MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC COVER SHEET PG 1

			1 Filer ID	2 Total pages filed:
Th	e MPAC Instruction (Guide explains how to complete this form.	(Ethics Commission Filers)	23
_	COMMITTEE NAME		00015750	
3		(-11	Lance Control III and the BAG	OFFICE USE ONLY
	State	for Home Care and Hospice Inc Texas F	nome Care and Hospice PAC -	Date Received
l	State			ELECTRONICALLY FILED
l				11/05/2024
4	COMMITTEE	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP	1
	ADDRESS	9390 Research Blvd., Bldg. 1 Suite 300	,,	
l		5000 Research Biva., Blag. 1 Calle 600		
l	Change of Address	Austin, TX 78759		
┝				Date Hand-delivered or Date Postmarked
5	CAMPAIGN TREASURER	MS / MRS / MR FIRST	MI	
l	NAME	Ms. Rachel		Receipt # Amount
l				Date Brassered
l		NICKNAME LAST	SUFFIX	Date Processed
l		Hammon	3311.00	Date Imaged
		Hammon		Date imaged
ہا	CAMBAIGN	OTDEET ADDRESS (NO DO DOV DI ELCE)	ADT / OUTTE // OUT /	ATE: 7ID CODE
6	CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #; CITY; STA	ATE; ZIP CODE
l	STREET	9390 Research Blvd., Bldg. 1 Suite 300		
l	ADDRESS (Residence or Business)			
l	(Nesidence of Business)	Austin, TX 78759		
7	CAMPAIGN	STREET ADDRESS OR PO BOX;	APT / SUITE #; CITY; ST	ATE; ZIP CODE
l	TREASURER	3737 Executive Center Dr., Ste. 268	, , ,	,
l	MAILING ADDRESS	CTOT EXCOUNTED CONTROL DIT, C.C. 200		
	Change of Address	Austin, TX 78731		
8	CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION	
l	TREASURER PHONE	(512) 338-9293		
		(012) 000 0200		
9	REPORT TYPE	Name to the second seco	10th day after campaign	T Bissalution (Attack BAC BB)
		X Monthly	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	X November 5
l		l estuary 5	August 3	November 3
		March 5 June	5 September 5	December 5
<u> </u>				
11	PERIOD COVERED	Month Day Year	Month HROUGH	Day Year
	COVERED	09/26/2024	10/25/2	2024
			-0.54.05.0	
		GO T	O PAGE 2	

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

2 COMMITTEE NAME	Llama Cara and Llaania		13 Filer ID	(Ethics Commission Filers)
		e Inc Texas Home Care and Hospice	00015750	
.4 COMMITTEE ACTIVITY	1. Candidates	A. Supported		
ACTIVITY	(Identify by name or, if applicable, classify by party.)			
(Attach lists on plain paper to complete this		B. Opposed		
report if necessary.)				
	2. Measures	A. Supported		
	(Describe by date and location of election and nature of issue.)			
		B. Opposed		
	Officeholders Assisted			
	(Identify by name or, if			
	applicable, classify by party.)			
5 CONTRIBUTION		POLITICAL CONTRIBUTIONS (OTHER THAN		
TOTALS		OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY)	\$	0.00
	I	qualifies for the higher itemization threshold		
	2. TOTAL POLITICA	L CONTRIBUTIONS	\$	10,580.83
	(OTHER THAN PLE	DGES, LOANS, OR GUARANTEES OF LOANS)		10,500.05
EXPENDITURE	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
TOTALS			٩	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	
				8,336.57
CONTRIBUTION	5. TOTAL POLITICAL (CONTRIBUTIONS MAINTAINED AS OF THE LAST	DAY .	
BALANCE	OF THE REPORTIN	G PERIOD	\$	137,267.78
OUTSTANDING	6. TOTAL PRINCIPAL	AMOUNT OF ALL OUTSTANDING LOANS AS OF 1	THE	
LOAN TOTALS	1	REPORTING PERIOD	\$	0.00
6 AFFIDAVIT				
		I swear, or affirm, under penalty of pe	riun, that the	accompanying report is
		true and correct and includes all infor	mation require	d to be reported by me
		under Title 15, Election Code.		
		Ma Dash	el Hammon	
		Signature of Ca	npaign measi	irei
AFFIX NOTAF	RY STAMP / SEAL ABOVE			
		, tł	nis the	day
of	, 20, to certify	which, witness my hand and seal of office.		
	1		-	
Signature of officer	aamınıstering oath	Printed name of officer administering oath	Litle of office	cer administering oath

