MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC COVER SHEET PG 1

Th	The MPAC Instruction Guide explains how to complete this form. 1 Filer ID (Ethics Commission Filers) 00015750 2 Total pages filed: 41					
3	COMMITTEE NAME			OFFICE USE ONLY		
	Texas Association State	for Home Care and Hospice Inc Texas H	lome Care and Hospice PAC -	Date Received ELECTRONICALLY FILED 10/07/2024		
4	COMMITTEE	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP	1		
	ADDRESS	9390 Research Blvd., Bldg. 1 Suite 300				
	Change of Address	Austin, TX 78759		Date Hand-delivered or Date Postmarked		
5	CAMPAIGN	MS / MRS / MR FIRST	MI			
	TREASURER NAME	Ms. Rachel		Receipt # Amount		
				Data Davasara		
		NICKNAME LAST	SUFFIX	Date Processed		
		Hammon		Date Imaged		
6	CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #; CITY; ST	ATE; ZIP CODE		
	TREASURER STREET	9390 Research Blvd., Bldg. 1 Suite 300				
	ADDRESS					
	(Residence or Business)	Austin, TX 78759				
7	CAMPAIGN	STREET ADDRESS OR PO BOX;	APT / SUITE #; CITY; ST	ATE; ZIP CODE		
	TREASURER MAILING	3737 Executive Center Dr., Ste. 268				
	ADDRESS					
	Change of Address	Austin, TX 78731				
8	CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION			
	TREASURER PHONE	(512) 338-9293				
	FIONE	(512) 550-9295				
9	REPORT TYPE	X Monthly	10th day after campaign treasurer termination	Dissolution (Attach PAC-DR)		
10	MONTHLY		r Dutor			
	REPORT FILING DEADLINE	January 5 April	5 July 5	X October 5		
		February 5 May	5 August 5	November 5		
		March 5 June	5 September 5	December 5		
11	PERIOD	Month Day Year	HROUGH Month	Day Year		
	COVERED	08/26/2024	09/25/2	2024		
	GO TO PAGE 2					
L For	Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V4.1.0.48da51f7					

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	lome Care and Hospice	e Inc Texas Home Care and Hospice	000157	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)	\$	18,384.07
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	19,065.62
CONTRIBUTION BALANCE	5. TOTAL POLITICAL C OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	135,937.79
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT			•	
		I swear, or affirm, under penalty of pe true and correct and includes all info under Title 15, Election Code.		
		Ms. Rach	iel Hammo	n
		Signature of Ca		
AFFIX NOTARY	STAMP / SEAL ABOVE			
Sworn to and subscribed	before me, by the said	, t	this the	day
		which, witness my hand and seal of office.		uuy
Signature of officer ad	lministering oath	Printed name of officer administering oath	Title of o	officer administering oath
Forms provided by Texas E	Ethics Commission	www.ethics.state.tx.us		Version V4.1.0.48da51f7

FORM MPAC

COVER SHEET PG 3 3 of 41

17 COMMITTEE NAME	(Ethics Commission Filers)	
Texas Association for Home Care and Hospice Inc Texas Home Care and Hospice		
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 17,461.79
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LAB	OR	\$
5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPOR LABOR ORGANIZATION	ATION OR	\$
6. X SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORC	GANIZATION	\$ 922.28
7. SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	2	\$
8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR	ORGANIZATION	\$
9. SCHEDULE E: LOANS		\$
10. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	IS	\$ 19,065.62
11. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUT	IONS	\$
13. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUT	IONS	\$
15. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$

SUBTOTALS - MPAC

SCHEDULE A	1\
------------	----

	The Instru	ction Guide explains how to complete this	s form.	1	Total pages Schedule A1: Sch: 1/18 Rpt: 4/41	
2	FILER NAME			3	Filer ID (Ethics Commission	ו Filers)
	Texas Association for Home Care and Hospice Inc Texas Home Care and Hospice PAC -		ome Care and Hospice PAC -		00015750	
4	Date	5 Full name of contributor out-of-state PAC (ID#)#:)	7	Amount of Contribution (\$)	
	09/24/2024	Andrews, Suzanne (Ms.)				\$50.00
		6 Contributor address; City; State; Zip Code		-		
			ļ			
			ļ			
		Pearland, TX 77581	ł			
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>		
	Occupationa		RiverKids Pediatric Hom		Health	
 	Date			$\overline{\mathbf{T}}$	Amount of Contribution (\$)	
	08/28/2024	Full name of contributor out-of-state PAC (ID# Avery, Amy (Ms.)	#:)			\$20.00
	00/20/2024					Φ20.00
		Contributor address; City; State; Zip Code	ļ			
			ļ			
		Tyler, TX 75701	ļ			
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	ر) ا		
	Physical The		Paradigm Rehab & Nurs		nID	
	-	- -				
	Date	—	D#:)		Amount of Contribution (\$)	t=00.00
l	09/24/2024					\$500.00
		Contributor address; City; State; Zip Code	ļ			
			ļ			
			ł			
		Austin, TX 78727		Ĺ		
		upation / Job title (See Instructions)	Employer (See Instructions	s)		
	Speech The		Sonrisad Therapy			
Γ	Date	Full name of contributor out-of-state PAC (ID#	#:)	Τ	Amount of Contribution (\$)	
	09/24/2024	Betts, Shelby (Ms.)	ł			\$500.00
		Contributor address; City; State; Zip Code		1		
			,			
			ļ			
		Memphis, TN 38119				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)		
	Director Bus	, Develop.	Whirks			
F	Date	Full name of contributor out-of-state PAC (ID#)	Τ	Amount of Contribution (\$)	
	08/28/2024	Brooks , Courtney (Ms.)				\$20.00
		Contributor address; City; State; Zip Code		1		
			ļ			
			ļ			
		Bullard, TX 75757	ł			
┢	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
		rector of Operations	Paradigm Rehab & Nurs		g LP	
┝						

