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

### FORM MPAC COVER SHEET PG 1

The MPAC Instruction Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers) 00015750	2 Total pages filed: 22				
3 COMMITTEE NAME	1	OFFICE USE ONLY				
Texas Association for Home Care and Hospice Inc Texas State	Date Received ELECTRONICALLY FILED 07/05/2024					
4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP					
ADDRESS 9390 Research Blvd., Bldg. 1 Suite 300						
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				
NICKNAME LAST	SUFFIX	Date Processed				
Hammor		Date Imaged				
6 CAMPAIGN TREASURER STREET ADDRESS (NO PO BOX PLEASE); 9390 Research Blvd., Bldg. 1 Suite 300	APT / SUITE #; CITY; ST.	ATE; ZIP CODE				
ADDRESS						
(Residence or Business) Austin, TX 78759						
7 CAMPAIGN STREET ADDRESS OR PO BOX;	APT / SUITE #; CITY; ST	ATE; ZIP CODE				
TREASURER MAILINE 3737 Executive Center Dr., Ste. 268	AFT/SOILE#, CITT, ST	ATE, ZIF CODE				
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 treasurer termination	Dissolution (Attach PAC-DR)				
10 MONTHLY REPORT FILING January 5 April	5 X July 5	October 5				
DEADLINE						
February 5 May	5 August 5	November 5				
March 5 June	e 5 September 5	December 5				
11 PERIOD Month Day Year	THROUGH Month	Day Year				
COVERED 05/26/2024	06/25/2	2024				
GO TO PAGE 2						
	thics.state.tx.us	Version V4.1.0.d378aba0				

### MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

# FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer II	
Texas Association for H	Iome Care and Hospice	e Inc Texas Home Care and Hospice	00015	5750
14 COMMITTEE ACTIVITY	1. 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		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	<b>6</b> 0.00
	2. TOTAL POLITICA (OTHER THAN PLEI	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	5,155.43
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	<b>\$</b> 0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	\$ 169.77
CONTRIBUTION BALANCE	5. TOTAL POLITICAL C OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	T DAY	<b>1</b> 29,608.24
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF REPORTING PERIOD	THE \$	<b>\$</b> 0.00
16 AFFIDAVIT	•		•	
		I swear, or affirm, under penalty of p true and correct and includes all info under Title 15, Election Code.		
		Ms. Raci	hel Hamm	ion
		Signature of C	ampaign Tı	reasurer
AFFIX NOTARY	STAMP / SEAL ABOVE			
Sworn to and subscribed	hefore me, by the said	,	this the	day
		, vhich, witness my hand and seal of office.	uno une	udy
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title o	of officer administering oath
Forms provided by Texas E	thics Commission	www.ethics.state.tx.us		Version V4.1.0.d378aba0

# FORM MPAC

#### COVER SHEET PG 3 3 of 22

17 COMMITTEE NAME	18 Filer ID	(Ethics Commission Filers)
Texas Association for Home Care and Hospice Inc Texas Home Care and Hospice	00015750	т
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		<b>\$</b> 4,233.15
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4. SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO	)R	\$
5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$
6. X SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	<b>\$</b> 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	<b>\$</b> 169.77	
11. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
13. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$
15. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$
		•