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

3 of 23

					3 01 23
		EE NAME sociation for Home Care and Hospice Inc Texas Home Care and Hospice	18 Filer ID 00015750	(Ethics	s Commission Filers)
		E SUBTOTALS SCHEDULE		S	UBTOTAL AMOUNT
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	9,658.55
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOURGANIZATION	DR	\$	
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	\$		
6.	X	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$	922.28
7.		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$	
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (ORGANIZATION	\$	
9.		SCHEDULE E: LOANS		\$	
10.	. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$	8,336.57
11.	. 🔲	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
13.	. 🗆	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
14.	. 🔲	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
15.	. 🔲	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$	

	MONEI	ARY POLITICAL C	ONTRIBUTIO	INS	SCHEDULE A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1 Total pages Schedule A1: Sch: 1/8 Rpt: 4/23
2	FILER NAME Texas Assoc	ciation for Home Care and Hos	pice Inc Texas Home	e Care and Hospice PAC -	3 Filer ID (Ethics Commission Filers) 00015750
4	Date 10/23/2024	5 Full name of contributor Church Gutierrez, Amber (6 Contributor address; City; Sta	• • • • • • • • • • • • • • • • • • • •		7 Amount of Contribution (\$) \$5.00
		Cypress, TX 77429			
8	Principal occu Nurse	pation / Job title (See Instructions)	(°	9 Employer (See Instructions Angels of Care)
	Date 10/11/2024	Full name of contributor Collins, Robin (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#: atte; Zip Code		Amount of Contribution (\$) \$1,500.00
	Principal occu	Plano, TX 75093 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>
	Owner SLP	,		North Texas Therapy &	
	Date 10/11/2024	Full name of contributor Combs, Marcylle A. (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#:)	Amount of Contribution (\$) \$4,000.00
	Dain sin al acces	Argyle, TX 76226		Frankrick (October Street	Y
	Principal occu President/O	pation / Job title (See Instructions) wner		Employer (See Instructions Mac Legacy	·)
	Date 10/10/2024	Full name of contributor Cornett, Valerie (Ms.) Contributor address; City; Sta)	Amount of Contribution (\$) \$40.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions MAC Legacy)
	Date 10/11/2024	Full name of contributor Davis , Sheila (Ms.) Contributor address; City; Sta Wichita Falls, TX 76310	out-of-state PAC (ID#:)	Amount of Contribution (\$) \$12.50
		pation / Job title (See Instructions)		Employer (See Instructions	
	CHCE; COS		<u> </u>	Always Best Care Senio	i Services

