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)	35
٦	COMMITTEE NAME		00015750	
3		for Home Care and Hospice Inc Texas F	Lance Construction BAC	OFFICE USE ONLY
	State	Date Received		
l	State			ELECTRONICALLY FILED
l				08/05/2024
4	COMMITTEE	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP	1
	ADDRESS	9390 Research Blvd., Bldg. 1 Suite 300	,	
l		5000 Research Biva., Blag. 1 Calle 600		
l	Change of Address	Austin, TX 78759		
┝				Date Hand-delivered or Date Postmarked
5	CAMPAIGN TREASURER	MS / MRS / MR FIRST	MI	2
l	NAME	Ms. Rachel		Receipt # Amount
l				Pete Breezend
l		NICKNAME LAST	SUFFIX	Date Processed
l		Hammon	33.17	Date Imaged
		Hammon		Date imaged
Ļ				
6	CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #; CITY; ST	ATE; ZIP CODE
l	STREET	9390 Research Blvd., Bldg. 1 Suite 300		
l	ADDRESS (Residence or Business)			
	(Nesiderice of Busiliess)	Austin, TX 78759		
7	CAMPAIGN	STREET ADDRESS OR PO BOX;	APT / SUITE #; CITY; ST	ATE; ZIP CODE
	TREASURER	3737 Executive Center Dr., Ste. 268		,
l	MAILING ADDRESS	oror Excodure Center Dr., Ctc. 200		
	Change of Address	Austin, TX 78731		
8	CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION	
	TREASURER PHONE	(512) 338-9293		
l		(012) 000 0200		
9	REPORT TYPE		10th day after campaign	7 -:
		X Monthly	treasurer termination	Dissolution (Attach PAC-DR)
10	MONTHLY			
-`	REPORT FILING	January 5 April	5 July 5	October 5
l	DEADLINE	February 5 May	E August E	November 5
l		February 5 May	5 X August 5	Movember 5
		March 5 June	5 September 5	December 5
L				
11	PERIOD COVERED	Month Day Year	Month HROUGH	Day Year
l	COVERED	06/26/2024	07/25/	2024
Г				
		GO T	O PAGE 2	

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

2 COMMITTEE NAME		Tarra Harra Cara and Harrisa	13 Filer ID	(Ethics Commission Filers)
Texas Association to	r Home Care and Hospic	e Inc Texas Home Care and Hospice	00015750	
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 report if necessary.)		B. Opposed		
	2. Measures	A. Supported		
	(Describe by date and location of election and nature of issue.)			
		B. Opposed		
	Officeholders Assisted			
	(Identify by name or, if applicable, classify by party.)			
L5 CONTRIBUTION TOTALS		D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR	\$	0.00
	I	MADE ELECTRONICALLY) qualifies for the higher itemization threshold	P	0.00
	2. TOTAL POLITICA	AL CONTRIBUTIONS	 \$	10,786.78
	(OTHER THAN PLE	DGES, LOANS, OR GUARANTEES OF LOANS)		10,700.70
EXPENDITURE TOTALS	3. TOTAL UNITEMIZEI	D POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	307.56
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	138,960.09
OUTSTANDING LOAN TOTALS	-	AMOUNT OF ALL OUTSTANDING LOANS AS OF REPORTING PERIOD	THE \$	0.00
6 AFFIDAVIT			<u> </u>	
		I swear, or affirm, under penalty of pe true and correct and includes all info under Title 15, Election Code.	erjury, that the a	accompanying report is d to be reported by me
		Mc Pach	el Hammon	
		Signature of Ca		Iror
		Signature of Ge	impaign ricasi	ai Ci
AFFIX NOTA	RY STAMP / SEAL ABOVE			
		,1	his 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 offi	cer administering oath

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

3 of 35

5 UI 55								
17 COMMITT Texas As	EE NAME sociation for Home Care and Hospice Inc Texas Home Care and Hospice	18 Filer ID 00015750	(Ethics Commission Filers)					
	E SUBTOTALS							
	SCHEDULE		SUBTOTAL AMOUNT					
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 9,864.50					
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$					
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$					
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOURGANIZATION	PR	\$					
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORAL LABOR ORGANIZATION	ATION OR	\$					
6. X	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$ 922.28					
7.	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$					
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (ORGANIZATION	\$					
9.	SCHEDULE E: LOANS		\$					
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$ 307.56					
11.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$					
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$					
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$					
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$					
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$					

	MONET	ARY POLITICAL CON	IRIBUTION	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how to co	mplete this for	m.	1	Total pages Schedule A1: Sch: 1/19 Rpt: 4/35	
2	FILER NAME Texas Assoc	ciation for Home Care and Hospice In	nc Texas Home	Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	on Filers)
4	Date 07/16/2024	 5 Full name of contributor out-Aguilar, Maria (Ms.) 6 Contributor address; City; State; Zip 	of-state PAC (ID#:		7	Amount of Contribution (\$)	\$24.00
		Tyler, TX 75701					
8	•	pation / Job title (See Instructions)	9	Employer (See Instructions)		
	Regional Ad	ministrative Specialist		Green Apple Therapy			
	Date 07/16/2024	Apodaca, Lauren Marie (Ms.) Contributor address; City; State; Zip	of-state PAC (ID#: Code			Amount of Contribution (\$)	\$25.00
	Drive in all accord	Dallas, TX 75214		Franks on (Cas Instructions			
	Home Care	pation / Job title (See Instructions)		Employer (See Instructions Green Apple Therapy)		
	Date	Full name of contributor out-		Creen Apple Therapy		Amount of Contribution (\$)	
	07/16/2024	Avery, Amy (Ms.) Contributor address; City; State; Zip Tyler, TX 75701	of-state PAC (ID#:			Amount of Continuous (9)	\$20.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Physical The			Paradigm Rehab & Nurs		J LP	
	Date 07/17/2024	Ballweg, Cole (Mr.)				Amount of Contribution (\$)	\$2,500.00
	Principal occu Principal	pation / Job title (See Instructions)		Employer (See Instructions CubHub)		
	Date 07/16/2024	Full name of contributor out- Barone, Catherine (Ms.) Contributor address; City; State; Zip Tyler, TX 75701)		Amount of Contribution (\$)	\$24.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Occupationa	l Therapist		Green Apple Therapy			

