# MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

# FORM MPAC COVER SHEET PG 1

FILED.	
1 Filer ID 2 Total pages filed:	
The MPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers)	
00015750	
3 COMMITTEE NAME OFFICE USE ONLY	
Texas Association for Home Care and Hospice Inc Texas Home Care and Hospice PAC - State  Date Received	
ELECTRONICALLY FILED	
06/05/2024	
4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP	
ADDRESS 9390 Research Blvd., Bldg. 1 Suite 300	
9390 Research Bivd., Blug. 1 Suite 300	
Change of Address Access, TV 70750	
Change of Address Austin, TX 78759  Date Hand-delivered or Date Postmarked	
5 CAMPAIGN MS / MRS / MR FIRST MI	
TREASURER NAME  Ms. Rachel  Receipt # Amount	
Date Processed	
NICKNAME LAST SUFFIX	
Hammon Date Imaged	
6 CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE	
TREASURER 9390 Research Blvd., Bldg. 1 Suite 300	
STREET SOO Research Biva., Bidg. 1 Suite 500 ADDRESS	
(Residence or Business)	
Austin, TX 78759	
7 CAMPAIGN STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	
TREASURER MAILING  3737 Executive Center Dr., Ste. 268	ľ
ADDRESS	
Change of Address Austin, TX 78731	
_	
8 CAMPAIGN AREA CODE PHONE NUMBER EXTENSION TREASURER	
PHONE (512) 338-9293	
9 REPORT TYPE 10th day after campaign Dissolution (Attach BAC DR)	
X Monthly Dissolution (Attach PAC-DR)	
10 MONTHLY	
REPORT FILING January 5 April 5 July 5 October 5	
DEADLINE — — — — — — — — — — — — — — — — — — —	
August 5 August 5	
March 5 X June 5 September 5 December 5	
11 PERIOD Month Day Year Month Day Year  COVERED THROUGH OF 100 A	
04/26/2024 05/25/2024	
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GO TO PAGE 2	

## MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

# FORM MPAC COVER SHEET PG 2

2 COMMITTEE NAME		Tarra Harra Cara and Harria	13 Filer ID	(Ethics Commission Filers)
Texas Association for	r Home Care and Hospic	e Inc Texas Home Care and Hospice	0001575	0
4 COMMITTEE ACTIVITY	1. Candidates	A. Supported		
ACTIVITY	(Identify by name or, if applicable, classify by party.)			
(Attach lists on plain paper to complete this		B. Opposed		
report if necessary.)				
	2. Measures	A. Supported		
	(Describe by date and location of election and nature of issue.)			
		B. Opposed		
	3. Officeholders Assisted			
	(Identify by name or, if applicable, classify by party.)			
.5 CONTRIBUTION TOTALS		D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR		
TOTALS	CONTRIBUTIONS N	IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA	L CONTRIBUTIONS	\$	3,553.28
	· <del>-   ` `                               </del>	DGES, LOANS, OR GUARANTEES OF LOANS)		3,333.20
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	D POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	4,628.45
CONTRIBUTION BALANCE	5. TOTAL POLITICAL ( OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAS G PERIOD	T DAY \$	125,334.77
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF REPORTING PERIOD	THE \$	0.00
6 AFFIDAVIT	<u>'</u>		<u> </u>	
		I swear, or affirm, under penalty of particle and correct and includes all info under Title 15, Election Code.	perjury, that the prmation requir	e accompanying report is ed to be reported by me
		Mc Doo	hel Hammon	
			Campaign Treas	
		Signature of C	ampaign rreac	out of
AFFIX NOTA	RY STAMP / SEAL ABOVE			
Sworn to and subscrib	ed before me, by the said _		, this the	day
of	, 20, to certify	which, witness my hand and seal of office.		
Signature of officer	administering oath	Printed name of officer administering oath	Title of of	ficer administering oath

