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

FORM MPAC COVER SHEET PG 1

The MPAC Instructio	n Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers) 00015750	2 Total pages filed: 31
3 COMMITTEE NAM	E	-	OFFICE USE ONLY
Texas Associatic State	n for Home Care and Hospice Inc Texas H	Home Care and Hospice PAC -	Date Received ELECTRONICALLY FILED 09/06/2024
4 COMMITTEE	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP	1
ADDRESS	9390 Research Blvd., Bldg. 1 Suite 300		
Change of Addre	<sup>ss</sup> Austin, TX 78759		Date Hand-delivered or Date Postmarked
5 CAMPAIGN	MS / MRS / MR FIRST	MI	
TREASURER NAME	Ms. Rachel		Receipt # Amount
			Date Processed
	NICKNAME LAST	SUFFI	
	Hammon		Date Imaged
6 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #; CITY; ST	ATE; ZIP CODE
TREASURER	9390 Research Blvd., Bldg. 1 Suite 300	, , , , , , , , , , , , , , , , , , ,	
STREET ADDRESS			
(Residence or Business)	Austin, TX 78759		
7 CAMPAIGN TREASURER	STREET ADDRESS OR PO BOX;	APT / SUITE #; CITY; ST	ATE; ZIP CODE
MAILING ADDRESS	3737 Executive Center Dr., Ste. 268		
Change of Addre	<sup>ss</sup> Austin, TX 78731		
8 CAMPAIGN TREASURER	AREA CODE PHONE NUMBER	EXTENSION	
PHONE	(512) 338-9293		
9 REPORT TYPE	X Monthly	10th day after campaign treasurer termination	Dissolution (Attach PAC-DR)
10 MONTHLY REPORT FILING	January 5 April	5 July 5	October 5
DEADLINE			
	February 5 May	5 August 5	November 5
	March 5 June	2 5 X September 5	December 5
11 PERIOD COVERED	Month Day Year 07/26/2024	THROUGH Month 08/25/	Day Year 2024
	GO 1	FO PAGE 2	

### MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

# FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Texas Association for H	Iome Care and Hospice	e Inc Texas Home Care and Hospice	0001575	50
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	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLEI	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	4,532.45
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	2,613.24
CONTRIBUTION BALANCE	5. TOTAL POLITICAL C OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	141,457.04
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT	•		•	
		I swear, or affirm, under penalty of po true and correct and includes all info under Title 15, Election Code.		
		Ms. Rach	iel Hammor	1
		Signature of Ca	ampaign Trea	asurer
AFFIX NOTARY	STAMP / SEAL ABOVE			
Sworn to and subscribed	before me, by the said	, ,	this the	day
		which, witness my hand and seal of office.		uuy
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title of o	fficer administering oath
Forms provided by Texas E	thics Commission	www.ethics.state.tx.us		Version V4.1.0.48da51f7

## FORM MPAC

#### COVER SHEET PG 3 3 of 31

		/
17 COMMITTEE NAME Texas Association for Home Care and Hospice Inc Texas Home Care and Hospic	18 Filer ID           00015750	(Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 3,610.17
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR L ORGANIZATION	ABOR	\$
5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORP LABOR ORGANIZATION	ORATION OR	\$
6. X SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR (	RGANIZATION	<b>\$</b> 922.28
7. SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LAI ORGANIZATION	3OR	\$
8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LAB	ORGANIZATION	\$
9. SCHEDULE E: LOANS		\$
10. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUT	IONS	<b>\$</b> 2,613.24
11. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIB	UTIONS	\$
13. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIB	UTIONS	\$
15. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIO TO FILER	NS RETURNED	\$

**SUBTOTALS - MPAC** 

SCHEDULE	41
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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 1/19 Rpt: 4/31	_
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 (\$)	
	08/12/2024 Aguilar, Maria (Ms.)				\$48.00	
	I	6 Contributor address; City; State; Zip Code		1		
		Tyler, TX 75701				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	<u>г</u> S)		
	Regional Ad	Iministrative Specialist	Green Apple Therapy	-		
╞	Date	Full name of contributor Out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	07/29/2024	Avery, Amy (Ms.)	/		/ incant of contact (	\$20.00
	0.,	Contributor address; City; State; Zip Code		1		<b>T</b> - <b>T</b>
		Continuation address, City, State, Zip Code				
		Tyler, TX 75701				
$\vdash$	Principal occu	Ipation / Job title (See Instructions)	Employer (See Instructions	<u>і</u> s)		
	Physical The		Paradigm Rehab & Nurs		g LP	
╞	Date		)	Г	Amount of Contribution (\$)	
	08/12/2024	Barone, Catherine (Ms.)	/			\$48.00
	0011212024			-		Ψ+0.05
		Contributor address; City; State; Zip Code				
		Tyler, TX 75701				
⊢	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	L		
	Occupationa		Green Apple Therapy	-,		
╞	Date			Т	Amount of Contribution (\$)	
	08/12/2024	Full name of contributor out-of-state PAC (ID#: Bihl, Amelia (Ms.)	)			\$48.00
	00/12/2024			-		Φ40.00
		Contributor address; City; State; Zip Code				
		Waco, TX 76712				
┝	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>د)</u>		
		er Case Manager	Green Apple Therapy	5)		
╞				1		
	Date		)		Amount of Contribution (\$)	Φ40 00
	08/12/2024					\$48.00
		Contributor address; City; State; Zip Code				
		Evistana TV 75124				
┡	Duin singl oppi	Eustace, TX 75124				
		Ipation / Job title (See Instructions)	Employer (See Instructions	5)		
L	Speech Lani	guage Pathologist	Green Apple Therapy.			

SCHEDULE A	1\
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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 2/19 Rpt: 5/31	
2	FILER NAME			3	Filer ID (Ethics Commission	ı 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 (\$)	
	07/29/2024	Brooks , Courtney (Ms.)				\$10.00
		6 Contributor address; City; State; Zip Code		1		
		Bullard, TX 75757				
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Regional Dir	rector of Operations	Paradigm Rehab & Nurs	sinç	J LP	
F	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	07/29/2024	Bulls, David (Mr.)				\$10.00
		Contributor address; City; State; Zip Code		1		
		Tyler, TX 75703				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)		
	Physical The	erapist	Paradigm Rehab & Nurs	sinç	J LP	
F	Date	Full name of contributor out-of-state PAC (ID#:_	)	Γ	Amount of Contribution (\$)	
	07/30/2024	Church Gutierrez, Amber (Ms.)				\$5.00
		Contributor address; City; State; Zip Code		1		
		Cypress, TX 77429				
		upation / Job title (See Instructions)	Employer (See Instructions	3)		
	Nurse		Angels of Care			
	Date	Full name of contributor out-of-state PAC (ID#:_	)	Γ	Amount of Contribution (\$)	
	07/29/2024	Colston, Maureen (Ms.)				\$5.00
		Contributor address; City; State; Zip Code		1		
		Tyler, TX 75702		Ļ		
	-	upation / Job title (See Instructions)	Employer (See Instructions		- 1 D	
	Associate C		Paradigm Rehab & Nurs	SIng	ј LP	
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	08/07/2024	Cornett, Valerie (Ms.)				\$60.00
		Contributor address; City; State; Zip Code		]		
		Keller, TX 76244	· · · · · · · · · · · · · · · · · · ·	Ļ		
		upation / Job title (See Instructions)	Employer (See Instructions	5)		
	COSI		MAC Legacy			