	MONET	IONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1	
	The Instru	ction Guide explains how t	o complete this fo	orm.	1	Total pages Schedule A1: Sch: 2/19 Rpt: 5/35	
2	FILER NAME Texas Assoc	ciation for Home Care and Hosp	oice Inc Texas Hom	e Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	on Filers)
4	Date 07/16/2024	5 Full name of contributor Bihl, Amelia (Ms.)6 Contributor address; City; Stat)	7	Amount of Contribution (\$)	\$24.00
		Waco, TX 76712					
8	•	pation / Job title (See Instructions) er Case Manager		9 Employer (See Instructions Green Apple Therapy	5)		
	Date 06/28/2024	Full name of contributor Blevins, Monica (Ms.) Contributor address; City; Stat Lubbock, TX 79423	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00
	Principal occu Therapist	pation / Job title (See Instructions)		Employer (See Instructions Angels of Care	<u> </u>		
	Date 07/16/2024	Full name of contributor Bostick, Lindsey (Ms.) Contributor address; City; Stat	out-of-state PAC (ID#: e; Zip Code			Amount of Contribution (\$)	\$24.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)		
	Speech Lang	guage Pathologist		Green Apple Therapy.			
07/17/2024 Brier, Brett (Mr.)					Amount of Contribution (\$)	\$2,500.00	
	•	pation / Job title (See Instructions) Development		Employer (See Instructions CubHub	<u>(</u>		
	Date 06/28/2024	Full name of contributor Brock, Dale (Mr.) Contributor address; City; Stat Fort Worth, TX 76116	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$500.00
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Healthcare A	AUTIIIIISU ALUI		DWB Partners, LLC			

	MONEI	ARY POLITICAL CONTRIBUTIO		SCHEDULE A1		
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 3/19 Rpt: 6/35	
2	FILER NAME Texas Assoc	iation for Home Care and Hospice Inc Texas Hom	e Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	Filers)
4	Date 07/16/2024	 Full name of contributor out-of-state PAC (ID#:_Burgess, Rebecca (Ms.) Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$30.00
8	Principal occu Home Care	Kaufman, TX 75142 pation / Job title (See Instructions)	9 Employer (See Instructions Therapy 2000 Inc.)		
	Date 07/16/2024	Full name of contributor out-of-state PAC (ID#:_ Bustillos, Natalia (Ms.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$5.00
	Principal occu Home Care	El Paso, TX 79925 pation / Job title (See Instructions)	Employer (See Instructions Green Apple Therapy)		
	Date 06/28/2024	Full name of contributor out-of-state PAC (ID#:_Casas, Ginger (Ms.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$40.00
	Principal occu Therapist	San Antonio, TX 78255 pation / Job title (See Instructions)	Employer (See Instructions Angels of Care)		
	Date 07/16/2024	Full name of contributor out-of-state PAC (ID#: Chance, Lisa (Ms.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00
	Principal occu	Alpharetta, GA 30009 pation / Job title (See Instructions) rapist	Employer (See Instructions Therapy 2000 Inc.)		
	Date 06/28/2024	Full name of contributor out-of-state PAC (ID#:_Childress, Andrew (Mr.) Contributor address; City; State; Zip Code Whitewright, TX 75491			Amount of Contribution (\$)	\$25.00
	Principal occu Supervisor	pation / Job title (See Instructions)	Employer (See Instructions Angels of Care)		
		,				

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDULI	■ A1
	The Instru	ction Guide explains hov	v to complete this fo	orm.	1	Total pages Schedule A1: Sch: 4/19 Rpt: 7/35	
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 06/28/2024	5 Full name of contributor Church Gutierrez, Amber6 Contributor address; City; S			7	Amount of Contribution (\$)	\$5.00
		Cypress, TX 77429					
8	Principal occu Nurse	pation / Job title (See Instructions	5)	9 Employer (See Instructions Angels of Care	5)		
	Date 07/16/2024	Full name of contributor Cooprider, Melissa (Ms.) Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$30.00
		Rockwall, TX 75032	<u>, </u>				
	Principal occu Home Care	pation / Job title (See Instructions	5)	Employer (See Instructions Green Apple Therapy	()		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	07/16/2024	Cornett, Valerie (Ms.) Contributor address; City; S				yuncun di danabatan (c)	\$40.00
		Keller, TX 76244					
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	Date 07/16/2024	Full name of contributor Darae, Serene (Ms.) Contributor address; City; S Georgetown, TX 78626	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$1.00
	Principal occu Home Care	pation / Job title (See Instructions	5)	Employer (See Instructions Green Apple Therapy)		
	Date 07/16/2024	Full name of contributor Davis, Lauren (Ms.) Contributor address; City; S Lindale, TX 75771	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$40.00
		pation / Job title (See Instructions Relations Rep.	5)	Employer (See Instructions Green Apple Therapy	5)		

	MONET	ARY POLITICAL CONTRIBUTI	ION	NS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this	s for	m.	1	Total pages Schedule A1: Sch: 5/19 Rpt: 8/35	
2	FILER NAME Texas Assoc	ciation for Home Care and Hospice Inc Texas Ho	lome	Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	Filers)
4	Date 06/28/2024	 5 Full name of contributor out-of-state PAC (IDa Davis , Sheila (Ms.) 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$12.50
		Wichita Falls, TX 76310					
8	Principal occu CHCE; COS	pation / Job title (See Instructions)	9	Employer (See Instructions Always Best Care Senio		Convices	
	Date 07/17/2024	Full name of contributor out-of-state PAC (ID: Debalso, Ellen (Ms.) Contributor address; City; State; Zip Code		Always best care serio		Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions AOC TX LLC)		
	Date 07/16/2024	Full name of contributor out-of-state PAC (ID: Delgado, Melissa (Ms.) Contributor address; City; State; Zip Code San Antonio, TX 78258)#:)		Amount of Contribution (\$)	\$1.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Home Care			Green Apple Therapy			
	Date 06/28/2024	Full name of contributor				Amount of Contribution (\$)	\$25.00
	•	pation / Job title (See Instructions) gration Specialist		Employer (See Instructions Angels of Care)		
	Date 07/16/2024	Full name of contributor out-of-state PAC (ID: Escamilla, Jamie (Ms.) Contributor address; City; State; Zip Code San Antonio, TX 78258				Amount of Contribution (\$)	\$8.00
	•	pation / Job title (See Instructions)		Employer (See Instructions			
	ivic ccc-sp	eech Language Pathologist		Ability Pediatric Therapy			