### **SUBTOTALS - MPAC**

### FORM MPAC **COVER SHEET PG 3**

				3 of 20
17 COMMITT Texas As	EE NAME ssociation for Home Care and Hospice Inc Texas Home Care and Hospice	<b>18</b> Filer ID 00015750	(Ethics Co	ommission Filers)
19 SCHEDUI NAME OF	SUB	TOTAL AMOUNT		
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	2,631.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	OR	\$	
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$	
6. X	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	SANIZATION	\$	922.28
7.	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	?	\$	
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR	ORGANIZATION	\$	
9.	SCHEDULE E: LOANS		\$	
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	IS	\$	4,628.45
11.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTI	ONS	\$	
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL CONTRIBU	JTION	IS		SCHEDULI	E <b>A1</b>
	The Instru	ction Guide explains how to complete	this for	m.	1	Total pages Schedule A1: Sch: 1/9 Rpt: 4/20	
2	FILER NAME				3		r Filers)
		ciation for Home Care and Hospice Inc Texa	s Home	Care and Hospice PAC -		00015750	,
4	Date	5 Full name of contributor out-of-state PAG	C (ID#:	)	7	Amount of Contribution (\$)	
	05/09/2024	Avery, Amy (Ms.)  6 Contributor address; City; State; Zip Code					\$30.00
_	5	Tyler, TX 75701	la la				
8	Principal occu Physical The	upation / Job title (See Instructions) erapist	9	Employer (See Instructions Paradigm Rehab & Nurs		g LP	
	Date	Full name of contributor  uut-of-state PAG	C (ID#:			Amount of Contribution (\$)	
	05/09/2024	Bulls, David (Mr.)					\$30.00
		Contributor address; City; State; Zip Code					
		Tyler, TX 75703					
		upation / Job title (See Instructions)		Employer (See Instructions		- I D	
	Physical The	erapist 		Paradigm Rehab & Nurs	sin		
	Date	Full name of contributor out-of-state PAG	C (ID#:	)		Amount of Contribution (\$)	* 40.00
	05/09/2024	Cornett, Valerie (Ms.)					\$40.00
		Contributor address; City; State; Zip Code  Keller, TX 76244					
	Principal occu	upation / Job title (See Instructions)		Employer (See Instructions	)		
	COSI			MAC Legacy			
	Date	Full name of contributor out-of-state PAG	C (ID#:	)		Amount of Contribution (\$)	
	05/20/2024	Escamilla, Jamie (Ms.)					\$8.00
		Contributor address; City; State; Zip Code  San Antonio, TX 78258					
	Principal occu	Ipation / Job title (See Instructions)		Employer (See Instructions	)		
	•	peech Language Pathologist		Ability Pediatric Therapy			
	Date	Full name of contributor out-of-state PAG		)		Amount of Contribution (\$)	
	05/20/2024	Escobar, Christina (Ms.)	`	,		,,	\$10.00
		Contributor address; City; State; Zip Code Selma, TX 78154					
	Principal occu	upation / Job title (See Instructions)		Employer (See Instructions	)		
	Director of T	,		Ability Pediatric Therapy			

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 2/9 Rpt: 5/20	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
		ciation for Home Care and Hospice Inc Texas Ho	me Care and Hospice PAC -	ı	00015750	,
4	Date	5 Full name of contributor out-of-state PAC (ID#	·	7	Amount of Contribution (\$)	
	05/20/2024	Flores, Sonia (Ms.)  6 Contributor address; City; State; Zip Code				\$3.00
		Amarillo, TX 79109				
8		upation / Job title (See Instructions) rsing Assistant	9 Employer (See Instructions Goodcare Health Service			
	Date	Full name of contributor  ut-of-state PAC (ID#	:)		Amount of Contribution (\$)	
	05/09/2024	Fox , Eric (Mr.)				\$30.00
		Contributor address; City; State; Zip Code				
		Whitehouse, TX 75791				
		ipation / Job title (See Instructions)	Employer (See Instructions			
	Physical The	erapist	Paradigm Rehab & Nur	sin	g LP	
	Date	Full name of contributor out-of-state PAC (ID#	:)		Amount of Contribution (\$)	
	05/09/2024	Garcia , Bonifacio (Mr.)				\$30.00
		Contributor address; City; State; Zip Code  Lubbock, TX 79424				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	Business Ma	anager	Caprock Home Health			
	Date	Full name of contributor out-of-state PAC (ID#	:)		Amount of Contribution (\$)	
	05/09/2024	Goolsby, Sharon (Ms.)				\$125.00
		Contributor address; City; State; Zip Code				
	Data da al acce	Jefferson, TX 75657	Farada a a Garada a da a da a da a da a d	<u> </u>		
	Administrate	upation / Job title (See Instructions)	Employer (See Instructions First in Pediatrics Home		aalth Cara Ina	
	Auministrati		First in Pediatrics Home	; П		
	Date	Full name of contributor out-of-state PAC (ID#	:)		Amount of Contribution (\$)	
	05/09/2024					\$250.00
		Contributor address; City; State; Zip Code  Jefferson, TX 75657				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Administrato	or	First in Pediatrics Home		ealth Care, Inc.	

