

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC
COVER SHEET PG 2

12 COMMITTEE NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice	13 Filer ID (Ethics Commission Filers) 00015750
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14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported
		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	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,699.83
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 21,100.51
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 117,896.82
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

16 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Ms. Rachel Hammon

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - MPAC

17 COMMITTEE NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice		18 Filer ID (Ethics Commission Filers) 00015750
19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
NAME OF SCHEDULE		
1. <input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,777.55
2. <input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. <input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input type="checkbox"/>	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5. <input type="checkbox"/>	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6. <input checked="" type="checkbox"/>	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$ 922.28
7. <input type="checkbox"/>	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8. <input type="checkbox"/>	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9. <input type="checkbox"/>	SCHEDULE E: LOANS	\$
10. <input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 21,100.51
11. <input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12. <input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13. <input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14. <input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15. <input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/7 Rpt: 4/20
2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		3 Filer ID (Ethics Commission Filers) 00015750
4 Date 11/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Church Gutierrez, Amber (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Cypress, TX 77429	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Nurse		9 Employer (See Instructions) Angels of Care
Date 11/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cornett, Valerie (Ms.) <hr/> Contributor address; City; State; Zip Code Keller, TX 76244	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) COSI		Employer (See Instructions) MAC Legacy
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis , Sheila (Ms.) <hr/> Contributor address; City; State; Zip Code Wichita Falls, TX 76310	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) CHCE; COS-C		Employer (See Instructions) Always Best Care Senior Services
Date 11/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeVilla, Lucena (Ms.) <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77479	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Owner/Administrator		Employer (See Instructions) Medical Insights & Care Unlimited, LP
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dilleshaw, Brittany (Ms.) <hr/> Contributor address; City; State; Zip Code Danbury, TX 77534	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Vice President of Home Therapy Services		Employer (See Instructions) MedCare Pediatric Nursing

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/7 Rpt: 5/20
2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		3 Filer ID (Ethics Commission Filers) 00015750
4 Date 11/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Escamilla, Jamie (Ms.)	7 Amount of Contribution (\$) \$8.00
	6 Contributor address; City; State; Zip Code San Antonio, TX 78258	
8 Principal occupation / Job title (See Instructions) MC CCC-Speech Language Pathologist		9 Employer (See Instructions) Ability Pediatric Therapy
Date 11/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Escobar, Christina (Ms.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Selma, TX 78154	
Principal occupation / Job title (See Instructions) Director of Therapy		Employer (See Instructions) Ability Pediatric Therapy
Date 11/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flores, Sonia (Ms.)	Amount of Contribution (\$) \$3.00
	Contributor address; City; State; Zip Code Amarillo, TX 79109	
Principal occupation / Job title (See Instructions) Certified Nursing Assistant		Employer (See Instructions) Goodcare Health Services
Date 11/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goolsby, Sharon (Ms.)	Amount of Contribution (\$) \$125.00
	Contributor address; City; State; Zip Code Jefferson, TX 75657	
Principal occupation / Job title (See Instructions) Administrator		Employer (See Instructions) First in Pediatrics Home Health Care, Inc.
Date 11/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Graham-Stone, Mary (Ms.)	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code San Antonio, TX 78230	
Principal occupation / Job title (See Instructions) Home Care		Employer (See Instructions) Ability Pediatric Therapy