**SUBTOTALS - MPAC** 

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 1/10 Rpt: 4/22	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	Texas Assoc	ciation for Home Care and Hospice Inc Texas Hom		1	00015750	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_	-		Amount of Contribution (\$)	
	05/29/2024	Avery, Amy (Ms.)	/	ľ		\$20.00
	00,20,212	6 Contributor address; City; State; Zip Code		•		<b>*-·</b> ···
	I	Continuation address, City, State, Zip Code				
	I					
	I	Tyler, TX 75701				
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>		
ľ	Physical The		Paradigm Rehab & Nurs		ιIP	
╞	-	·		л. Т		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	too oo
	05/29/2024					\$20.00
	I	Contributor address; City; State; Zip Code				
	I					
	I					
		Tyler, TX 75703				
		ipation / Job title (See Instructions)	Employer (See Instructions			
	Physical The	erapist	Paradigm Rehab & Nurs	sinç	J LP	
	Date	Full name of contributor out-of-state PAC (ID#:	)	Ī	Amount of Contribution (\$)	
	06/11/2024	Combs, Marcylle A. (Ms.)				\$2,000.00
		Contributor address; City; State; Zip Code		1		
	I					
	I					
	I	Argyle, TX 76226				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	President/Ov	wner	Mac Legacy			
⊨	Date	Full name of contributor out-of-state PAC (ID#:_	)	Γ	Amount of Contribution (\$)	
	06/12/2024	Cornett, Valerie (Ms.)	/			\$40.00
	00, 22, 252	Contributor address; City; State; Zip Code		•		Ŧ · - · - ·
	l	Continuation address, City, State, Zip Code				
	l					
	I	Keller, TX 76244				
$\vdash$	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> د)		
	COSI		MAC Legacy	5)		
╞				<del>.</del>		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	<b>*10 F0</b>
	05/28/2024	Davis , Sheila (Ms.)				\$12.50
	I	Contributor address; City; State; Zip Code				
	l					
	l					
		Wichita Falls, TX 76310				
		pation / Job title (See Instructions)	Employer (See Instructions			
	CHCE; COS	-C	Always Best Care Senio	or S	ervices	
			,			

SCHEDULE A	1\
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	The Instru	ction Guide explains how to complete this f	form.	1	Total pages Schedule A1: Sch: 2/10 Rpt: 5/22	_
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	ciation for Home Care and Hospice Inc Texas Hon	ne Care and Hospice PAC -		00015750	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
	05/28/2024	Dilleshaw, Brittany (Ms.)			• •	\$25.00
		6 Contributor address; City; State; Zip Code	,	$\mathbf{I}$		
		Danbury, TX 77534				
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	5)		
		ent of Home Therapy Services	MedCare Pediatric Nurs			
╞	Date	Full name of contributor Out-of-state PAC (ID#:		Ι	Amount of Contribution (\$)	
	06/17/2024	Dilleshaw, Brittany (Ms.)	/			\$25.00
	00/11/202	Contributor address; City; State; Zip Code		$\mathbf{I}$		Ψ=0.02
		Danbury, TX 77534				
-	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
		ent of Home Therapy Services	MedCare Pediatric Nurs			
	Date			- T	Amount of Contribution (\$)	
			)			\$12.00
	00/1//2024					Φ12.00
		Contributor address; City; State; Zip Code				
		San Antonio, TX 78258				
┝	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> د)		
	•	peech Language Pathologist	Ability Pediatric Therapy			
╞				y 1		
	Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	<b>*</b> 4 E 00
	06/17/2024	Escobar, Christina (Ms.)				\$15.00
		Contributor address; City; State; Zip Code				
$\vdash$	<b>D</b> 1 1 1 1 1 1 1 1 1	Selma, TX 78154		Ĺ		
	•	upation / Job title (See Instructions)	Employer (See Instructions			
	Director of T	herapy	Ability Pediatric Therapy	y		
	Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	06/25/2024	Flores, Sonia (Ms.)				\$3.00
		Contributor address; City; State; Zip Code		]		
L		Amarillo, TX 79109				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Certified Nu	rsing Assistant	Goodcare Health Servic	ces		

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 3/10 Rpt: 6/22
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	iation for Home Care and Hospice Inc Texas Hon	ne Care and Hospice PAC -	
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
05/29/2024	Fox , Eric (Mr.)		\$20.00
	6 Contributor address; City; State; Zip Code		4
	Whitehouse, TX 75791		
8 Principal occur	pation / Job title (See Instructions)	9 Employer (See Instructions	s)
Physical The	rapist	Paradigm Rehab & Nurs	sing LP
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
06/11/2024	Goolsby, Sharon (Ms.)		\$125.00
	Contributor address; City; State; Zip Code		1
	Jefferson, TX 75657		
Principal occur	pation / Job title (See Instructions)	Employer (See Instructions	
Administrator	r	First in Pediatrics Home	e Health Care, Inc.
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
06/17/2024	Graham-Stone, Mary (Ms.)		\$7.50
	Contributor address; City; State; Zip Code		1
	I		
	San Antonio, TX 78230		
	pation / Job title (See Instructions)	Employer (See Instructions	
Home Care		Ability Pediatric Therapy	У
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
06/12/2024	Hale, Kati (Ms.)		\$60.00
	Contributor address; City; State; Zip Code		1
	I		
	Denton, TX 76208	i	
	pation / Job title (See Instructions)	Employer (See Instructions	5)
C00		MAC Legacy	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
06/17/2024	Harding, Debra (Ms.)		\$3.00
	Contributor address; City; State; Zip Code		1
	I		
	San Antonio, TX 78230	•	
	pation / Job title (See Instructions)	Employer (See Instructions	5)
Home Care		Ability HomeCare, Inc.	