	MONEI	ARY POLITICAL C	ONTRIBUTION	NS		SCHEDULI	E <b>A1</b>
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 3/9 Rpt: 6/20	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	iation for Home Care and Hos	pice Inc Texas Home	Care and Hospice PAC -		00015750	
4	Date 05/20/2024	<ul><li>5 Full name of contributor Graham-Stone, Mary (Ms.)</li><li>6 Contributor address; City; Sta</li></ul>			7	Amount of Contribution (\$)	\$5.00
		San Antonio, TX 78230					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	)		
	Home Care			Ability Pediatric Therapy	,		
	Date 05/09/2024	Full name of contributor Hale, Kati (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$60.00
		Denton, TX 76208					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
				MAC Legacy			
	Date 05/20/2024	Full name of contributor     Harding, Debra (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code	)		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 05/09/2024	Full name of contributor Hosley, Dennis (Mr.)  Contributor address; City; Sta  Dallas, TX 75214	out-of-state PAC (ID#: ite; Zip Code			Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	President CO	00		Pediatric Home Healthc	are		
	Date 05/16/2024	Full name of contributor Howard, Jesse (Mr.)  Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Healthcare			Girling Community Care			

	MONEI	ARY POLITICAL CONTR	IBUTIO	NS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to compl	lete this fo	rm.	1	Total pages Schedule A1: Sch: 4/9 Rpt: 7/20	
2	FILER NAME Texas Assoc	ciation for Home Care and Hospice Inc	Texas Home	e Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	n Filers)
4	Date 05/09/2024	Jenkins, John (Mr.)		)	7	Amount of Contribution (\$)	\$500.00
		Montgomery, TX 77356					
8	Principal occu Owner/Presi	pation / Job title (See Instructions) dent	9	Employer (See Instructions  LT Home Healthcare	i)		
	Date 05/09/2024	Marshall, Courtni (Ms.)  Contributor address; City; State; Zip Code	e PAC (ID#: e			Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> i)		
	Speech Lang	guage Pathologist		Therapy 2000			
	Date 05/20/2024	Martinez, Rebecca (Ms.)  Contributor address; City; State; Zip Code	ute PAC (ID#:	)		Amount of Contribution (\$)	\$5.00
	Principal occu	Amarillo, TX 79110 pation / Job title (See Instructions)	-	Employer (See Instructions	, 		
		rsing Assistant		Goodcare Health Servic			
	Date 05/20/2024	Martinez, Rebecca (Ms.)  Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$5.00
	•	Amarillo, TX 79110 pation / Job title (See Instructions)		Employer (See Instructions	-		
		rsing Assistant		Goodcare Health Servic	es	(O 'I . ' . (A)	
	Date 05/20/2024	Full name of contributor out-of-stal Martinez, Rebecca (Ms.)  Contributor address; City; State; Zip Code  Amarillo, TX 79110				Amount of Contribution (\$)	\$5.00
		pation / Job title (See Instructions)		Employer (See Instructions			
	Certified Nur	rsing Assistant		Goodcare Health Servic	es 		