SCHEDULE	41
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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 3/19 Rpt: 6/31	
2	FILER NAME			3	Filer ID (Ethics Commission	ı Filers)
	Texas Assoc	ciation for Home Care and Hospice Inc Texas Hon	ne Care and Hospice PAC -		00015750	-
┢	Date	5 Full name of contributor out-of-state PAC (ID#:_	-	7	Amount of Contribution (\$)	
<b> </b> -	08/12/2024	Davis, Lauren (Ms.)	/	ľ		\$80.00
	00/12/2024					Φ00.00
		6 Contributor address; City; State; Zip Code				
Ļ		Lindale, TX 75771	<u> </u>	Ļ		
8		upation / Job title (See Instructions)	9 Employer (See Instructions	;)		
	Community I	Relations Rep.	Green Apple Therapy			
F	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	07/30/2024	Davis , Sheila (Ms.)				\$12.50
		Contributor address; City; State; Zip Code				
		Wichita Falls, TX 76310				
⊢	Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	ـــــــــــــــــــــــــــــــــــــ		
l	CHCE; COS		Always Best Care Senic		Services	
╞				—		
l	Date		)		Amount of Contribution (\$)	ቀንፍ ሰብ
	07/30/2024					\$25.00
		Contributor address; City; State; Zip Code				
		Deshung TV 77524				
$\vdash$	Drinsipal apou	Danbury, TX 77534		Ļ		
		upation / Job title (See Instructions)	Employer (See Instructions		<b></b>	
		ent of Home Therapy Services	MedCare Pediatric Nurs	anų —	]	
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	—
	08/14/2024	Escamilla, Jamie (Ms.)				\$8.00
		Contributor address; City; State; Zip Code		1		
		San Antonio, TX 78258				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	;)		
	MC CCC-Sp	beech Language Pathologist	Ability Pediatric Therapy	/		
╞	Date	Full name of contributor out-of-state PAC (ID#:_	)	Γ	Amount of Contribution (\$)	
	08/14/2024	Escobar, Christina (Ms.)				\$10.00
	•••	Contributor address; City; State; Zip Code				
		Contributor address, City, State, Zip Code				
		Selma, TX 78154				
$\vdash$	Drincinal occu	upation / Job title (See Instructions)	Employer (See Instructions	L -)		
	Director of T		Ability Pediatric Therapy			
		Петару	Ability Feulatile merupy	<u></u>		

SCHEDULE A	1\
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The Instruction Guide explains how to complete this f	orm.		Total pages Schedule A1: Sch: 4/19 Rpt: 7/31	
2 FILER NAME		3	Filer ID (Ethics Commission	Filers)
Texas Association 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 (\$)	
08/12/2024 Ewing, Andrea L. (Ms.)				\$48.00
6 Contributor address; City; State; Zip Code		1		
Amarillo, TX 79121				
8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions	s)		
Community Relations Representative	Green Apple Therapy			
Date Full name of contributor out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
08/12/2024 Fagnan, Marc (Mr.)				\$88.00
Contributor address; City; State; Zip Code		1		
Dallas, TX 75240				
Principal occupation / Job title (See Instructions)	Employer (See Instructions	s)		
Speech Therapist	Green Apple Therapy			
Date Full name of contributor out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
08/12/2024 Ferguson, Tonya (Ms.)				\$80.00
Contributor address; City; State; Zip Code		1		
Fort Worth, TX 76112				
Principal occupation / Job title (See Instructions)	Employer (See Instructions	s)		
Speech Language Pathologist	Green Apple Therapy			
Date Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
07/29/2024 Flores, Sonia (Ms.)				\$3.00
Contributor address; City; State; Zip Code		1		
Amarillo, TX 79109	-			
Principal occupation / Job title (See Instructions)	Employer (See Instructions			
Certified Nursing Assistant	Goodcare Health Servic	ces		
Date Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
07/29/2024 Flores, Sonia (Ms.)				\$3.00
Contributor address; City; State; Zip Code		1		
Amarillo, TX 79109	1			
Principal occupation / Job title (See Instructions)	Employer (See Instructions			
Certified Nursing Assistant	Goodcare Health Servic	ces		

SCHEDULE A	1\
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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 5/19 Rpt: 8/31	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Assoc	ciation for Home Care and Hospice Inc Texas Hom	ne Care and Hospice PAC -		00015750	
	Date		·	7	Amount of Contribution (\$)	
	07/29/2024	Flores, Sonia (Ms.)		ľ		\$3.00
	011201202					Ψ0.00
		6 Contributor address; City; State; Zip Code				
		Amarillo, TX 79109				
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	L 3)		
		rsing Assistant	Goodcare Health Servic		i	
	Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Γ	Amount of Contribution (\$)	
	08/16/2024	Flores, Sonia (Ms.)	/			\$3.00
	00/10/202			ł		Ψ0.00
		Contributor address; City; State; Zip Code				
		Amarillo, TX 79109				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>لــــــــــــــــــــــــــــــــــــ</u>		
		rsing Assistant	Goodcare Health Servic		;	
	Date	Full name of contributor Out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	07/29/2024	Fox , Eric (Mr.)				\$20.00
				1		·
		Whitehouse, TX 75791				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<b></b> 3)		
	Physical The	erapist	Paradigm Rehab & Nurs	sin	g LP	
$\vdash$	Date	Full name of contributor Out-of-state PAC (ID#:	<u> </u>	Γ	Amount of Contribution (\$)	
	08/12/2024	Garza , Allison (Ms.)			· ····································	\$48.00
		Contributor address; City; State; Zip Code		1		·
		Tyler, TX 75701				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Patient Serv	vices Specialist	Green Apple Therapy			
	Date	Full name of contributor Out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	08/16/2024	Goolsby, Sharon (Ms.)			• •	\$125.00
		Contributor address; City; State; Zip Code		ł		
		Jefferson, TX 75657				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Administrato	זר	First in Pediatrics Home	• H	ealth Care, Inc.	
			J			

