e Care and Hospice PAC -		00015750	
4	Date 04/24/2024	5 Full name of contributor Herrera, Jose (Mr.)6 Contributor address; City; S	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	\$3.00
		Longview, TX 75604					
8	Principal occu	pation / Job title (See Instruction	s)	9 Employer (See Instructions	<u>L</u>		
	Physical The			Green Apple Therapy			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/24/2024	Herrera, Jose (Mr.)	_				\$3.00
		Contributor address; City; S	tate; Zip Code				
	D: : 1	Longview, TX 75604	,	5 1 (2 1 1 1 1	<u></u>		
	Principal occu Physical The	pation / Job title (See Instructions	5)	Employer (See Instructions Green Apple Therapy	5)		
					_		
	Date 04/05/2024	Full name of contributor Hosley, Dennis (Mr.)	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
	04/03/2024	Contributor address; City; S	tate; Zip Code				Ψ30.00
		Dallas, TX 75214					
	Principal occu	pation / Job title (See Instruction	s)	Employer (See Instructions	5)		
	President CO	00		Pediatric Home Healthc	are		
	Date	Full name of contributor	out-of-state PAC (ID#:			Amount of Contribution (\$)	
	04/05/2024	Howard, Jesse (Mr.) Contributor address; City; S	tate; Zip Code				\$25.00
		McGregor, TX 76657					
	Principal occu Healthcare	pation / Job title (See Instruction	5)	Employer (See Instructions Girling Community Care			
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	04/24/2024	Lawson, Jennifer (Ms.)					\$4.00
		Contributor address; City; S Cincinnati, OH 45208	tate; Zip Code				
	Principal occu	pation / Job title (See Instruction	s)	Employer (See Instructions	5)		
	Director/OTF	₹		Green Apple Therapy			

	MONET	ARY POLITICAL CONTRIBUT	TONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete thi	s form.	1	Total pages Schedule A1: Sch: 16/36 Rpt: 19/49	
2	FILER NAME Texas Assoc	iation for Home Care and Hospice Inc Texas F	Home Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	Filers)
4	Date 04/24/2024	5 Full name of contributor out-of-state PAC (II Lawson, Jennifer (Ms.)		7	Amount of Contribution (\$)	\$4.00
_		Cincinnati, OH 45208	1			
8	Principal occu Director/OTF	pation / Job title (See Instructions)	9 Employer (See Instructions Green Apple Therapy	5)		
	Date 04/24/2024	Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$4.00
	Principal occu	Cincinnati, OH 45208 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)		
	Director/OTF		Green Apple Therapy	,		
	Date 04/24/2024	Full name of contributor out-of-state PAC (II Lawson, Jennifer (Ms.) Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$4.00
		Cincinnati, OH 45208				
	Principal occu Director/OTF	pation / Job title (See Instructions)	Employer (See Instructions Green Apple Therapy	s)		
	Date 04/24/2024	Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$4.00
	Principal occu	Cincinnati, OH 45208 pation / Job title (See Instructions)	Employer (See Instructions	;) 		
	Director/OTF	,	Green Apple Therapy	,		
	Date 04/24/2024	Full name of contributor out-of-state PAC (II Louvier, Meghann (Ms.) Contributor address; City; State; Zip Code Gladewater, TX 75647	D#:)		Amount of Contribution (\$)	\$5.40
	•	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Clinical Man	ager	Green Apple Therapy			

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 17/36 Rpt: 20/49	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	ciation for Home Care and Ho	spice Inc Texas Home	e Care and Hospice PAC -		00015750	
4	Date 04/24/2024	5 Full name of contributor Louvier, Meghann (Ms.)6 Contributor address; City; Si	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$5.40
		Gladewater, TX 75647					
8	Principal occu Clinical Man	pation / Job title (See Instructions ager	(5)	9 Employer (See Instructions Green Apple Therapy)		
	Date 04/24/2024	Full name of contributor Louvier, Meghann (Ms.) Contributor address; City; S Gladewater, TX 75647	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.40
_	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions)		
	Clinical Man	ager		Green Apple Therapy			
	Date 04/24/2024	Full name of contributor Louvier, Meghann (Ms.) Contributor address; City; S	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$5.40
		Gladewater, TX 75647					
	Principal occu Clinical Man	pation / Job title (See Instructions ager	(3)	Employer (See Instructions Green Apple Therapy)		
	Date 04/24/2024	Full name of contributor Louvier, Meghann (Ms.) Contributor address; City; Si Gladewater, TX 75647	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.40
	Principal occu Clinical Man	pation / Job title (See Instructions ager	s)	Employer (See Instructions Green Apple Therapy)		
	Date 04/24/2024	Full name of contributor Louvier, Meghann (Ms.) Contributor address; City; St	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$0.60
	Principal occu Clinical Man	pation / Job title (See Instructions ager	(3)	Employer (See Instructions Green Apple Therapy)		

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 18/36 Rpt: 21/49	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	ciation for Home Care and Ho	spice Inc Texas Hom	e Care and Hospice PAC -		00015750	
4	Date 04/24/2024	5 Full name of contributor Louvier, Meghann (Ms.)6 Contributor address; City; Si	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$0.60
		Gladewater, TX 75647					
8		pation / Job title (See Instructions	5)	9 Employer (See Instructions	5)		
	Clinical Man	ager ————————————————————————————————————		Green Apple Therapy			
	Date 04/24/2024	Full name of contributor Louvier, Meghann (Ms.) Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$0.60
		Gladewater, TX 75647	,	- 1 (2 1 1 1	<u> </u>		
		pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	Clinical Man	_		Green Apple Therapy	_		
	Date 04/24/2024	Full name of contributor Louvier, Meghann (Ms.) Contributor address; City; S	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$0.60
		Gladewater, TX 75647					
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	Clinical Man	ager		Green Apple Therapy			
	Date 04/24/2024	Full name of contributor Louvier, Meghann (Ms.) Contributor address; City; S Gladewater, TX 75647	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$0.60
	Principal occu Clinical Man	pation / Job title (See Instructions ager	5)	Employer (See Instructions Green Apple Therapy	5)		
	Date 04/24/2024	Full name of contributor Loyola, Jacqueline (Ms.) Contributor address; City; S Jacksonville, TX 75766	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$3.00
	Principal occu COTA	pation / Job title (See Instructions	s)	Employer (See Instructions Green Apple Therapy	5)		