	MONET	ARY POLITICAL (ONTRIBUTIO	JIN 5	SCHEDULE A1	
	The Instru	ction Guide explains how	to complete this fo	orm.	1 Total pages Schedule A1: Sch: 2/8 Rpt: 5/23	
2	FILER NAME Texas Assoc	ciation for Home Care and Ho	spice Inc Texas Hom	ne Care and Hospice PAC -	3 Filer ID (Ethics Commission Filers) 00015750	
4	Date 10/11/2024	5 Full name of contributorDilleshaw, Brittany (Ms.)6 Contributor address; City; St	out-of-state PAC (ID#:_		7 Amount of Contribution (\$) \$25.0)0
		Danbury, TX 77534				
8	•	pation / Job title (See Instructions ent of Home Therapy Services	·	9 Employer (See Instructions MedCare Pediatric Nurs		
	Date 10/15/2024	Full name of contributor Escamilla, Jamie (Ms.) Contributor address; City; St	out-of-state PAC (ID#:_		Amount of Contribution (\$) \$8.0)0
	Principal occu	San Antonio, TX 78258 pation / Job title (See Instructions	s)	Employer (See Instructions	<u> </u> 	
	MC CCC-Sp	eech Language Pathologist		Ability Pediatric Therapy	/	
	Date 10/15/2024	Full name of contributor Escobar, Christina (Ms.) Contributor address; City; St	out-of-state PAC (ID#:_		Amount of Contribution (\$) \$10.0)0
		Selma, TX 78154				
	Principal occu Director of T	pation / Job title (See Instructions herapy	5)	Employer (See Instructions Ability Pediatric Therapy		
	Date 10/22/2024	Full name of contributor Flores, Sonia (Ms.) Contributor address; City; St Amarillo, TX 79109)	Amount of Contribution (\$) \$3.0)0
	·	pation / Job title (See Instructions sing Assistant	5)	Employer (See Instructions Goodcare Health Servic		
	Date 10/11/2024	Full name of contributor Goolsby, Sharon (Ms.) Contributor address; City; St Jefferson, TX 75657	out-of-state PAC (ID#:_)	Amount of Contribution (\$) \$125.0)0
	Principal occu Administrato	pation / Job title (See Instructions r	5)	Employer (See Instructions First in Pediatrics Home		
					·	

	MONEI	ARY POLITICAL C	ONTRIBUTIO	JIN 5		SCHEDULI	E A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 3/8 Rpt: 6/23	
2	FILER NAME Texas Assoc	iation for Home Care and Hos	spice Inc Texas Hom	ne Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	n Filers)
4	Date 10/15/2024	5 Full name of contributor Graham-Stone, Mary (Ms.6 Contributor address; City; St	·		7	Amount of Contribution (\$)	\$5.00
		San Antonio, TX 78230					
8	Principal occu Home Care	pation / Job title (See Instructions)	9 Employer (See Instructions Ability Pediatric Therapy			
	Date 10/10/2024	Full name of contributor Hale, Kati (Ms.) Contributor address; City; St				Amount of Contribution (\$)	\$60.00
	Principal occu	Denton, TX 76208 pation / Job title (See Instructions)	Employer (See Instructions MAC Legacy	5)		
	Date 10/15/2024	Full name of contributor Harding, Debra (Ms.) Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code)		Amount of Contribution (\$)	\$2.00
_	Principal occu	San Antonio, TX 78230 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Home Care			Ability HomeCare, Inc.			
	Date 10/11/2024	Full name of contributor Hosley, Dennis (Mr.) Contributor address; City; St				Amount of Contribution (\$)	\$50.00
	Principal occu	Dallas, TX 75214 pation / Job title (See Instructions)	Employer (See Instructions Pediatric Home Healthc		;	
	Date 10/23/2024	Full name of contributor Howard, Jesse (Mr.) Contributor address; City; St McGregor, TX 76657	out-of-state PAC (ID#:_ ate; Zip Code)		Amount of Contribution (\$)	\$25.00
	Principal occu Healthcare	pation / Job title (See Instructions)	Employer (See Instructions Girling Community Care			

	MONEI	ARY POLITICAL C	ONTRIBUTIO	INS		SCHEDUI	LE A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 4/8 Rpt: 7/23	
2	FILER NAME Texas Assoc	iation for Home Care and Hos	pice Inc Texas Hom	e Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	on Filers)
4	Date 10/11/2024	5 Full name of contributor Knight, Amy (Ms.)6 Contributor address; City; Sta)	7	Amount of Contribution (\$)	\$125.00
		Austin, TX 78734					
8	Principal occu CPA	pation / Job title (See Instructions)		9 Employer (See Instructions Knight CPA Group	i)		
	Date 10/11/2024	Full name of contributor Learst, Renea (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
	Principal occu	Wichita Falls, TX 76310 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Nurse			Angels of Care			
	Date 10/11/2024	Full name of contributor Luna, Norma (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$75.00
		San Antonio, TX 78260					
	Principal occu Hospice Adr	pation / Job title (See Instructions) ninistrator		Employer (See Instructions Gentle Partners In Hosp		: LLC	
	Date 10/11/2024	Full name of contributor Marsh, Phil (Mr.) Contributor address; City; Sta Trophy Club, TX 76180				Amount of Contribution (\$)	\$2,500.00
	Principal occu CEO/Preside	pation / Job title (See Instructions)		Employer (See Instructions A-Z Pediatric Therapy	5)		
	Date 10/22/2024	Full name of contributor Martinez, Rebecca (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$20.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Certified Nur	sing Assistant		Goodcare Health Servic	es		