SCHEDULE	41
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Contributor address; City; State; Zip Code         Denton, TX 76208         Principal occupation / Job title (See Instructions)         COO         Date         Full name of contributor address; City; State; Zip Code         Amount of Contribution (\$)         O7/31/2024         Hammon, Rachel (Ms.)         Contributor address; City; State; Zip Code         Austin, TX 78732         Principal occupation / Job title (See Instructions)         Executive Director         Date         Full name of contributor address; City; State; Zip Code         Austin, TX 78732         Principal occupation / Job title (See Instructions)         Executive Director         Date         O8/14/2024         Full name of contributor         out-of-state PAC (ID#:)         Amount of Contribution (\$)         \$2.00         O8/14/2024         Full name of contributor         Out-of-state PAC (ID#:)         Amount of Contribution (\$)         \$2.00         Contributor address; City; State; Zip Code         San Antonio, TX 78230         Principal occupation / Job title (See Instructions)         Home Care         Anount of Contributor (\$)						
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 (Dirr	The Instr	The Instruction Guide explains how to complete this form.				
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 (Dirr	2 FILER NAM	E		3 F	Filer ID (Ethics Commissior	n Filers)
4       Date       5       Full name of contributor       out-of-state PAC (DE:			ne Care and Hospice PAC -			-
08/14/2024       Graham-Stone, Mary (Ms.)       \$5.00         6       Contributor address; City; State; Zip Code       \$5.00         8       Principal occupation / Job title (See Instructions)       \$ Employer (See Instructions)         Ability Pediatric Therapy       Amount of Contribution (S)       \$\$0.00         08/07/2024       Full name of contributor			-			
6       Contributor address; City; State; Zip Code         San Antonio, TX 78230       9         8       Principal occupation / Job title (See Instructions) Home Care       Amount of Contributor         Date       Full name of contributor       out-of-state PAC (DB: Deriton, TX 76208       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Date       Deriton, TX 76208       Employer (See Instructions) MAC Legacy         Date       Full name of contributor       out-of-state PAC (DB: Deriton, TX 76208       Amount of Contribution (\$)         07/31/2024       Full name of contributor       out-of-state PAC (DB: Deriton, TX 78732       Amount of Contribution (\$)         07/31/2024       Full name of contributor Austin, TX 78732       Employer (See Instructions) Texas Assn. for Homes)       \$21.00         Date       Full name of contributor       out-of-state PAC (DB: Deritor)       Amount of Contribution (\$)       \$2.00         08/14/2024       Full name of contributor       out-of-state PAC (DB: Deritor)       Amount of Contribution (\$)       \$2.00         Date       Full name of contributor       out-of-state PAC (DB: Deritor)       Amount of Contribution (\$)       \$2.00         08/14/2024       Full name of contributor       out-of-state PAC (DB: Deritor)			/	<b>'</b>		\$5.00
8       Principal occupation / Job title (See Instructions) Home Care       9       Employer (See Instructions) Ability Pediatric Therapy         Date 08/07/2024       Full name of contributor address; City: State: Zip Code Denton, TX 76208       Amount of Contribution (S) S80.00         Principal occupation / Job title (See Instructions) COO       Employer (See Instructions) MAC Legacy       Amount of Contribution (S) S21.00         Date 07/31/2024       Full name of contributor Hammon, Rachel (Ms.)       Employer (See Instructions) MAC Legacy       Amount of Contribution (S) S21.00         Date 07/31/2024       Full name of contributor Hammon, Rachel (Ms.)       out-of-state PAC (Dei: Austin, TX 78732       Amount of Contribution (S) S21.00         Principal occupation / Job title (See Instructions) Executive Director       Employer (See Instructions) Texas Assn. for Home Care & Hospice Inc.         Date 08/14/2024       Full name of contributor or out-of-state PAC (Dei: Austin, TX 78732       Amount of Contribution (S) S2.00         Principal occupation / Job title (See Instructions) Contributor address: City: State: Zip Code San Antonio, TX 78230       Employer (See Instructions) Ability HomeCare, Inc.         Date 08/12/2024       Full name of contributor or out-of-state PAC (Dei: S45.00       Amount of Contribution (S) S45.00         Principal occupation / Job title (See Instructions) Home Care       Employer (See Instructions) Ability HomeCare, Inc.         Date 08/12/2024       Full name of contributor or out-of-state PAC (Dei: Out-	001141202-					ψ0.00
8       Principal occupation / Job title (See Instructions) Home Care       9       Employer (See Instructions) Ability Pediatric Therapy         Date 08/07/2024       Full name of contributor out-of-state PAC (ID#:) Contributor address; City; State; Zip Code       Amount of Contribution (S) \$90.00         Principal occupation / Job title (See Instructions) COO       Employer (See Instructions) MAC Legacy       Amount of Contribution (S) \$21.00         Date 07/31/2024       Full name of contributor out-of-state PAC (ID#:) Hammon, Rachel (Ms.)       Amount of Contribution (S) \$21.00         Organization / Job title (See Instructions) COO       Employer (See Instructions) MAC Legacy       Amount of Contribution (S) \$21.00         Principal occupation / Job title (See Instructions) Executive Director       Employer (See Instructions) Texas Assn. for Home Care & Hospice Inc.         Date 08/14/2024       Full name of contributor out-of-state PAC (ID#:) Contributor address; City; State; Zip Code San Antonio, TX 78230       Amount of Contribution (S) \$2.00         Principal occupation / Job title (See Instructions) Home Care       Employer (See Instructions) Ability HomeCare, Inc.       Amount of Contribution (S) \$45.00         Date 08/12/2024       Full name of contributor out-of-state PAC (ID#:) Contributor address; City; State; Zip Code Longview, TX 75604       Amount of Contribution (S) \$45.00		6 Contributor address; City; State; Zip Code				
8       Principal occupation / Job title (See Instructions) Home Care       9       Employer (See Instructions) Ability Pediatric Therapy         Date 08/07/2024       Full name of contributor out-of-state PAC (ID#:) Contributor address; City; State; Zip Code       Amount of Contribution (S) \$90.00         Principal occupation / Job title (See Instructions) COO       Employer (See Instructions) MAC Legacy       Amount of Contribution (S) \$21.00         Date 07/31/2024       Full name of contributor out-of-state PAC (ID#:) Hammon, Rachel (Ms.)       Amount of Contribution (S) \$21.00         Organization / Job title (See Instructions) COO       Employer (See Instructions) MAC Legacy       Amount of Contribution (S) \$21.00         Principal occupation / Job title (See Instructions) Executive Director       Employer (See Instructions) Texas Assn. for Home Care & Hospice Inc.         Date 08/14/2024       Full name of contributor out-of-state PAC (ID#:) Contributor address; City; State; Zip Code San Antonio, TX 78230       Amount of Contribution (S) \$2.00         Principal occupation / Job title (See Instructions) Home Care       Employer (See Instructions) Ability HomeCare, Inc.       Amount of Contribution (S) \$45.00         Date 08/12/2024       Full name of contributor out-of-state PAC (ID#:) Contributor address; City; State; Zip Code Longview, TX 75604       Amount of Contribution (S) \$45.00						
8       Principal occupation / Job title (See Instructions) Home Care       9       Employer (See Instructions) Ability Pediatric Therapy         Date 08/07/2024       Full name of contributor out-of-state PAC (ID#:) Contributor address; City; State; Zip Code       Amount of Contribution (S) \$90.00         Principal occupation / Job title (See Instructions) COO       Employer (See Instructions) MAC Legacy       Amount of Contribution (S) \$21.00         Date 07/31/2024       Full name of contributor out-of-state PAC (ID#:) Hammon, Rachel (Ms.)       Amount of Contribution (S) \$21.00         Organization / Job title (See Instructions) COO       Employer (See Instructions) MAC Legacy       Amount of Contribution (S) \$21.00         Principal occupation / Job title (See Instructions) Executive Director       Employer (See Instructions) Texas Assn. for Home Care & Hospice Inc.         Date 08/14/2024       Full name of contributor out-of-state PAC (ID#:) Contributor address; City; State; Zip Code San Antonio, TX 78230       Amount of Contribution (S) \$2.00         Principal occupation / Job title (See Instructions) Home Care       Employer (See Instructions) Ability HomeCare, Inc.       Amount of Contribution (S) \$45.00         Date 08/12/2024       Full name of contributor out-of-state PAC (ID#:) Contributor address; City; State; Zip Code Longview, TX 75604       Amount of Contribution (S) \$45.00		Can Antonia TV 70220				
Home Care       Ability Pediatric Therapy         Date       Full name of contributor       out-of-state PAC (D#       Amount of Contribution (\$)         08/07/2024       Hale, Kati (MS.)       S90.00         Contributor address; City: State; Zip Code       Employer (See Instructions)       S90.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       MAC Legacy         Date       Full name of contributor       out-of-state PAC (D#       Amount of Contribution (\$)         07/31/2024       Full name of contributor       out-of-state PAC (D#       Amount of Contribution (\$)         07/31/2024       Full name of contributor       out-of-state PAC (D#       Amount of Contribution (\$)         21.00       Contributor address; City: State; Zip Code       Employer (See Instructions)       \$21.00         Date       Full name of contributor       out-of-state PAC (D#       Amount of Contribution (\$)       \$2.00         08/14/2024       Harding, Debra (Ms.)       contributor address; City: State; Zip Code       Amount of Contribution (\$)       \$2.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of Contribution (\$)       \$2.00         08/14/2024       Full name of contributor       out-of-state PAC (D#       Amount of Contribution (\$)       \$4.00	<ol> <li>Difference</li> </ol>			Ĺ		
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         08/07/2024       Hale, Kati (Ms.)       \$90.00         Contributor address; City; State; Zip Code       Principal occupation / Job title (See Instructions)       Employer (See Instructions)         COO       MAC Legacy         Date       Full name of contributor       out-of-state PAC (ID#:)         O7/31/2024       Hammon, Rachel (MS.)       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Executive Director       Full name of contributor       out-of-state PAC (ID#:)         Address; City; State; Zip Code       Amount of Contribution (\$)       \$2.00         O8/14/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$2.00         Oate       San Antonio, TX 78230       Employer (See Instructions)       \$2.00         Principal occupation / Job title (See Instructions)       Amount of Contribution (\$)       \$45.00         O8/12/2024       Full name of contributor       ou-of-state PAC (ID#:						
08/07/2024       Hale, Kati (Ms.)       \$90.00         Contributor address; City; State; Zip Code       Denton, TX 76208       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of Contribution (\$)         OX       Hammon, Rachel (Ms.)       Amount of Contribution (\$)       \$21.00         O7/31/2024       Hummon, Rachel (Ms.)       Amount of Contribution (\$)       \$21.00         O7/31/2024       Hammon, Rachel (Ms.)       Employer (See Instructions)       \$21.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)       \$21.00         Date       Full name of contributor       out-of-state PAC (ID#:	Home Care	e	Ability Pediatric Therapy	y		
Contributor address; City; State; Zip Code         Denton, TX 76208         Principal occupation / Job title (See Instructions)         COO         Date         07/31/2024         Harmon, Rachel (Ms.)         Contributor address; City; State; Zip Code         Austin, TX 78732         Principal occupation / Job title (See Instructions)         Contributor address; City; State; Zip Code         Austin, TX 78732         Principal occupation / Job title (See Instructions)         Executive Director         Date         O8/14/2024         Harding, Debra (Ms.)         Contributor address; City; State; Zip Code         San Antonio, TX 78230         Principal occupation / Job title (See Instructions)         Contributor address; City; State; Zip Code         San Antonio, TX 78230         Principal occupation / Job title (See Instructions)         Ability HomeCare, Inc.         Date         San Antonio, TX 78230         Principal occupation / Job title (See Instructions)         Ability HomeCare, Inc.         Date         Oat(Linguidew, TX 75604         Longview, TX 75604         Principal occupation / Job title (See Instructions)         Contributor address; City; State; Z	Date	Full name of contributor out-of-state PAC (ID#:_	)	T /	Amount of Contribution (\$)	
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COO       MAC Legacy         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         07/31/2024       Hammon, Rachel (Ms.)       S21.00         Contributor address; City; State; Zip Code       Austin, TX 78732       S21.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Texas Assn. for Home Care & Hospice Inc.         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$2.00         08/14/2024       Harding, Debra (Ms.)       Contributor address; City; State; Zip Code       Amount of Contribution (\$)       \$2.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$2.00         Contributor address; City; State; Zip Code       San Antonio, TX 78230       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of Contribution (\$)         08/12/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         08/12/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         08/12/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)		Denton, TX 76208				
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         07/31/2024       Hammon, Rachel (Ms.)       \$21.00         Contributor address; City; State; Zip Code       Austin, TX 78732         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Executive Director       Full name of contributor       out-of-state PAC (ID#:)         Date       Full name of contributor       out-of-state PAC (ID#:)         Amount of Contribution (\$)       S2.00         O8/14/2024       Harding, Debra (Ms.)       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       Amount of Contribution (\$)       \$2.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$2.00         Contributor address; City; State; Zip Code       Ability HomeCare, Inc.       \$2.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$45.00         O8/12/2024       Full name of contributor       out-of-state PAC (ID#:	Principal oc	cupation / Job title (See Instructions)	Employer (See Instructions	s)		
07/31/2024       Hammon, Rachel (Ms.)       \$21.00         Contributor address; City; State; Zip Code       Austin, TX 78732         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Executive Director       Texas Assn. for Home Care & Hospice Inc.         Date       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)         08/14/2024       Full name of contributors; City; State; Zip Code       Amount of Contribution (\$)         San Antonio, TX 78230       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Home Care       San Antonio, TX 78230         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Herrera, Jose (Mr.)       Out-of-state PAC (ID#:         08/12/2024       Full name of contributor out-of-state PAC (ID#:         08/12/2024       Full name of contributor       Amount of Contribution (\$)         08/12/2024       Full name of contributor       Amount of Contribution (\$)         08/12/2024       Full name of contributor       Amount of Contribution (\$)         08/12/2024       Full name of contributor       Out-of-state PAC (ID#:	coo		MAC Legacy			
07/31/2024       Hammon, Rachel (Ms.)       \$21.00         Contributor address; City; State; Zip Code       Austin, TX 78732         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Executive Director       Texas Assn. for Home Care & Hospice Inc.         Date       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)         08/14/2024       Full name of contributors; City; State; Zip Code       Amount of Contribution (\$)         San Antonio, TX 78230       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Home Care       San Antonio, TX 78230         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Herrera, Jose (Mr.)       Out-of-state PAC (ID#:         08/12/2024       Full name of contributor out-of-state PAC (ID#:         08/12/2024       Full name of contributor       Amount of Contribution (\$)         08/12/2024       Full name of contributor       Amount of Contribution (\$)         08/12/2024       Full name of contributor       Amount of Contribution (\$)         08/12/2024       Full name of contributor       Out-of-state PAC (ID#:	Date	Full name of contributor	<u> </u>		Amount of Contribution (\$)	
Contributor address; City; State; Zip Code         Austin, TX 78732         Principal occupation / Job title (See Instructions)         Executive Director         Date         Full name of contributor         08/14/2024         Harding, Debra (Ms.)         Contributor address; City; State; Zip Code         San Antonio, TX 78230         Principal occupation / Job title (See Instructions)         Harding, Debra (Mr.)         San Antonio, TX 78230         Principal occupation / Job title (See Instructions)         Herrera, Jose (Mr.)         Date         Full name of contributor         Out-of-state PAC (D#:         Ability HomeCare, Inc.         Ability HomeCare, Inc.         Date         OB/12/2024         Herrera, Jose (Mr.)         Contributor address; City; State; Zip Code         Longview, TX 75604         Longview, TX 75604         Principal occupation / Job title (See Instructions)         Employer (See Instructions)         Contributor address; City; State; Zip Code         Longview, TX 75604         Principal occupation / Job title (See Instructions)         Employer (See Instructions)         Employer (See Instructions)			/	<i>'</i>		<b>\$</b> 21 በበ
Austin, TX 78732         Principal occupation / Job title (See Instructions)         Executive Director         Date       Full name of contributor out-of-state PAC (ID#:)         Amount of Contribution (\$)         08/14/2024         Harding, Debra (Ms.)         Contributor address; City; State; Zip Code         San Antonio, TX 78230         Principal occupation / Job title (See Instructions)         Employer (See Instructions)         Home Care         Date         San Antonio, TX 78230         Principal occupation / Job title (See Instructions)         Herrera, Jose (Mr.)         O8/12/2024         Herrera, Jose (Mr.)         Contributor address; City; State; Zip Code         Longview, TX 75604         Principal occupation / Job title (See Instructions)         Employer (See Instructions)         Herrera, Jose (Mr.)         Contributor address; City; State; Zip Code         Longview, TX 75604         Principal occupation / Job title (See Instructions)         Employer (See Instructions)         Employer (See Instructions)	011011202-					Ψζ1.00
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Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Executive Director       Texas Assn. for Home Care & Hospice Inc.         Date       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)         08/14/2024       Harding, Debra (Ms.)       \$2.00         Contributor address; City; State; Zip Code       San Antonio, TX 78230       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of Contribution (\$)         Date       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$45.00         Date       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$45.00         08/12/2024       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$45.00         O8/12/2024       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$45.00         Date       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$45.00         Date       Full name of contributor address; City; State; Zip Code       Employer (See Instructions)       \$45.00         Principal occupation / Job title (See Instructions)       Employer (S						
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Executive Director       Texas Assn. for Home Care & Hospice Inc.         Date       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)         08/14/2024       Harding, Debra (Ms.)       \$2.00         Contributor address; City; State; Zip Code       San Antonio, TX 78230       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of Contribution (\$)         Date       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$45.00         Date       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$45.00         08/12/2024       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$45.00         O8/12/2024       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$45.00         Date       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$45.00         Date       Full name of contributor address; City; State; Zip Code       Employer (See Instructions)       \$45.00         Principal occupation / Job title (See Instructions)       Employer (S		Austin, TX 78732				
Executive Director       Texas Assn. for Home Care & Hospice Inc.         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         08/14/2024       Harding, Debra (Ms.)       \$2.00         Contributor address; City; State; Zip Code       Contributor address; City; State; Zip Code       \$2.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$45.00         Herrera, Jose (Mr.)       Merrera, Jose (Mr.)       \$45.00         08/12/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         08/12/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         08/12/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         Understand       Contributor address; City; State; Zip Code       Amount of Contribution (\$)       \$45.00         Contributor address; City; State; Zip Code       Longview, TX 75604       Employer (See Instructions)       See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       See Instructions)       See Instructions)	Principal oc		Employer (See Instructions	<u>ا</u>		
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         08/14/2024       Harding, Debra (Ms.)       \$2.00         Contributor address; City; State; Zip Code       San Antonio, TX 78230         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Horne Care       Amount of Contributor (\$)         Date       Full name of contributor         08/12/2024       Full name of contributor         User Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Longview, TX 75604       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)				,	& Hosnice Inc	
08/14/2024       Harding, Debra (Ms.)       \$2.00         Contributor address; City; State; Zip Code       San Antonio, TX 78230         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Home Care       Ability HomeCare, Inc.         Date       Full name of contributor       out-of-state PAC (ID#:)         Merrera, Jose (Mr.)       Contributor address; City; State; Zip Code         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       S45.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)						
Contributor address; City; State; Zip Code         San Antonio, TX 78230         Principal occupation / Job title (See Instructions)         Home Care         Date         Full name of contributor         out-of-state PAC (ID#:)         Amount of Contribution (\$)         Vertex         Date         Full name of contributor         out-of-state PAC (ID#:)         Amount of Contribution (\$)         State; Zip Code         Contributor address; City; State; Zip Code         Longview, TX 75604         Principal occupation / Job title (See Instructions)         Employer (See Instructions)         Employer (See Instructions)			)		Amount of Contribution (\$)	
San Antonio, TX 78230         Principal occupation / Job title (See Instructions) Home Care       Employer (See Instructions) Ability HomeCare, Inc.         Date       Full name of contributor out-of-state PAC (ID#:) Herrera, Jose (Mr.)       Amount of Contribution (\$) S45.00         08/12/2024       Herrera, Jose (Mr.)       \$45.00         Contributor address; City; State; Zip Code       Longview, TX 75604         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)	08/14/2024	Harding, Debra (Ms.)				\$2.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)   Home Care Full name of contributor out-of-state PAC (ID#:)   Date Full name of contributor out-of-state PAC (ID#:)   08/12/2024 Herrera, Jose (Mr.)   Contributor address; City; State; Zip Code   Longview, TX 75604   Principal occupation / Job title (See Instructions)   Employer (See Instructions)   Employer (See Instructions)		Contributor address; City; State; Zip Code		]		
Principal occupation / Job title (See Instructions) Employer (See Instructions)   Home Care Full name of contributor out-of-state PAC (ID#:)   Date Full name of contributor out-of-state PAC (ID#:)   08/12/2024 Herrera, Jose (Mr.)   Contributor address; City; State; Zip Code   Longview, TX 75604   Principal occupation / Job title (See Instructions)   Employer (See Instructions)   Employer (See Instructions)						
Principal occupation / Job title (See Instructions) Employer (See Instructions)   Home Care Full name of contributor out-of-state PAC (ID#:)   Date Full name of contributor out-of-state PAC (ID#:)   08/12/2024 Herrera, Jose (Mr.)   Contributor address; City; State; Zip Code   Longview, TX 75604   Principal occupation / Job title (See Instructions)   Employer (See Instructions)   Employer (See Instructions)						
Home Care       Ability HomeCare, Inc.         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         08/12/2024       Herrera, Jose (Mr.)       \$45.00         Contributor address; City; State; Zip Code       Employer (See Instructions)		San Antonio, TX 78230				
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         08/12/2024       Herrera, Jose (Mr.)       \$45.00         Contributor address; City; State; Zip Code       Longview, TX 75604         Principal occupation / Job title (See Instructions)       Employer (See Instructions)	Principal oc	cupation / Job title (See Instructions)	Employer (See Instructions	s)		
08/12/2024       Herrera, Jose (Mr.)       \$45.00         Contributor address; City; State; Zip Code       Longview, TX 75604         Principal occupation / Job title (See Instructions)       Employer (See Instructions)	Home Care	9	Ability HomeCare, Inc.			
Contributor address; City; State; Zip Code Longview, TX 75604 Principal occupation / Job title (See Instructions) Employer (See Instructions)	Date	Full name of contributor out-of-state PAC (ID#:	)	4	Amount of Contribution (\$)	
Contributor address; City; State; Zip Code Longview, TX 75604 Principal occupation / Job title (See Instructions) Employer (See Instructions)	08/12/2024	Herrera, Jose (Mr.)				\$45.00
Longview, TX 75604       Principal occupation / Job title (See Instructions)       Employer (See Instructions)				·		
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	The Instru	ction Guide explains how to complete th	is form.	1	Total pages Schedule A1: Sch: 7/19 Rpt: 10/31	
2	FILER NAME			3	Filer ID (Ethics Commission	ı Filers)
		ciation for Home Care and Hospice Inc Texas I	Home Care and Hospice PAC -		00015750	,
4	Date	5 Full name of contributor Out-of-state PAC (I	(ID#:)	7	Amount of Contribution (\$)	
	08/12/2024	Hill, Theresa (Ms.)				\$62.00
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	I	Continuutor address, City, State, Zip Code				
	ļ	1				
	l	Dallas, TX 75206				
8	Principal occu	I Ipation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>		
	•	al Therapist/District Mgr.	Therapy 2000 Inc.	-,		
⊨	Date		(ID#:)		Amount of Contribution (\$)	
	08/16/2024	Hosley, Dennis (Mr.)	ID#:/			\$50.00
	08/10/2024					\$30.00
	ļ	Contributor address; City; State; Zip Code				
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		Dallas, TX 75214				
		upation / Job title (See Instructions)	Employer (See Instructions			
	President CO	00	Pediatric Home Healthc	care	<u>;</u>	
	Date	Full name of contributor out-of-state PAC (I	(ID#:)	T	Amount of Contribution (\$)	
	08/16/2024	Howard, Jesse (Mr.)				\$25.00
	l	Contributor address; City; State; Zip Code		·		
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	l	McGregor, TX 76657				
$\vdash$	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	 S)		
	Healthcare		Girling Community Care			
⊨	Date	Full name of contributor Out-of-state PAC (I		Τ	Amount of Contribution (\$)	
	07/29/2024	Hurst, Robyn (Ms.)	ID#)			\$5.00
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		ipation / Job title (See Instructions)	Employer (See Instructions	S)		
	Executive Di	rector	Paradigm HomeCare	_		
	Date	Full name of contributor out-of-state PAC (I	) ID#:)		Amount of Contribution (\$)	_
	07/29/2024	Jenkins , Jinny (Ms.)				\$25.00
	1	Contributor address; City; State; Zip Code		"		
	I	1				
	I	1				
	I	Crowley, TX 76036				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)		
	Executive Di	rector	Paradigm Rehab & Nurs		g LP	
$\vdash$			I		-	