	MONEI	ARY POLITICAL (CONTRIBUTIO	INS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 6/19 Rpt: 9/35	
2	FILER NAME Texas Assoc	ciation for Home Care and Ho	spice Inc Texas Hom	e Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	n Filers)
4	Date 07/16/2024	Full name of contributor Escobar, Christina (Ms.)Contributor address; City; St	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	\$10.00
8	Principal occu Director of T	Selma, TX 78154 pation / Job title (See Instructions herapy	s)	Employer (See Instructions Ability Pediatric Therapy			
	Date 07/16/2024	Full name of contributor Evans, Sharon (Ms.) Contributor address; City; St	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$150.00
	Principal occupation / Job title (See Instructions) Speech Pathologist Employer (See Instructions) Therapy 2000 Inc.				<u>I</u> S)		
	Date 07/16/2024	Full name of contributor Ewing, Andrea L. (Ms.) Contributor address; City; Si Amarillo, TX 79121	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$24.00
	•	pation / Job title (See Instructions Relations Representative	s)	Employer (See Instructions Green Apple Therapy	<u> </u> 5)		
	Date 06/28/2024	Full name of contributor Fade, Jessica (Ms.) Contributor address; City; Si Whitehouse, TX 75791	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$20.00
	Principal occu Respiratory	pation / Job title (See Instructions Therapist	5)	Employer (See Instructions Angels of Care	5)		
	Date 07/16/2024	Full name of contributor Fagnan, Marc (Mr.) Contributor address; City; Si Dallas, TX 75240	out-of-state PAC (ID#:_		•	Amount of Contribution (\$)	\$56.00
	Principal occu Speech Thei	pation / Job title (See Instructions rapist	5)	Employer (See Instructions Green Apple Therapy	5)		

	MONEI	IONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1	
	The Instru	ction Guide explains how to co	omplete this for	m.	1	Total pages Schedule A1: Sch: 7/19 Rpt: 10/35	
2	FILER NAME Texas Assoc	ciation for Home Care and Hospice I	nc Texas Home	Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	n Filers)
4	Date 07/16/2024	 5 Full name of contributor out Ferguson, Tonya (Ms.) 6 Contributor address; City; State; Zip)	7	Amount of Contribution (\$)	\$40.00
		Fort Worth, TX 76112					
8	•	pation / Job title (See Instructions) guage Pathologist	9	Employer (See Instructions Green Apple Therapy)		
	Date 06/28/2024	Full name of contributor out Flores , Erika (Ms.) Contributor address; City; State; Zip Forney, TX 75126	t-of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
	Principal occu Nurse	pation / Job title (See Instructions)		Employer (See Instructions Angels of Care)		
	Date 07/16/2024	Full name of contributor out Fox , Eric (Mr.) Contributor address; City; State; Zip	t-of-state PAC (ID#:			Amount of Contribution (\$)	\$20.00
	Principal occu	Whitehouse, TX 75791 pation / Job title (See Instructions)		Employer (See Instructions	_		
	Physical The			Paradigm Rehab & Nurs		g LP	
	Date 07/16/2024	Full name of contributor out Freeman, Laura Lynn (Ms.) Contributor address; City; State; Zig	t-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
	Principal occu	Lubbock, TX 79423 pation / Job title (See Instructions)		Employer (See Instructions)		
	Home Care			Therapy 2000 Inc.			
	Date 07/16/2024	Garza , Allison (Ms.)	t-of-state PAC (ID#: o Code)		Amount of Contribution (\$)	\$36.00
		pation / Job title (See Instructions)		Employer (See Instructions)		
	Patient Servi	ices Specialist		Green Apple Therapy			

	MONEI	ARY POLITICAL CONTRIBUTIONS	.	SCHEDULE A1
	The Instru	ction Guide explains how to complete this form	1.	1 Total pages Schedule A1: Sch: 8/19 Rpt: 11/35
2	FILER NAME Texas Assoc	ciation for Home Care and Hospice Inc Texas Home C	are and Hospice PAC -	3 Filer ID (Ethics Commission Filers) 00015750
4	Date 06/28/2024	Full name of contributor)	7 Amount of Contribution (\$) \$50.00
8	Principal occu	Mansfield, TX 76063 spation / Job title (See Instructions)	Employer (See Instructions)
	Nurse		Angels of Care	
	Date 07/09/2024	Full name of contributor out-of-state PAC (ID#: Goolsby, Sharon (Ms.) Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$125.00
	Daine in all a con-	Jefferson, TX 75657	Frankrije (O. a. kastinistians)	
	Administrato		Employer (See Instructions) First in Pediatrics Home	
	Date 07/16/2024	Full name of contributor out-of-state PAC (ID#: Graham-Stone, Mary (Ms.) Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$5.00
	Principal occu	San Antonio, TX 78230 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
	Home Care		Ability Pediatric Therapy	
	Date 07/16/2024	Full name of contributor out-of-state PAC (ID#: Grant, Darla (Ms.) Contributor address; City; State; Zip Code Pittsburg, TX 75686)	Amount of Contribution (\$) \$60.00
	Principal occu Division Dire		Employer (See Instructions) Therapy 2000 Inc.	
	Date 06/28/2024	Full name of contributor out-of-state PAC (ID#: Gunner, Harry (Mr.) Contributor address; City; State; Zip Code Houston, TX 77082)	Amount of Contribution (\$) \$20.00
	Principal occu Supervisor		Employer (See Instructions Angels of Care	
		'		

