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) 00015750	20
_	COMMITTEE NAME			
3		OFFICE USE ONLY		
	State	for Home Care and Hospice Inc Texas F	nome Care and Hospice PAC -	Date Received
l	State			ELECTRONICALLY FILED
l				12/05/2024
4	COMMITTEE	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP	1
ľ	ADDRESS	9390 Research Blvd., Bldg. 1 Suite 300	····, ····-, -··	
l		5050 Research Biva., Blag. 1 Saite 500		
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				
l		NICKNAME LAST	SUFFIX	Date Processed
l			301117	
l		Hammon		Date Imaged
_				
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)	Austin, TX 78759		
7	CAMPAIGN	STREET ADDRESS OR PO BOX;	APT / SUITE #; CITY; ST	ATE; ZIP CODE
ľ	TREASURER	3737 Executive Center Dr., Ste. 268	,, ., ., ., ., ., ., ., ., ., ., .,	,
	MAILING ADDRESS	5757 Exceditive Center Dr., Ste. 200		
	Change of Address	Austin, TX 78731		
8	CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION	
l	TREASURER PHONE	(512) 338-9293		
l		(012) 000 0200		
9	REPORT TYPE		10th day after campaign	7-: .:
		X Monthly	treasurer termination	Dissolution (Attach PAC-DR)
10	MONTHLY			
-`	REPORT FILING	January 5 April	5 July 5	October 5
l	DEADLINE	February 5 May	E August E	November 5
l		February 5 May	5 August 5	November 5
		March 5 June	5 September 5	X December 5
L				
11	PERIOD COVERED	Month Day Year	Month HROUGH	Day Year
l	COVERED	10/26/2024	11/25/2	2024
		GO T	O PAGE 2	

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

2 COMMITTEE NAME		. In a Taylor I laws Care and I lawin	13 Filer ID	
l exas Association for	Home Care and Hospic	e Inc Texas Home Care and Hospice	00015	750
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		
	3. Officeholders Assisted			
	(Identify by name or, if applicable, classify by party.)			
5 CONTRIBUTION TOTALS		D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR		
TOTALS	CONTRIBUTIONS N	ADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA		\$	2,699.83
	`	OGES, LOANS, OR GUARANTEES OF LOANS)		2,099.03
EXPENDITURE TOTALS	3. TOTAL UNITEMIZE	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	21,100.51
CONTRIBUTION BALANCE	5. TOTAL POLITICAL (OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAS G PERIOD	ST DAY \$	117,896.82
OUTSTANDING LOAN TOTALS	1	AMOUNT OF ALL OUTSTANDING LOANS AS O REPORTING PERIOD	F THE \$	0.00
6 AFFIDAVIT				
		I swear, or affirm, under penalty of true and correct and includes all in under Title 15, Election Code.	perjury, that formation req	the accompanying report is uired to be reported by me
		Me Pa	chel Hamm	on
		Signature of 0		
AFFIX NOTAF	RY STAMP / SEAL ABOVE			
Coverns to and authorities			Aloio Aloo	da.
		which, witness my hand and seal of office.	, this the	day
UI	, 20, to certify (which, whiless my hand and seal of office.		
Signature of officer	administering oath	Printed name of officer administering oath	Title of	f officer administering oath

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3 3 of 20

					0 01 20
		EE NAME sociation for Home Care and Hospice Inc Texas Home Care and Hospice	18 Filer ID 00015750	(Eth	nics Commission Filers)
19 SCH NAM	HEDULE ME OF S		SUBTOTAL AMOUNT		
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	1,777.55
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOURGANIZATION	PR	\$	
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$	
6.	X	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$	922.28
7.		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$	
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (ORGANIZATION	\$	
9.		SCHEDULE E: LOANS		\$	
10.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	21,100.51
11.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
13.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