	MONEI	ARY POLITICAL CO	NIRIBUTIONS		SCHEDULE	A1
	The Instru	ction Guide explains how to	complete this form.	1	Total pages Schedule A1: Sch: 19/36 Rpt: 22/49	
2	FILER NAME			3	•	Filers)
	Texas Assoc	ciation for Home Care and Hospic	e Inc Texas Home Care and Hospic	e PAC -	00015750	
4	Date 04/24/2024	5 Full name of contributor Loyola, Jacqueline (Ms.)6 Contributor address; City; State;	out-of-state PAC (ID#:	7	Amount of Contribution (\$)	\$3.00
		Jacksonville, TX 75766				
8	Principal occu COTA	pation / Job title (See Instructions)	9 Employer (See In Green Apple Th			
	Date 04/24/2024	Full name of contributor Loyola, Jacqueline (Ms.) Contributor address; City; State;	out-of-state PAC (ID#:		Amount of Contribution (\$)	\$3.00
		Jacksonville, TX 75766	<u> </u>			
	Principal occu COTA	pation / Job title (See Instructions)	Employer (See In Green Apple Th			
	Date 04/24/2024	Full name of contributor Loyola, Jacqueline (Ms.) Contributor address; City; State;	out-of-state PAC (ID#:)	Amount of Contribution (\$)	\$3.00
		Jacksonville, TX 75766				
	Principal occu COTA	pation / Job title (See Instructions)	Employer (See In Green Apple Th	•		
	Date 04/24/2024	Full name of contributor Loyola, Jacqueline (Ms.) Contributor address; City; State; Jacksonville, TX 75766	out-of-state PAC (ID#:		Amount of Contribution (\$)	\$3.00
	Principal occu COTA	pation / Job title (See Instructions)	Employer (See In Green Apple Th	•		
	Date 04/24/2024	Full name of contributor Lucena, Luis (Mr.) Contributor address; City; State; Tyler, TX 75701	out-of-state PAC (ID#:		Amount of Contribution (\$)	\$4.00
	Principal occu Physical The	pation / Job title (See Instructions) erapist	Employer (See In Green Apple Th			
			•			

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains hov	v to complete this fo	orm.	1	Total pages Schedule A1: Sch: 20/36 Rpt: 23/49	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	ciation for Home Care and Ho	spice Inc Texas Hom	e Care and Hospice PAC -		00015750	
4	Date 04/24/2024	5 Full name of contributor Lucena, Luis (Mr.)6 Contributor address; City; S	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$4.00
		Tyler, TX 75701					
8	Principal occu	pation / Job title (See Instructions	s)	9 Employer (See Instructions	<u></u> 5)		
	Physical The	erapist		Green Apple Therapy			
	Date 04/24/2024	Full name of contributor Lucena, Luis (Mr.) Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$4.00
		Tyler, TX 75701			_		
		pation / Job title (See Instructions	S)	Employer (See Instructions	5)		
	Physical The	erapist		Green Apple Therapy			
	Date 04/24/2024	Full name of contributor Lucena, Luis (Mr.) Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$4.00
		Tyler, TX 75701					
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	5)		
	Physical The	erapist		Green Apple Therapy			
	Date 04/24/2024	Full name of contributor Lucena, Luis (Mr.) Contributor address; City; S Tyler, TX 75701	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$4.00
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	Physical The	erapist		Green Apple Therapy			
	Date 04/02/2024	Full name of contributor Machado, Marisa (Ms.) Contributor address; City; S Hutto, TX 78634	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$42.00
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	5)		
	COO			Texas Assn. for Homeca	are	& Hospice, Inc.	

	MONEI	ARY POLITICAL CO	ONTRIBUTIO	NS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how t	o complete this fo	m.	1	Total pages Schedule A1: Sch: 21/36 Rpt: 24/49	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	ciation for Home Care and Hosp	ice Inc Texas Home	Care and Hospice PAC -		00015750	
4	Date 04/25/2024	5 Full name of contributor Machado, Marisa (Ms.)6 Contributor address; City; State	out-of-state PAC (ID#: e; Zip Code		7	Amount of Contribution (\$)	\$42.00
		Hutto, TX 78634					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	()		
	COO			Texas Assn. for Homeca	are	& Hospice, Inc.	
	Date 04/02/2024	Full name of contributor Manley, Victoria (Ms.) Contributor address; City; State	out-of-state PAC (ID#: e; Zip Code)		Amount of Contribution (\$)	\$25.00
		Centennial, CO 80015					
		pation / Job title (See Instructions)		Employer (See Instructions	()		
	Authorization	n Coordinator		Angels of Care			
	Date 03/28/2024	Full name of contributor Martinez, Rebecca (Ms.) Contributor address; City; State	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
		Amarillo, TX 79110					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	()		
	Certified Nur	sing Assistant		Goodcare Health Servic	es		
	Date 03/28/2024	Full name of contributor Martinez, Rebecca (Ms.) Contributor address; City; State Amarillo, TX 79110	out-of-state PAC (ID#: e; Zip Code			Amount of Contribution (\$)	\$5.00
	•	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Certified Nur	sing Assistant		Goodcare Health Servic	es		
	Date 03/28/2024	Full name of contributor Martinez, Rebecca (Ms.) Contributor address; City; State Amarillo, TX 79110	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$5.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>.</u>		
	Certified Nur	rsing Assistant		Goodcare Health Servic	es		