SCHEDULE	A1
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⊢						
	The Instru	The Instruction Guide explains how to complete this form.			Total pages Schedule A1: Sch: 8/19 Rpt: 11/31	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
ľ		ciation for Home Care and Hospice Inc Texas Hom	ne Care and Hospice PAC -	-	00015750	
┝	Date		-	Ļ	Amount of Contribution (\$)	
1	07/29/2024		)	<b> </b> ′		¢5.00
	0/129/2024	Klenke, Caprice (Ms.)				\$5.00
		6 Contributor address; City; State; Zip Code				
Ļ		Rio Vista, TX 76093		Ļ		
8		upation / Job title (See Instructions)	9 Employer (See Instructions	;)		
	Account Exe	cutive	Paradigm HomeCare			
	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	07/30/2024	Knight, Amy (Ms.)				\$100.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78734				
$\vdash$	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	ـــــــــــــــــــــــــــــــــــــ		
	CPA		Knight CPA Group			
⊢	Date	Full name of contributor Out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	08/12/2024	Lawson, Jennifer (Ms.)	/		Allount of Contribution (4)	\$64.00
	00/12/2024				Φ04.00	
		Contributor address; City; State; Zip Code				
		Cincinnati OLI 45209				
$\vdash$	- Driveland	Cincinnati, OH 45208		ŕ		
		upation / Job title (See Instructions)	Employer (See Instructions	5)		
L	Director/OTF		Green Apple Therapy	_		
Γ	Date	Full name of contributor Dut-of-state PAC (ID#:_	)	Γ	Amount of Contribution (\$)	
	07/29/2024	Lawson, Kimberly (Ms.)				\$5.00
		Contributor address; City; State; Zip Code		1		
		Bridgeport, TX 76426				
$\vdash$	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	ـــــــــــــــــــــــــــــــــــــ		
	Area Directo	or of Sales	Paradigm HomeCare			
⊨	Date	Full name of contributor Out-of-state PAC (ID#:_	)	Γ	Amount of Contribution (\$)	
	08/16/2024	Learst, Renea (Ms.)			, another of 2211112111 (1)	\$10.00
			•		<b>+-</b>	
	Contributor address; City; State; Zip Code					
		Wichita Falls, TX 76310				
┝	Drincinal occu		Employer (See Instructions	$\sum_{n}$		
		upation / Job title (See Instructions)	Employer (See Instructions	5)		
L	Nurse		Angels of Care			