	MONET	ARY POLITICAL (CONTRIBUTIO	JNS		SCHEDUL	E A1
	The Instru	ction Guide explains hov	v to complete this f	orm.	1	Total pages Schedule A1: Sch: 5/8 Rpt: 8/23	
2	FILER NAME Texas Assoc	ciation for Home Care and Ho	spice Inc Texas Hon	ne Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	n Filers)
4	Date 10/11/2024	5 Full name of contributor McClammy, Lisa (Ms.)6 Contributor address; City; S)	7	Amount of Contribution (\$)	\$25.00
		Whitney, TX 76692		_			
8	Principal occu RN Consulta	pation / Job title (See Instruction: .nt	5)	Employer (See Instructions MAC Legacy	5)		
	Date 10/23/2024	Full name of contributor Meave, Adan and Monica Contributor address; City; S Weslaco, TX 78599				Amount of Contribution (\$)	\$150.00
	Principal occu Homecare	pation / Job title (See Instruction	5)	Employer (See Instructions El Rey Primary Health C		e, LLC	
	Date 10/23/2024	Full name of contributor Morales, Carlos (Mr.) Contributor address; City; S Lubbock, TX 79424				Amount of Contribution (\$)	\$50.00
	Principal occu Executive Vi	pation / Job title (See Instruction:	5)	Employer (See Instructions Caprock Home Health S		vices Inc	
	Date 10/23/2024	Full name of contributor Murphy, Maryann (Ms.) Contributor address; City; S	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$25.00
	Principal occu	Early, TX 76802 pation / Job title (See Instruction:	5)	Employer (See Instructions Lee HealthCare	<u> </u> s)		
	Date 10/11/2024	Full name of contributor Olguin, Christie (Ms.) Contributor address; City; S San Antonio, TX 78254	out-of-state PAC (ID#:_		•	Amount of Contribution (\$)	\$10.00
	Principal occu Therapist	pation / Job title (See Instruction	s)	Employer (See Instructions Angels of Care	<u>s)</u>		
				1			

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NO S		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 6/8 Rpt: 9/23	
2	FILER NAME Texas Assoc	iation for Home Care and Hos	pice Inc Texas Hom	ne Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	n Filers)
4	Date 10/23/2024	5 Full name of contributor Palmer, Lee (Mr.)6 Contributor address; City; States			7	Amount of Contribution (\$)	\$50.00
		Richmond, TX 77406					
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions	s)		
	Administrato	r		Consolidated Home Hea	alth	1	
	Date 10/23/2024	Full name of contributor Peterson, Michelle (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#:_		•	Amount of Contribution (\$)	\$100.00
		Cedar Creek, TX 78612					
		pation / Job title (See Instructions)		Employer (See Instructions	′		
	VP of Opera	tions		Bluebonnet Home Healt	th (Care of Texas, Inc.	
	Date 10/22/2024	Full name of contributor Rangel, Teresa (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$20.00
		Amarillo, TX 79108					
	Principal occu LVN	pation / Job title (See Instructions)		Employer (See Instructions Goodcare Health Service			
	Date 10/04/2024	Full name of contributor Rash, Rose (Ms.) Contributor address; City; Sta)		Amount of Contribution (\$)	\$119.05
		pation / Job title (See Instructions) tor of Nursing		Employer (See Instructions Angels At Home, Inc.	<u> </u> S)		
	Date 10/11/2024	Full name of contributor Robison, Kristen (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#:_ ate; Zip Code)		Amount of Contribution (\$)	\$125.00
	Principal occu	pation / Job title (See Instructions)	1	Employer (See Instructions	<u>L</u>		
	•	t. Affairs, CCO		Angels of Care Pediatric	•	ome Health	
			•				