	MONEI	ARY POLITICAL CO	NIRIBUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains how to	complete this for	m.	1	Total pages Schedule A1: Sch: 22/36 Rpt: 25/49	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	ciation for Home Care and Hospid	ce Inc Texas Home	Care and Hospice PAC -		00015750	
4	Date 03/28/2024	 Full name of contributor Martinez, Rebecca (Ms.) Contributor address; City; State; 	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$5.00
		Amarillo, TX 79110					
8		pation / Job title (See Instructions)	9	Employer (See Instructions)		
	Certified Nur	rsing Assistant		Goodcare Health Servic	es		
	Date 04/24/2024	Full name of contributor Martinez, Rebecca (Ms.) Contributor address; City; State;	out-of-state PAC (ID#:; Zip Code			Amount of Contribution (\$)	\$5.00
		Amarillo, TX 79110					
		pation / Job title (See Instructions)		Employer (See Instructions			
	Certified Nur	rsing Assistant		Goodcare Health Servic	es		
	Date 04/24/2024	Full name of contributor Martinez, Rebecca (Ms.) Contributor address; City; State;	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
		Amarillo, TX 79110					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions			
	Certified Nur	rsing Assistant		Goodcare Health Servic	es		
	Date 04/24/2024	Full name of contributor Martinez, Rebecca (Ms.) Contributor address; City; State; Amarillo, TX 79110	out-of-state PAC (ID#:; Zip Code			Amount of Contribution (\$)	\$5.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Certified Nur	sing Assistant		Goodcare Health Servic	es		
	Date 04/24/2024	Full name of contributor Martinez, Rebecca (Ms.) Contributor address; City; State; Amarillo, TX 79110	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$5.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Certified Nur	rsing Assistant		Goodcare Health Servic	es		

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDULE	A1
	The Instruc	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 23/36 Rpt: 26/49	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	ciation for Home Care and Hosp	oice Inc Texas Home	e Care and Hospice PAC -		00015750	
4	Date 04/24/2024	 Full name of contributor [Martinez, Rebecca (Ms.) Contributor address; City; Sta 	out-of-state PAC (ID#: te; Zip Code		7	Amount of Contribution (\$)	\$5.00
		Amarillo, TX 79110					
8		pation / Job title (See Instructions)	!	9 Employer (See Instructions			
	Certified Nur	rsing Assistant		Goodcare Health Servic	es		
	Date 04/24/2024	Full name of contributor [Martinez, Rebecca (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$5.00
		Amarillo, TX 79110					
		pation / Job title (See Instructions)		Employer (See Instructions			
	Certified Nur	sing Assistant		Goodcare Health Servic	es		
	Date 04/24/2024	Full name of contributor [Martinez, Rebecca (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$5.00
		Amarillo, TX 79110					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	()		
	Certified Nur	sing Assistant		Goodcare Health Servic	es		
	Date 04/24/2024	Full name of contributor [Martinez, Rebecca (Ms.) Contributor address; City; Sta Amarillo, TX 79110	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$5.00
	•	pation / Job title (See Instructions)		Employer (See Instructions			
	Certified Nur	sing Assistant		Goodcare Health Servic	es		
	Date 04/05/2024	Full name of contributor McClammy, Lisa (Ms.) Contributor address; City; Sta Whitney, TX 76692	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>.</u>		
	RN Consulta	ınt		MAC Legacy			

	MONEI	ARY POLITICAL (CONTRIBUTIO	INS		SCHEDULE	A1
	The Instru	ction Guide explains hov	v to complete this fo	orm.	1	Total pages Schedule A1: Sch: 24/36 Rpt: 27/49	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	ciation for Home Care and Ho	spice Inc Texas Hom	e Care and Hospice PAC -		00015750	
4	Date 04/24/2024	5 Full name of contributor McKee , Allison (Ms.)6 Contributor address; City; S	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$1.00
		Fort Worth, TX 76179					
8	Principal occu	pation / Job title (See Instruction:	s)	9 Employer (See Instructions	<u></u>		
	Physical The	erapist		Green Apple Therapy			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/24/2024	McKee , Allison (Ms.)	_				\$1.00
		Contributor address; City; S	tate; Zip Code				
		Fort Worth, TX 76179					
		pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	Physical The	erapist		Green Apple Therapy			
	Date 04/24/2024	Full name of contributor McKee , Allison (Ms.) Contributor address; City; S	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$1.00
		Fort Worth, TX 76179					
	Principal occu	I pation / Job title (See Instructions	s)	Employer (See Instructions	<u>L</u>		
	Physical The	erapist		Green Apple Therapy			
	Date	Full name of contributor	out-of-state PAC (ID#:)	Π	Amount of Contribution (\$)	
	04/24/2024	McKee , Allison (Ms.) Contributor address; City; S Fort Worth, TX 76179	tate; Zip Code				\$1.00
_	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	Physical The	erapist		Green Apple Therapy			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/24/2024	McKee , Allison (Ms.)					\$1.00
		Contributor address; City; S Fort Worth, TX 76179	tate; Zip Code				
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	Physical The	erapist		Green Apple Therapy			