	MONEI	ARY POLITICAL (CONTRIBUTIO	JIN 5		SCHEDUL	E A1
	The Instru	ction Guide explains how	v to complete this fo	orm.	1	l pages Schedule A1: : 9/19 Rpt: 12/35	
2	FILER NAME Texas Assoc	ciation for Home Care and Ho	spice Inc Texas Hom	ne Care and Hospice PAC -		ID (Ethics Commission 15750	n Filers)
4	Date 07/16/2024	5 Full name of contributor Hale, Kati (Ms.)6 Contributor address; City; S)	7 Amo	ount of Contribution (\$)	\$60.00
		Denton, TX 76208					
8	Principal occu	pation / Job title (See Instruction	5)	Employer (See Instructions MAC Legacy	s)		
	Date 06/28/2024	Full name of contributor Hammon, Rachel (Ms.) Contributor address; City; S	out-of-state PAC (ID#:_ tate; Zip Code)	Amc	ount of Contribution (\$)	\$42.00
	Austin, TX 78732 Principal occupation / Job title (See Instructions) Employer (See Instruction				<u> </u> s)		
	Executive Director Texas Assn. for Home				Hospice Inc.		
	Date 07/16/2024	Full name of contributor Hancock, Beth (Ms.) Contributor address; City; S	out-of-state PAC (ID#:)	Amc	ount of Contribution (\$)	\$120.00
		Houston, TX 77044					
	Principal occu Home Care	pation / Job title (See Instruction	5)	Employer (See Instructions Green Apple Therapy	s)		
	Date 07/16/2024	Full name of contributor Harding, Debra (Ms.) Contributor address; City; S San Antonio, TX 78230	out-of-state PAC (ID#:_ tate; Zip Code)		ount of Contribution (\$)	\$2.00
	Principal occu Home Care	pation / Job title (See Instruction	5)	Employer (See Instructions Ability HomeCare, Inc.	5)		
	Date 07/16/2024	Full name of contributor Herrera, Jose (Mr.) Contributor address; City; S Longview, TX 75604	out-of-state PAC (ID#:_		Amc	ount of Contribution (\$)	\$24.00
	Principal occu Physical The	pation / Job title (See Instruction erapist	5)	Employer (See Instructions Green Apple Therapy	5)		
				· ·			

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1			
	The Instru	ction Guide explains hov	v to complete this fo	orm.	1 Total pages Schedule A1: Sch: 10/19 Rpt: 13/35			
2	FILER NAME Texas Assoc	ciation for Home Care and Ho	spice Inc Texas Hom	ne Care and Hospice PAC -	3 Filer ID (Ethics Commission Filer 00015750	s)		
4	Date 07/09/2024			7 Amount of Contribution (\$)	50.00			
		Dallas, TX 75214						
8	Principal occu President CO	pation / Job title (See Instructions	s)	Employer (See Instructions Pediatric Home Healthc	care			
	Date 07/17/2024	Full name of contributor Howard, Jesse (Mr.) Contributor address; City; S	out-of-state PAC (ID#:_)	Amount of Contribution (\$)	25.00		
	McGregor, TX 76657 Principal occupation / Job title (See Instructions) Employer (See Instruction			<u> </u> 				
		Girling Community Care						
	Date Full name of contributor out-of-state PAC (ID#:) 07/16/2024 Lamonica, Rosemarie (Ms.) Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$2	25.00				
		San Antonio, TX 78209						
	Principal occu Home Care	pation / Job title (See Instructions	s) 	Employer (See Instructions Green Apple Therapy	5)			
	Date Full name of contributor out-of-state PAC (ID#:) 07/16/2024 Lawson, Jennifer (Ms.) Contributor address; City; State; Zip Code Cincinnati, OH 45208			Amount of Contribution (\$) \$3	32.00			
	Principal occu Director/OTF	pation / Job title (See Instructions	5)	Employer (See Instructions Green Apple Therapy	5)			
	Date 07/09/2024 Full name of contributor out-of-state PAC (ID#:) Learst, Renea (Ms.) Contributor address; City; State; Zip Code Wichita Falls, TX 76310		Amount of Contribution (\$)	10.00				
	Principal occu Nurse	pation / Job title (See Instructions	5)	Employer (See Instructions Angels of Care	; s)			

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 11/19 Rpt: 14/35		
2	FILER NAME Texas Association for Home Care and Hospice Inc Texas Home Care and Hospice PAC -		3	Filer ID (Ethics Commission 00015750	Filers)		
4	Date 07/16/2024	5 Full name of contributor Lenzen, Gregory (Mr.)6 Contributor address; City; State;	out-of-state PAC (ID#:) Zip Code	7	Amount of Contribution (\$)	\$5.00	
		Dallas, TX 75229					
8	Principal occu Home Care	pation / Job title (See Instructions)	9 Employer (See Instructions Therapy 2000 Inc.	5)			
	Date 06/28/2024	Full name of contributor Little, Joyce (Ms.) Contributor address; City; State; Fort Worth, TX 76110	out-of-state PAC (ID#:) Zip Code		Amount of Contribution (\$)	\$25.00	
	Principal occu Supervisor	Employer (See Instructions Angels of Care	<u> </u> 5)				
	Date 07/16/2024	e Full name of contributor out-of-state PAC (ID#:)			Amount of Contribution (\$)	\$48.00	
	Deinsinal assu	Gladewater, TX 75647	Franks on (Cook Instructions	<u></u>			
	Clinical Man	pation / Job title (See Instructions) ager	Employer (See Instructions Green Apple Therapy	·)			
	Date 07/16/2024	Full name of contributor Loyola, Jacqueline (Ms.) Contributor address; City; State;	out-of-state PAC (ID#:) Zip Code		Amount of Contribution (\$)	\$24.00	
		Jacksonville, TX 75766					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions Green Apple Therapy	s)			
	Date Full name of contributor out-of-state PAC (ID#:) 07/16/2024 Lucena, Luis (Mr.) Contributor address; City; State; Zip Code Tyler, TX 75701			Amount of Contribution (\$)	\$32.00		
		pation / Job title (See Instructions)	Employer (See Instructions	5)			
	Physical The	:ιαμιδί	Green Apple Therapy				