SCHEDULE	A1
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⊢							
	The Instru	The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: Sch: 9/19 Rpt: 12/31		
2	FILER NAME			3	Filer ID (Ethics Commission	ו Filers)	
	Texas Assor	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 (\$)		
	07/29/2024	Lloyd, Mitzi (Ms.)				\$5.00	
		6 Contributor address; City; State; Zip Code		ł			
			!				
			1				
		Tyler, TX 75703	!				
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	<u>ا</u> ے			
		ources Manager	Paradigm Rehab & Nurs		g LP		
	Date	Full name of contributor out-of-state PAC (ID#:		Γ	Amount of Contribution (\$)		
	08/12/2024	Louvier, Meghann (Ms.)	/ I		Amount of Contribution (1)	\$96.00	
	00/12/202		!	ł		Ψυ υ.υ <u>-</u>	
		Contributor address; City; State; Zip Code	!				
			!				
		Gladewater, TX 75647	!				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	L 3)			
	Clinical Man		Green Apple Therapy	',			
⊨	Date			_	Amount of Contribution (\$)		
	Dale 08/12/2024	Loyola, Jacqueline (Ms.)	)			\$48.00	
						ψ+0.00	
		Contributor address; City; State; Zip Code	!				
			!				
		Jacksonville, TX 75766	!				
⊢	Princinal OCCL	upation / Job title (See Instructions)	Employer (See Instructions	רי יו			
	COTA		Green Apple Therapy	<i>יי</i>			
╞				_	· · · · · · · · · · · · · · · · · · ·		
	Date	Full name of contributor out-of-state PAC (ID#:_	) !		Amount of Contribution (\$)	<u>ተር 4 በበ</u>	
	08/12/2024	Lucena, Luis (Mr.)	!			\$64.00	
		Contributor address; City; State; Zip Code	!				
			!				
		Tyler, TX 75701	!				
⊢	Drincinal OCCI	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>			
	Physical The		Green Apple Therapy	5)			
╘		· · · · · · · · · · · · · · · · · · ·		—			
	Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	*75 00	
	08/16/2024					\$75.00	
		Contributor address; City; State; Zip Code	!				
			,				
		Can Antonia TV 70260	,				
⊢	<b>D</b> 1 - 20 - 1	San Antonio, TX 78260		Ĺ			
		upation / Job title (See Instructions)	Employer (See Instructions				
L	Hospice Adr	ninistrator	Gentle Partners In Hosp	) Ce	• LLC		
6							