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 25/36 Rpt: 28/49	
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 04/24/2024	5 Full name of contributor Meave, Adan (Mr.)6 Contributor address; City; S)	7	Amount of Contribution (\$)	\$150.00
		Weslaco, TX 78599					
8	Principal occu	pation / Job title (See Instructions	s) [9	Employer (See Instructions	<u> </u>		
	Homecare	(,	El Rey Primary Health C		e, LLC	
	Date	Full name of contributor	D out of state DAC (ID#)		Г		
	03/27/2024	Moore , Kellie (Ms.) Contributor address; City; S	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$5.00
		Katy, TX 77494					
	Principal occu	pation / Job title (See Instructions	3)	Employer (See Instructions	5)		
	Supervisor			Angels of Care			
	Date 04/25/2024	Full name of contributor Moore , Kellie (Ms.) Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
		Katy, TX 77494					
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	<u> </u>		
	Supervisor			Angels of Care			
	Date 04/24/2024	Full name of contributor Morales, Carlos (Mr.) Contributor address; City; S Lubbock, TX 79424	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
		pation / Job title (See Instructions	3)	Employer (See Instructions			
	Executive Vi	ce President		Caprock Home Health S	Ser	vices, Inc.	
	Date 04/24/2024	Full name of contributor Murphy, Maryann (Ms.) Contributor address; City; S Early, TX 76802	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00
	Principal occu RN	pation / Job title (See Instructions	(5)	Employer (See Instructions Lee HealthCare	5)		

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 26/36 Rpt: 29/49	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	ciation for Home Care and Ho	spice Inc Texas Hom	e Care and Hospice PAC -		00015750	
4	Date 04/24/2024	5 Full name of contributor Myers, Tamara (Ms.)6 Contributor address; City; St	out-of-state PAC (ID#:_		7	Amount of Contribution (\$)	\$5.00
		Highland Village, TX 7507	77				
8	Principal occu	pation / Job title (See Instructions	s)	9 Employer (See Instructions	<u> </u>		
	Assistant Sp	eech Language Pathologist	,	Green Apple Therapy			
	Date	Full name of contributor	out-of-state PAC (ID#:)	Г	Amount of Contribution (\$)	
	04/24/2024	Myers, Tamara (Ms.)	out or state 1710 (1511	/		7 anount of Continuation (4)	\$5.00
	0 ,, = ,, = 0 .	Contributor address; City; Si	tate; Zip Code				40.00
		Highland Village, TX 7507	77				
	Principal occu	pation / Job title (See Instructions	-	Employer (See Instructions	;) [
		eech Language Pathologist	,	Green Apple Therapy	,		
	Date	Full name of contributor	out-of-state PAC (ID#:	11	Г	Amount of Contribution (\$)	
	04/24/2024	Myers, Tamara (Ms.)	U out-of-state PAC (ID#	J		Amount of Contribution (4)	\$5.00
	0 1/2 1/202 1	Contributor address; City; Si	tate; Zip Code				φσ.σσ
		Highland Village, TX 7507	77				
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	Assistant Sp	eech Language Pathologist		Green Apple Therapy			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/24/2024	Myers, Tamara (Ms.) Contributor address; City; Si	tate; Zip Code				\$5.00
		Highland Village, TX 7507	77				
	Principal occu	pation / Job title (See Instructions	3)	Employer (See Instructions	5)		
	Assistant Sp	eech Language Pathologist		Green Apple Therapy			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/24/2024	Myers, Tamara (Ms.)					\$5.00
		Contributor address; City; Si Highland Village, TX 7507					
	Principal occu	pation / Job title (See Instructions	-	Employer (See Instructions	<u>. </u>		
		eech Language Pathologist		Green Apple Therapy	•		
			'				

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDULE	■ A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 27/36 Rpt: 30/49	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	ciation for Home Care and Ho	spice Inc Texas Hom	e Care and Hospice PAC -		00015750	
4	Date 04/16/2024	5 Full name of contributor Palmer, Lee (Mr.)6 Contributor address; City; S			7	Amount of Contribution (\$)	\$50.00
		Richmond, TX 77406					
8	Principal occu	nation / Job title (See Instructions	s)	9 Employer (See Instructions	<u> </u>		
	Administrato	r		Consolidated Home Hea	alth	1	
	Date 04/24/2024	Full name of contributor Palmer, Natasha (Ms.) Contributor address; City; S	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$4.00
		White Oak, TX 75693					
		pation / Job title (See Instructions	s)	Employer (See Instructions	5)		
	Occupationa	l Therapy		Green Apple Therapy			
	Date 04/24/2024	Full name of contributor Palmer, Natasha (Ms.) Contributor address; City; S	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$4.00
		White Oak, TX 75693					
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	5)		
	Occupationa	l Therapy		Green Apple Therapy			
	Date 04/24/2024	Full name of contributor Palmer, Natasha (Ms.) Contributor address; City; S White Oak, TX 75693	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$4.00
	•	pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	Occupationa	l Therapy		Green Apple Therapy			
	Date 04/24/2024	Full name of contributor Palmer, Natasha (Ms.) Contributor address; City; S White Oak, TX 75693	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$4.00
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	5)		
	Occupationa	l Therapy		Green Apple Therapy			