<b>The Instruction Guide explains how to complete this form.</b> <b>2</b> FILER NAME	1 Total pages Schedule A1:
2 FILER NAME	Sch: 4/10 Rpt: 7/22
	<b>3</b> Filer ID (Ethics Commission Filers)
Texas Association for Home Care and Hospice Inc Texas Home Care and	
4 Date 5 Full name of contributor out-of-state PAC (ID#:	) <b>7</b> Amount of Contribution (\$)
06/11/2024 Hosley, Dennis (Mr.)	\$50.00
6 Contributor address; City; State; Zip Code	
Dallas, TX 75214	
8 Principal occupation / Job title (See Instructions) 9 Employe	r (See Instructions)
President COO Pediatrio	c Home Healthcare
Date Full name of contributor out-of-state PAC (ID#:	) Amount of Contribution (\$)
06/17/2024 Howard, Jesse (Mr.)	\$25.00
Contributor address; City; State; Zip Code	
McGregor, TX 76657	
Principal occupation / Job title (See Instructions) Employe	r (See Instructions)
Healthcare Girling C	Community Care
Date Full name of contributor out-of-state PAC (ID#:	) Amount of Contribution (\$)
06/17/2024 Madison , Bradley (Mr.)	\$250.00
Contributor address; City; State; Zip Code	
Lubbock, TX 79423	
	r (See Instructions)
Admin CPCS	
	) Amount of Contribution (\$)
Date Full name of contributor out-of-state PAC (ID#:	
Date     Full name of contributor     Image: Out-of-state PAC (ID#:)       06/25/2024     Martinez, Rebecca (Ms.)	\$5.00
06/25/2024 Martinez, Rebecca (Ms.)	
06/25/2024 Martinez, Rebecca (Ms.) Contributor address; City; State; Zip Code	
06/25/2024 Martinez, Rebecca (Ms.) Contributor address; City; State; Zip Code Amarillo, TX 79110	\$5.00
06/25/2024 Martinez, Rebecca (Ms.) Contributor address; City; State; Zip Code Amarillo, TX 79110 Principal occupation / Job title (See Instructions) Employe	\$5.00 r (See Instructions)
06/25/2024 Martinez, Rebecca (Ms.) Contributor address; City; State; Zip Code Amarillo, TX 79110 Principal occupation / Job title (See Instructions) Employe	\$5.00
06/25/2024       Martinez, Rebecca (Ms.)         Contributor address; City; State; Zip Code         Amarillo, TX 79110         Principal occupation / Job title (See Instructions)         Certified Nursing Assistant         Date         Full name of contributor         out-of-state PAC (ID#:	r (See Instructions) re Health Services ) Amount of Contribution (\$)
06/25/2024 Martinez, Rebecca (Ms.) Contributor address; City; State; Zip Code Amarillo, TX 79110 Principal occupation / Job title (See Instructions) Certified Nursing Assistant Goodca	r (See Instructions) re Health Services
06/25/2024       Martinez, Rebecca (Ms.)         Contributor address; City; State; Zip Code         Amarillo, TX 79110         Principal occupation / Job title (See Instructions)         Certified Nursing Assistant         Date         Full name of contributor         out-of-state PAC (ID#:	r (See Instructions) re Health Services ) Amount of Contribution (\$)
06/25/2024       Martinez, Rebecca (Ms.)         Contributor address; City; State; Zip Code         Amarillo, TX 79110         Principal occupation / Job title (See Instructions)         Certified Nursing Assistant         Date         Full name of contributor         06/25/2024         Martinez, Rebecca (Ms.)	r (See Instructions) re Health Services ) Amount of Contribution (\$)
06/25/2024       Martinez, Rebecca (Ms.)         Contributor address; City; State; Zip Code         Amarillo, TX 79110         Principal occupation / Job title (See Instructions)         Certified Nursing Assistant         Goodca         Date         Full name of contributor         06/25/2024         Martinez, Rebecca (Ms.)         Contributor address; City; State; Zip Code	r (See Instructions) re Health Services ) Amount of Contribution (\$)
06/25/2024       Martinez, Rebecca (Ms.)         Contributor address; City; State; Zip Code         Amarillo, TX 79110         Principal occupation / Job title (See Instructions)       Employee         Certified Nursing Assistant       Goodca         Date       Full name of contributor out-of-state PAC (ID#:         06/25/2024       Martinez, Rebecca (Ms.)         Contributor address; City; State; Zip Code         Amarillo, TX 79110	<pre>\$5.00 \$5.00 r (See Instructions) re Health Services Amount of Contribution (\$) \$5.00 \$5.00</pre>
06/25/2024       Martinez, Rebecca (Ms.)         Contributor address; City; State; Zip Code         Amarillo, TX 79110         Principal occupation / Job title (See Instructions)         Certified Nursing Assistant         Date         Full name of contributor         06/25/2024         Martinez, Rebecca (Ms.)         Contributor address; City; State; Zip Code         Amarillo, TX 79110         Principal occupation / Job title (See Instructions)         Employee         Amarillo, TX 79110         Principal occupation / Job title (See Instructions)         Employee         Amarillo, TX 79110	r (See Instructions) re Health Services ) Amount of Contribution (\$)