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/7 Rpt: 6/20
2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		3 Filer ID (Ethics Commission Filers) 00015750
4 Date 11/14/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hale, Kati (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Denton, TX 76208	7 Amount of Contribution (\$) \$60.00
8 Principal occupation / Job title (See Instructions) COO		9 Employer (See Instructions) MAC Legacy
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hammon, Rachel (Ms.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78732	Amount of Contribution (\$) \$21.00
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) Texas Assn. for Home Care & Hospice Inc.
Date 11/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hammon, Rachel (Ms.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78732	Amount of Contribution (\$) \$21.00
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) Texas Assn. for Home Care & Hospice Inc.
Date 11/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harding, Debra (Ms.) <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78230	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Home Care		Employer (See Instructions) Ability HomeCare, Inc.
Date 11/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harding, Debra (Ms.) <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78230	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Home Care		Employer (See Instructions) Ability HomeCare, Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/7 Rpt: 7/20
2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		3 Filer ID (Ethics Commission Filers) 00015750
4 Date 11/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hosley, Dennis (Mr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Dallas, TX 75214	
8 Principal occupation / Job title (See Instructions) President COO		9 Employer (See Instructions) Pediatric Home Healthcare
Date 11/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howard, Jesse (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code McGregor, TX 76657	
Principal occupation / Job title (See Instructions) Healthcare		Employer (See Instructions) Girling Community Care
Date 11/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Learst, Renea (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Wichita Falls, TX 76310	
Principal occupation / Job title (See Instructions) Nurse		Employer (See Instructions) Angels of Care
Date 11/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Luna, Norma (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code San Antonio, TX 78260	
Principal occupation / Job title (See Instructions) Hospice Administrator		Employer (See Instructions) Gentle Partners In Hospice LLC
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Machado, Marisa (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Hutto, TX 78634	
Principal occupation / Job title (See Instructions) COO		Employer (See Instructions) Texas Assn. for Homecare & Hospice, Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/7 Rpt: 8/20
2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		3 Filer ID (Ethics Commission Filers) 00015750
4 Date 11/25/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Machado, Marisa (Ms.)	7 Amount of Contribution (\$) \$42.00
	6 Contributor address; City; State; Zip Code Hutto, TX 78634	
8 Principal occupation / Job title (See Instructions) COO		9 Employer (See Instructions) Texas Assn. for Homecare & Hospice, Inc.
Date 11/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Rebecca (Ms.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Amarillo, TX 79110	
Principal occupation / Job title (See Instructions) Certified Nursing Assistant		Employer (See Instructions) Goodcare Health Services
Date 11/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McClammy, Lisa (Ms.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Whitney, TX 76692	
Principal occupation / Job title (See Instructions) RN Consultant		Employer (See Instructions) MAC Legacy
Date 11/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meave, Adan and Monica (Mr.)	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code Weslaco, TX 78599	
Principal occupation / Job title (See Instructions) Homecare		Employer (See Instructions) El Rey Primary Health Care, LLC
Date 11/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morales, Carlos (Mr.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Lubbock, TX 79424	
Principal occupation / Job title (See Instructions) Executive Vice President		Employer (See Instructions) Caprock Home Health Services, Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/7 Rpt: 9/20
2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		3 Filer ID (Ethics Commission Filers) 00015750
4 Date 10/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olguin, Christie (Ms.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code San Antonio, TX 78254	
8 Principal occupation / Job title (See Instructions) Therapist		9 Employer (See Instructions) Angels of Care
Date 11/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peterson, Michelle (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Cedar Creek, TX 78612	
Principal occupation / Job title (See Instructions) VP of Operations		Employer (See Instructions) Bluebonnet Home Health Care of Texas, Inc.
Date 11/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rash, Rose (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Corsicana, TX 75109	
Principal occupation / Job title (See Instructions) Owner/Director of Nursing		Employer (See Instructions) Angels At Home, Inc.
Date 11/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reyes, Kathleen (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code San Antonio, TX 78260	
Principal occupation / Job title (See Instructions) Speech Language Pathologist Assistant		Employer (See Instructions) Ability Pediatric Therapy
Date 11/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robison, Kristen (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code San Antonio, TX 78209	
Principal occupation / Job title (See Instructions) RN, VP Govt. Affairs, CCO		Employer (See Instructions) Angels of Care Pediatric Home Health

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/7 Rpt: 10/20
2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		3 Filer ID (Ethics Commission Filers) 00015750
4 Date 11/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Kristine (Ms.)	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code San Antonio, TX 78253	
8 Principal occupation / Job title (See Instructions) Occupational Therapist		9 Employer (See Instructions) Ability Pediatric Therapy
Date 11/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith , Linda (Ms.)	Amount of Contribution (\$) \$210.00
	Contributor address; City; State; Zip Code San Antonio, TX 78248	
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) En Su Casa Caregivers
Date 11/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sugarman, Brenda (Ms.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Little Elm, TX 75068	
Principal occupation / Job title (See Instructions) Nurse		Employer (See Instructions) Angels of Care
Date 11/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valladares, Lydia (Ms.)	Amount of Contribution (\$) \$125.00
	Contributor address; City; State; Zip Code McAllen, TX 78501	
Principal occupation / Job title (See Instructions) Alternate Administrator		Employer (See Instructions) Presidente Homecare
Date 11/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, Anita (Ms.)	Amount of Contribution (\$) \$4.00
	Contributor address; City; State; Zip Code San Antonio, TX 78248	
Principal occupation / Job title (See Instructions) Physical Therapist		Employer (See Instructions) Ability Pediatric Therapy

MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C3

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C3: Sch: 1/1 Rpt: 11/20
2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice		3 Filer ID (Ethics Commission Filers) 00015750
4 Date 11/01/2024	5 Corporation / Labor Organization name Texas Association for Home Care & Hospice, Inc.	6 Amount (\$) 922.28