	MONEI	ARY POLITICAL (CONTRIBUTIO	INS		SCHEDULE	A1
	The Instruc	ction Guide explains how	v to complete this fo	orm.	1	Total pages Schedule A1: Sch: 28/36 Rpt: 31/49	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	ciation for Home Care and Ho	spice Inc Texas Hom	e Care and Hospice PAC -		00015750	
4	Date 04/24/2024	5 Full name of contributor Palmer, Natasha (Ms.)6 Contributor address; City; S	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$4.00
		White Oak, TX 75693					
8	Principal occu	pation / Job title (See Instruction	s)	9 Employer (See Instructions	5)		
	Occupationa	l Therapy		Green Apple Therapy			
	Date 04/24/2024	Full name of contributor Papetti, Jenna (Ms.) Contributor address; City; S	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$2.00
	5	Houston, TX 77055	, 1		$\overline{\Gamma}$		
	Outside Sale	pation / Job title (See Instruction	S)	Employer (See Instructions	5)		
	Outside Sale			Green Apple Therapy	_		
	Date 04/24/2024	Full name of contributor Papetti, Jenna (Ms.) Contributor address; City; S	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$2.00
		Houston, TX 77055					
	•	pation / Job title (See Instruction	s)	Employer (See Instructions	5)		
	Outside Sale	?S		Green Apple Therapy			
	Date 04/24/2024	Full name of contributor Papetti, Jenna (Ms.) Contributor address; City; S Houston, TX 77055	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$2.00
	Principal occu Outside Sale	pation / Job title (See Instruction	s)	Employer (See Instructions Green Apple Therapy	5)		
	Date 04/24/2024	Full name of contributor Papetti, Jenna (Ms.) Contributor address; City; S Houston, TX 77055	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$2.00
	Principal occu Outside Sale	pation / Job title (See Instruction	s)	Employer (See Instructions Green Apple Therapy	5)		

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	v to complete this fo	orm.	1	Total pages Schedule A1: Sch: 29/36 Rpt: 32/49	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	ciation for Home Care and Ho	spice Inc Texas Hom	e Care and Hospice PAC -		00015750	
4	Date 04/24/2024	5 Full name of contributor Papetti, Jenna (Ms.)6 Contributor address; City; S	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$2.00
		Houston, TX 77055					
8	Principal occu Outside Sale	pation / Job title (See Instruction	s)	9 Employer (See Instructions Green Apple Therapy)		
	Date 04/24/2024	Full name of contributor Papetti, Jenna (Ms.) Contributor address; City; S	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$6.00
	Principal occu	Houston, TX 77055 pation / Job title (See Instruction	2)	Employer (See Instructions	.) 		
	Outside Sale		5)	Green Apple Therapy	')		
	Date 04/24/2024	Full name of contributor Papetti, Jenna (Ms.) Contributor address; City; S	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$6.00
		Houston, TX 77055					
	Principal occu Outside Sale	pation / Job title (See Instruction	s)	Employer (See Instructions Green Apple Therapy)		
	Date 04/24/2024	Full name of contributor Papetti, Jenna (Ms.) Contributor address; City; S Houston, TX 77055	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$6.00
	Principal occu Outside Sale	pation / Job title (See Instruction	s)	Employer (See Instructions Green Apple Therapy)		
	Date 04/24/2024	Full name of contributor Papetti, Jenna (Ms.) Contributor address; City; S Houston, TX 77055	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$6.00
	Principal occu Outside Sale	pation / Job title (See Instruction es	s)	Employer (See Instructions Green Apple Therapy)		

	MONEI	ARY POLITICAL (CONTRIBUTIO	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains hov	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 30/36 Rpt: 33/49	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Texas Assoc	ciation for Home Care and Ho	spice Inc Texas Hom	ne Care and Hospice PAC -		00015750	
4	Date 04/24/2024	Full name of contributor Papetti, Jenna (Ms.)Contributor address; City; S	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	\$6.00
		Houston, TX 77055					
8	Principal occu	nation / Job title (See Instructions	s)	9 Employer (See Instructions	<u>L</u>		
	Outside Sale			Green Apple Therapy			
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Π	Amount of Contribution (\$)	
	04/05/2024	Peterson, Michelle (Ms.)		,		(+)	\$100.00
		Contributor address; City; S	tate; Zip Code				,
		Cedar Creek, TX 78612					
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	VP of Operations Bluebonnet Home Healt		h (Care of Texas, Inc.			
	Date 04/02/2024	Full name of contributor Pledger, Carla (Ms.) Contributor address; City; S	out-of-state PAC (ID#:_ tate; Zip Code			Amount of Contribution (\$)	\$30.00
		Kerrville, TX 78028					
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	Nurse			Angels of Care			
	Date 04/25/2024	Full name of contributor Pledger, Carla (Ms.) Contributor address; City; S Kerrville, TX 78028	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$30.00
	Principal occu Nurse	pation / Job title (See Instructions	5)	Employer (See Instructions Angels of Care	5)		
	Date 03/28/2024	Full name of contributor Rangel, Teresa (Ms.)	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$5.00
		Contributor address; City; S Amarillo, TX 79108	iaie, zip code				
	Principal occu LVN	pation / Job title (See Instructions	s)	Employer (See Instructions Goodcare Health Servic			

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDULE	A1
	The Instruc	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 31/36 Rpt: 34/49	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	ciation for Home Care and Ho	spice Inc Texas Hom	e Care and Hospice PAC -		00015750	
4	Date 03/28/2024	Full name of contributor Rangel, Teresa (Ms.)Contributor address; City; S	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$5.00
		Amarillo, TX 79108					
8	Principal occu	pation / Job title (See Instructions	5)	9 Employer (See Instructions	<u></u>		
	LVN			Goodcare Health Servic	es		
	Date 03/28/2024	Full name of contributor Rangel, Teresa (Ms.) Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
		Amarillo, TX 79108			L		
		pation / Job title (See Instructions	5)	Employer (See Instructions			
	LVN			Goodcare Health Servic	es		
	Date 03/28/2024	Full name of contributor Rangel, Teresa (Ms.) Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
		Amarillo, TX 79108					
	Principal occu	I	s)	Employer (See Instructions	<u> </u>		
	LVN	,		Goodcare Health Servic	es		
	Date 04/24/2024	Full name of contributor Rangel, Teresa (Ms.) Contributor address; City; S Amarillo, TX 79108	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$5.00
	Principal occu LVN	pation / Job title (See Instructions	s)	Employer (See Instructions Goodcare Health Servic			
	Date 04/24/2024	Full name of contributor Rangel, Teresa (Ms.) Contributor address; City; S Amarillo, TX 79108	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
	Principal occu LVN	pation / Job title (See Instructions	5)	Employer (See Instructions Goodcare Health Servic			