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instru	ction Guide explains how to c	omplete this form.	1	Total pages Schedule A1: Sch: 12/19 Rpt: 15/35		
2	FILER NAME Texas Assoc	ciation for Home Care and Hospice	nc Texas Home Care and Hospice F	3 PAC -	Filer ID (Ethics Commission 00015750	n Filers)	
4	Date 07/09/2024			7	Amount of Contribution (\$)	\$75.00	
		San Antonio, TX 78260					
8	•	pation / Job title (See Instructions)	9 Employer (See Instru				
	Hospice Adn	ninistrator	Gentle Partners In	Hospice	e LLC		
	Date Full name of contributor out-of-state PAC (ID#:) 06/28/2024 Machado, Marisa (Ms.) Contributor address; City; State; Zip Code Hutto, TX 78634			Amount of Contribution (\$)	\$84.00		
_	Principal occupation / Job title (See Instructions) Employer (See Instructions)			uctions)			
coo			Texas Assn. for Ho	omecare	e & Hospice, Inc.		
	Date Full name of contributor out-of-state PAC (ID#:) 07/17/2024 Martin , Tyler Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$700.00		
	Drincinal occu	pation / Job title (See Instructions)	Employer (See Instru	ıctions)			
	CEO	pation 7 300 title (See Instructions)	Pals Home Health	ictions)			
	Date Full name of contributor out-of-state PAC (ID#:) 06/28/2024 Maynus, Michelle (Ms.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$20.00		
	Principal occu Angels of Ca	pation / Job title (See Instructions) are	Employer (See Instru	uctions)			
	Date Full name of contributor out-of-state PAC (ID#:) 07/09/2024 McClammy, Lisa (Ms.) Contributor address; City; State; Zip Code Whitney, TX 76692		_)	Amount of Contribution (\$)	\$25.00		
		pation / Job title (See Instructions)	Employer (See Instru	uctions)			
	RN Consulta	ınt	MAC Legacy				

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instru	ction Guide explains how to complete thi	is fo	rm.	1	Total pages Schedule A1: Sch: 13/19 Rpt: 16/35		
2	FILER NAME				3	•	Filers)	
	Texas Assoc	ciation for Home Care and Hospice Inc Texas I	Home	e Care and Hospice PAC -	L	00015750		
4	Date 07/16/2024	5 Full name of contributor out-of-state PAC (I McGraw, Joseph (Mr.)	D#:)	7	Amount of Contribution (\$)	\$20.00	
		6 Contributor address; City; State; Zip Code Tyler, TX 75703						
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u>			
	Business De			Paradigm Rehab & Nurs		g LP		
	Date	Full name of contributor out-of-state PAC (I	ID#:		Т	Amount of Contribution (\$)		
	07/16/2024	McKee , Allison (Ms.)				randant of Continuation (¢)	\$8.00	
	0171072024	Contributor address; City; State; Zip Code			ŀ		Ψ0.00	
		Contributor address, City, State, Zip Code						
	Spring, TX 77389							
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)			
	Physical Therapist			Green Apple Therapy				
Date		Full name of contributor out-of-state PAC (I	D#:)		Amount of Contribution (\$)		
	07/16/2024	Mendoza, Johnny (Mr.)					\$5.00	
Contributor address; City; State; Zip Code								
		El Paso, TX 79938						
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u></u>			
	Home Care			Green Apple Therapy				
	Date	Full name of contributor ut-of-state PAC (I	D#:)	Π	Amount of Contribution (\$)		
	06/28/2024	Mills , Sara (Ms.)		·		()	\$50.00	
		Contributor address; City; State; Zip Code			ł			
		Austin, TX 78750						
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)			
	Director Gov	rernment Affairs & Advocacy		Angels of Care				
	Date	Full name of contributor out-of-state PAC (I	D#:)		Amount of Contribution (\$)		
	07/16/2024	Monterrosa, Lisbeth (Ms.)					\$2.00	
		Contributor address; City; State; Zip Code			1			
		San Antonio, TX 78247			L			
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)			
	Home Care			Green Apple Therapy				

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: Sch: 14/19 Rpt: 17/35			
2	FILER NAME Texas Assoc	ciation for Home Care and Hospid	ce Inc Texas Home	Care and Hospice PAC -	3 Filer ID (Ethics Commission File 00015750	ers)	
4	Date 06/28/2024			7 Amount of Contribution (\$)	\$50.00		
		Lubbock, TX 79424					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions			
	Executive Vi	ce President		Caprock Home Health S	Services, Inc.		
	Date 06/28/2024	Full name of contributor out-of-state PAC (ID#:) Murphy, Maryann (Ms.) Contributor address; City; State; Zip Code Early, TX 76802		Amount of Contribution (\$)	\$25.00		
_	Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
	RN		Lee HealthCare				
	Date 07/16/2024	7/16/2024 Myers, Tamara (Ms.) Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$40.00		
	Principal occu	Highland Village, TX 75077 pation / Job title (See Instructions)		Employer (See Instructions)		
	•	eech Language Pathologist		Green Apple Therapy	,		
	Date 06/28/2024	Full name of contributor out-of-state PAC (ID#:) Olguin, Christie (Ms.) Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$10.00		
	Principal occu Therapist	San Antonio, TX 78254 pation / Job title (See Instructions)		Employer (See Instructions Angels of Care)		
	Date Full name of contributor out-of-state PAC (ID#:) 07/16/2024 Olson, Jess (Ms.) Contributor address; City; State; Zip Code Roanoke, TX 76262		Amount of Contribution (\$)	\$5.00			
		pation / Job title (See Instructions)		Employer (See Instructions)		
	Home Care			Green Apple Therapy			