	MONET	ARY POLITICAL (	CONTRIBUTIO	JNS	SCHEDULE A1	
	The Instru	ction Guide explains hov	v to complete this f	orm.	1 Total pages Schedule A1: Sch: 5/9 Rpt: 8/20	
2	FILER NAME Texas Assoc	ciation for Home Care and Ho	spice Inc Texas Hon	ne Care and Hospice PAC -	3 Filer ID (Ethics Commission Filers) 00015750	
4	Date 05/20/2024	<ul><li>5 Full name of contributor Martinez, Rebecca (Ms.)</li><li>6 Contributor address; City; S</li></ul>		)	7 Amount of Contribution (\$) \$5.0	0
		Amarillo, TX 79110				
8		pation / Job title (See Instructions sing Assistant	s)	Employer (See Instructions     Goodcare Health Service		
	Date 05/20/2024	Full name of contributor Martinez, Rebecca (Ms.)  Contributor address; City; S	out-of-state PAC (ID#:_		Amount of Contribution (\$) \$5.0	0
	Principal occu	Amarillo, TX 79110 pation / Job title (See Instructions	5)	Employer (See Instructions	<u> </u> 	_
	Certified Nur	rsing Assistant		Goodcare Health Servic	ees	
	Date 05/09/2024	Full name of contributor  McClammy, Lisa (Ms.)  Contributor address; City; S	out-of-state PAC (ID#:_	)	Amount of Contribution (\$) \$25.0	0
	Principal occu	Whitney, TX 76692 pation / Job title (See Instructions	2)	Employer (See Instructions	(2)	
	RN Consulta		-)	MAC Legacy	·/	
	Date 05/09/2024	Full name of contributor McGraw, Joseph (Mr.) Contributor address; City; S			Amount of Contribution (\$) \$30.0	0
	Principal occu Business De	Tyler, TX 75703  pation / Job title (See Instructions velopment	5)	Employer (See Instructions Paradigm Rehab & Nurs		
	Date 05/20/2024	Full name of contributor Meave, Adan (Mr.)  Contributor address; City; S  Weslaco, TX 78599	out-of-state PAC (ID#:_		Amount of Contribution (\$) \$150.0	0
	Principal occu Homecare	pation / Job title (See Instructions	5)	Employer (See Instructions El Rey Primary Health C		
				<u> </u>		

	MONEI	ARY POLITICAL CONTR	KIBUTION	15	SCHEDULE A1	
	The Instru	ction Guide explains how to com	plete this for	m.	1 Total pages Schedule A1: Sch: 6/9 Rpt: 9/20	
2	FILER NAME Texas Assoc	ciation for Home Care and Hospice Inc.	- Texas Home	Care and Hospice PAC -	3 Filer ID (Ethics Commission Filers) - 00015750	_
4	Date 05/16/2024	Palmer, Lee (Mr.)			7 Amount of Contribution (\$) \$50.0	0
		Richmond, TX 77406				
8	Principal occu Administrato	pation / Job title (See Instructions) r	9	Employer (See Instructions Consolidated Home Hea		
	Date 05/16/2024	Peterson, Michelle (Ms.)  Contributor address; City; State; Zip Co	state PAC (ID#:	)	Amount of Contribution (\$)	0
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	ns)	_
	VP of Opera			Bluebonnet Home Healt		
	Date 05/20/2024	Full name of contributor out-of-s Rangel, Teresa (Ms.)  Contributor address; City; State; Zip Co	state PAC (ID#:		Amount of Contribution (\$)	0
		Amarillo, TX 79108				
	Principal occu LVN	pation / Job title (See Instructions)		Employer (See Instructions Goodcare Health Service		
	Date 05/20/2024	Rangel, Teresa (Ms.)  Contributor address; City; State; Zip Co			Amount of Contribution (\$)	0
	Principal occu	Amarillo, TX 79108 pation / Job title (See Instructions)		Employer (See Instructions Goodcare Health Servic	·	
	Date 05/20/2024	Rangel, Teresa (Ms.)		)	Amount of Contribution (\$)	0
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions Goodcare Health Servic		_
			I			