SCHEDULE A	1\
------------	----

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 2/18 Rpt: 5/41	
2	2 FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	Texas Association for Home Care and Hospice Inc Texas Home Care and Hospice PAC				00015750	-
4	Date			7	Amount of Contribution (\$)	
•	09/24/2024	Bullock, Melissa (Ms.)	/	·		\$250.00
	051271252					Ψ200.00
		6 Contributor address; City; State; Zip Code				
		Sherman, TX 75090				
0	Dringingl occu		Employer (See Instructions	Γ		
ö		upation / Job title (See Instructions)	9 Employer (See Instructions Childrens Home Healtho		<u>_</u>	
_	Chief Operat					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	08/26/2024	Church Gutierrez, Amber (Ms.)				\$5.00
		Contributor address; City; State; Zip Code				
		Cypress, TX 77429				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	;)		
	Nurse		Angels of Care			
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	09/24/2024	Church Gutierrez, Amber (Ms.)				\$5.00
						\$ 3 .00
		Cypress, TX 77429				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	ـــــــــــــــــــــــــــــــــــــ		
	Nurse		Angels of Care			
╞━	Date	Full name of contributor Out-of-state PAC (ID#:		_	Amount of Contribution (\$)	
	09/24/2024	Colmenero, Efrem (Mr.)	/			\$2,500.00
	0912412024					ΦΖ,300.00
		Contributor address; City; State; Zip Code				
		McKinney, TX 75069				
-	Drincinal occu	upation / Job title (See Instructions)	Employer (See Instructions	\sum_{i}		
	Principal occu President Ov		Viva Pediatrics	9		
				—		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/24/2024	Colmenero, Efrem (Mr.)				\$2,500.00
		Contributor address; City; State; Zip Code				
		McKinney, TX 75069				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	;)		
	President Ov	wner	Viva Pediatrics			
			<u> </u>			

SCHEDULE A	1\
------------	----

The Instruction G	Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 3/18 Rpt: 6/41
2 FILER NAME	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 Date 5 Full	Date 5 Full name of contributor Out-of-state PAC (ID#:)		7 Amount of Contribution (\$)
08/28/2024 Cols	ston, Maureen (Ms.)		
	tributor address; City; State; Zip Code		\$10.00
U Com	induor address, City, State, Zip Code		
Tyle	er, TX 75702		
8 Principal occupation / J		9 Employer (See Instructions	I 5)
Associate Controller		Paradigm Rehab & Nurs	
Date Full	name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	nett, Valerie (Ms.))	\$40.00
Con	tributor address; City; State; Zip Code		
Kell	er, TX 76244		
	Job title (See Instructions)	Employer (See Instructions	
COSI		MAC Legacy	5)
			Amount of Contribution (A)
	name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	Davis , Sheila (Ms.)		\$12.50
Cont	tributor address; City; State; Zip Code		
Wic	hita Falls, TX 76310		
	Job title (See Instructions)	Employer (See Instructions	
CHCE; COS-C		Always Best Care Senio	
	name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	/illa, Lucena (Ms.)		\$200.00
Cont	tributor address; City; State; Zip Code		
Sug	ar Land, TX 77479		
	Job title (See Instructions)	Employer (See Instructions	2)
Owner/Administrator		Medical Insights & Care	
	name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	eshaw, Brittany (Ms.)		\$25.00
Cont	tributor address; City; State; Zip Code		
	ibury, TX 77534	·	
	Job title (See Instructions)	Employer (See Instructions	
Vice President of Ho	ome Therapy Services	MedCare Pediatric Nurs	sing

SCHEDULE A	1\
------------	----

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 4/18 Rpt: 7/41	
2	FILER NAME		3	Filer ID (Ethics Commission	n Filers)	
	Texas Association for Home Care and Hospice Inc Texas Home Care and Hospice PAC			00015750	,	
	Date		•	- -	Amount of Contribution (\$)	
4)	ľ	Amount of Contribution (\$)	¢0.00
	09/23/2024	Escamilla, Jamie (Ms.)				\$8.00
		6 Contributor address; City; State; Zip Code				
		San Antonio, TX 78258				
8	•	ipation / Job title (See Instructions)	9 Employer (See Instructions			
	MC CCC-Sp	eech Language Pathologist	Ability Pediatric Therapy	/		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/23/2024	Escobar, Christina (Ms.)				\$10.00
		Contributor address; City; State; Zip Code				
		Selma, TX 78154				
_	Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ເ)		
	Director of T		Ability Pediatric Therapy	·		
		···		, T		
	Date)		Amount of Contribution (\$)	# 050.00
	09/24/2024	Everett, Chrystal (Ms.)				\$250.00
		Contributor address; City; State; Zip Code				
		Wichita Falls, TX 76308				
		ipation / Job title (See Instructions)	Employer (See Instructions			
	Administrato)r	Wichita Home Health Se	erv	ices Inc.	
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	09/23/2024	Flores, Sonia (Ms.)				\$3.00
		Contributor address; City; State; Zip Code				
		Amarillo, TX 79109				
	Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	<u>ເ</u>		
		rsing Assistant	Goodcare Health Servic			
		-		1		
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	#00.00
	08/28/2024	Fox , Eric (Mr.)				\$20.00
		Contributor address; City; State; Zip Code				
		Whitehouse, TX 75791				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physical The	erapist	Paradigm Rehab & Nurs	sin	g LP	
l I						

SCHEDULE A	1\
------------	----

The Instru	uction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 5/18 Rpt: 8/41
2 FILER NAMI			3 Filer ID (Ethics Commission Filers
	ociation for Home Care and Hospice Inc Texas Hor		
4 Date			7 Amount of Contribution (\$)
09/24/2024		,	\$200
•••			
	Contributor address, City, State, Zip Code		
	Erie, CO 80516		
8 Principal occ	L cupation / Job title (See Instructions)	9 Employer (See Instructions	_I IS)
Administrat		Bloom Healthcare	-,
Date	Full name of contributor Out-of-state PAC (ID#:_		Amount of Contribution (\$)
09/24/2024		/	\$125 \$125
0312412027			Ψ±ε、
	Contributor address; City; State; Zip Code		
	Jefferson, TX 75657		
Drincinal occ		Employer (See Instructions	
Administrat	cupation / Job title (See Instructions)	Employer (See Instructions First in Pediatrics Home	
		<u> </u>	
Date	—)	Amount of Contribution (\$)
09/23/2024			
	Contributor address; City; State; Zip Code		
	San Antonio, TX 78230		
	cupation / Job title (See Instructions)	Employer (See Instructions	
Home Care	<u>,</u>	Ability Pediatric Therapy	у
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
09/12/2024	Hale, Kati (Ms.)		\$60
	Contributor address; City; State; Zip Code		
	Denton, TX 76208		
Principal occ	cupation / Job title (See Instructions)	Employer (See Instructions	ls)
соо		MAC Legacy	
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of Contribution (\$)
09/24/2024			\$500
-	Contributor address; City; State; Zip Code		
	Denton, TX 76208		
Principal occ	cupation / Job title (See Instructions)	Employer (See Instructions	 IS)
COO		MAC Legacy	5)