SCHEDULE A	1\
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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 5/10 Rpt: 8/22	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Association for Home Care and Hospice Inc Texas Home Care and Hospice PAC -			00015750		
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	06/25/2024	Martinez, Rebecca (Ms.)			······	\$5.00
		6 Contributor address; City; State; Zip Code		•		
		Amarillo, TX 79110				
8	Principal occu	Ipation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>		
-	•	rsing Assistant	Goodcare Health Servic			
_		-		T	Amount of Contribution (\$)	
	Date 06/25/2024		)		Amount of Contribution (\$)	ቀፍ በበ
	06/25/2024	Martinez, Rebecca (Ms.)				\$5.00
		Contributor address; City; State; Zip Code				
	<b>-</b> : :	Amarillo, TX 79110		ŕ		
		upation / Job title (See Instructions)	Employer (See Instructions			
	Certified Nul	rsing Assistant	Goodcare Health Servic	ces		
	Date		)		Amount of Contribution (\$)	
	06/11/2024	McClammy, Lisa (Ms.)				\$25.00
		Contributor address; City; State; Zip Code		1		
		Whitney, TX 76692				
		upation / Job title (See Instructions)	Employer (See Instructions	s)		
	RN Consulta	ant	MAC Legacy			
	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	05/29/2024	McGraw, Joseph (Mr.)				\$20.00
		Contributor address; City; State; Zip Code		1		
		Tyler, TX 75703				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)		
	Business De		Paradigm Rehab & Nurs		y LP	
	Date	Full name of contributor Out-of-state PAC (ID#:	)	Τ	Amount of Contribution (\$)	
	06/17/2024	Meave, Adan (Mr.)	/		Allount of Contineation (+)	\$150.00
	00,11,202			-		<b>#100.0</b>
		Continuation address, City, State, Zip Code				
		Weslaco, TX 78599				
┝	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u>		
	Homecare		El Rey Primary Health C			
	FIUMEGUIC			Jui		