Date Full name of contributor out-of-state PAC (ID#: 10/11/2024 Smith , Linda (Ms.) Contributor address; City; State; Zip Code San Antonio, TX 78248 Principal occupation / Job title (See Instructions) Employer (See In En Su Casa Casa Casa Casa Casa Casa Casa Cas	7 Amount of Contribution (\$) Instructions) ric Therapy Amount of Contribution (\$) \$25.00
Texas Association for Home Care and Hospice Inc Texas Home Care and Hospid 4 Date	Instructions) Amount of Contribution (\$) Amount of Contribution (\$) Amount of Contribution (\$) \$25.00
10/15/2024 Rodriguez, Kristine (Ms.) 6 Contributor address; City; State; Zip Code San Antonio, TX 78253 8 Principal occupation / Job title (See Instructions) Occupational Therapist Date 10/23/2024 Full name of contributor out-of-state PAC (ID#: Sandoval, Vanessa (Ms.) Contributor address; City; State; Zip Code Harlingen, TX 78552 Principal occupation / Job title (See Instructions) Administrator Employer (See Instructions) Administrator Out-of-state PAC (ID#: Smith , Linda (Ms.) Contributor address; City; State; Zip Code San Antonio, TX 78248 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Contributor address; City; State; Zip Code San Antonio, TX 78248 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions)	Instructions) ric Therapy Amount of Contribution (\$) \$25.00 Instructions)
8 Principal occupation / Job title (See Instructions) Occupational Therapist Date 10/23/2024 Full name of contributor Sandoval, Vanessa (Ms.) Contributor address; City; State; Zip Code Harlingen, TX 78552 Principal occupation / Job title (See Instructions) Administrator Date 10/11/2024 Full name of contributor Out-of-state PAC (ID#: Texas Visiting Instructions) Contributor address; City; State; Zip Code Smith , Linda (Ms.) Contributor address; City; State; Zip Code San Antonio, TX 78248 Principal occupation / Job title (See Instructions) CEO Employer (See Instructions)	Amount of Contribution (\$) \$25.00 Instructions)
Occupational Therapist Date 10/23/2024 Full name of contributor Sandoval, Vanessa (Ms.) Contributor address; City; State; Zip Code Harlingen, TX 78552 Principal occupation / Job title (See Instructions) Administrator Date 10/11/2024 Full name of contributor Smith , Linda (Ms.) Contributor address; City; State; Zip Code San Antonio, TX 78248 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Contributor address; City; State; Zip Code San Antonio, TX 78248 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) CEO En Su Casa Ca	Amount of Contribution (\$) \$25.00 Instructions)
Date 10/23/2024 Full name of contributor out-of-state PAC (ID#: Sandoval, Vanessa (Ms.) Contributor address; City; State; Zip Code Harlingen, TX 78552 Principal occupation / Job title (See Instructions) Administrator Date 10/11/2024 Full name of contributor out-of-state PAC (ID#: 10/11/2024 Smith , Linda (Ms.) Contributor address; City; State; Zip Code San Antonio, TX 78248 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions)	Amount of Contribution (\$) \$25.00
10/23/2024 Sandoval, Vanessa (Ms.) Contributor address; City; State; Zip Code Harlingen, TX 78552 Principal occupation / Job title (See Instructions) Administrator Texas Visiting Date 10/11/2024 Smith , Linda (Ms.) Contributor address; City; State; Zip Code San Antonio, TX 78248 Principal occupation / Job title (See Instructions) Employer (See Instructions)	\$25.00 Instructions)
Principal occupation / Job title (See Instructions) Administrator Date 10/11/2024 Smith , Linda (Ms.) Contributor address; City; State; Zip Code San Antonio, TX 78248 Principal occupation / Job title (See Instructions) CEO Employer (See Instructions) Employer (See Instructions) Employer (See Instructions)	
Administrator Date Full name of contributor out-of-state PAC (ID#: 10/11/2024 Smith , Linda (Ms.) Contributor address; City; State; Zip Code San Antonio, TX 78248 Principal occupation / Job title (See Instructions) CEO Employer (See In En Su Casa Case)	
Date Full name of contributor out-of-state PAC (ID#: Smith , Linda (Ms.) Contributor address; City; State; Zip Code San Antonio, TX 78248 Principal occupation / Job title (See Instructions) Employer (See In En Su Casa Case) En Su Casa Case	g Nurse Services Ltd.
10/11/2024 Smith , Linda (Ms.) Contributor address; City; State; Zip Code San Antonio, TX 78248 Principal occupation / Job title (See Instructions) CEO Employer (See In En Su Casa Ca	
Principal occupation / Job title (See Instructions) CEO En Su Casa Ca) Amount of Contribution (\$) \$210.00
CEO En Su Casa Ca	
Date Full name of contributor 10/11/2024 Sugarman, Brenda (Ms.) Contributor address; City; State; Zip Code	Amount of Contribution (\$) \$10.00
Little Elm, TX 75068	
Principal occupation / Job title (See Instructions) Employer (See In Angels of Care	
Date Full name of contributor out-of-state PAC (ID#: Valladares, Lydia (Ms.) Contributor address; City; State; Zip Code McAllen, TX 78501) Amount of Contribution (\$) \$125.00
Principal occupation / Job title (See Instructions) Employer (See In	
Alternate Administrator Presidente Hor	Instructions)