	The Instrue	ction Guide explains how to complete this f	1 Total pages Schedule A1: Sch: 6/18 Rpt: 9/41	
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
	Texas Assoc	iation for Home Care and Hospice Inc Texas Hom	ne Care and Hospice PAC -	00015750
4		5 Full name of contributor out-of-state PAC (ID#:_	-	7 Amount of Contribution (\$)
ľ	08/28/2024	Hammon, Rachel (Ms.)	/	\$21.00
	00,20,202	6 Contributor address; City; State; Zip Code		· · · ·
		Continuation address, City, State, Zip Code		
		Austin, TX 78732		
	Principal occu		9 Employer (See Instructions	c)
ľ	Executive Di		Texas Assn. for Home C	
╘				
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	09/24/2024	Hammon, Rachel (Ms.)		\$21.00
	Contributor address; City; State; Zip Code			
		Austin, TX 78732		
		pation / Job title (See Instructions)	Employer (See Instructions	
	Executive Di	rector	Texas Assn. for Home C	Care & Hospice Inc.
F	Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
	09/23/2024	Harding, Debra (Ms.)		\$2.00
		Contributor address; City; State; Zip Code		
		San Antonio, TX 78230		
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)
	Home Care		Ability HomeCare, Inc.	
⊨	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	09/24/2024	Henderson-Myers, Kristian	/	\$250.00
	0012-11202.	-		
		Contributor address; City; State; Zip Code		
		Buda, TX 78310		
\vdash	Drincinal occu	pation / Job title (See Instructions)	Employer (See Instructions	~\
	Administrato		Bridgeway Hospice	5)
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	09/24/2024	Hosley, Dennis (Mr.)		\$50.00
		Contributor address; City; State; Zip Code		
		Dallas, TX 75214		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)
	President CO	00	Pediatric Home Healthc	are
\vdash				

			· · · · · · · · · · · · · · · · · · ·			/
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 7/18 Rpt: 10/41	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Assor	ciation for Home Care and Hospice Inc Texas Hon	ne Care and Hospice PAC -		00015750	ļ
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	09/24/2024	Howard, Jesse (Mr.)	!			\$250.00
	I	6 Contributor address; City; State; Zip Code		1		ļ
	I		1			
	I	1	!			ļ
		McGregor, TX 76657		_		
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions			
	Healthcare		Girling Community Care	è		
F	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	09/24/2024	Howard, Jesse (Mr.)				\$25.00
	I	Contributor address; City; State; Zip Code		1		ļ
	I		1			
	I	1	!			l
	I	McGregor, TX 76657	1			
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	ـــــــــــــــــــــــــــــــــــــ		
	Healthcare		Girling Community Care	į		
F	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	08/28/2024	Hurst, Robyn (Ms.)				\$10.00
	I	Contributor address; City; State; Zip Code		1		
	I		1			
	I	1	!			
	I	Temple, TX 76502	1			l
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>ن</u> 3)		
	Executive Di	rector	Paradigm HomeCare			
F	Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u>	Γ	Amount of Contribution (\$)	
	08/28/2024	Jenkins , Jinny (Ms.)				\$50.00
	I	Contributor address; City; State; Zip Code		1		
	I		1			
	I	1	1			
		Crowley, TX 76036	!			
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Executive Di	rector	Paradigm Rehab & Nurs	sin	g LP	
F	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	08/28/2024	Klenke, Caprice (Ms.)	1			\$10.00
	I	Contributor address; City; State; Zip Code		1		
	I	1	1			
	I	1	1			
		Rio Vista, TX 76093		_		
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Account Exe	cutive	Paradigm HomeCare			
1						

	The Instruction Guide explains how to complete this form.				Total pages Schedule A1: Sch: 8/18 Rpt: 11/41	
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 -	1	00015750	-
4		· ·			Amount of Contribution (\$)	
	09/24/2024	Knight, Amy (Ms.)	,	·	/ #100m 01 22111212 (-)	\$50.00
l	00/2 //202 !	6 Contributor address; City; State; Zip Code		-		400.00
		b Contributor address, City, State, Zip Code				
	ļ	1				
	ļ	Austin, TX 78734				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	<u>ر</u> ا		
ľ	CPA		Knight CPA Group	5)		
╘				—		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	08/28/2024	Lawson, Kimberly (Ms.)				\$10.00
	ļ	Contributor address; City; State; Zip Code]		
	ļ	1				
		Bridgeport, TX 76426				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)		
	Area Directo	r of Sales	Paradigm HomeCare			
╞	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	09/24/2024	Learst, Renea (Ms.)				\$10.00
		Contributor address; City; State; Zip Code		1		-
		1				
	ļ	Wichita Falls, TX 76310				
⊢	Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions	⊥		
	Nurse		Angels of Care	5,		
╞				Τ	Amount of Contribution (\$)	
	Date	Full name of contributor out-of-state PAC (ID#:_)			¢10.00
	08/28/2024	Lloyd, Mitzi (Ms.)				\$10.00
		Contributor address; City; State; Zip Code				
		Tyler, TX 75703				
		ipation / Job title (See Instructions)	Employer (See Instructions			
	Human Reso	ources Manager	Paradigm Rehab & Nurs	sin	g LP	
F	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	09/24/2024	Luna, Norma (Ms.)				\$75.00
	ł	Contributor address; City; State; Zip Code				
	ļ					
	ļ					
	ļ	San Antonio, TX 78260				
⊢	Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	⊥ s)		
	Hospice Adr		Gentle Partners In Hosp		e l l C	
┝						

SCHEDULE	A1
----------	----

	The Instru	ction Guide explains how to complete this t	form.	1	Total pages Schedule A1: Sch: 9/18 Rpt: 12/41	_
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Assoc	Texas Association for Home Care and Hospice Inc Texas Home Care and Hospice PAC -		·	00015750	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	08/28/2024	Machado, Marisa (Ms.)	l			\$42.00
		6 Contributor address; City; State; Zip Code				
			I			
			I			
		Hutto, TX 78634	I			
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	COO		Texas Assn. for Homeca	are	& Hospice, Inc.	
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	09/24/2024	Machado, Marisa (Ms.)	I			\$42.00
		Contributor address; City; State; Zip Code		1		
			I			
		Hutto, TX 78634				
		ipation / Job title (See Instructions)	Employer (See Instructions			
	CO0		Texas Assn. for Homeca	are	& Hospice, Inc.	
	Date	Full name of contributor out-of-state PAC (ID#:	:)	Γ	Amount of Contribution (\$)	
	09/24/2024	Martin , Tyler				\$100.00
		Contributor address; City; State; Zip Code		1		
			l			
		Waco, TX 76708				
		upation / Job title (See Instructions)	Employer (See Instructions	s)		
	CEO		Pals Home Health			
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	09/23/2024	Martinez, Rebecca (Ms.)				\$5.00
		Contributor address; City; State; Zip Code	1	1		
			I			
	D 1 strad and	Amarillo, TX 79110		ŕ		
		upation / Job title (See Instructions)	Employer (See Instructions			
		rsing Assistant	Goodcare Health Servic	es		
	Date	Full name of contributor out-of-state PAC (ID#:	:)		Amount of Contribution (\$)	
	09/23/2024	Martinez, Rebecca (Ms.)				\$5.00
		Contributor address; City; State; Zip Code	I			
			I			
		Amerille TV 70110				
	D i sinclease	Amarillo, TX 79110		ŕ		
		upation / Job title (See Instructions)	Employer (See Instructions			
		rsing Assistant	Goodcare Health Servic	.es		