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instru	ction Guide explains how to complete th	his fo	rm.	1	Total pages Schedule A1: Sch: 15/19 Rpt: 18/35		
2	FILER NAME	istica for Home Core and Hearing Inc. Taylor	. I lama	Care and Hearing DAC	3	Filer ID (Ethics Commission	n Filers)	
		iation for Home Care and Hospice Inc Texas		e Care and Hospice PAC -	L	00015750		
4	Date 07/16/2024	5 Full name of contributor out-of-state PAC Pacheco, Claudia (Ms.)	(ID#:)	7	Amount of Contribution (\$)	\$5.00	
		6 Contributor address; City; State; Zip Code						
_		El Paso, TX 79912			Ļ			
8		pation / Job title (See Instructions)	9	Employer (See Instructions	5)			
	Home Care			Green Apple Therapy				
	Date	Full name of contributor uut-of-state PAC	(ID#:)		Amount of Contribution (\$)		
	07/17/2024	Palmer, Lee (Mr.)					\$50.00	
		Contributor address; City; State; Zip Code			İ			
		Richmond, TX 77406						
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)			
	Administrator			Consolidated Home Hea	alth			
	Date	Full name of contributor ut-of-state PAC	(ID#:)		Amount of Contribution (\$)		
	07/17/2024	Palmer, Lee (Mr.)					\$300.00	
 Coi		Contributor address; City; State; Zip Code			l			
		Richmond, TX 77406						
	·	pation / Job title (See Instructions)		Employer (See Instructions				
	Administrato	r		Consolidated Home Hea	alth			
	Date	Full name of contributor ut-of-state PAC	(ID#:)		Amount of Contribution (\$)		
	07/16/2024	Palmer, Natasha (Ms.)					\$32.00	
		Contributor address; City; State; Zip Code						
		White Oak, TX 75693						
		pation / Job title (See Instructions)		Employer (See Instructions	5)			
	Occupationa	l Therapy		Green Apple Therapy				
	Date	Full name of contributor ut-of-state PAC	(ID#:)		Amount of Contribution (\$)		
	07/16/2024	Papetti, Jenna (Ms.)					\$64.00	
		Contributor address; City; State; Zip Code			l			
		Houston, TX 77055						
		pation / Job title (See Instructions)		Employer (See Instructions	5)			
	Outside Sale	S		Green Apple Therapy				

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 16/19 Rpt: 19/35		
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)	
	Texas Assoc	ciation for Home Care and Hos	spice Inc Texas Home	e Care and Hospice PAC -		00015750		
4	Date 07/17/2024	5 Full name of contributor Peterson, Michelle (Ms.)	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$100.00	
		6 Contributor address; City; St Cedar Creek, TX 78612	ate, Zip Code					
8	Principal occu	pation / Job title (See Instructions) [9	9 Employer (See Instructions	;) 			
ľ	VP of Opera		,	Bluebonnet Home Healt		Care of Texas. Inc.		
_					··· \	·		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	ф10 00	
	07/16/2024	Pitner, Heather (Ms.)					\$10.00	
		Contributor address; City; St	ate; Zip Code					
	North Richland Hills, TX 76182							
	Principal occupation / Job title (See Instructions) Employer (See Instructions			Employer (See Instructions	<u></u>			
	Director/Physical Therapist Therapy 2000 Inc.							
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)		
	07/16/2024 Ramos, Juan Carlos (Mr.) Contributor address; City; State; Zip Code					\$5.00		
		San Antonio, TX 78249						
		pation / Job title (See Instructions)	Employer (See Instructions	5)			
	Home Care			Green Apple Therapy				
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)		
	07/16/2024	Reyes, Kathleen (Ms.)					\$8.00	
		Contributor address; City; St	ate; Zip Code					
		San Antonio, TX 78260						
_	Principal occu	pation / Job title (See Instructions	1	Employer (See Instructions	:) 			
	•	guage Pathologist Assistant	,	Ability Pediatric Therapy				
_	Date	Full name of contributor	out-of-state PAC (ID#:		Г	Amount of Contribution (\$)		
	07/16/2024	Robinson, Kathleen (Ms.)	Unit-of-state FAC (ID#	J		Amount of Continuation (4)	\$60.00	
	0171072021		ate: Zin Code				Ψ00.00	
	Contributor address; City; State; Zip Code							
		Texarkana, TX 75503						
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)			
	Home Care			Green Apple Therapy				

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Fotal pages Schedule A1: Sch: 17/19 Rpt: 20/35	
2	FILER NAME Texas Assoc	FILER NAME Texas Association for Home Care and Hospice Inc Texas Home Care and Hospice PAC -			1	Filer ID (Ethics Commission 00015750	n Filers)
4	Date 07/09/2024			7 /	Amount of Contribution (\$)	\$125.00	
		San Antonio, TX 78209					
8		pation / Job title (See Instructions	5)	9 Employer (See Instructions Angels of Caro Rediatric	•	ma Haalth	
	Date 06/28/2024	O6/28/2024 Rodgers , Heather (Ms.) Contributor address; City; State; Zip Code		_	Me Health Amount of Contribution (\$)	\$150.00	
	Van Alstyne, TX 75495 Principal occupation / Job title (See Instructions) CCO Employer (See Instruction Angels of Care			<u> </u> s)			
	Date 07/16/2024				Amount of Contribution (\$)	\$10.00	
		pation / Job title (See Instructions)	Employer (See Instructions Ability Pediatric Therapy			
	Occupational Therapist Date Full name of contributor out-of-state PAC (ID#:			_	Amount of Contribution (\$)	\$32.00	
	Principal occu Clinical Mana	pation / Job title (See Instructions)	Employer (See Instructions Green Apple Therapy	<u>I</u> S)		
	Date 07/16/2024 Full name of contributor out-of-state PAC (ID#:) Scull, Courtney (Ms.) Contributor address; City; State; Zip Code Tenaha, TX 75974			Amount of Contribution (\$)	\$2.00		
	Principal occu Home Care	pation / Job title (See Instructions)	Employer (See Instructions Green Apple Therapy	5)		