on Guide explains how to complete this  ion for Home Care and Hospice Inc Texas Ho  Full name of contributor	9 Employer (See Instructions	7 Amount of Contribution (\$) \$5.00  s) ces  Amount of Contribution (\$)
Full name of contributor  out-of-state PAC (ID# Rangel, Teresa (Ms.)  Contributor address; City; State; Zip Code  Amarillo, TX 79108 ion / Job title (See Instructions)  Full name of contributor  out-of-state PAC (ID# Rangel, Teresa (Ms.)  Contributor address; City; State; Zip Code	9 Employer (See Instructions Goodcare Health Service	ones  Amount of Contribution (\$)  \$5.00  Amount of Contribution (\$)
Rangel, Teresa (Ms.)  Contributor address; City; State; Zip Code  Amarillo, TX 79108 ion / Job title (See Instructions)  Full name of contributor	Employer (See Instructions     Goodcare Health Service	\$5.00 s) ces
Full name of contributor out-of-state PAC (ID# Rangel, Teresa (Ms.)  Contributor address; City; State; Zip Code	Goodcare Health Service	Amount of Contribution (\$)
Full name of contributor out-of-state PAC (ID# Rangel, Teresa (Ms.)  Contributor address; City; State; Zip Code	Goodcare Health Service	Amount of Contribution (\$)
Rangel, Teresa (Ms.)  Contributor address; City; State; Zip Code	)	
Amarillo, TX 79108		
ion / Job title (See Instructions)	Employer (See Instructions	
Reyes, Kathleen (Ms.)  Contributor address; City; State; Zip Code	)	Amount of Contribution (\$) \$8.00
ion / Job title (See Instructions)	Employer (See Instructions Ability Pediatric Therapy	
Full name of contributor  out-of-state PAC (ID# Robison, Kristen (Ms.)	:)	Amount of Contribution (\$) \$200.00
San Antonio, TX 78209 ion / Job title (See Instructions) uffairs, CCO	Employer (See Instructions Angels of Care Pediatric	
Robison, Kristen (Ms.)  Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$250.00
ion / Job title (See Instructions)	Employer (See Instructions Angels of Care Pediatri	
	Full name of contributor	Full name of contributor

	MONEI	ARY POLITICAL CON	IRIBUTIONS		SCHEDULI	E <b>A1</b>
	The Instru	ction Guide explains how to co	mplete this form.	[:	1 Total pages Schedule A1: Sch: 8/9 Rpt: 11/20	
2	FILER NAME Texas Assoc	ciation for Home Care and Hospice Ir	c Texas Home Care and Hosp		3 Filer ID (Ethics Commission 00015750	n Filers)
4	Date 05/09/2024	<ul> <li>5 Full name of contributor out- Robison, Kristen (Ms.)</li> <li>6 Contributor address; City; State; Zip</li> </ul>	of-state PAC (ID#:		7 Amount of Contribution (\$)	\$125.00
		San Antonio, TX 78209				
8		pation / Job title (See Instructions)	9 Employer (See	,		
	RN, VP Gov	t. Affairs, CCO	Angels of Car	re Pediatric	Home Health	
	Date 05/20/2024	Rodriguez, Kristine (Ms.)  Contributor address; City; State; Zip	of-state PAC (ID#:		Amount of Contribution (\$)	\$10.00
		San Antonio, TX 78253	1			
	Occupationa	pation / Job title (See Instructions)	Employer (See Ability Pediati			
				пс тпетару		
	Date 05/09/2024	Smith , Linda (Ms.)  Contributor address; City; State; Zip	of-state PAC (ID#:		Amount of Contribution (\$)	\$210.00
	Dringing con	San Antonio, TX 78248	Employer (Coo	Instructions		
	CEO	pation / Job title (See Instructions)	Employer (See En Su Casa (			
	Date 05/09/2024	Wade, Cynthia (Ms.)  Contributor address; City; State; Zip	of-state PAC (ID#:		Amount of Contribution (\$)	\$21.00
	Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)		
	LVN	pation / cos title (cos monociono)	Paradigm Re			
	Date 05/09/2024	Wilmore, Brandis (Ms.)	of-state PAC (ID#:		Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)		
	Owner/Admi	nistrator	Be Health at I	Home		

The Instructi			
	ion Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 9/9 Rpt: 12/20
2 FILER NAME	tion for Home Care and Hospice Inc Texas Hom	e Care and Hosnice PAC -	3 Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date <b>5</b> 05/20/2024	Full name of contributor out-of-state PAC (ID#:_ Young, Anita (Ms.)  Contributor address; City; State; Zip Code	)	7 Amount of Contribution (\$) \$4.0
8 Principal occupa	San Antonio, TX 78248 ution / Job title (See Instructions)	9 Employer (See Instructions	s)
Physical Thera		Ability Pediatric Therapy	

# MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C3

	The Instruction Guide explains how to complete this form.			Total pages Schedule C3: Sch: 1/1 Rpt: 13/20
2	FILER NAME		3	Filer ID (Ethics Commission Filers)
	Texas Assoc	ciation for Home Care and Hospice Inc Texas Home Care and Hospice		00015750
4	Date	5 Corporation / Labor Organization name	6	Amount (\$)
	05/01/2024	Texas Association for Home Care & Hospice, Inc.		922.28

#### SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 1/7 Rpt: 14/20	Texas Association for Home Care and Hospice Inc Texas 00015750
4 Date	5 Payee name
05/21/2024	Frank Campaign, James (Rep.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$3,500.00	1206 Hatton Rd.
Expenditure from corporate funds	Wichita Falls, TX 76302
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
LAFLINDITURE	Candidate/Officeholder/Political Committee
	Contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
05/02/2024	Global Payments Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$48.20	3550 Lenox Road, Suite 3000
+ .5.20	
Expenditure from	Atlanta CA 20226
corporate funds	Atlanta, GA 30326
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 CNU V if all	Condidate/Officeholder name
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
,	
Date	Payee name
05/09/2024	PayPal
Amount (\$)	Payee address; City; State; Zip Code
\$3.38	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  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Credit card processing fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Compo provide de la Caractera	this Commission

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

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

Polling Expense Travel in I Printing Expense Travel Ou Salaries/Wages/Contract Labor OTHER (c

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

OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 2/7 Rpt: 15/20 Texas Association for Home Care and Hospice Inc. - Texas 00015750 4 Date Payee name 05/09/2024 PayPal 6 Amount (\$) Payee address; City; State; Zip Code \$4.85 2211 N. First St. Expenditure from San Jose, CA 95131 corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Accounting/Banking **EXPENDITURE** Check if Austin, TX, officeholder living expense Credit card processing fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 05/09/2024 PayPal Amount (\$) Payee address; City; State; Zip Code \$1.36 2211 N. First St. Expenditure from San Jose, CA 95131 corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Accounting/Banking **EXPENDITURE** Check if Austin, TX, officeholder living expense Credit card processing fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 05/09/2024 PayPal Amount (\$) Payee address: City; State; Zip Code \$7.82 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 Check if travel outside of Texas. Complete Schedule T. Accounting/Banking **EXPENDITURE** Check if Austin, TX, officeholder living expense Credit card processing fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking 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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
4 7	
1 Total pages Schedule F1: Sch: 3/7 Rpt: 16/20	2 FILER NAME Texas Association for Home Care and Hospice Inc Texas  3 Filer ID (Ethics Commission Filers) 00015750
4 Date	5 Payee name
05/09/2024	PayPal
05/09/2024	PayPai
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.16	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 EVEN DITUE	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
experialities to belieff of or	
Date	Payee name
05/09/2024	PayPal
	-
Amount (\$)	Payee address; City; State; Zip Code
\$6.27	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
Operation ONLY if alice of	On dide to 10 ff as halden grown
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experialitate to belieff of the	
Date	Payee name
05/09/2024	PayPal
Amount (\$)	Payee address; City; State; Zip Code
\$7.47	2211 N. First St.
Expenditure from	San Jaca CA 05121
corporate funds	San Jose, CA 95131
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Credit card processing fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
•	

#### 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 Salarias/Wages/Contract Labor

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1: Sch: 4/7 Rpt: 17/20	
·	·
4 Date 05/09/2024	5 Payee name PayPal
	· · · · · · · · · · · · · · · · · · ·
6 Amount (\$)	7 Payee address; City; State; Zip Code 2211 N. First St.
\$14.94	ZZII N. FIISt 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
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
Date	Payee name
05/09/2024	PayPal
Amount (\$)	Payee address; City; State; Zip Code
\$9.22	2211 N. First St.
Expenditure from	
corporate funds	San Jose, CA 95131
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Credit card processing fee
	Crossit out a processing too
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
05/09/2024	PayPal
Amount (\$)	Payee address; City; State; Zip Code
\$3.38	2211 N. First St.
— Foresedit ve from	
Expenditure from corporate funds	San Jose, CA 95131
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
-	Check if Austin, TX, officeholder living expense  Credit card processing fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Forms provided by Tayas F	thics Commission www.athics.state.tv.us Version V// 1.0 d278aha0

#### SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Candidate/Officeholder/Politica Credit Card Payment	d Committee Legal Services		ages/Contract Labor	OTHER (enter a category not listed above)
1 Total pages Cabadula F1:	3 FILED NAME	•	-	3 Filer ID (Ethics Commission Filers)
1 Total pages Schedule F1: Sch: 5/7 Rpt: 18/20	Texas Association for H	ome Care and Hospice	Inc Texas	00015750 (Ethics Commission Filets)
4 Date		•		
05/09/2024	5 Payee name			
	PayPal			
6 Amount (\$)	<b>7</b> Payee address; City;	State; Zip Co	de	
\$4.85	2211 N. First St.			
Expenditure from corporate funds	San Jose, CA 95131			
8 PURPOSE			(b) December 1	
OF	(a) Category (See Categories liste	ed at the top of this schedule)	(b) Description	el outside of Texas. Complete Schedule T.
EXPENDITURE	Accounting/Banking			tin, TX, officeholder living expense
			ш	processing fee
				,
9 Complete ONLY if direct	Candidata/Officabaldar nam	Office sou	aht	Office held
expenditure to benefit C/O	Candidate/Officeholder nam H	e Office sou	yrıı	Office field
•				
Date	Payee name			
05/09/2024	PayPal			
Amount (\$)	Payee address; City;	State; Zip Co	de	
\$2.24	2211 N. First St.	эшэ, шр ээ		
Ψ2.24	2211 N. 1 113t St.			
Expenditure from				
corporate funds	San Jose, CA 95131			
PURPOSE	(a) Category (See Categories liste	ed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Accounting/Banking		Check if trave	el outside of Texas. Complete Schedule T.
EXPENDITORE			ш	tin, TX, officeholder living expense
			Credit card	processing fee
Complete ONLY if direct	Candidate/Officeholder nam	e Office sou	ght	Office held
expenditure to benefit C/O	4			
Date	Davisa nama			
	Payee name			
05/16/2024	PayPal			
Amount (\$)	Payee address; City;	State; Zip Co	de	
\$1.36	2211 N. First St.			
Expenditure from corporate funds	San Jose, CA 95131			
PURPOSE			(b) Description	
OF	(a) Category (See Categories liste	ed at the top of this schedule)	(b) Description	el outside of Texas. Complete Schedule T.
EXPENDITURE	Accounting/Banking		<b>=</b>	tin, TX, officeholder living expense
			ш	processing fee
				3
Complete CNII V if divert	Candidate/Officeholder ====	Office serv	aht	Office hold
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder nam H	e Office sou	ynt	Office held
, p. 1				

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made Conditate/Officeholder/Pol Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	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: Sch: 6/7 Rpt: 19/20	2 FILER NAME Texas Association for Home Care and Hospice Inc Texas  3 Filer ID (Ethics Commission Filers) 00015750
·	·
4 Date	5 Payee name
05/16/2024	PayPal
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$3.98	2211 N. First St.
Expenditure from	Can Jaco, CA 05121
corporate funds	San Jose, CA 95131
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	Credit cord processing for
	Credit card processing fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
experiulture to benefit C/O	
Date	Payee name
05/16/2024	PayPal
Amount (\$)	Payee address; City; State; Zip Code
\$2.24	2211 N. First St.
Ψ2.24	ZZII W. I IISU SU.
Expenditure from	
corporate funds	San Jose, CA 95131
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Credit card processing fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	n
Date	Payee name
05/20/2024	PayPal
Amount (\$)	Payee address; City; State; Zip Code
\$5.73	2211 N. First St.
ФЭ.73	2211 IV. FIISL SL.
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.
EAPENDITURE	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 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: 7/7 Rpt: 20/20	Texas Association for Home Care and Hospice Inc Texas 00015750
4 Date	5 Payee name
05/21/2024	Walle for Texas
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	150 W. Parker Rd. Suite 700
Expenditure from corporate funds	Houston, TX 77076
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
_/	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
	Contribution
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held