	MONET	ARY POLITICAL CONTRIBUTION	ΟN	IS		SCHEDULE A1
	The Instru	ction Guide explains how to complete this t	forı	m.	1	Total pages Schedule A1: Sch: 8/8 Rpt: 11/23
2	FILER NAME Texas Assoc	ciation for Home Care and Hospice Inc Texas Hor	me '	Care and Hospice PAC -	1	Filer ID (Ethics Commission Filers) 00015750
4	Date 10/15/2024	5 Full name of contributor out-of-state PAC (ID#: Young, Anita (Ms.) 6 Contributor address; City; State; Zip Code			_	Amount of Contribution (\$) \$4.00
8	Principal occu	San Antonio, TX 78248 upation / Job title (See Instructions) erapist	9	Employer (See Instructions Ability Pediatric Therapy		

MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C3

	The Instru	ction Guide explains how to complete this form.	1	Total pages Schedule C3: Sch: 1/1 Rpt: 12/23
2	FILER NAME		3	Filer ID (Ethics Commission Filers)
	Texas Assoc	ciation for Home Care and Hospice Inc Texas Home Care and Hospice		00015750
4	Date	5 Corporation / Labor Organization name	6	Amount (\$)
	10/01/2024	Texas Association for Home Care & Hospice, Inc.		922.28

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
orodic odra i dymoni	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 1/11 Rpt: 13/23	Texas Association for Home Care and Hospice Inc Texas 00015750
4 Date	5 Payee name
10/02/2024	Global Payments Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$48.20	3550 Lenox Road, Suite 3000
Expenditure from corporate funds	Atlanta, GA 30326
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	Check if Austin, TX, officeholder living expense
	Credit card processing fee
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
S. PS. Island to Bollont 0/01	
Date	Payee name
10/18/2024	Gonzalez Campaign, Mary (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$2,000.00	P.O. Box 450
Expenditure from corporate funds	Clint, TX 79836
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Contribution
2 1 2 2 1 1 2 1 1	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
'	
Date	Payee name
10/25/2024	Hull Campaign, Lacey (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	10190 Katy Fwy., Suite 555G
Expenditure from corporate funds	Houston, TX 77043
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	Candidate/Officeholder/Political Committee
	Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
Ground Gara Faymone	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 2/11 Rpt: 14/23	Texas Association for Home Care and Hospice Inc Texas 00015750
4 Date	5 Payee name
10/15/2024	Johnson Campaign, Nathan (Sen.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	12222 Merit Drive, Suite 1010
Expenditure from corporate funds	Dallas, TX 75251
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	Contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	7
Date	Payee name
10/11/2024	PayPal
Amount (\$)	Payee address; City; State; Zip Code
\$0.68	2211 N. First St.
_	
Expenditure from corporate funds	San Jose, CA 95131
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	Cradit cord processing for
	Credit card processing fee
Complete ONLY If allow	Condidate/Officeholder name
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/11/2024	PayPal
Amount (\$)	Payee address; City; State; Zip Code
\$2.87	2211 N. First St.
- Formanditus Com	
Expenditure from corporate funds	San Jose, CA 95131
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Credit card processing fee
0 1. 6	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Superioritate to bottom of of	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (external part listed above)

Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 3/11 Rpt: 15/23	Texas Association for Home Care and Hospice Inc Texas 00015750
4 Date	5 Payee name
10/11/2024	PayPal
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$4.61	2211 N. First St.
- Evpanditura from	
Expenditure from corporate funds	San Jose, CA 95131
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Credit card processing fee
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
10/11/2024	PayPal
Amount (\$)	Payee address; City; State; Zip Code
\$3.86	2211 N. First St.
Expenditure from corporate funds	San Jose, CA 95131
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Credit card processing fee
	Ground data processing for
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
10/11/2024	PayPal
Amount (\$)	Payee address; City; State; Zip Code
\$1.36	2211 N. First St.
Ψ1.00	
Expenditure from corporate funds	San Jose, CA 95131
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	Credit card processing foe
	Credit card processing fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (orders extended that is a second or secon

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 4/11 Rpt: 16/23	Texas Association for Home Care and Hospice Inc Texas 00015750
4 Date	5 Payee name
10/11/2024	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	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	Credit card processing fee
	Credit card processing ree
Complete CNII V if direct	Candidate/Officeholder name Office cought Office hold
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/11/2024	PayPal
Amount (\$)	Payee address; City; State; Zip Code
\$0.84	2211 N. First St.
Expenditure from corporate funds	San Jose, CA 95131
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Credit card processing fee
2 1 2 2 1 1 2 1	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
,	
Date	Payee name
10/11/2024	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	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Credit card processing fee
_	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 5/11 Rpt: 17/23	Texas Association for Home Care and Hospice Inc Texas 00015750
4 Date	5 Payee name
10/11/2024	PayPal
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$4.85	2211 N. First St.
Expenditure from corporate funds	San Jose, CA 95131
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Credit card processing fee
	Credit card processing ree
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
10/11/2024	PayPal
Amount (\$)	Payee address; City; State; Zip Code
\$1.36	2211 N. First St.
Expenditure from corporate funds	San Jose, CA 95131
PURPOSE	(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 eard processing for
	Credit card processing fee
Commission ONLL V if disease	Constitute (Office helds a name Office acquire)
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
<u> </u>	
Date	Payee name
10/11/2024	PayPal
Amount (\$)	Payee address; City; State; Zip Code
\$7.82	2211 N. First St.
Expenditure from corporate funds	San Jose, CA 95131
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
LA LIBITORE	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
2 1 2 2010 3701	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Candidate/Officeholder/Politica Credit Card Payment	Al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
Sch: 6/11 Rpt: 18/23	Texas Association for Home Care and Hospice Inc Texas 00015750	
4 Date	5 Payee name	
10/11/2024	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	
	Credit card processing fee	
		_
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H	
		_
Date	Payee name	
10/11/2024	PayPal	
Amount (\$)	Payee address; City; State; Zip Code	_
\$4.85	2211 N. First St.	
Expenditure from corporate funds	San Jose, CA 95131	
PURPOSE	(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	
2 1 2 2 1 1 1 1 1		_
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
10/11/2024	PayPal	
Amount (\$)	Payee address; City; State; Zip Code	_
\$43.84	2211 N. First St.	
Expenditure from corporate funds	San Jose, CA 95131	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.	
LXI LINDITORL	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	
experientare to beliefit 0/0		
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
Sch: 7/11 Rpt: 19/23	Texas Association for Home Care and Hospice Inc Texas 00015750	
4 Date	5 Payee name	
10/11/2024	PayPal	
6 Amount (\$)	7 Payee address; City; State; Zip Code	_
\$72.74	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	
	Great card processing ree	
O Commission ONLL V if disease	Constitute / Office helds	_
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
,		_
Date	Payee name	
10/11/2024	PayPal	
Amount (\$)	Payee address; City; State; Zip Code	_
\$116.09	2211 N. First St.	
Expenditure from corporate funds	San Jose, CA 95131	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense	
	Credit card processing fee	
		_
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
experience to bettern eyes		
Date	Payee name	
10/23/2024	PayPal	
Amount (\$)	Payee address; City; State; Zip Code	_
\$5.73	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 Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	Credit card processing fee	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/O		
		_