The Instru	uction Guide explains how to complete this f	1 Total pages Schedule A1: Sch: 10/18 Rpt: 13/41		
2 FILER NAME			3 Filer ID (Ethics Commission	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 (\$)	
09/23/2024		/		\$5.00
	6 Contributor address; City; State; Zip Code			T = 1 = 1
	Contributor address, City, State, Zip Code			
	Amarillo, TX 79110			
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	<u>.</u>	
	ursing Assistant	Goodcare Health Service		
Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u>	Amount of Contribution (\$)	
09/23/2024	—	/		\$5.00
0812312027				ψ0.00
	Contributor address; City; State; Zip Code			
	Amarillo, TX 79110			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
	Irsing Assistant	Goodcare Health Service		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	* 25 00
09/24/2024	09/24/2024 McClammy, Lisa (Ms.)			\$25.00
	Contributor address; City; State; Zip Code			
	Military TV 76600			
Dringingloog	Whitney, TX 76692		、 、	
RN Consult	upation / Job title (See Instructions)	Employer (See Instructions	5)	
		MAC Legacy		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
08/28/2024	McGraw, Joseph (Mr.)			\$20.00
	Contributor address; City; State; Zip Code			
	Tyler, TX 75703			
	upation / Job title (See Instructions)	Employer (See Instructions		
Business De	evelopment	Paradigm Rehab & Nurs	sing LP	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
08/26/2024	Meave, Adan (Mr.)			\$150.00
	Contributor address; City; State; Zip Code			
	Weslaco, TX 78599			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	;)	
Homecare	· · · · · · · · · · · · · · · · · · ·	El Rey Primary Health C	Care, LLC	

SCHEDULE A	1\
------------	----

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 11/18 Rpt: 14/41
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Texas Assoc	Texas Association for Home Care and Hospice Inc Texas Home Care and Hospice PAC -		00015750
4 Date	5 Full name of contributor Out-of-state PAC (ID#:	-	7 Amount of Contribution (\$)
09/24/2024	Meave, Adan (Mr.))	\$150.
03/24/2024			φ100.
	6 Contributor address; City; State; Zip Code		
	Weeless TX 70500		
	Weslaco, TX 78599		
	pation / Job title (See Instructions)	9 Employer (See Instructions	
Homecare		El Rey Primary Health C	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
09/24/2024	Mills , Sara (Ms.)		\$100.
	Contributor address; City; State; Zip Code		
	Austin, TX 78750		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	6)
Director Gov	ernment Affairs & Advocacy	Angels of Care	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
08/26/2024	Morales, Carlos (Mr.)		\$50.
	Lubbock, TX 79424		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)
Executive Vi	ce President	Caprock Home Health S	
Date	Full name of contributor Out-of-state PAC (ID#:	\	Amount of Contribution (\$)
09/24/2024	Morales, Carlos (Mr.))	\$50.
09/24/2024			φου.
	Contributor address; City; State; Zip Code		
	Lubbock, TX 79424		
Dringing oper	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
-	ce President	Caprock Home Health S	,
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
08/26/2024	Murphy, Maryann (Ms.)		\$25.
	Contributor address; City; State; Zip Code		
	Early, TX 76802		
	pation / Job title (See Instructions)	Employer (See Instructions	
RN		Lee HealthCare	

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 12/18 Rpt: 15/41
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	ciation for Home Care and Hospice Inc Texas Hon	ne Care and Hospice PAC -	00015750
4 Date 09/24/2024	 Full name of contributor out-of-state PAC (ID#: Murphy, Maryann (Ms.) Contributor address; City; State; Zip Code 		7 Amount of Contribution (\$) \$25.00
	Early, TX 76802		
8 Principal occu RN	pation / Job title (See Instructions)	9 Employer (See Instructions Lee HealthCare	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
08/28/2024	Nawaz, Kelly (Ms.)		\$50.00
	Contributor address; City; State; Zip Code Canton, TX 75103		
Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> \$)
Quality Assu		Paradigm Rehab & Nurs	
Date	Date Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)
08/26/2024	Olguin, Christie (Ms.)	/	\$10.00
	Contributor address; City; State; Zip Code San Antonio, TX 78254		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u></u>
Therapist		Angels of Care	·)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
09/24/2024	Painter, Andrew (Mr.)		\$500.00
	Contributor address; City; State; Zip Code Harlingen, TX 78552		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ٤)
President/Ov		APC Home Health Servi	
Date	Full name of contributor out-of-state PAC (ID#:])	Amount of Contribution (\$)
09/24/2024	Painter, Andrew (Mr.) Contributor address; City; State; Zip Code Harlingen, TX 78552		\$500.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
President/Ov	wner	APC Home Health Servi	ices, Inc.
President/Ov	vner	APC Home Health Servi	ices, Inc.

The Instru	ction Guide explains how to complete this fo	1 Total pages Schedule A1: Sch: 13/18 Rpt: 16/41	
2 FILER NAME			3 Filer ID (Ethics Commission 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 (\$)
09/24/2024	Palmer, Lee (Mr.)		\$50.00
	6 Contributor address; City; State; Zip Code		•
	Richmond, TX 77406		
8 Principal occl		9 Employer (See Instructions	<u>ا</u> ۶)
Administrato		Consolidated Home Hea	
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of Contribution (\$)
09/24/2024	Peterson, Michelle (Ms.)	/	\$100.00
0012 11202 1			, ,
	Contributor address; City; State; Zip Code		
	Cedar Creek, TX 78612		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)
VP of Opera		Bluebonnet Home Healt	
Date			Amount of Contribution (\$)
08/28/2024	Poynor, Joanne (Ms.)	/	\$80.00
	Contributor address; City; State; Zip Code		
	Tyler, TX 75701		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
Executive D		Paradigm HomeCare	<i>"</i>
Date		· · · · · · · · · · · · · · · · · · ·	Amount of Contribution (\$)
09/24/2024)	
09/24/2024	Ramon , Brenda (Ms.)		\$500.00
	Contributor address; City; State; Zip Code		
	Robstown, TX 78380		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
Administrato		Saint Benedict's Home F	·
			· · · · · · · · · · · · · · · · · · ·
Date 09/23/2024	Full name of contributor out-of-state PAC (ID#: Rangel, Teresa (Ms.))	Amount of Contribution (\$) \$5.00
0312312024			ψυ.υυ
	Contributor address; City; State; Zip Code		
	Amarillo, TX 79108		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	
LVN		Goodcare Health Servic	