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDULE	A1
	The Instruc	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 32/36 Rpt: 35/49	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	ciation for Home Care and Ho	spice Inc Texas Hom	e Care and Hospice PAC -		00015750	
4	Date 04/24/2024	Full name of contributor Rangel, Teresa (Ms.)Contributor address; City; S	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$5.00
		Amarillo, TX 79108					
8	Principal occu	pation / Job title (See Instructions	s)	9 Employer (See Instructions	5)		
	LVN			Goodcare Health Servic	es		
	Date 04/24/2024	Full name of contributor Rangel, Teresa (Ms.) Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
	Delicate at a second	Amarillo, TX 79108	<u>.</u>	Faralassa (Os a la structiona	<u></u>		
	LVN	pation / Job title (See Instructions	5)	Employer (See Instructions Goodcare Health Servic			
				Goodcare Health Servic			
	Date 04/24/2024	Full name of contributor Rangel, Teresa (Ms.) Contributor address; City; S	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$5.00
		Amarillo, TX 79108					
	Principal occu	lpation / Job title (See Instructions	s)	Employer (See Instructions	<u>l</u> ;)		
	LVN			Goodcare Health Servic	es		
	Date 04/24/2024	Full name of contributor Rangel, Teresa (Ms.) Contributor address; City; S Amarillo, TX 79108	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$5.00
	Principal occu LVN	pation / Job title (See Instructions	s)	Employer (See Instructions Goodcare Health Servic			
	Date 04/24/2024	Full name of contributor Rangel, Teresa (Ms.) Contributor address; City; S Amarillo, TX 79108	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
	Principal occu LVN	pation / Job title (See Instructions	5)	Employer (See Instructions Goodcare Health Servic			

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instruc	ction Guide explains hov	v to complete this fo	rm.	1	Total pages Schedule A1: Sch: 33/36 Rpt: 36/49	
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 04/24/2024	Full name of contributor Rangel, Teresa (Ms.)Contributor address; City; S	out-of-state PAC (ID#: tate; Zip Code		7	Amount of Contribution (\$)	\$5.00
		Amarillo, TX 79108					
8	Principal occu	pation / Job title (See Instructions	s) 9	Employer (See Instructions	<u> </u>		
	LVN			Goodcare Health Servic	es		
	Date 04/03/2024	Full name of contributor Rash, Rose (Ms.) Contributor address; City; S	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$119.05
		Corsicana, TX 75109					
		pation / Job title (See Instructions	5)	Employer (See Instructions	()		
	Owner/Director of Nursing Angels At Home, Inc.						
	Date 04/25/2024	Full name of contributor Rash, Rose (Ms.) Contributor address; City; S	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$119.05
		Corsicana, TX 75109			L		
		pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	Owner/Direc	tor of Nursing		Angels At Home, Inc.			
	Date 04/16/2024	Full name of contributor Reyes, Kathleen (Ms.) Contributor address; City; S San Antonio, TX 78260	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$8.00
	•	pation / Job title (See Instructions guage Pathologist Assistant	5)	Employer (See Instructions Ability Pediatric Therapy			
	Date 04/05/2024	Full name of contributor Robison, Kristen (Ms.) Contributor address; City; S San Antonio, TX 78209	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$125.00
		pation / Job title (See Instructions	5)	Employer (See Instructions	()		
	RN, VP Gov	t. Affairs, CCO		Angels of Care Pediatric	H	ome Health	

	MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A				
	The Instru	he Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 34/36 Rpt: 37/49		
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)	
	Texas Assoc	ciation for Home Care and Hosp	oice Inc Texas Home	Care and Hospice PAC -		00015750		
4	Date 04/16/2024				7	Amount of Contribution (\$)	\$10.00	
		San Antonio, TX 78253						
8		pation / Job title (See Instructions)	9	Employer (See Instructions)			
	Occupationa	l Therapist		Ability Pediatric Therapy	′			
	Date Full name of contributor out-of-state PAC (ID#:) 03/27/2024 Sandoval, Vanessa (Ms.) Contributor address; City; State; Zip Code					Amount of Contribution (\$)	\$25.00	
		Harlingen, TX 78552	1					
		pation / Job title (See Instructions)		Employer (See Instructions		200 l td		
	Administrato	[Texas Visiting Nurse Se				
	Date Full name of contributor out-of-state PAC (ID#:) 04/24/2024 Sandoval, Vanessa (Ms.) Contributor address; City; State; Zip Code					Amount of Contribution (\$)	\$25.00	
		Harlingen, TX 78552						
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)			
	Administrato	r		Texas Visiting Nurse Se	rvi	ces Ltd.		
	Date Full name of contributor out-of-state PAC (ID#:) O4/24/2024 Sardinea, Estefania (Ms.) Contributor address; City; State; Zip Code Richmond, TX 77406				Amount of Contribution (\$)	\$3.60		
	Principal occu Clinical Mana	pation / Job title (See Instructions) ager		Employer (See Instructions Green Apple Therapy)			
	Date Full name of contributor out-of-state PAC (ID#:) 04/24/2024 Sardinea, Estefania (Ms.) Contributor address; City; State; Zip Code Richmond, TX 77406			Amount of Contribution (\$)	\$3.60			
	Principal occu Clinical Mana	pation / Job title (See Instructions) ager		Employer (See Instructions Green Apple Therapy)			