Texas Association for Home Care and Hospice Inc Texas Home Care and Hospice PAC - 00015750 Date	MONE	ETARY POLITICAL CONTRIBUT	IONS	SCHEDULE A1
Texas Association for Home Care and Hospice Inc Texas Home Care and Hospice PAC - 00015750 4 Date	The Inst	ruction Guide explains how to complete this	s form.	
11/20/2024 Church Gutierrez, Amber (Ms.) 6 Contributor address; City; State; Zip Code Cypress, TX 77429 8 Principal occupation / Job title (See Instructions) Nurse Date 11/14/2024 Full name of contributor Cornett, Valerie (Ms.) Contributor address; City; State; Zip Code Keller, TX 76244 Principal occupation / Job title (See Instructions) COSI Date 10/30/2024 Full name of contributor Davis , Sheila (Ms.) Contributor address; City; State; Zip Code Wichita Falls, TX 76310 Principal occupation / Job title (See Instructions) CHCE; COS-C Date Full name of contributor Davis , Sheila (Ms.) Contributor address; City; State; Zip Code Wichita Falls, TX 76310 Principal occupation / Job title (See Instructions) CHCE; COS-C Date 11/20/2024 Full name of contributor DeVilla, Lucena (Ms.) Contributor address; City; State; Zip Code Sugar Land, TX 77479 Principal occupation / Job title (See Instructions) Contributor address; City; State; Zip Code Sugar Land, TX 77479 Principal occupation / Job title (See Instructions) Contributor address; City; State; Zip Code Sugar Land, TX 77479 Principal occupation / Job title (See Instructions) Owner/Administrator Date Full name of contributor Out-of-state PAC (ID#: Date Full name of contributor Amount of Contribution (\$1000000000000000000000000000000000000				
Principal occupation / Job title (See Instructions) Principal occupation / Job title (See Instructions) Angels of Care		Church Gutierrez, Amber (Ms.)		7 Amount of Contribution (\$) \$5.00
Nurse			1	
11/14/2024 Cornett, Valerie (Ms.) Contributor address; City; State; Zip Code		ccupation / Job title (See Instructions)		s)
Principal occupation / Job title (See Instructions) COSI Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) Davis , Sheila (Ms.) Contributor address; City; State; Zip Code Wichita Falls, TX 76310 Principal occupation / Job title (See Instructions) CHCE; COS-C Date 11/20/2024 Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) Principal occupation / Job title (See Instructions) CHCE; COS-C Date Sugar Land, TX 77479 Principal occupation / Job title (See Instructions) Owner/Administrator Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) Employer (See Instructions) Employer (See Instructions) Medical Insights & Care Unlimited, LP Amount of Contribution (\$) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) Amount of Contribution (\$)		Cornett, Valerie (Ms.)	D#:)	Amount of Contribution (\$) \$40.00
Date Full name of contributor out-of-state PAC (ID#:	Principal o		Employer (See Instruction	s)
Davis , Sheila (Ms.) Contributor address; City; State; Zip Code Wichita Falls, TX 76310 Principal occupation / Job title (See Instructions) CHCE; COS-C Date 11/20/2024 DeVilla, Lucena (Ms.) Contributor address; City; State; Zip Code Sugar Land, TX 77479 Principal occupation / Job title (See Instructions) Owner/Administrator Date Full name of contributor Sugar Land, TX 77479 Principal occupation / Job title (See Instructions) Owner/Administrator Date Full name of contributor Out-of-state PAC (ID#: Date Date Date Full name of contributor Out-of-state PAC (ID#: Dilleshaw, Brittany (Ms.) Amount of Contribution (\$) Amount of Contribution (\$)				<i>-</i> ,
Principal occupation / Job title (See Instructions) CHCE; COS-C Date 11/20/2024 DeVilla, Lucena (Ms.) Contributor address; City; State; Zip Code Sugar Land, TX 77479 Principal occupation / Job title (See Instructions) Owner/Administrator Date Full name of contributor Sugar Land, TX 77479 Principal occupation / Job title (See Instructions) Owner/Administrator Date Full name of contributor Out-of-state PAC (ID#: Date Date Full name of contributor Out-of-state PAC (ID#: Dilleshaw, Brittany (Ms.) Amount of Contribution (\$)		Davis , Sheila (Ms.)	D#:)	Amount of Contribution (\$) \$12.50
CHCE; COS-C Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 11/20/2024 DeVilla, Lucena (Ms.) Contributor address; City; State; Zip Code Sugar Land, TX 77479 Principal occupation / Job title (See Instructions) Owner/Administrator Employer (See Instructions) Medical Insights & Care Unlimited, LP Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/30/2024 Dilleshaw, Brittany (Ms.)		Wichita Falls, TX 76310		
11/20/2024 DeVilla, Lucena (Ms.) Contributor address; City; State; Zip Code Sugar Land, TX 77479 Principal occupation / Job title (See Instructions) Owner/Administrator Date Full name of contributor out-of-state PAC (ID#:) Dilleshaw, Brittany (Ms.) Amount of Contribution (\$)				
Principal occupation / Job title (See Instructions) Owner/Administrator Employer (See Instructions) Medical Insights & Care Unlimited, LP Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 10/30/2024 Dilleshaw, Brittany (Ms.)		DeVilla, Lucena (Ms.)		Amount of Contribution (\$) \$200.00
10/30/2024 Dilleshaw, Brittany (Ms.)		ccupation / Job title (See Instructions)	, , ,	•
Danbury, TX 77534		24 Dilleshaw, Brittany (Ms.) Contributor address; City; State; Zip Code		Amount of Contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)		ccupation / Job title (See Instructions)		
Vice President of Home Therapy Services MedCare Pediatric Nursing	Vice Pres	ident of Home Therapy Services	MedCare Pediatric Nurs	sing