Γ	The Instru	ction Guide explains how to complete this f	orm	1	Total pages Schedule A1:	
					Sch: 14/18 Rpt: 17/41	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Assoc	iation 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 (\$)	
	09/23/2024	Rangel, Teresa (Ms.)				\$5.00
		6 Contributor address; City; State; Zip Code		1		
Ļ		Amarillo, TX 79108		Ĺ		
8		pation / Job title (See Instructions)	9 Employer (See Instructions			
	LVN		Goodcare Health Servic	es		
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	09/23/2024	Rangel, Teresa (Ms.)				\$5.00
		Contributor address; City; State; Zip Code]		
		Amerille TV 70100				
┝	Dringinal occu	Amarillo, TX 79108	Employer (See Instructions	<u> </u>		
	LVN	pation / Job title (See Instructions)	Employer (See Instructions Goodcare Health Servic			
╘						
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	۴ ۲ 00
	09/23/2024					\$5.00
		Contributor address; City; State; Zip Code				
		Amarillo, TX 79108				
┝	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	LVN		Goodcare Health Servic			
⊨	Date	Full name of contributor out-of-state PAC (ID#:)	Г	Amount of Contribution (\$)	
	09/12/2024	Rash, Rose (Ms.))			\$119.05
	001121202.	Contributor address; City; State; Zip Code		•		Ψ110.00
		Continuator address, City, State, Zip Code				
		Corsicana, TX 75109				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Owner/Direc	tor of Nursing	Angels At Home, Inc.			
╞	Date	Full name of contributor out-of-state PAC (ID#:	·)	Γ	Amount of Contribution (\$)	
	08/28/2024	Reece, Miranda (Ms.)				\$40.00
		Contributor address; City; State; Zip Code		1		
		Grapevine, TX 76051				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	S)		
	VP of Opera	tions	Paradigm Rehab & Nurs	sin	g LP	
			•			

SCHEDULE	A1
----------	----

⊢						
The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 15/18 Rpt: 18/41		
2	FILER NAME			2	Filer ID (Ethics Commissio	n Eilore)
2					00015750	
		ciation for Home Care and Hospice Inc Texas Hom	-	L		
4		5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	09/23/2024	Reyes, Kathleen (Ms.)				\$8.00
		6 Contributor address; City; State; Zip Code				
		·				
		San Antonio, TX 78260				
8	Principal occi	upation / Job title (See Instructions)	9 Employer (See Instructions	ـــــــــــــــــــــــــــــــــــــ		
		iguage Pathologist Assistant	Ability Pediatric Therapy			
—				—		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/24/2024	Risinger, Melissa (Ms.)				\$5,000.00
		Contributor address; City; State; Zip Code				
		Powderly, TX 75473				
	Principal occl	upation / Job title (See Instructions)	Employer (See Instructions	ـــــــــــــــــــــــــــــــــــــ		
	President		Red River Health Care S		stems, Inc.	
_						
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	*100.00
	09/24/2024	Robison, Kristen (Ms.)				\$100.00
		Contributor address; City; State; Zip Code				
		San Antonio, TX 78209				
	Principal occl	upation / Job title (See Instructions)	Employer (See Instructions	;)		
	RN, VP Gov	rt. Affairs, CCO	Angels of Care Pediatric	: Н	ome Health	
F	Date	Full name of contributor Out-of-state PAC (ID#:		_	Amount of Contribution (\$)	
	09/24/2024	Robison, Kristen (Ms.)	/			\$125.00
	0312412024					Φ120.00
		Contributor address; City; State; Zip Code				
		San Antonio, TX 78209		L		
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions			
	RN, VP Govt. Affairs, CCO Angels of Car		Angels of Care Pediatric	: H	ome Health	
F	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	09/23/2024	Rodriguez, Kristine (Ms.)				\$10.00
	•••=•					Ŧ
	Contributor address; City; State; Zip Code					
		Con Antonio TV 70252				
		San Antonio, TX 78253				
		upation / Job title (See Instructions)	Employer (See Instructions			
	Occupationa	al Therapist	Ability Pediatric Therapy	/		
\square						
1						

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: Sch: 16/18 Rpt: 19/41		
2 FILER NAME			3 Filer ID (Ethics Commission Fi	ilers)	
Texas Asso	ciation for Home Care and Hospice Inc Texas Hor	ne Care and Hospice PAC -	00015750	,	
4 Date	5 Full name of contributor Out-of-state PAC (ID#:		7 Amount of Contribution (\$)		
08/28/2024	Roman, Alexandra (Ms.)			\$20.00	
	6 Contributor address; City; State; Zip Code				
	Abilene, TX 79606				
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	s)		
Account Exe	eutive	Paradigm HomeCare			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)		
09/24/2024	Rose, Thomas (Mr.)			\$100.00	
	Contributor address; City; State; Zip Code				
	Bradenton, FL 34203				
Principal occl	upation / Job title (See Instructions)	Employer (See Instructions	\$)		
Consultant		21st Century Consultant	ts		
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of Contribution (\$)		
08/26/2024	Sandoval, Vanessa (Ms.)			\$25.00	
	Contributor address; City; State; Zip Code				
	Harlingen, TX 78552				
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	\$)		
Administrato)r	Texas Visiting Nurse Se	ervices Ltd.		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)		
09/24/2024	Sandoval, Vanessa (Ms.)			\$25.00	
	Contributor address; City; State; Zip Code				
	Harlingen, TX 78552				
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions			
Administrato	זנ	Texas Visiting Nurse Se	ervices Ltd.		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)		
09/24/2024	Schexnayder, Jill (Ms.)		\$	\$200.00	
	Contributor address; City; State; Zip Code				
	Plano, TX 75074				
		Principal occupation / Job title (See Instructions) Employer (See Instructions			
Principal occu		Employer (See Instructions	3)		
	Schexnayder, Jill (Ms.) Contributor address; City; State; Zip Code) 	\$	\$20	