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1			
	The Instru	e Instruction Guide explains how to complete this form.				Total pages Schedule A1: Sch: 35/36 Rpt: 38/49		
2	FILER NAME	ILER NAME			3	Filer ID (Ethics Commission	Filers)	
	Texas Assoc	ciation for Home Care and Hos	spice Inc Texas Home	Care and Hospice PAC -		00015750		
4	Date 04/24/2024	_ `			7	Amount of Contribution (\$)	\$3.60	
		Richmond, TX 77406						
8		pation / Job title (See Instructions	9	Employer (See Instructions)			
	Clinical Man	ager		Green Apple Therapy				
	Date 04/24/2024					Amount of Contribution (\$)	\$3.60	
		Richmond, TX 77406						
		pation / Job title (See Instructions)	Employer (See Instructions)			
	Clinical Mana	ager 		Green Apple Therapy				
	Date Full name of contributor out-of-state PAC (ID#:) 04/24/2024 Sardinea, Estefania (Ms.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$3.60	
		Richmond, TX 77406						
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			
	Clinical Mana	ager		Green Apple Therapy				
	Date Full name of contributor out-of-state PAC (ID#: O4/24/2024 Sardinea, Estefania (Ms.) Contributor address; City; State; Zip Code Richmond, TX 77406)		Amount of Contribution (\$)	\$0.40		
	Principal occu Clinical Mana	pation / Job title (See Instructions ager)	Employer (See Instructions Green Apple Therapy)			
	Date O4/24/2024 Full name of contributor out-of-state PAC (ID#:) Sardinea, Estefania (Ms.) Contributor address; City; State; Zip Code Richmond, TX 77406			Amount of Contribution (\$)	\$0.40			
		pation / Job title (See Instructions)	Employer (See Instructions)			
	Clinical Man	ager		Green Apple Therapy				

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE	E A1	
	The Instru	Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 36/36 Rpt: 39/49	
2	FILER NAME	LER NAME			3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	ciation for Home Care and Ho	spice Inc Texas Home	e Care and Hospice PAC -		00015750	
4	Date 04/24/2024				7	Amount of Contribution (\$)	\$0.40
		Richmond, TX 77406					
8		pation / Job title (See Instruction	5)	9 Employer (See Instructions	5)		
	Clinical Man	ager		Green Apple Therapy			
	Date 04/24/2024					Amount of Contribution (\$)	\$0.40
	Deinsinal assu	Richmond, TX 77406		Franks on (Cook books onto	_		
	Clinical Man	pation / Job title (See Instruction:	5)	Employer (See Instructions Green Apple Therapy)		
		_		Отеен Арріе тпетару	_		
	Date Full name of contributor out-of-state PAC (ID#:) 04/24/2024 Sardinea, Estefania (Ms.) Contributor address; City; State; Zip Code					Amount of Contribution (\$)	\$0.40
		Richmond, TX 77406	+				
		pation / Job title (See Instruction	5)	Employer (See Instructions	()		
	Clinical Man	ager ————————		Green Apple Therapy			
	Date Full name of contributor out-of-state PAC (ID#: 04/04/2024 Smith , Joni (Ms.) Contributor address; City; State; Zip Code McKinney, TX 75070)		Amount of Contribution (\$)	\$40.00	
	Principal occu VP, RN	pation / Job title (See Instruction:	5)	Employer (See Instructions Amity Hospice)		
	Date Full name of contributor out-of-state PAC (ID#:) 04/16/2024 Young, Anita (Ms.) Contributor address; City; State; Zip Code San Antonio, TX 78248			Amount of Contribution (\$)	\$4.00		
	Principal occu	pation / Job title (See Instruction:	s)	Employer (See Instructions	·)		
	Physical The	erapist		Ability Pediatric Therapy	′		

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: 40/49
2	2 FILER NAME			3	Filer ID	(Ethics Commission Filers)
	Texas Association for Home Care and Hospice Inc Texas Home Care and Hospice				00015750	
4	Date	5	Corporation / Labor Organization name	6	Amount (\$)	
	04/01/2024		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 C

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
4 Tatal manua Cabadula E4.	
1 Total pages Schedule F1: Sch: 1/9 Rpt: 41/49	2 FILER NAME Texas Association for Home Care and Hospice Inc Texas 3 Filer ID (Ethics Commission Filers) 00015750
4 Date	5 Payee name
04/02/2024	Global Payments Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$48.20	3550 Lenox Road, Suite 3000
Expenditure from	Atlanta, GA 30326
corporate funds	Alianta, GA 30320
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
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
04/03/2024	Klick Campaign, Stephanie (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$3,500.00	P.O. Box 7592
φ3,500.00	P.O. BOX 7592
Expenditure from	
corporate funds	Fort Worth, TX 76111
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
	Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payoo namo
	Payee name
03/27/2024	PayPal
Amount (\$)	Payee address; City; State; Zip Code
\$1.36	2211 N. First St.
Expenditure from corporate funds	San Jose, CA 95131
•	1
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (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	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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: 2/9 Rpt: 42/49	Texas Association for Home Care and Hospice Inc Texas 00015750
4 Date	5 Payee name
03/27/2024	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	(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 eard processing rec
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
03/27/2024	PayPal
Amount (\$)	Payee address; City; State; Zip Code
\$0.68	2211 N. First St.
ψ0.00	2221 14.1 1136 36.
Expenditure from corporate funds	San Jose, CA 95131
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Credit card processing fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
Data	
Date	Payee name
03/27/2024	PayPal
Amount (\$)	Payee address; City; State; Zip Code
\$0.66	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.
	Credit card processing fee
	Credit card processing ree
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