SCHEDULE A	1\
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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 6/10 Rpt: 9/22	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Association for Home Care and Hospice Inc Texas Home Care and Hospice PAC -			00015750		
4	4 Date 5 Full name of contributor out-of-state PAC (ID#:) 7		7	Amount of Contribution (\$)		
	06/20/2024	Mitchell, Kari-Ann (Ms.)	/	ľ	, who can be a company of the compan	\$100.00
	00/20/202	6 Contributor address; City; State; Zip Code				Ψ100.00
		<b>b</b> Contributor address, City, State, Zip Code				
		Sherman, TX 75092				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	上 5)		
	Recuiter	,	Angels of Care	,		
╞	Date	Full name of contributor Out-of-state PAC (ID#:		—	Amount of Contribution (\$)	
	05/28/2024	Moore , Kellie (Ms.)	/		Allount of Contribution (*)	\$5.00
	0012012024					ψ0.00
		Contributor address; City; State; Zip Code				
		Katy, TX 77494				
$\vdash$	Princinal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ເ)		
	Supervisor		Angels of Care	9		
╞	-			_	Amount of Contribution (¢)	
	Date 05/28/2024	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	ቀደላ ባህ
	03/28/2024					\$50.00
		Contributor address; City; State; Zip Code				
		Lubbock, TX 79424				
$\vdash$	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	L		
	-	ice President	Caprock Home Health S		vices Inc	
╞						
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	÷05.00
	05/28/2024	Murphy, Maryann (Ms.)				\$25.00
		Contributor address; City; State; Zip Code				
		Est. TV 70000				
$\vdash$	<b>D</b> : :	Early, TX 76802		Ĺ		
	-	ipation / Job title (See Instructions)	Employer (See Instructions	;)		
	RN		Lee HealthCare	_		
Γ	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	06/17/2024	Palmer, Lee (Mr.)				\$50.00
		Contributor address; City; State; Zip Code				
		Richmond, TX 77406				
Γ	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	Administrato	ır	Consolidated Home Hea	alth	1	

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	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1:		
Ļ					Sch: 7/10 Rpt: 10/22		
2	2 FILER NAME Texas Association for Home Care and Hospice Inc Texas Home Care and Hospice PAC				Filer ID (Ethics Commission 00015750	n Hilers)	
4	Date	5 Full name of contributor out-of-state PAC (ID#:	#:)	7	Amount of Contribution (\$)		
	06/17/2024	Peterson, Michelle (Ms.)				\$100.00	
	I			·-			
	I						
	I						
	I	Cedar Creek, TX 78612					
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>			
	VP of Opera	tions	Bluebonnet Home Healt	th C	th Care of Texas, Inc.		
╞	Date	Full name of contributor out-of-state PAC (ID#:	#:)	Τ	Amount of Contribution (\$)		
	05/29/2024	Pledger, Carla (Ms.)	·		······	\$30.00	
		Contributor address; City; State; Zip Code		-		<b>T</b>	
	I						
	I						
	l	Kerrville, TX 78028					
-	Principal occu	I Ipation / Job title (See Instructions)	Employer (See Instructions	<u> </u>			
	Nurse		Angels of Care	-			
⊨	Date	Full name of contributor Out-of-state PAC (ID#	#:)	Т	Amount of Contribution (\$)		
	06/25/2024	Rangel, Teresa (Ms.)	·			\$5.00	
	00,20,			·		Ŧ	
		Continuation address, Ony, State, Ep Cours					
	l	1					
	I	Amarillo, TX 79108					
⊢			Employer (See Instructions	<u> </u>			
	LVN		Goodcare Health Servic				
⊨	Date	Full name of contributor Out-of-state PAC (ID#:		Т	Amount of Contribution (\$)		
	06/25/2024	Rangel, Teresa (Ms.)	·/		Amount of Contained and Co	\$5.00	
	00/20/202	Contributor address; City; State; Zip Code		-		Ψ <b>U</b> ·U -	
	I	Continuation address, Gity, State, Zip Code					
	I						
	I	Amarillo, TX 79108					
⊢	Principal occu	I Ipation / Job title (See Instructions)	Employer (See Instructions	」 s)			
	LVN	, , , , ,	Goodcare Health Servic				
╞	Date	Full name of contributor out-of-state PAC (ID#:		Τ	Amount of Contribution (\$)		
	06/25/2024	Rangel, Teresa (Ms.)	/			\$5.00	
	001201202.		,	-		40.00	
	Contributor address; City; State; Zip Code						
	I	Amarillo, TX 79108					
┝	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	<u> </u>			
LVN Goodcare Health Servi							