The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 2/7 Rpt: 5/20	
2 FILER NAME Texas Assoc	FILER NAME FEXAS Association for Home Care and Hospice Inc Texas Home Care and Hospice PAC -			3	Filer ID (Ethics Commission 00015750	Filers)
4 Date 11/20/2024	Full name of contributor Escamilla, Jamie (Ms.) Contributor address; City; St)	7	Amount of Contribution (\$)	\$8.00
	San Antonio, TX 78258					
8 Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	5)		
MC CCC-Sp	eech Language Pathologist		Ability Pediatric Therapy	/		
Date 11/20/2024	Full name of contributor Escobar, Christina (Ms.) Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code		•	Amount of Contribution (\$)	\$10.00
	Selma, TX 78154					
	ipation / Job title (See Instructions)	Employer (See Instructions			
Director of T	herapy		Ability Pediatric Therapy	_		
Date 11/20/2024	Full name of contributor Flores, Sonia (Ms.) Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code			Amount of Contribution (\$)	\$3.00
	Amarillo, TX 79109			Ĺ		
	ıpation / Job title (See Instructions rsing Assistant)	Employer (See Instructions Goodcare Health Servic			
Date 11/20/2024	Full name of contributor Goolsby, Sharon (Ms.) Contributor address; City; St Jefferson, TX 75657	out-of-state PAC (ID#:_		•	Amount of Contribution (\$)	\$125.00
Principal occu Administrato	I Ipation / Job title (See Instructions or)	Employer (See Instructions First in Pediatrics Home		ealth Care, Inc.	
Date 11/20/2024	Full name of contributor Graham-Stone, Mary (Ms. Contributor address; City; St San Antonio, TX 78230	·			Amount of Contribution (\$)	\$5.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
Home Care			Ability Pediatric Therapy	/		

	MONEI	ARY POLITICAL (CONTRIBUTIO	NO.	SCHEDULE A1	-
	The Instru	ction Guide explains how	1 Total pages Schedule A1: Sch: 3/7 Rpt: 6/20			
2	FILER NAME Texas Assoc	iation for Home Care and Ho	spice Inc Texas Hom	e Care and Hospice PAC -	3 Filer ID (Ethics Commission Filers) 00015750	
4	Date 11/14/2024	,		7 Amount of Contribution (\$) \$60	.00	
		Denton, TX 76208				
8	Principal occu	pation / Job title (See Instructions	s) 	Employer (See Instructions MAC Legacy	5)	
	Date 10/30/2024	Full name of contributor Hammon, Rachel (Ms.) Contributor address; City; S	out-of-state PAC (ID#:_)	Amount of Contribution (\$) \$21	.00
	Principal occu	Austin, TX 78732 pation / Job title (See Instructions	s)	Employer (See Instructions	(5)	
				Texas Assn. for Home C		
	Date 11/25/2024	Full name of contributor Hammon, Rachel (Ms.) Contributor address; City; S	out-of-state PAC (ID#:_		Amount of Contribution (\$) \$21	.00
	Principal occu	Austin, TX 78732 pation / Job title (See Instructions	3)	Employer (See Instructions	<u> </u>	
	Executive Di		,	Texas Assn. for Home C		
	Date 11/20/2024	Full name of contributor Harding, Debra (Ms.) Contributor address; City; S	out-of-state PAC (ID#:_)	Amount of Contribution (\$) \$2	.00
	Principal occu Home Care	San Antonio, TX 78230 pation / Job title (See Instructions	(5)	Employer (See Instructions Ability HomeCare, Inc.	[
	Date 11/20/2024	Full name of contributor Harding, Debra (Ms.) Contributor address; City; S San Antonio, TX 78230	out-of-state PAC (ID#:_		Amount of Contribution (\$) \$25	.00
	Principal occu Home Care	pation / Job title (See Instructions	s)	Employer (See Instructions Ability HomeCare, Inc.	;)	
			l	<u> </u>		