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 10/19 Rpt: 13/31
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Texas Asso	ciation 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 (\$)
07/31/2024	Machado, Marisa (Ms.)		\$42.00
-	6 Contributor address; City; State; Zip Code		
	Hutto, TX 78634		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	Js)
coo	•	Texas Assn. for Homeca	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
07/29/2024	—		\$5.00
010	Contributor address; City; State; Zip Code		· ·
	כטוונווטענטו מעעודבי, כונץ, כומנל, בוף כטעב		
	Amarillo, TX 79110		
Principal occl	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)
	rsing Assistant	Goodcare Health Servic	
Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u> )	Amount of Contribution (\$)
07/29/2024	Martinez, Rebecca (Ms.)	/	\$5.00
01/20/202	Contributor address; City; State; Zip Code		· · · · · ·
	Continuation address, City, State, Zip Code		
	Amarillo, TX 79110		
Principal occl	upation / Job title (See Instructions)	Employer (See Instructions	s)
Certified Nur	rsing Assistant	Goodcare Health Servic	ces
Date	Full name of contributor Out-of-state PAC (ID#:	<u> </u> )	Amount of Contribution (\$)
07/29/2024	Martinez, Rebecca (Ms.)		\$5.00
	Contributor address; City; State; Zip Code		
	Amarillo, TX 79110		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
Certified Nur	rsing Assistant	Goodcare Health Servic	ces
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
07/29/2024	Martinez, Rebecca (Ms.)		\$5.00
	Contributor address; City; State; Zip Code		A
	Amarillo, TX 79110		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
	rsing Assistant	Goodcare Health Servic	
		<u> </u>	

The Instrue	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 11/19 Rpt: 14/31
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Texas Assoc	ciation for Home Care and Hospice Inc Texas Hom	ne Care and Hospice PAC -	00015750
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
08/16/2024	Martinez, Rebecca (Ms.)		\$5.00
	6 Contributor address; City; State; Zip Code		•
	Amarillo, TX 79110		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	۲ <u>ــــــــــــــــــــــــــــــــــــ</u>
Certified Nur	rsing Assistant	Goodcare Health Servic	es
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
08/16/2024	— — —		\$5.00
	Contributor address; City; State; Zip Code		•
	Amarillo, TX 79110		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	\$)
Certified Nur	rsing Assistant	Goodcare Health Servic	2es
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
08/16/2024	Martinez, Rebecca (Ms.)		\$5.00
	Contributor address; City; State; Zip Code		•
	Amarillo, TX 79110		
	pation / Job title (See Instructions)	Employer (See Instructions	
Certified Nur	rsing Assistant	Goodcare Health Servic	;es
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
08/16/2024	Martinez, Rebecca (Ms.)		\$5.00
	Contributor address; City; State; Zip Code		1
	Amarillo, TX 79110		
	pation / Job title (See Instructions)	Employer (See Instructions	
Certified Nur	rsing Assistant	Goodcare Health Servic	;es
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
08/16/2024	Martinez, Rebecca (Ms.)		\$5.00
	Contributor address; City; State; Zip Code		1
	Amarillo, TX 79110	•	
	pation / Job title (See Instructions)	Employer (See Instructions	
Certified Nur	rsing Assistant	Goodcare Health Servic	;es

	The Instru	ction Guide explains how to complete this	; form.	1	Total pages Schedule A1: Sch: 12/19 Rpt: 15/31	
<u>,</u>	FILER NAME			$\frac{1}{3}$	Filer ID (Ethics Commission	n Eilers)
Ĺ		ciation for Home Care and Hospice Inc Texas Ho	ome Care and Hospice PAC -		00015750	T File(S)
4	Date	5 Full name of contributor out-of-state PAC (ID#	#:)	7	Amount of Contribution (\$)	
	08/16/2024	McClammy, Lisa (Ms.)				\$25.00
	l	6 Contributor address; City; State; Zip Code		·		
	I					
	I					
	I	Whitney, TX 76692				
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	is)		
	RN Consulta		MAC Legacy			
╞	Date	Full name of contributor out-of-state PAC (ID#	#: )	Т	Amount of Contribution (\$)	
	07/29/2024	McGraw, Joseph (Mr.)	r,			\$20.00
	011201202					Ψ20.00
	I	Contributor address; City; State; Zip Code				
	I					
	l	Tyler, TX 75703				
⊢	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	l IS)		
	Business De		Paradigm Rehab & Nur		a LP	
╞				<u> </u>		
	Date		<i>‡</i> :)		Amount of Contribution (\$)	¢16.00
	08/12/2024	McKee , Allison (Ms.)				\$16.00
	I	Contributor address; City; State; Zip Code				
	I					
	I	Spring, TX 77389				
┡	Dringing occu	upation / Job title (See Instructions)	Employer (See Instructions			
	Physical The		Green Apple Therapy	5)		
╘				<del>—</del>		
	Date	Full name of contributor out-of-state PAC (ID#	#:)		Amount of Contribution (\$)	
	07/30/2024	Meave, Adan (Mr.)				\$150.00
	I	Contributor address; City; State; Zip Code		Ϊ		
	I					
	I					
L		Weslaco, TX 78599				
	-	upation / Job title (See Instructions)	Employer (See Instructions			
	Homecare		El Rey Primary Health (	Car	e, LLC	
F	Date	Full name of contributor out-of-state PAC (ID#	#:)	T	Amount of Contribution (\$)	
	07/30/2024	Morales, Carlos (Mr.)				\$50.00
		Contributor address; City; State; Zip Code		"		
	ļ	-				
	I					
	I	Lubbock, TX 79424				
⊢	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	us)		
		ice President	Caprock Home Health S		vices, Inc.	
┝			<u> </u>			

	The Instruc	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 13/19 Rpt: 16/31		
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Assoc	ciation for Home Care and Hospice Inc Texas Ho	ome Care and Hospice PAC -		00015750	
4	Date	5 Full name of contributor out-of-state PAC (ID#	)	7	Amount of Contribution (\$)	
	07/30/2024	Murphy, Maryann (Ms.)	·		• •	\$25.00
		6 Contributor address; City; State; Zip Code				
		Early, TX 76802				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	RN		Lee HealthCare			
⊨	Date	Full name of contributor out-of-state PAC (ID#		Т	Amount of Contribution (\$)	
	08/12/2024	Myers, Tamara (Ms.)				\$80.00
		Contributor address; City; State; Zip Code		ł		-
		Highland Village, TX 75077				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Assistant Sp	eech Language Pathologist	Green Apple Therapy			
F	Date	Full name of contributor Out-of-state PAC (ID#	#:)	Τ	Amount of Contribution (\$)	
	08/16/2024	Naranjo, Mary Ann (Ms.)			-	\$500.00
		Contributor address; City; State; Zip Code				
		Lufkin, TX 75902				
	-	pation / Job title (See Instructions)	Employer (See Instructions			
	Owner Alt Ac	Jmin	A Piney Woods Home H	lea	alth Care	
Γ	Date	Full name of contributor 🔲 out-of-state PAC (ID#	#:)	T	Amount of Contribution (\$)	
	07/29/2024	Nawaz, Kelly (Ms.)				\$25.00
		Contributor address; City; State; Zip Code				
		Canton, TX 75103				
		pation / Job title (See Instructions)	Employer (See Instructions			
	Quality Assu	rance RN	Paradigm Rehab & Nur	sin	g LP	
	Date	Full name of contributor 🔲 out-of-state PAC (ID#	#:)		Amount of Contribution (\$)	
	07/30/2024	Olguin, Christie (Ms.)				\$10.00
	Contributor address; City; State; Zip Code		1			
		San Antonio, TX 78254				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Therapist		Angels of Care			