The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 8/10 Rpt: 11/22		
2	2 FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Association for Home Care and Hospice Inc Texas Home Care and Hospice PAC				00015750	,
4	Date	5 Full name of contributor Out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	06/25/2024	Rangel, Teresa (Ms.)	/			\$5.00
				1		
		Amarillo, TX 79108				
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	LVN		Goodcare Health Servic	es	1	
	Date	Full name of contributor out-of-state PAC (ID#:	)	Г	Amount of Contribution (\$)	
	05/29/2024	Rash, Rose (Ms.)				\$119.05
				ł		
		Corsicana, TX 75109				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Owner/Direc	ctor of Nursing	Angels At Home, Inc.			
	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	06/04/2024	Rash, Rose (Ms.)				\$119.05
	Contributor address; City; State; Zip Code			1		
	Corsicana, TX 75109					
	Principal occupation / Job title (See Instructions) Employer (See Instruction		5)			
	Owner/Direc	ctor of Nursing	Angels At Home, Inc.			
	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	06/25/2024	Rash, Rose (Ms.)				\$119.05
		Contributor address; City; State; Zip Code		1		
		Corsicana, TX 75109				
	Principal occupation / Job title (See Instructions) Employer (See Instruction		Employer (See Instructions	5)		
	Owner/Director of Nursing Angels At Home, Inc		Angels At Home, Inc.			
	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	06/17/2024	Reyes, Kathleen (Ms.)				\$12.00
	Contributor address; City; State; Zip Code		1			
		San Antonio, TX 78260				
	Principal occupation / Job title (See Instructions) Employer (See Instruction					
	Speech Language Pathologist Assistant Ability Pediatric Thera			y		

The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 9/10 Rpt: 12/22		
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
		ciation for Home Care and Hospice Inc Texas Hon	ne Care and Hospice PAC -		00015750	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
	06/11/2024	Robison, Kristen (Ms.)				\$125.00
	1			1		
	ļ					
	ļ					
		San Antonio, TX 78209				
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	RN, VP Gov	t. Affairs, CCO	Angels of Care Pediatric	c Home Health		
F	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	06/17/2024	Rodriguez, Kristine (Ms.)				\$15.00
		Contributor address; City; State; Zip Code		1		
	ļ					
	ļ					
		San Antonio, TX 78253				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)		
	Occupationa	l Therapist	Ability Pediatric Therapy	У		
	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	05/28/2024	Sandoval, Vanessa (Ms.)				\$25.00
	Contributor address; City; State; Zip Code			1		
	Harlingen, TX 78552					
	Principal occupation / Job title (See Instructions) Employer (See Instruction					
	Administrato	r	Texas Visiting Nurse Se	ervi	ces Ltd.	
	Date	Full name of contributor out-of-state PAC (ID#:	)	Ī	Amount of Contribution (\$)	
	06/17/2024	Sandoval, Vanessa (Ms.)				\$25.00
	1	Contributor address; City; State; Zip Code		1		
	ļ					
	ļ					
		Harlingen, TX 78552				
			Employer (See Instructions			
	Administrator Texas Visiting Nurse S		Texas Visiting Nurse Se	ervi	ces Ltd.	
	Date	Full name of contributor out-of-state PAC (ID#:	)	Ī	Amount of Contribution (\$)	
	05/28/2024	Scepanski, Jonathan (Mr.)				\$150.00
		Contributor address; City; State; Zip Code		1		
		Edinburg, TX 78540				
		pation / Job title (See Instructions)	Employer (See Instructions			
COO Apex Primary Care, Inc		•				

# MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 Total pages Schedule A1: 1 The Instruction Guide explains how to complete this form. Sch: 10/10 Rpt: 13/22 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC 00015750 Amount of Contribution (\$) 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 06/11/2024 \$210.00 Smith, Linda (Ms.) 6 Contributor address; City; State; Zip Code San Antonio, TX 78248 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) CEO En Su Casa Caregivers Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/17/2024 \$6.00 Young, Anita (Ms.) Contributor address; City; State; Zip Code San Antonio, TX 78248 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Physical Therapist** Ability Pediatric Therapy

# MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C3

	The Instruction Guide explains how to complete this form.				1 Total pages Schedule C3: Sch: 1/1 Rpt: 14/22		
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 (\$)		
	06/01/2024		Texas Association for Home Care & Hospice, Inc.			92	22.28