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/9 Rpt: 12/20	2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas	3 Filer ID (Ethics Commission Filers) 00015750
4 Date 11/04/2024	5 Payee name Global Payments Inc.	
6 Amount (\$) \$48.20 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 3550 Lenox Road, Suite 3000 Atlanta, GA 30326	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/28/2024	Payee name Harris Campaign, Caroline (Rep.)	
Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 700 Round Rock, TX 78680	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/30/2024	Payee name Howard Campaign, Donna (Rep.)	
Amount (\$) \$5,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 5375 Austin, TX 78763	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/9 Rpt: 13/20	2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas	3 Filer ID (Ethics Commission Filers) 00015750
4 Date 11/05/2024	5 Payee name Hughes Campaign, Bryan (Sen.)	
6 Amount (\$) \$2,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 710 N. Pacific St. Mineola, TX 75773	
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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/13/2024	Payee name Miles Campaign, Borris (Sen.)	
Amount (\$) \$1,500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 5302 Almeda, Suite A Houston, TX 77004	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/30/2024	Payee name PayPal	
Amount (\$) \$0.84 <input type="checkbox"/> 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/9 Rpt: 14/20	2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas	3 Filer ID (Ethics Commission Filers) 00015750
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4 Date 10/30/2024	5 Payee name PayPal
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6 Amount (\$) \$1.36 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 2211 N. First St. San Jose, CA 95131
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/30/2024	Payee name PayPal
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Amount (\$) \$0.68 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2211 N. First St. San Jose, CA 95131
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/20/2024	Payee name PayPal
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Amount (\$) \$0.84 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2211 N. First St. San Jose, CA 95131
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/9 Rpt: 15/20	2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas	3 Filer ID (Ethics Commission Filers) 00015750
4 Date 11/20/2024	5 Payee name PayPal	
6 Amount (\$) \$0.84 <input type="checkbox"/> 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) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/20/2024	Payee name PayPal	
Amount (\$) \$1.36 <input type="checkbox"/> 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/20/2024	Payee name PayPal	
Amount (\$) \$4.85 <input type="checkbox"/> 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/9 Rpt: 16/20	2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas	3 Filer ID (Ethics Commission Filers) 00015750
4 Date 11/20/2024	5 Payee name PayPal	
6 Amount (\$) \$7.82 <input type="checkbox"/> 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) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/20/2024	Payee name PayPal	
Amount (\$) \$4.85 <input type="checkbox"/> 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/20/2024	Payee name PayPal	
Amount (\$) \$2.24 <input type="checkbox"/> 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/9 Rpt: 17/20	2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas	3 Filer ID (Ethics Commission Filers) 00015750
4 Date 11/20/2024	5 Payee name PayPal	
6 Amount (\$) \$1.36 <input type="checkbox"/> 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) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/20/2024	Payee name PayPal	
Amount (\$) \$3.98 <input type="checkbox"/> 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/20/2024	Payee name PayPal	
Amount (\$) \$5.73 <input type="checkbox"/> 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/9 Rpt: 18/20	2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas	3 Filer ID (Ethics Commission Filers) 00015750
4 Date 11/20/2024	5 Payee name PayPal	
6 Amount (\$) \$0.66 <input type="checkbox"/> 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) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/20/2024	Payee name PayPal	
Amount (\$) \$5.43 <input type="checkbox"/> 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/20/2024	Payee name PayPal	
Amount (\$) \$2.87 <input type="checkbox"/> 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1	Total pages Schedule F1: Sch: 8/9 Rpt: 19/20	2	FILER NAME Texas Association for Home Care and Hospice Inc. - Texas	3	Filer ID (Ethics Commission Filers) 00015750
4	Date 11/20/2024	5	Payee name PayPal		
6	Amount (\$) \$4.61 <input type="checkbox"/> 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) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	
	Date 11/20/2024		Payee name PayPal		
	Amount (\$) \$1.99 <input type="checkbox"/> 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	
	Date 11/05/2024		Payee name Texans for Dan Patrick		
	Amount (\$) \$11,000.00 <input type="checkbox"/> Expenditure from corporate funds		Payee address; City; State; Zip Code P.O. Box 68085 Austin, TX 78768		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 9/9 Rpt: 20/20	2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas	3 Filer ID (Ethics Commission Filers) 00015750
4 Date 11/12/2024	5 Payee name Wu Campaign, Gene (Rep.)	
6 Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 6500 Rookin, Bldg C Ste 2 & 3 Houston, TX 77074	
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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
		Office held