	MONEI	ARY POLITICAL (JONTRIBUTIC	JNS		SCHEDULE	■ A1
	The Instru	ction Guide explains how	to complete this f	orm.	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 00015750	ı Filers)		
4	Date 11/20/2024	Full name of contributor Hosley, Dennis (Mr.)Contributor address; City; S)	7	Amount of Contribution (\$)	\$50.00
		Dallas, TX 75214					
8	Principal occu President CO	pation / Job title (See Instructions DO	5)	Employer (See Instructions Pediatric Home Healthc		<u>,</u>	
	Date 11/20/2024	Full name of contributor Howard, Jesse (Mr.) Contributor address; City; S	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$25.00
		McGregor, TX 76657					
	Principal occu Healthcare	pation / Job title (See Instructions	8)	Employer (See Instructions Girling Community Care			
	Date 11/20/2024	Full name of contributor Learst, Renea (Ms.) Contributor address; City; S	out-of-state PAC (ID#:_		•	Amount of Contribution (\$)	\$10.00
		Wichita Falls, TX 76310					
	Principal occu Nurse	pation / Job title (See Instructions	5)	Employer (See Instructions Angels of Care	s)		
	Date 11/20/2024	Contributor address; City; S				Amount of Contribution (\$)	\$75.00
	Principal occu Hospice Adn	San Antonio, TX 78260 pation / Job title (See Instructions ministrator	;)	Employer (See Instructions Gentle Partners In Hosp		e LLC	
	Date 10/30/2024	Full name of contributor Machado, Marisa (Ms.) Contributor address; City; S Hutto, TX 78634	out-of-state PAC (ID#:_)	•	Amount of Contribution (\$)	\$42.00
	·	pation / Job title (See Instructions	5)	Employer (See Instructions			
	C00			Texas Assn. for Homec	are	e & Hospice, Inc.	

WOW	ETARY POLITICAL (CONTRIBUTIONS	SCHEDULE A1
The Ins	struction Guide explains how	to complete this form.	1 Total pages Schedule A1: Sch: 5/7 Rpt: 8/20
	FILER NAME Texas Association for Home Care and Hospice Inc Texas Home Care and Hospice PAC -		3 Filer ID (Ethics Commission Filers) Hospice PAC - 00015750
4 Date 11/25/20	5 Full name of contributor Machado, Marisa (Ms.) 6 Contributor address; City; Si	out-of-state PAC (ID#:	7 Amount of Contribution (\$) \$42.0
	Hutto, TX 78634		
8 Principal COO	occupation / Job title (See Instructions		(See Instructions) ssn. for Homecare & Hospice, Inc.
Date 11/20/2	Full name of contributor Martinez, Rebecca (Ms.) Contributor address; City; St	out-of-state PAC (ID#:	Amount of Contribution (\$) \$25.0
Principal	Amarillo, TX 79110 occupation / Job title (See Instructions	Employer	(See Instructions)
	Nursing Assistant		e Health Services
Date 11/20/2	Full name of contributor McClammy, Lisa (Ms.) Contributor address; City; Si	out-of-state PAC (ID#:	Amount of Contribution (\$) \$25.0
	Whitney, TX 76692		
Principal RN Con	occupation / Job title (See Instructions sultant	Employer MAC Leg	(See Instructions) pacy
Date 11/20/2			Amount of Contribution (\$) \$150.0
Principal Homeca	Weslaco, TX 78599 occupation / Job title (See Instructions	´ ' -	(See Instructions) rimary Health Care, LLC
Date 11/21/2	Contributor address; City; Si	out-of-state PAC (ID#:	Amount of Contribution (\$) \$50.0
Principal	Lubbock, TX 79424 occupation / Job title (See Instructions	Employer	(See Instructions)
o.pai		,	Home Health Services, Inc.

MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1			
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 6/7 Rpt: 9/20	
2	FILER NAME Texas Assoc	ciation for Home Care and Hos	spice Inc Texas Hom	ne Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	n Filers)
4	Date 10/30/2024			7	Amount of Contribution (\$)	\$10.00	
		San Antonio, TX 78254					
8	Principal occu Therapist	pation / Job title (See Instructions)	9 Employer (See Instructions Angels of Care	5)		
	Date 11/20/2024	Full name of contributor Peterson, Michelle (Ms.) Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code			Amount of Contribution (\$)	\$100.00
	Principal occu	Cedar Creek, TX 78612 pation / Job title (See Instructions)	Employer (See Instructions	:) [
	VP of Opera		,	Bluebonnet Home Healt		Care of Texas, Inc.	
	Date 11/07/2024	Full name of contributor Rash, Rose (Ms.) Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code			Amount of Contribution (\$)	\$119.05
	Deinsinal assu	Corsicana, TX 75109	\	Frankrian (Caa Instructions	<u>, </u>		
		pation / Job title (See Instructions tor of Nursing)	Employer (See Instructions Angels At Home, Inc.	·)		
	Date 11/20/2024	Contributor address; City; St				Amount of Contribution (\$)	\$8.00
	•	San Antonio, TX 78260 pation / Job title (See Instructions guage Pathologist Assistant)	Employer (See Instructions Ability Pediatric Therapy			
	Date 11/20/2024	Full name of contributor Robison, Kristen (Ms.) Contributor address; City; St San Antonio, TX 78209	out-of-state PAC (ID#:_ ate; Zip Code)		Amount of Contribution (\$)	\$125.00
		pation / Job title (See Instructions)	Employer (See Instructions		omo Hoolth	
	KIN, VP GOV	t. Affairs, CCO		Angels of Care Pediatric	, H	оше пеаш	

MONETARY POLITICAL CONTRIBUTIONS					SCHEDUL	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				3	Filer ID (Ethics Commission	n Filers)
	Texas Assoc	ciation for Home Care and Ho		e Care and Hospice PAC -		00015750	
4	Date 11/20/2024			7	Amount of Contribution (\$)	\$10.00	
		San Antonio, TX 78253					
8	Principal occu	pation / Job title (See Instructions	(i)	9 Employer (See Instructions	5)		
	Occupationa	l Therapist		Ability Pediatric Therapy	′		
	Date 11/20/2024				Amount of Contribution (\$)	\$210.00	
	Dringing con	San Antonio, TX 78248	<u> </u>	Employer (Co.) Instructions	<u></u>		
	CEO	pation / Job title (See Instructions		Employer (See Instructions En Su Casa Caregivers	')		
	Date	F. II				A (A)	
	11/20/2024	Full name of contributor out-of-state PAC (ID#:) Sugarman, Brenda (Ms.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00	
		Little Elm, TX 75068					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	()		
	Nurse			Angels of Care			
	Date 11/20/2024	Full name of contributor out-of-state PAC (ID#:)			Amount of Contribution (\$)	\$125.00	
	•	pation / Job title (See Instructions	(i)	Employer (See Instructions	()		
	Alternate Ad	ministrator		Presidente Homecare			
	Date 11/20/2024				Amount of Contribution (\$)	\$4.00	
	Principal occu	pation / Job title (See Instructions		Employer (See Instructions	()		
	Physical The	erapist		Ability Pediatric Therapy	′		

MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C3

	The Instruction Guide explains how to complete this form.					Schedule C3: ot: 11/20
2	FILER NAME			3	Filer ID	(Ethics Commission Filers)
	Texas Assoc	ciat	tion for Home Care and Hospice Inc Texas Home Care and Hospice		00015750	
4	Date	5	Corporation / Labor Organization name	6	Amount (\$)	
	11/01/2024		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 Com