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 18/19 Rpt: 21/35	
2	FILER NAME Texas Assoc	ciation for Home Care and Ho	spice Inc Texas Home	Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	n Filers)
4	Date 07/09/2024			7	Amount of Contribution (\$)	\$210.00	
		San Antonio, TX 78248					
8	Principal occu CEO	pation / Job title (See Instructions	9	Employer (See Instructions En Su Casa Caregivers			
	Date 07/09/2024	Full name of contributor Sugarman, Brenda (Ms.) Contributor address; City; S	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$10.00
	Little Elm, TX 75068		-, 				
	Principal occupation / Job title (See Instructions) Nurse Employer (See Instructions) Angels of Care		Employer (See Instructions Angels of Care))			
	Date 07/16/2024			•	Amount of Contribution (\$)	\$20.00	
		Round Rock, TX 78665					
	Principal occu Home Care	pation / Job title (See Instructions	s) 	Employer (See Instructions Therapy 2000 Inc.	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 07/16/2024 Tally, Jean Ann (Ms.) Contributor address; City; State; Zip Code Arlington, TX 76001		•	Amount of Contribution (\$)	\$120.00		
	Principal occu Home Care	pation / Job title (See Instructions	(3)	Employer (See Instructions Green Apple Therapy	s)		
	Date Full name of contributor out-of-state PAC (ID#:) 07/16/2024 Tare, Prachi Contributor address; City; State; Zip Code Austin, TX 78717			Amount of Contribution (\$)	\$5.00		
	Principal occu Home Care	pation / Job title (See Instructions	(5)	Employer (See Instructions Green Apple Therapy	5)		
			l				

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 19/19 Rpt: 22/35		
2	2 FILER NAME Texas Association for Home Care and Hospice Inc Texas Home Care and Hospice PAC -		3	`	n Filers)		
		· —	•	┺	00015750		
4	Date 07/16/2024	5 Full name of contributor out-of-state PAC (ID#:_ Vazquez, Karla (Ms.)		7	Amount of Contribution (\$)	\$5.00	
		6 Contributor address; City; State; Zip Code Mesquite, TX 75149					
_	Dringing coor	pation / Job title (See Instructions)	9 Employer (See Instructions	رد 			
0	Home Care	pation / Job title (See Instructions)	Green Apple Therapy	5)			
			Отест/прис тистару	_			
	Date Full name of contributor out-of-state PAC (ID#:)		l	Amount of Contribution (\$)	#25.00		
	06/28/2024	Withrow, Amy (Ms.)				\$25.00	
		Contributor address; City; State; Zip Code					
	Trenton, TX 75490						
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)			
RN DON Nurse Angels of		Angels of Care Pediatric	сН	Н			
	Date	Full name of contributor out-of-state PAC (ID#:_		T	Amount of Contribution (\$)		
	07/16/2024	Wyse, Katie (Ms.)		l		\$5.00	
	Contributor address; City; State; Zip Code						
		Boerne, TX 78006					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)			
	Home Care		Green Apple Therapy				
	Date	Full name of contributor out-of-state PAC (ID#:_)	Τ	Amount of Contribution (\$)		
	07/16/2024	Young, Anita (Ms.)		l		\$4.00	
		Contributor address; City; State; Zip Code		1			
				l			
		San Antonio, TX 78248					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)			
	Physical The	erapist	Ability Pediatric Therapy	y			
	Date	Full name of contributor out-of-state PAC (ID#:_)	Τ	Amount of Contribution (\$)		
	07/16/2024	van den Bent, Jerre (Mr.)		l		\$150.00	
	Contributor address; City; State; Zip Code						
	Dallas, TX 75208						
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)			
	CEO	·	Therapy 2000 Inc.	_			

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: 23/35
2	FILER NAME			3	Filer ID	(Ethics Commission Filers)
	Texas Assoc	ciat	ion for Home Care and Hospice Inc Texas Home Care and Hospice		00015750	
4	Date	5	Corporation / Labor Organization name	6	Amount (\$)	
	07/01/2024		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 Committee

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

se Trav es/Contract Labor OTF

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: 1/12 Rpt: 24/35	Texas Association for Home Care and Hospice Inc Texas 00015750
4 Date	5 Payee name
07/02/2024	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 OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Credit card processing fee
	Credit dard processing rec
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
06/28/2024	PayPal
Amount (\$)	Payee address; City; State; Zip Code
\$0.66	2211 N. First St.
Φ0.00	ZZII N. FIISt St.
Expenditure from	Car. 1aaa OA 05101
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
	Ground Gard processing rec
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
06/28/2024	PayPal
	Payee address; City; State; Zip Code
Amount (\$) \$1.36	2211 N. First St.
Φ1.30	2211 IV. □II3l 3l.
Expenditure from	Car. 1aaa OA 05101
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
	Greatt eard processing rec
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 -

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 2/12 Rpt: 25/35	Texas Association for Home Care and Hospice Inc Texas 00015750
4 Date	5 Payee name
06/28/2024	PayPal
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.36	2211 N. First St.
Expenditure from	
corporate funds	San Jose, CA 95131
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Credit card processing fee
	Crodit out a processing rec
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
06/28/2024	PayPal
Amount (\$)	Payee address; City; State; Zip Code
\$0.84	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
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
06/28/2024	PayPal
Amount (\$)	Payee address; City; State; Zip Code
\$3.98	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.
LAI ENDITORE	Check if Austin, TX, officeholder living expense
	Credit card processing fee
Complete ONLY if direct	Candidate/Officeholder name Office county
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 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	l Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 3/12 Rpt: 26/35	Texas Association for Home Care and Hospice Inc Texas 00015750
4 Date	5 Payee name
06/28/2024	PayPal
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.89	2211 N. First St.
Expenditure from corporate funds	San Jose, CA 95131
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Credit card processing fee
	Great early processing rec
• • • • • • • • • • • • • • • • • • •	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
06/28/2024	PayPal
Amount (\$)	Payee address; City; State; Zip Code
\$1.19	2211 N. First St.
¥=:=¥	
Expenditure from	0104.05404
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.
	Cradit early magazing for
	Credit card processing fee
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
experientare to beliefit 6/6	'
Date	Payee name
06/28/2024	PayPal
Amount (\$)	Payee address; City; State; Zip Code
\$5.73	2211 N. First St.
ψ3.73	2211 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.
Z. ZIDITOKE	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