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	al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above The Instruction Guide explains how to complete this form.	ve)			
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission	n Filers)			
	Sch: 3/9 Rpt: 43/49	Texas Association for Home Care and Hospice Inc Texas 00015750				
4	Date	5 Payee name				
	04/02/2024	PayPal				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$1.36	2211 N. First St.				
	Expenditure from corporate funds	San Jose, CA 95131				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.				
	LAFENDITORE	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	H				
	Date	Payee name				
	04/02/2024	PayPal				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$1.54	2211 N. First St.				
Г	Expenditure from	San Jose CA 05121				
_	☐ 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 card processing ree				
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·				
	Date	Payee name				
	04/04/2024	PayPal				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$1.35	2211 N. First St.				
Г	Expenditure from	San Jose, CA 95131				
	d corporate funds					
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
		Credit card processing fee				
		Great data processing tee				
	Complete ONII V if direct	Condidate/Officeholder name Office south				
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica Credit Card Payment	Al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 4/9 Rpt: 44/49	Texas Association for Home Care and Hospice Inc Texas 00015750
4 Date	5 Payee name
04/05/2024	PayPal
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.36	2211 N. First St.
Expenditure from corporate funds	San Jose, CA 95131
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	Credit card processing fee
	Greatt eard processing rec
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	the state of the s
Date	Payee name
04/05/2024	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.
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
experialitie to belieff C/O	
Date	Payee name
04/05/2024	PayPal
Amount (\$)	Payee address; City; State; Zip Code
\$2.24	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	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	H

SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1: Sch: 5/9 Rpt: 45/49	2 FILER NAME Texas Association for Home Care and Hospice Inc Texas 3 Filer ID (Ethics Commission Filers) 00015750
4 Date	5 Payee name
04/05/2024	PayPal
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$4.85	2211 N. First St.
ψ 1100	
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.
EXPENDITORE	Check if Austin, TX, officeholder living expense
	Credit card processing fee
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
04/05/2024	PayPal
Amount (\$)	Payee address; City; State; Zip Code
` *	
\$1.36	2211 N. First St.
Expenditure from	
corporate funds	San Jose, CA 95131
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Credit card processing fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
04/05/2024	PayPal
Amount (\$)	Payee address; City; State; Zip Code
\$3.98	2211 N. First St.
Expenditure from	San Jaco, CA 05121
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.
LA LABITORE	Check if Austin, TX, officeholder living expense
	Credit card processing fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1

SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
4 7	
1 Total pages Schedule F1: Sch: 6/9 Rpt: 46/49	2 FILER NAME Texas Association for Home Care and Hospice Inc Texas 3 Filer ID (Ethics Commission Filers) 00015750
4 Date	5 Payee name
04/16/2024	PayPal
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2.24	2211 N. First St.
Expenditure from corporate funds	San Jose, CA 95131
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Credit card processing fee
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
04/24/2024	PayPal
Amount (\$)	Payee address; City; State; Zip Code
\$2.24	2211 N. First St.
\$2.24	ZZII IV. FIISI SI.
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 expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
04/24/2024	PayPal
Amount (\$)	Payee address; City; State; Zip Code
\$5.73	2211 N. First St.
- Francisco Co	
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.
LAFLINDITUKE	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 Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling 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: 7/9 Rpt: 47/49	2 FILER NAME 3 Filer ID (Ethics Commission Filers) Texas Association for Home Care and Hospice Inc Texas 00015750
· .	<u> </u>
4 Date	5 Payee name
04/24/2024	PayPal
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.99	2211 N. First St.
Expenditure from	Can Jaco CA 05121
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	
Date	Payee name
04/24/2024	PayPal
	<u> </u>
Amount (\$)	
\$1.36	2211 N. First St.
Expenditure from	
corporate funds	San Jose, CA 95131
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EVENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Credit card processing fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
04/24/2024	PayPal PayPal
Amount (\$)	Payee address; City; State; Zip Code
\$1.36	2211 N. First St.
Evnonditura fra	
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/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		
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	┪
Sch: 8/9 Rpt: 48/49	Texas Association for Home Care and Hospice Inc Texas 00015750	
4 Date	5 Payee name	
04/25/2024	PayPal	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$0.68	2211 N. First St.	
Expenditure from corporate funds	San Jose, CA 95131	
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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	
Date	Payee name	_
04/25/2024	PayPal	
Amount (\$)	Payee address; City; State; Zip Code	-
\$1.36	2211 N. First St.	
Ψ1.30	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.	
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	
Date	Payee name	=
04/25/2024	PayPal	
		_
Amount (\$)	Payee address; City; State; Zip Code	
\$0.66	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	Π
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	٦
expenditure to benefit C/OI	1	
		٦

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	ı - I Cor	mmittee Legal	vards/Memorials Expense Services nstruction Guide explair		Expense Wages/Contract Labor	Travel Out of District OTHER (enter a catego	ory not listed above)
1	Total pages Schedule F1:	_					3 Filer ID (Eth	ics Commission Filers)
ľ		_		on for Home Care or	d Hooning	alma Tayaa		ics Commission Filers)
L	Sch: 9/9 Rpt: 49/49			on for Home Care ar	ia Hospice	e inc Texas	00015750	
4	Date	5	Payee name					
	04/25/2024		PayPal					
6	Amount (\$)	7	Payee address;	City; Sta	te; Zip Co	ode		
l	\$1.54		2211 N. First St.		, ,			
l	41.01		222214.1110000					
⊩	Expenditure from							
ᆘᅳ	corporate funds		San Jose, CA 95	5131				
8	PURPOSE	(a)	Category (See Cate	egories listed at the top of this	schedule)	(b) Description		
l	OF Accounting/Ranking December 1 Check if travel outside of Texas, Complete						outside of Texas. Complete S	chedule T.
l	EXPENDITURE	Check if Austin, TX, officeholder living expense					se	
l						Credit card p	rocessing fee	
l								
9	Complete ONLY if direct		Candidate/Officehol	der name	Office sou	ught	Office held	
l	expenditure to benefit C/O	4						
_								
l								
l								
l								
l								
l								
l								
l								
l								
l								
l								
l								
l								
l								
l								
l								
ı								