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
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	5 Payee name
11/04/2024	Global Payments Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$48.20	3550 Lenox Road, Suite 3000
Expenditure from	Atlanta, GA 30326
corporate funds	Aliana, GA 30320
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking
	Check if Austin, TX, officeholder living expense
	Credit card processing fee
9 Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/28/2024	Harris Campaign, Caroline (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
` '	
\$500.00	P.O. Box 700
Expenditure from	
corporate funds	Round Rock, TX 78680
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder living expense
	Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
•	
Date	Payee name
10/30/2024	Howard Campaign, Donna (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
` '	P.O. Box 5375
\$5,000.00	P.O. Box 5375
Expenditure from	
corporate funds	Austin, TX 78763
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 Check if Austin, TX, officeholder living expense
	Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Fees
Food/Beverage Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 2/9 Rpt: 13/20	Texas Association for Home Care and Hospice Inc Texas 00015750
4 Date	5 Payee name
11/05/2024	Hughes Campaign, Bryan (Sen.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,000.00	710 N. Pacific St.
Expenditure from corporate funds	Mineola, TX 75773
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
	Contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/Ol	
Date	Payee name
11/13/2024	Miles Campaign, Borris (Sen.)
Amount (\$)	Payee address; City; State; Zip Code
\$1,500.00	5302 Almeda, Suite A
— E	
Expenditure from corporate funds	Houston, TX 77004
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
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
10/30/2024	PayPal
Amount (\$)	Payee address; City; State; Zip Code
\$0.84	2211 N. First St.
— Foresaditure from	
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/Ol	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers	3)
Sch: 3/9 Rpt: 14/20	Texas Association for Home Care and Hospice Inc Texas 00015750	
4 Date	5 Payee name	
10/30/2024	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.	
EXI ENDITORE	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		
Data		
Date 10/30/2024	Payee name PayPal	
	· ·	
Amount (\$)	Payee address; City; State; Zip Code	
\$0.68	2211 N. First St.	
Expenditure from		
corporate funds	San Jose, CA 95131	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	Credit card processing fee	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/O	H	
Date	Payee name	
11/20/2024	PayPal 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 <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
3.50		

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	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	
Sch: 4/9 Rpt: 15/20	Texas Association for Home Care and Hospice Inc Texas 00015750
4 Date	5 Payee name
11/20/2024	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. Check if Austin, TX, officeholder living expense
	Credit card processing fee
	Crossit conta processing to
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	⊣
Date	Payee name
11/20/2024	PayPal
Amount (\$)	Payee address; City; State; Zip Code
\$1.36	2211 N. First St.
72.00	
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.
	Check if Austin, TX, officeholder living expense Credit card processing fee
	Great data processing fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
Date	Payee name
11/20/2024	PayPal PayPal
Amount (\$)	Payee address; City; State; Zip Code
\$4.85	2211 N. First St.
ψ 1.00	
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.
	Check if Austin, TX, officeholder living expense Credit card processing fee
	Credit card processing ree
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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

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 Filer ID (Ethics Commission Filers) Sch: 5/9 Rpt: 16/20 Texas Association for Home Care and Hospice Inc. - Texas 00015750 4 Date Payee name 11/20/2024 PayPal 6 Amount (\$) Payee address; City; State; Zip Code \$7.82 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 expenditure to benefit C/OH Date Payee name 11/20/2024 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 11/20/2024 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

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

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

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: 6/9 Rpt: 17/20	Texas Association for Home Care and Hospice Inc Texas 00015750
4 Date	5 Payee name
11/20/2024	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
O Complete ONLY if allowed	Out tights Off as hald a grown of the same to the same
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
11/20/2024	PayPal
Amount (\$)	Payee address; City; State; Zip Code
\$3.98	2211 N. First St.
ψ0.50	221111.1110.00.
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.
	Check if Austin, TX, officeholder living expense Credit card processing fee
	Credit card processing ree
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
11/20/2024	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) (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
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	o

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 7/9 Rpt: 18/20	Texas Association for Home Care and Hospice Inc Texas 00015750
4 Date	5 Payee name
11/20/2024	PayPal
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$0.66	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
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
11/20/2024	PayPal
Amount (\$)	Payee address; City; State; Zip Code
\$5.43	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
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
11/20/2024	PayPal
	· ·
Amount (\$)	Payee address; City; State; Zip Code
\$2.87	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 EVDENDITUDE	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 Com

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

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 8/9 Rpt: 19/20	Texas Association for Home Care and Hospice Inc Texas 00015750
4 Date	5 Payee name
11/20/2024	PayPal
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$4.61	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 rec
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
11/20/2024	PayPal
Amount (\$)	Payee address; City; State; Zip Code
\$1.99	2211 N. First St.
Ψ1.55	2211 N. 1 113t 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
Complete ONLY if direct	Condidate/Office helds
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
11/05/2024	Texans for Dan Patrick
Amount (\$)	Payee address; City; State; Zip Code
\$11,000.00	P.O. Box 68085
Expenditure from	
corporate funds	Austin, TX 78768
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	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

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	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: 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	7 Payee address; City; State; Zip Code 6500 Rookin, Bldg C Ste 2 & 3
Expenditure from corporate funds	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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Contribution
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held