	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 17/18 Rpt: 20/41	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
		ciation for Home Care and Hospice Inc Texas Hon	ne Care and Hospice PAC -		00015750	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	09/24/2024	Smith , Linda (Ms.)	,			\$210.00
	1	6 Contributor address; City; State; Zip Code		1		
	ļ	1	,			
	ļ	1	,			
		San Antonio, TX 78248				
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	3)		
	CEO		En Su Casa Caregivers			
F	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	09/24/2024	Steigleder, Shannon (Ms.)				\$50.00
		Contributor address; City; State; Zip Code		1		
	ļ		,			
		1	,			
		Cross Plains, TX 76443	,			
⊢	Principal occu	I Ipation / Job title (See Instructions)	Employer (See Instructions	上 3)		
	RN Nurse Ad		Caprock Home Healthca	are	;	
╞	Date	Full name of contributor Out-of-state PAC (ID#:_	<u> </u>	Γ	Amount of Contribution (\$)	
	09/24/2024	Sugarman, Brenda (Ms.)				\$10.00
	00/24/202 .	Contributor address; City; State; Zip Code		-		Ψ±0.00
	ļ	Continuation address, City, State, Zip Code	,			
		1	,			
		Little Elm, TX 75068	,			
⊢	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	L 5)		
	Nurse		Angels of Care	,		
⊨		Full name of contributor Out-of-state PAC (ID#:		—	Amount of Contribution (\$)	
	Date 09/24/2024	Full name of contributor out-of-state PAC (ID#: Valladares, Lydia (Ms.))		Amount of Contribution (\$)	\$125.00
	09/24/2024					Φ129.00
	ļ	Contributor address; City; State; Zip Code	,			
		1	,			
	ļ	McAllen, TX 78501	,			
┡	Dringing occu	ipation / Job title (See Instructions)	Employer (See Instructions	Γ		
				5)		
L	Alternate Administrator Presidente Homecare		—			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	08/28/2024 Yates, Jennifer (Ms.)]		\$19.24
	Contributor address; City; State; Zip Code]			
		1	,			
L		Gilmer, TX 75644				
		pation / Job title (See Instructions)	Employer (See Instructions			
	Executive Director Paradigm Rehab & Nur			sin	g LP	
1						

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 **1** Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 18/18 Rpt: 21/41 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 09/23/2024 \$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

	The Instruction Guide explains how to complete this form.		1	Total pages S Sch: 1/1 Rp	Schedule C3: ht: 22/41		
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 (\$)		
	09/01/2024		Texas Association for Home Care & Hospice, Inc.			92	22.28

	EXPENDITURE CATEGORIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politice Credit Card Payment	Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhaed/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:			
Sch: 1/19 Rpt: 23/41	Texas Association for Home Care and Hospice Inc Texas 00015750		
4 Date 09/03/2024	5 Payee name Bucy Campaign III, John (Rep.)		
6 Amount (\$) \$1,500.00	7 Payee address; City; State; Zip Code 3016 Polar Ln., Suite 108		
corporate funds	Cedar Park, TX 78613		
8 PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Contribution 		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
09/03/2024	Flores Campaign, Pete (Sen.)		
Amount (\$) Payee address; City; State; Zip Code			
\$1,500.00	819 Water St., Suite 164		
Expenditure from corporate funds	Kerrville, TX 78028		
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Contribution 		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
09/03/2024	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 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 <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held		

1

8

9

Date

Date

4 Date

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Sch: 2/19 Rpt: 24/41 Texas Association for Home Care and Hospice Inc. - Texas 00015750 5 Payee name 09/19/2024 Harless Campaign, Sam (Rep.) 6 Amount (\$) Payee address; City; State; Zip Code 7 \$2,500.00 6630 Cypresswood Dr., Suite 150 Expenditure from Spring, TX 77379 corporate funds PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Contribution Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name 09/10/2024 Hinojosa Campaign, Gina (Rep.) Amount (\$) Payee address; City; State; Zip Code \$1,500.00 P.O. Box 300095 Expenditure from Austin, TX 78703 corporate funds PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By EXPENDITURE Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Contribution Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name 09/23/2024 Johnson Campaign, Ann (Rep.) Amount (\$) Payee address: City: State; Zip Code \$2,000.00 5601 West Loop S., Suite C218 Expenditure from corporate funds Houston, TX 77081 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By EXPENDITURE Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Contribution Complete ONLY if direct Candidate/Officeholder name Office held Office sought 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			
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)		
Sch: 3/19 Rpt: 25/41	Texas Association for Home Care and Hospice Inc Texas 00015750		
4 Date	5 Payee name		
08/26/2024	PayPal		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$5.73	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		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
08/26/2024	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) Accounting/Banking (b) Description		
EXPENDITURE	Check if Austin, TX, officeholder living expense		
	Credit card processing fee		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
08/26/2024	PayPal		
Amount (\$)	Payee address; City; State; Zip Code		
\$1.36	2211 N. First St.		
Expenditure from corporate funds	San Jose, CA 95131		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description		
EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.		
	Credit card processing fee		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		

Event Expense

Food/Beverage Expense

City;

Gift/Awards/Memorials Expense Legal Services

Fees

Advertising Expense Accounting/Banking

Consulting Expense

Credit Card Payment

Sch: 4/19 Rpt: 26/41

1

8

9 Cor

4 Date

08/26/2024

Expenditure from

OF

corporate funds PURPOSE

6 Amount (\$)

Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Total pages Schedule F1: 2 FILER NAME

\$1.36

5

7

Payee name

Payee address;

2211 N. First St.

San Jose, CA 95131

PayPal

SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) Texas Association for Home Care and Hospice Inc. - Texas 00015750 State; Zip Code (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Г

EXPENDITURE	Accounting/Banking		Check if travel outside of Texas. Complete Schulter Check if Austin, TX, officeholder living expense Credit card processing fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name	Office sought	Office held
Date	Payee name		
00/00/0004	DeviDel		

08/26/2024	PayPal
Amount (\$) \$0.84	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/O	Candidate/Officeholder name Office sought Office held
Date 08/26/2024	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 <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

1

8

9

Date

Date

4 Date

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Sch: 5/19 Rpt: 27/41 Texas Association for Home Care and Hospice Inc. - Texas 00015750 5 Payee name 08/26/2024 PayPal 6 Amount (\$) 7 Payee address; City; State; Zip Code \$0.68 2211 N. First St. Expenditure from San Jose, CA 95131 corporate funds PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Accounting/Banking **EXPENDITURE** Check if Austin, TX, officeholder living expense Credit card processing fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name 08/26/2024 PayPal Amount (\$) Payee address; City; State; Zip Code \$0.66 2211 N. First St. Expenditure from San Jose, CA 95131 corporate funds PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Accounting/Banking EXPENDITURE Check if Austin, TX, officeholder living expense Credit card processing fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name 09/24/2024 PayPal Amount (\$) Payee address: City; State; Zip Code \$7.72 2211 N. First St. Expenditure from corporate funds San Jose, CA 95131 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Accounting/Banking EXPENDITURE Check if Austin, TX, officeholder living expense Credit card processing fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held