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 B Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 4/12 Rpt: 27/35	Texas Association for Home Care and Hospice Inc Texas 00015750
4 Date	5 Payee name
06/28/2024	PayPal
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.19	2211 N. First St.
Expenditure from corporate funds	San Jose, CA 95131
	1
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Credit card processing fee
	Greate early processing rec
O Consulate ONLY if dispert	On didde Office holder game
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
p = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 =	
Date	Payee name
06/28/2024	PayPal
Amount (\$)	Payee address; City; State; Zip Code
\$1.36	2211 N. First St.
Expenditure from	San Jose, CA 95131
corporate funds	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
	Greate early processing rec
Complete ONLY if direct	Condidate/Officeholder name Office cought Office hold
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
'	
Date	Payee name
06/28/2024	PayPal
Amount (\$)	Payee address; City; State; Zip Code
\$2.24	2211 N. First St.
Expenditure from	San Jose CA 05131
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
	Greatt card processing rec
Complete CNII V if dire -t	Condidate/Officeholder name Office cought
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
,	
l Famous anno dels dels Tress F	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Mad Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (extens extens) and listed above)

Contributions/ Donations Made By 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: Sch: 5/12 Rpt: 28/35	2 FILER NAME Texas Association for Home Care and Hospice Inc Texas 3 Filer ID (Ethics Commission Filers) 00015750
4 Date	5 Payee name
06/28/2024	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	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
06/28/2024	PayPal
Amount (¢)	·
Amount (\$)	
\$1.19	2211 N. First St.
- Cynanditura fram	
Expenditure from corporate funds	San Jose, CA 95131
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
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/Ol	
Date	Payee name
06/28/2024	PayPal
Amount (\$)	Payee address; City; State; Zip Code
\$1.36	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 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	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 6/12 Rpt: 29/35	Texas Association for Home Care and Hospice Inc Texas 00015750
4 Date	5 Payee name
06/28/2024	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 OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Credit card processing fee
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
06/28/2024	PayPal
Amount (\$)	Payee address; City; State; Zip Code
\$1.99	2211 N. First St.
Expenditure from corporate funds	San Jose, CA 95131
PURPOSE OF	(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 for
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
06/28/2024	PayPal
	-
Amount (\$) \$0.68	Payee address; City; State; Zip Code 2211 N. First St.
Φ0.06	ZZII 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
Commission ONUVIVIII	Condidate/Officeholder name
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
Consulting Expense
Contributions/ Donations Made By -

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

Candidate/Officenolder/Politica 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: 7/12 Rpt: 30/35	Texas Association for Home Care and Hospice Inc Texas 00015750
4 Date	5 Payee name
06/28/2024	PayPal
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$14.94	2211 N. First St.
Expenditure from corporate funds	San Jose, CA 95131
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	Cradit cord processing for
	Credit card processing fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiulture to beliefft C/OI	
Date	Payee name
06/28/2024	PayPal
Amount (\$)	Payee address; City; State; Zip Code
\$1.36	2211 N. First St.
Ψ1.00	
Expenditure from corporate funds	San Jose, CA 95131
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Credit card processing fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
07/09/2024	PayPal
	•
Amount (\$)	Payee address; City; State; Zip Code
\$2.86	2211 N. First St.
Expenditure from	
corporate funds	San Jose, CA 95131
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Credit card processing fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made 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

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: 8/12 Rpt: 31/35	Texas Association for Home Care and Hospice Inc Texas 00015750
4 Date	5 Payee name
07/09/2024	PayPal
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$0.84	2211 N. First St.
Expenditure from corporate funds	San Jose, CA 95131
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Credit card processing fee
	Ground data processing for
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
07/09/2024	PayPal
Amount (\$)	Payee address; City; State; Zip Code
\$0.84	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
Operation ONE Wife discont	Our didn't lotter had a marrie of the country of th
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
07/09/2024	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
onponential to belief 0/01	•

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	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: 9/12 Rpt: 32/35	Texas Association for Home Care and Hospice Inc Texas 00015750
4 Date	5 Payee name
07/09/2024	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.
	Check if Austin, TX, officeholder living expense Credit card processing fee
	Credit card processing fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experience to belief of or	
Date	Payee name
07/09/2024	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	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Credit card processing fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
07/09/2024	PayPal
Amount (\$)	Payee address; City; State; Zip Code
\$2.24	2211 N. First St.
Expenditure from	
corporate funds	San Jose, CA 95131
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
Z. ZIDITORE	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
experiorare to benefit C/OI	1

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

Candidate/Officenolder/Politica 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: 10/12 Rpt: 33/35	Texas Association for Home Care and Hospice Inc Texas 00015750
4 Date	5 Payee name
07/09/2024	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.
	Credit card processing fee
	Credit card processing ree
O Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
·	
Date	Payee name
07/17/2024	PayPal
Amount (\$)	Payee address; City; State; Zip Code
\$72.74	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
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experientare to benefit ever	
Date	Payee name
07/17/2024	PayPal
Amount (\$)	Payee address; City; State; Zip Code
\$72.74	2211 N. First St.
Expenditure from corporate funds	San Jose, CA 95131
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Credit card processing fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 11/12 Rpt: 34/35	2 FILER NAME Texas Association for Home Care and Hospice Inc Texas 3 Filer ID (Ethics Commission Filers) 00015750
	Date 07/17/2024 Amount (\$)	5 Payee name PayPal 7 Payee address; City; State; Zip Code
	\$20.72 Expenditure from corporate funds PURPOSE	2211 N. First St. San Jose, CA 95131 (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/O	Candidate/Officeholder name Office sought Office held
	Date 07/17/2024	Payee name PayPal
	Amount (\$) \$1.36 Expenditure from corporate funds	Payee address; City; State; Zip Code 2211 N. First St. San Jose, CA 95131
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description 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/Oh	Candidate/Officeholder name Office sought Office held
	Date 07/17/2024	Payee name 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	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description 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/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 -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: 12/12 Rpt: 35/35	Texas Association for Home Care and Hospice Inc Texas 00015750
4 Date	5 Payee name
07/17/2024	PayPal
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2.24	2211 N. First St.
Evponditure from	
Expenditure from corporate funds	San Jose, CA 95131
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Credit card processing fee
	Croan our a processing rec
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
07/17/2024	PayPal
Amount (\$)	Payee address; City; State; Zip Code
\$10.76	2211 N. First St.
Expenditure from	
corporate funds	San Jose, CA 95131
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Credit card processing fee
	Credit curu processing rec
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Data	David and the second se
Date 07/17/2024	Payee name
	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) (b) Description
EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Credit card processing fee
	Credit card processing fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	y