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 1/8 Rpt: 15/22	Texas Association for Home Care and Hospice Inc Texas     00015750
4 Date	5 Payee name
06/03/2024	Global Payments Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$48.20	3550 Lenox Road, Suite 3000
Expenditure from corporate funds	Atlanta, GA 30326
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
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held H
Date	Payee name
05/28/2024	PayPal
Amount (\$)	Payee address; City; State; Zip Code
\$1.36	2211 N. First St.
φ1.30	
Expenditure from corporate funds	San Jose, CA 95131
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Accounting/Banking</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Credit card processing fee</li> </ul> </li> </ul>
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held H
Date	Payee name
05/28/2024	PayPal
Amount (\$)	Payee address; City; State; Zip Code
\$1.99	2211 N. First St.
Expenditure from corporate funds	San Jose, CA 95131
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule) Accounting/Banking</li> <li>(b) Description         Check if travel outside of Texas. Complete Schedule T.     </li> </ul>
	Credit card processing fee
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held H

	EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense     Event Expense     Loan Repayment/Reimbursement     Solicitation/Fundraising Expense       Accounting/Banking     Fees     Office Overhead/Rental Expense     Transportation Equipment & F       Consulting Expense     Food/Beverage Expense     Polling Expense     Travel in District       Contributions/Donations Made By -     Gitt/Awards/Memorials Expense     Printing Expense     Travel out of District       Credit Card Payment     The Instruction Guide explains how to complete this form.     OTHER (enter a category not						
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)					
Sch: 2/8 Rpt: 16/22	Texas Association for Home Care and Hospice Inc Texas 00015750					
4 Date	5 Payee name					
05/28/2024	PayPal					
6 Amount (\$) \$5.48	7 Payee address; City; State; Zip Code 2211 N. First St.					
Expenditure from corporate funds	San Jose, CA 95131					
8 PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Accounting/Banking</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Credit card processing fee</li> </ul> </li> </ul>					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
Date	Payee name					
05/28/2024	PayPal					
Amount (\$)	Payee address; City; State; Zip Code					
\$1.36	2211 N. First St.					
Expenditure from corporate funds	San Jose, CA 95131					
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Accounting/Banking</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Credit card processing fee</li> </ul> </li> </ul>					
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held					
Date	Payee name					
05/28/2024	PayPal					
Amount (\$)	Payee address; City; State; Zip Code					
\$1.36	2211 N. First St.					
Expenditure from corporate funds	San Jose, CA 95131					
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Accounting/Banking</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Credit card processing fee</li> </ul> </li> </ul>					
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held					

1

8

9

Date

Date

05/28/2024

Amount (\$)

corporate funds

PURPOSE

OF

05/28/2024

Amount (\$)

corporate funds PURPOSE

OF

4 Date

05/28/2024

corporate funds PURPOSE

OF

6 Amount (\$)

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Sch: 3/8 Rpt: 17/22 Texas Association for Home Care and Hospice Inc. - Texas 00015750 5 Payee name PayPal 7 Payee address; City; State; Zip Code \$0.68 2211 N. First St. Expenditure from San Jose, CA 95131 (a) Category (See Categories listed at the top of this schedule) (b) Description 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 Payee name PayPal Payee address; City; State; Zip Code \$0.66 2211 N. First St. Expenditure from San Jose, CA 95131 (a) Category (See Categories listed at the top of this schedule) (b) Description 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 Payee name PayPal Payee address: City; State; Zip Code \$1.54 2211 N. First St. Expenditure from San Jose, CA 95131 (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Accounting/Banking EXPENDITURE Check if Austin, TX, officeholder living expense

Complete ONLY if direct Candidate/Officeholder name expenditure to benefit C/OH

Forms provided by Texas Ethics Commission

Office sought

Credit card processing fee

Office held

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment					
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
Sch: 4/8 Rpt: 18/22	Texas Association for Home Care and Hospice Inc Texas 00015750				
4 Date	5 Payee name				
06/11/2024	PayPal				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$4.85	2211 N. First St.				
Expenditure from corporate funds	San Jose, CA 95131				
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
OF 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/OF	Candidate/Officeholder name Office sought Office held				
Date	Payee name				
06/11/2024	PayPal				
Amount (\$)	Payee address; City; State; Zip Code				
\$1.36	2211 N. First St.				
Expenditure from corporate funds	San Jose, CA 95131				
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Accounting/Banking</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Credit card processing fee</li> </ul>				
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held				
Date	Payee name				
06/11/2024	PayPal				
Amount (\$)	Payee address; City; State; Zip Code				
\$58.29	2211 N. First St.				
Expenditure from corporate funds	San Jose, CA 95131				
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Accounting/Banking</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Credit card processing fee</li> </ul>				
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held				