Forms provided by Texas Ethics Commission

expenditure to benefit C/OH

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made E Candidate/Officeholder/Politic Credit Card Payment			
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)		
Sch: 6/19 Rpt: 28/41	Texas Association for Home Care and Hospice Inc Texas 00015750		
4 Date 09/24/2024	5 Payee name PayPal		
6 Amount (\$) \$17.94 Expenditure from corporate funds	 7 Payee address; City; State; Zip Code 2211 N. First St. San Jose, CA 95131 		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description Accounting/Banking		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held H		
Date	Payee name		
09/24/2024	PayPal		
Amount (\$) \$145.00	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 <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held H		
Date	Payee name		
09/24/2024	PayPal		
Amount (\$) \$1.94	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 <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held H		

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)		
Sch: 7/19 Rpt: 29/41	Texas Association for Home Care and Hospice Inc Texas 00015750		
4 Date	5 Payee name		
09/24/2024	PayPal		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$2.24	2211 N. First St.		
Expenditure from corporate funds	San Jose, CA 95131		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.		
-	Check if Austin, TX, officeholder living expense Credit card processing fee		
	create processing ree		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
09/24/2024	PayPal		
Amount (\$)	Payee address; City; State; Zip Code		
\$3.98	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 <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
09/24/2024	PayPal		
Amount (\$)	Payee address; City; State; Zip Code		
\$7.72	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 <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held		

1

8

9

Date

Date

4 Date

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Sch: 8/19 Rpt: 30/41 Texas Association for Home Care and Hospice Inc. - Texas 00015750 5 Payee name 09/24/2024 PayPal 6 Amount (\$) 7 Payee address; City; State; Zip Code \$3.98 2211 N. First St. Expenditure from San Jose, CA 95131 corporate funds PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Accounting/Banking **EXPENDITURE** Check if Austin, TX, officeholder living expense Credit card processing fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name 09/24/2024 PayPal Amount (\$) Payee address; City; State; Zip Code \$6.27 2211 N. First St. Expenditure from San Jose, CA 95131 corporate funds PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Accounting/Banking EXPENDITURE Check if Austin, TX, officeholder living expense Credit card processing fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name 09/24/2024 PayPal Amount (\$) Payee address: City; State; Zip Code \$14.94 2211 N. First St. Expenditure from corporate funds San Jose, CA 95131 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Accounting/Banking EXPENDITURE Check if Austin, TX, officeholder living expense Credit card processing fee

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

Event Expense

Fees

Advertising Expense Accounting/Banking

Consulting Expense

Credit Card Payment

Sch: 9/19 Rpt: 31/41

1

8

9

Date

4 Date

09/24/2024

Expenditure from

PURPOSE

OF

EXPENDITURE

Complete ONLY if direct

expenditure to benefit C/OH

corporate funds

6 Amount (\$)

Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Total pages Schedule F1: 2 FILER NAME

\$3.38

5

7

Payee name

Payee address;

2211 N. First St.

San Jose, CA 95131

Accounting/Banking

Payee name

PayPal

SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) Texas Association for Home Care and Hospice Inc. - Texas 00015750 City; State; Zip Code (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Credit card processing fee Candidate/Officeholder name Office sought Office held

09/24/2024	PayPal
Amount (\$) \$3.98	Payee address; City; State; Zip Code 2211 N. First St.
Expenditure from corporate funds	San Jose, CA 95131
PURPOSE OF EXPENDITURE	 (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 <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date 09/24/2024	Payee name 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	 (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 <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H

1

8

9

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Sch: 10/19 Rpt: 32/41 Texas Association for Home Care and Hospice Inc. - Texas 00015750 4 Date 5 Payee name 09/24/2024 PayPal 6 Amount (\$) 7 Payee address; City; State; Zip Code \$1.36 2211 N. First St. Expenditure from San Jose, CA 95131 corporate funds PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Accounting/Banking **EXPENDITURE** Check if Austin, TX, officeholder living expense Credit card processing fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 09/24/2024 PayPal Amount (\$) Payee address; City; State; Zip Code \$4.85 2211 N. First St. Expenditure from San Jose, CA 95131 corporate funds PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Accounting/Banking EXPENDITURE Check if Austin, TX, officeholder living expense Credit card processing fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 09/24/2024 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 Check if travel outside of Texas. Complete Schedule T. Accounting/Banking EXPENDITURE Check if Austin, TX, officeholder living expense Credit card processing fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

1

8

9

Date

Date

4 Date

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Sch: 11/19 Rpt: 33/41 Texas Association for Home Care and Hospice Inc. - Texas 00015750 5 Payee name 09/24/2024 PayPal 6 Amount (\$) 7 Payee address; City; State; Zip Code \$1.36 2211 N. First St. Expenditure from San Jose, CA 95131 corporate funds PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Accounting/Banking **EXPENDITURE** Check if Austin, TX, officeholder living expense Credit card processing fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name 09/24/2024 PayPal Amount (\$) Payee address; City; State; Zip Code \$3.98 2211 N. First St. Expenditure from San Jose, CA 95131 corporate funds PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Accounting/Banking EXPENDITURE Check if Austin, TX, officeholder living expense Credit card processing fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name 09/24/2024 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 Check if travel outside of Texas. Complete Schedule T. Accounting/Banking EXPENDITURE Check if Austin, TX, officeholder living expense Credit card processing fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

1

8

9

Date

Date

4 Date

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Sch: 12/19 Rpt: 34/41 Texas Association for Home Care and Hospice Inc. - Texas 00015750 5 Payee name PayPal 09/24/2024 6 Amount (\$) 7 Payee address; City; State; Zip Code \$5.73 2211 N. First St. Expenditure from San Jose, CA 95131 corporate funds PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Accounting/Banking **EXPENDITURE** Check if Austin, TX, officeholder living expense Credit card processing fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name 09/24/2024 PayPal Amount (\$) Payee address; City; State; Zip Code \$1.36 2211 N. First St. Expenditure from San Jose, CA 95131 corporate funds PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Accounting/Banking EXPENDITURE Check if Austin, TX, officeholder living expense Credit card processing fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name 09/24/2024 PayPal Amount (\$) Payee address: City; State; Zip Code \$1.36 2211 N. First St. Expenditure from corporate funds San Jose, CA 95131 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Accounting/Banking EXPENDITURE Check if Austin, TX, officeholder living expense Credit card processing fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