The Instruction Guide explains how to complete this form.				1	Total pages Schedule A1: Sch: 14/19 Rpt: 17/31	
2	2 FILER NAME			3	Filer ID (Ethics Commission	n 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 (\$)	
	08/16/2024	Palmer, Lee (Mr.)				\$50.00
	-	6 Contributor address; City; State; Zip Code		ł		
		Richmond, TX 77406				
8	Principal occu	I pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Administrato		Consolidated Home Hea		ı	
╞	Date	Full name of contributor Out-of-state PAC (ID#:_	)	Γ	Amount of Contribution (\$)	
	08/12/2024	Palmer, Natasha (Ms.)	/			\$64.00
	00,11,11	Contributor address; City; State; Zip Code		ł		<b>40</b>
		Culturbutor audress, City, State, Lip Code				
		White Oak, TX 75693				
$\vdash$	Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Occupationa		Green Apple Therapy			
⊨	Date	Full name of contributor Out-of-state PAC (ID#:_	)	Γ	Amount of Contribution (\$)	
	08/12/2024	Papetti, Jenna (Ms.)	/		, who are on 2 2	\$88.00
		Contributor address; City; State; Zip Code		ł		<b>T--</b>
		Houston, TX 77055				
	Principal occupation / Job title (See Instructions) Employer (See Instructions)		Employer (See Instructions	5)		
	Outside Sale	2S	Green Apple Therapy			
⊨	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	08/16/2024	Peterson, Michelle (Ms.)				\$100.00
		Contributor address; City; State; Zip Code		1		
		Cedar Creek, TX 78612				
	Principal occupation / Job title (See Instructions) Employer (See Instruction		5)			
	VP of Operations Bluebonnet Home Hea		th (	Care of Texas, Inc.		
F	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	07/29/2024	Poynor, Joanne (Ms.)				\$40.00
	Contributor address; City; State; Zip Code		1			
		Tyler, TX 75701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Executive Di	rector	Paradigm HomeCare			

The Instru	ction Guide explains how to complete this f	<b>1</b> Total pages Schedule A1:	
			Sch: 15/19 Rpt: 18/31
2 FILER NAME			<b>3</b> 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 (\$)
07/29/2024	Rangel, Teresa (Ms.)		\$5.0
	6 Contributor address; City; State; Zip Code		
	Amarillo, TX 79108		
-	upation / Job title (See Instructions)	9 Employer (See Instructions	
LVN		Goodcare Health Servic	ces
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/29/2024	Rangel, Teresa (Ms.)		\$5.0
	Contributor address; City; State; Zip Code		
	Amarillo, TX 79108		
-	ipation / Job title (See Instructions)	Employer (See Instructions	
LVN		Goodcare Health Servic	ces
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
07/29/2024	Rangel, Teresa (Ms.)		\$5.0
	Contributor address; City; State; Zip Code		
	Amarillo, TX 79108	-	
-	pation / Job title (See Instructions)	Employer (See Instructions	•
LVN		Goodcare Health Servic	ces
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
07/29/2024	Rangel, Teresa (Ms.)		\$5.0
	Contributor address; City; State; Zip Code		
	Amarillo, TX 79108	1	
-	pation / Job title (See Instructions)	Employer (See Instructions	
LVN		Goodcare Health Servic	ces
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
08/16/2024	Rangel, Teresa (Ms.)		\$5.0
Contributor address; City; State; Zip Code			
	Amarillo, TX 79108	-	
-	pation / Job title (See Instructions)	Employer (See Instructions	
LVN		Goodcare Health Servic	ces

	The Instruction Guide explains how to complete this form.				Total pages Schedule A1: Sch: 16/19 Rpt: 19/31	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
		ciation for Home Care and Hospice Inc Texas Hom			00015750	
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	08/16/2024	Rangel, Teresa (Ms.)				\$5.00
		6 Contributor address; City; State; Zip Code		1		
		Amarillo, TX 79108				
8		pation / Job title (See Instructions)	9 Employer (See Instructions			
	LVN		Goodcare Health Servic	es		
F	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	08/16/2024	Rangel, Teresa (Ms.)				\$5.00
		Contributor address; City; State; Zip Code		1		
		Amarillo, TX 79108				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions			
	LVN		Goodcare Health Servic	es		
F	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	08/16/2024	Rangel, Teresa (Ms.)				\$5.00
		Contributor address; City; State; Zip Code		1		
		Amarillo, TX 79108				
		pation / Job title (See Instructions)	Employer (See Instructions			
	LVN		Goodcare Health Servic	es		
Γ	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	08/16/2024	Rangel, Teresa (Ms.)				\$5.00
		Contributor address; City; State; Zip Code		1		
L		Amarillo, TX 79108				
			Employer (See Instructions			
	LVN		Goodcare Health Servic	es		
F	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	08/07/2024	Rash, Rose (Ms.)				\$119.05
	Contributor address; City; State; Zip Code		1			
		Corsicana, TX 75109				
Γ		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Owner/Direc	tor of Nursing	Angels At Home, Inc.			

	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 17/19 Rpt: 20/31	
2	2 FILER NAME			3	Filer ID (Ethics Commission	ו Filers)
	Texas Assoc	ciation for Home Care and Hospice Inc Texas Hom		1 I	00015750	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_	-	_	Amount of Contribution (\$)	
	07/29/2024	Reece, Miranda (Ms.)			· .	\$20.00
		6 Contributor address; City; State; Zip Code		•		
		Grapevine, TX 76051				
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	VP of Opera	tions	Paradigm Rehab & Nurs	sin	g LP	
F	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	08/14/2024	Reyes, Kathleen (Ms.)				\$8.00
	I	Contributor address; City; State; Zip Code		1		
	I	San Antonio, TX 78260				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Speech Lan	guage Pathologist Assistant	Ability Pediatric Therapy	У		
F	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	08/16/2024	Robison, Kristen (Ms.)				\$125.00
	I	Contributor address; City; State; Zip Code		1		
		San Antonio, TX 78209				
	•	upation / Job title (See Instructions)	Employer (See Instructions			
	RN, VP Gov	rt. Affairs, CCO	Angels of Care Pediatric	сH	ome Health	
	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	08/14/2024	Rodriguez, Kristine (Ms.)				\$10.00
		Contributor address; City; State; Zip Code		1		
		San Antonio, TX 78253				
	Principal occupation / Job title (See Instructions) Employer (See Instruction					
	Occupational Therapist Ability Pediatric Therap		y			
F	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	07/29/2024	Roman, Alexandra (Ms.)				\$10.00
	Contributor address; City; State; Zip Code		1			
		Abilene, TX 79606				
		upation / Job title (See Instructions)	Employer (See Instructions	3)		
	Account Exe	cutive	Paradigm HomeCare			