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 8/11 Rpt: 20/23	Texas Association for Home Care and Hospice Inc Texas 00015750
4 Date	5 Payee name
10/23/2024	PayPal
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.99	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
	3 · · · · · · · · · · · · · · · · · · ·
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
10/23/2024	PayPal
Amount (\$)	Payee address; City; State; Zip Code
\$0.66	2211 N. First St.
φ0.00	ZZII N. FIISt St.
Expenditure from corporate funds	San Jose, CA 95131
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	Cradit cord proceeding for
	Credit card processing fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
Date	Payee name
10/23/2024	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 EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Credit card processing fee
Commission ONLY if dispose	Condidate/Officeholder name Office pought
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
•	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 9/11 Rpt: 21/23	Texas Association for Home Care and Hospice Inc Texas 00015750
4 Date	5 Payee name
10/23/2024	PayPal
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.36	2211 N. First St.
Expenditure from	
corporate funds	San Jose, CA 95131
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Credit card processing fee
	a constant processing to
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
10/23/2024	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 EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Credit card processing fee
	Great data processing for
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
10/23/2024	PayPal
Amount (\$)	Payee address; City; State; Zip Code
\$3.98	2211 N. First St.
Expenditure from corporate funds	San Jose, CA 95131
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	Credit card processing foe
	Credit card processing fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 10/11 Rpt: 22/23	Texas Association for Home Care and Hospice Inc Texas 00015750
4 Date	5 Payee name
10/23/2024	PayPal
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2.24	2211 N. First St.
Expenditure from corporate funds	San Jose, CA 95131
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Credit card processing fee
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
10/22/2024	Tepper Campaign, Carl (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	6515 68th Street, #200-7
Expenditure from corporate funds	Lubbock, TX 79424
PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Contributions/Donations Made By
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder (Political Committee) Check if Austin, TX, officeholder living expense
	Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	o
D-1-	
Date	Payee name
10/23/2024	Texans for Kelly Hancock
Amount (\$)	Payee address; City; State; Zip Code
\$1,500.00	9121 Belshire Drive, Suite 200
- Formanditure Cons	
Expenditure from corporate funds	North Richland Hills, TX 76182
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By Contributions/Donations Made By Contributions/Donations Made By
EXPENDITURE	Candidate/Officeholder/Political Committee
	Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
TTHER (output a colorograph and listed above)

Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	
4. Total massas Cabadula E1.	2 Files ID (Files Commission Files)
1 Total pages Schedule F1: Sch: 11/11 Rpt: 23/23	2 FILER NAME 3 Filer ID (Ethics Commission Filers) Texas Association for Home Care and Hospice Inc Texas 00015750
4 Date	5 Payee name
10/23/2024	Thompson Campaign, Senfronia (Rep.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	10527 Homestead Rd.
Expenditure from	H TV 77040
corporate funds	Houston, TX 77016
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXPENDITURE	Candidate/Officeholder/Political Committee
	Contribution
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date	Payee name
10/10/2024	VanDeaver Campaign, Gary (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
` '	
\$500.00	710 James Bowie Dr.
Expenditure from corporate funds	New Boston, TX 75570
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	