1

8

9

Date

Date

4 Date

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Sch: 13/19 Rpt: 35/41 Texas Association for Home Care and Hospice Inc. - Texas 00015750 5 Payee name 09/24/2024 PayPal 6 Amount (\$) 7 Payee address; City; State; Zip Code \$7.82 2211 N. First St. Expenditure from San Jose, CA 95131 corporate funds PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Accounting/Banking **EXPENDITURE** Check if Austin, TX, officeholder living expense Credit card processing fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name 09/24/2024 PayPal Amount (\$) Payee address; City; State; Zip Code \$0.84 2211 N. First St. Expenditure from San Jose, CA 95131 corporate funds PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Accounting/Banking EXPENDITURE Check if Austin, TX, officeholder living expense Credit card processing fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name 09/24/2024 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 Check if travel outside of Texas. Complete Schedule T. Accounting/Banking EXPENDITURE Check if Austin, TX, officeholder living expense Credit card processing fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Sch: 14/19 Rpt: 36/41 Texas Association for Home Care and Hospice Inc. - Texas 00015750 4 Date 5 Payee name 09/24/2024 PayPal 6 Amount (\$) 7 Payee address; City; State; Zip Code \$0.66 2211 N. First St. Expenditure from San Jose, CA 95131 corporate funds PURPOSE 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Accounting/Banking **EXPENDITURE** Check if Austin, TX, officeholder living expense Credit card processing fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held 9 expenditure to benefit C/OH Date Payee name 09/24/2024 PayPal Amount (\$) Payee address; City; State; Zip Code \$2.87 2211 N. First St. Expenditure from San Jose, CA 95131 corporate funds PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Accounting/Banking EXPENDITURE Check if Austin, TX, officeholder living expense Credit card processing fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 09/24/2024 PayPal Amount (\$) Payee address: City; State; Zip Code \$4.61 2211 N. First St. Expenditure from corporate funds San Jose, CA 95131 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Accounting/Banking EXPENDITURE Check if Austin, TX, officeholder living expense Credit card processing fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

1

8

9

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Sch: 15/19 Rpt: 37/41 Texas Association for Home Care and Hospice Inc. - Texas 00015750 4 Date 5 Payee name 09/24/2024 PayPal 6 Amount (\$) 7 Payee address; City; State; Zip Code \$1.99 2211 N. First St. Expenditure from San Jose, CA 95131 corporate funds PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Accounting/Banking **EXPENDITURE** Check if Austin, TX, officeholder living expense Credit card processing fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 09/24/2024 PayPal Amount (\$) Payee address; City; State; Zip Code \$8.97 2211 N. First St. Expenditure from San Jose, CA 95131 corporate funds PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Accounting/Banking EXPENDITURE Check if Austin, TX, officeholder living expense Credit card processing fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 09/24/2024 PayPal Amount (\$) Payee address: City; State; Zip Code \$14.94 2211 N. First St. Expenditure from corporate funds San Jose, CA 95131 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Accounting/Banking EXPENDITURE Check if Austin, TX, officeholder living expense Credit card processing fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

1

8

9

Date

Date

4 Date

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Sch: 16/19 Rpt: 38/41 Texas Association for Home Care and Hospice Inc. - Texas 00015750 5 Payee name PayPal 09/24/2024 6 Amount (\$) 7 Payee address; City; State; Zip Code \$17.94 2211 N. First St. Expenditure from San Jose, CA 95131 corporate funds PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Accounting/Banking **EXPENDITURE** Check if Austin, TX, officeholder living expense Credit card processing fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name 09/24/2024 PayPal Amount (\$) Payee address; City; State; Zip Code \$14.94 2211 N. First St. Expenditure from San Jose, CA 95131 corporate funds PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Accounting/Banking EXPENDITURE Check if Austin, TX, officeholder living expense Credit card processing fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name 09/24/2024 PayPal Amount (\$) Payee address: City; State; Zip Code \$14.94 2211 N. First St. Expenditure from corporate funds San Jose, CA 95131 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Accounting/Banking EXPENDITURE Check if Austin, TX, officeholder living expense Credit card processing fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

1

8

9

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Sch: 17/19 Rpt: 39/41 Texas Association for Home Care and Hospice Inc. - Texas 00015750 4 Date 5 Payee name 09/24/2024 PayPal 6 Amount (\$) 7 Payee address; City; State; Zip Code \$1.99 2211 N. First St. Expenditure from San Jose, CA 95131 corporate funds PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Accounting/Banking **EXPENDITURE** Check if Austin, TX, officeholder living expense Credit card processing fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 09/24/2024 PayPal Amount (\$) Payee address; City; State; Zip Code \$7.22 2211 N. First St. Expenditure from San Jose, CA 95131 corporate funds PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Accounting/Banking EXPENDITURE Check if Austin, TX, officeholder living expense Credit card processing fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 09/24/2024 PayPal Amount (\$) Payee address: City; State; Zip Code \$8.97 2211 N. First St. Expenditure from corporate funds San Jose, CA 95131 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Accounting/Banking EXPENDITURE Check if Austin, TX, officeholder living expense Credit card processing fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

1

8

9

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Sch: 18/19 Rpt: 40/41 Texas Association for Home Care and Hospice Inc. - Texas 00015750 4 Date 5 Payee name 09/24/2024 PayPal 6 Amount (\$) 7 Payee address; City; State; Zip Code 2211 N. First St. \$72.74 Expenditure from San Jose, CA 95131 corporate funds PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Accounting/Banking **EXPENDITURE** Check if Austin, TX, officeholder living expense Credit card processing fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 09/24/2024 PayPal Amount (\$) Payee address; City; State; Zip Code \$72.74 2211 N. First St. Expenditure from San Jose, CA 95131 corporate funds PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Accounting/Banking EXPENDITURE Check if Austin, TX, officeholder living expense Credit card processing fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 09/24/2024 Spiller Campaign, David (Rep.) Amount (\$) Payee address; City: State; Zip Code \$1,000.00 P.O. Box 447 Expenditure from corporate funds Jacksboro, TX 76458 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By EXPENDITURE Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Contribution Complete ONLY if direct Candidate/Officeholder name Office held Office sought 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 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: 19/19 Rpt: 41/41	Texas Association for Home Care and Hospice Inc Texas 00015750
4 Date	5 Payee name
09/24/2024	Texans for Bob Hall
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,500.00	6537 Horizon Road, Suite B-1
Expenditure from corporate funds	Rockwall, TX 75032
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/24/2024	Texans for Joan Huffman
Amount (\$)	Payee address; City; State; Zip Code
\$5,500.00	16010 Barkers Point Ln, Suite 265
Expenditure from corporate funds	Houston, TX 77079
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/20/2024	Zaffirini Campaign, Judith (Sen.)
Amount (\$)	Payee address; City; State; Zip Code
\$1,500.00	1407 Washington Street
Expenditure from corporate funds	Laredo, TX 78042
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held