L					
The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 18/19 Rpt: 21/31	
2 FILER NAME				-	- Filoro)
	: ciation for Home Care and Hospice Inc Texas Hon	ne Care and Hospice PAC -	1	Filer ID (Ethics Commission 00015750	1 Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
07/30/2024	Sandoval, Vanessa (Ms.)				\$25.00
	6 Contributor address; City; State; Zip Code		1		
	Harlingen, TX 78552				
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>		
Administrato	Jr	Texas Visiting Nurse Se	ervi	ces Ltd.	l
Date	Full name of contributor out-of-state PAC (ID#:	<u></u> )	Γ	Amount of Contribution (\$)	
08/12/2024	Sardinea, Estefania (Ms.)				\$24.00
	Contributor address; City; State; Zip Code		$\left  \right $		
					ļ
					l
	Corsicana, TX 75110				
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
Clinical Man		Green Apple Therapy			l
Date	Full name of contributor out-of-state PAC (ID#:_	)	Π	Amount of Contribution (\$)	
08/16/2024	Smith , Linda (Ms.)			/ mount of 222	\$210.00
	Contributor address; City; State; Zip Code		1		<b>*</b> -
	San Antonio, TX 78248				l
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
CEO		En Su Casa Caregivers	;		
Date	Full name of contributor out-of-state PAC (ID#:_	)	Π	Amount of Contribution (\$)	
08/16/2024	Sugarman, Brenda (Ms.)				\$10.00
	Contributor address; City; State; Zip Code				
	Little Elm, TX 75068				
Principal occu	Principal occupation / Job title (See Instructions) Employer (See Instruction		5)		
Nurse	Nurse Angels of Care				
Date	Full name of contributor out-of-state PAC (ID#:_	)	Γ	Amount of Contribution (\$)	
07/29/2024	Yates, Jennifer (Ms.)				\$9.62
	Contributor address; City; State; Zip Code		1		
	Gilmer, TX 75644				
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)		
Executive Di	irector	Paradigm Rehab & Nurs	sin	g LP	

## MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 **1** Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 19/19 Rpt: 22/31 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC 00015750 4 Amount of Contribution (\$) Date 5 Full name of contributor out-of-state PAC (ID#: 7 08/14/2024 \$4.00 Young, Anita (Ms.) 6 Contributor address; City; State; Zip Code San Antonio, TX 78248 8 Principal occupation / Job title (See Instructions) 9 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.				Total pages S Sch: 1/1 Rp	Schedule C3: t: 23/31	
2	2 FILER NAME			3	Filer ID	(Ethics Commission Filers)	
Texas Association for Home Care and Hospice Inc Texas Home Care and Hospice				00015750			
4	Date	5	Corporation / Labor Organization name	6	Amount (\$)		
	08/01/2024		Texas Association for Home Care & Hospice, Inc.			922	2.28

Complete ONLY if direct

expenditure to benefit C/OH

	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 Re Fees Office O Food/Beverage Expense Polling E Gift/Awards/Memorials Expense Printing	oaymen verhead/ xpense Expense Wages/	ht/Reinbursement d/Rental Expense e /Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2 FILER NAME		:	3	Filer ID (Ethics Commission Filers)	
	Sch: 1/8 Rpt: 24/31	Texas Association for Home Care and Hospic	e Inc.	Texas		00015750	
4	Date	5 Payee name		•			
	08/08/2024	Capriglione Campaign, Giovanni (Rep.)					
6	Amount (\$) \$1,000.00	7 Payee address; City; State; Zip C P.O. Box 770	ode				
	\$1,000.00	1.0. box 110					
	Expenditure from corporate funds	Keller, TX 76244					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description			
	OF EXPENDITURE	Contributions/Donations Made By			utsi	de of Texas. Complete Schedule T.	
	EXFENDITORE	Candidate/Officeholder/Political Committee			ΤX,	officeholder living expense	
				Contribution			
9	9 Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH						
	Date	Payee name					
	08/02/2024	Global Payments Inc.					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$48.20	3550 Lenox Road, Suite 3000					
	Expenditure from corporate funds	Atlanta, GA 30326					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description			
	OF EXPENDITURE	Accounting/Banking				de of Texas. Complete Schedule T.	
						officeholder living expense	
				Credit card pro	oc	essing fee	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office so	Jght			Office held	
		1					
	Date	Payee name					
	07/30/2024	PayPal					
	Amount (\$)	Payee address; City; State; Zip C	ode				
	\$5.73	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	!	닏		de of Texas. Complete Schedule T.	
						officeholder living expense	
			1	Credit card pro	UC	essind lee	

Forms provided by Texas Ethics Commission

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: 2/8 Rpt: 25/31	Texas Association for Home Care and Hospice Inc Texas 00015750				
4 Date	5 Payee name				
07/30/2024	PayPal				
6 Amount (\$)       7 Payee address; City; State; Zip Code         \$0.66       2211 N. First St.					
corporate funds	San Jose, CA 95131				
8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Accounting/Banking       (b) Description 					
9 Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH					
Date	Payee name				
07/30/2024	PayPal				
Amount (\$)Payee address;City;State;Zip Code\$1.362211 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         (b) Description       Check if travel outside of Texas. Complete Schedule T.         Check if Austin, TX, officeholder living expense       Check if Austin, TX, officeholder living expense         Credit card processing fee       Credit card processing fee					
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
Date	Payee name				
07/30/2024	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</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/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: 3/8 Rpt: 26/31	Texas Association for Home Care and Hospice Inc Texas 00015750				
4 Date	5 Payee name				
07/30/2024	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 EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Accounting/Banking       (b) Description         (b) Description       Check if travel outside of Texas. Complete Schedule T.         (c) Check if Austin, TX, officeholder living expense         (c) Credit card processing fee					
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH					
Date	Payee name				
07/30/2024 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) 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				
07/30/2024	PayPal				
Amount (\$) \$1.99	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) 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 ONLY 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	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       Glft/Awards/Memorials Expense     Printing Expense     Travel Out of District				
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
Sch: 4/8 Rpt: 27/31					
4 Date	5 Payee name				
07/30/2024	PayPal				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$0.68 2211 N. First St.					
Expenditure from corporate funds	San Jose, CA 95131				
8 PURPOSE 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 expenditure to benefit C/OH       Candidate/Officeholder name       Office sought       Office held					
Date	Payee name				
07/30/2024 PayPal					
Amount (\$)	Payee address; City; State; Zip Code				
\$3.14					
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				
08/16/2024	PayPal				
Amount (\$)	Payee address; City; State; Zip Code				
\$0.84	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/OF	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: 5/8 Rpt: 28/31	Texas Association for Home Care and Hospice Inc Texas 00015750				
4 Date	5 Payee name				
08/16/2024	PayPal				
6 Amount (\$)       7 Payee address;       City;       State;       Zip Code         \$0.84       2211 N. First St.					
Expenditure from corporate funds	San Jose, CA 95131				
<ul> <li>8 PURPOSE OF EXPENDITURE</li> <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 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				
08/16/2024 PayPal					
Amount (\$) Payee address; City; State; Zip Code					
\$14.70 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/O	Candidate/Officeholder name Office sought Office held				
Date	Payee name				
08/16/2024	PayPal				
Amount (\$) \$7.81	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) 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 ONLY 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 B Candidate/Officeholder/Politic Credit Card Payment					
<b>1</b> Total pages Schedule F1:					
Sch: 6/8 Rpt: 29/31	Texas Association for Home Care and Hospice Inc Texas     00015750				
4 Date 08/16/2024					
6 Amount (\$) 7 Payee address; City; State; Zip Code \$2.85 2211 N. First St.					
corporate funds	San Jose, CA 95131				
8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Accounting/Banking       (b) Description         (b) Description       Check if travel outside of Texas. Complete Schedule T.         (c) Check if Austin, TX, officeholder living expense         (c) Credit card processing fee					
9 Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH					
Date	Payee name				
08/16/2024	PayPal				
Amount (\$)Payee address;City;State; Zip Code\$3.982211 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 H				
Date	Payee name				
08/16/2024	PayPal				
Amount (\$) \$4.85	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         <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 H				

EXPENDITURE CATEGORIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic: Credit Card Payment		
<b>1</b> Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
Sch: 7/8 Rpt: 30/31	Texas Association for Home Care and Hospice Inc Texas 00015750	
4 Date 08/16/2024	5 Payee name PayPal	
6 Amount (\$) \$1.36	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) 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/O	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
08/16/2024	PayPal	
Amount (\$) \$4.85	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</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	
Date	Payee name	
08/16/2024	PayPal	
Amount (\$) \$2.24	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         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/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: 8/8 Rpt: 31/31	Texas Association for Home Care and Hospice Inc Texas 00015750	
4 Date 08/16/2024	5 Payee name PayPal	
6 Amount (\$) \$1.36	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/O	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
08/16/2024	PayPal	
Amount (\$)	Payee address; City; State; Zip Code	
\$2.24	2211 N. First St.	
Expenditure from corporate funds	San Jose, CA 95131	
PURPOSE OF 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	
08/13/2024	Raymond Campaign, Richard (Rep.)	
Amount (\$)	Payee address; City; State; Zip Code	
\$1,500.00	P.O. Box 450345	
Expenditure from corporate funds	Laredo, TX 78045	
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense Contribution</li> </ul> </li> </ul>	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	