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense     Loan Repayment/Reimbursement     Solicitation/Fundraising Expense       Fees     Office Overhead/Rental Expense     Transportation Equipment & Related Expense       Food/Beverage Expense     Polling Expense     Travel in District       Gift/Awards/Memorials Expense     Printing Expense     Travel Out O District       Committee     Legal Services     Salaries/Wages/Contract Labor     OTHER (enter a category not listed above)				
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
Sch: 5/8 Rpt: 19/22	Texas Association for Home Care and Hospice Inc Texas 00015750				
4 Date 06/11/2024	5 Payee name PayPal				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$7.82	2211 N. First St.				
Expenditure from corporate funds	San Jose, CA 95131				
8 PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule) Accounting/Banking</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Credit card processing fee</li> </ul> </li> </ul>				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought Office held				
Date	Payee name				
06/11/2024	PayPal				
Amount (\$)	Payee address; City; State; Zip Code				
\$4.85	2211 N. First St.				
Expenditure from corporate funds	San Jose, CA 95131				
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule) Accounting/Banking</li> <li>(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Credit card processing fee     </li> </ul>				
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held				
Date	Payee name				
06/11/2024	PayPal				
Amount (\$) \$2.24	Payee address;City;State; Zip Code2211 N. First St.				
Expenditure from corporate funds	San Jose, CA 95131				
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Accounting/Banking</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Credit card processing fee</li> </ul>				
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held				

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment					
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
Sch: 6/8 Rpt: 20/22	Texas Association for Home Care and Hospice Inc Texas 00015750				
4 Date	5 Payee name				
06/17/2024	PayPal				
6 Amount (\$) \$7.72	7 Payee address; City; State; Zip Code 2211 N. First St.				
Expenditure from corporate funds	San Jose, CA 95131				
8 PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Accounting/Banking</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Credit card processing fee</li> </ul> </li> </ul>				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
Date	Payee name				
06/17/2024	PayPal				
Amount (\$) \$1.36	Payee address; City; State; Zip Code 2211 N. First St.				
Expenditure from corporate funds	San Jose, CA 95131				
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Accounting/Banking</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Credit card processing fee</li> </ul> </li> </ul>				
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
Date	Payee name				
06/17/2024	PayPal				
Amount (\$) \$3.98	Payee address; City; State; Zip Code 2211 N. First St.				
Expenditure from corporate funds	San Jose, CA 95131				
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule) Accounting/Banking</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Credit card processing fee</li> </ul> </li> </ul>				
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment					
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
Sch: 7/8 Rpt: 21/22	Texas Association for Home Care and Hospice Inc Texas 00015750				
4 Date	5 Payee name				
06/17/2024	PayPal				
6 Amount (\$) \$2.24	7 Payee address; City; State; Zip Code 2211 N. First St.				
corporate funds	San Jose, CA 95131				
8 PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Accounting/Banking</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Credit card processing fee</li> </ul>				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
Date	Payee name				
06/17/2024	PayPal				
Amount (\$) \$5.73	Payee address; City; State; Zip Code 2211 N. First St.				
Expenditure from corporate funds	San Jose, CA 95131				
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule) Accounting/Banking</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Credit card processing fee</li> </ul> </li> </ul>				
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
Date	Payee name				
06/17/2024	PayPal				
Amount (\$) \$1.36	Payee address; City; State; Zip Code 2211 N. First St.				
Expenditure from corporate funds	San Jose, CA 95131				
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule) Accounting/Banking</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Credit card processing fee</li> </ul> </li> </ul>				
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				

#### SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Sch: 8/8 Rpt: 22/22 Texas Association for Home Care and Hospice Inc. - Texas 00015750 4 Date 5 Payee name PayPal 06/17/2024 6 Amount (\$) 7 Payee address; City; State; Zip Code \$1.36 2211 N. First St. Expenditure from San Jose, CA 95131 corporate funds 8 PURPOSE (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 9 expenditure to benefit C/OH Date Payee name 06/20/2024 PayPal Amount (\$) Payee address; City; State; Zip Code \$3.98 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