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
٦	COMMITTEE NAME		00015750	
3		(-11	Lance Control III and the BAG	OFFICE USE ONLY
l	State	for Home Care and Hospice Inc Texas F	nome Care and Hospice PAC -	Date Received
l	State			ELECTRONICALLY FILED
l				01/06/2025
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
Ļ				
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	(residence 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	X January 5 April	5 July 5	October 5
	DEADLINE	February 5 May	5 August 5	November 5
l		residary 5		November 3
		March 5 June	5 September 5	December 5
<u> </u>	DEDIOD			
11	PERIOD COVERED	Month Day Year	HROUGH Month	Day Year
	OOVERLED	11/26/2024	12/25/2	2024
l				
l				
			O DACE 2	
		GO 1	O PAGE 2	

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

2 COMMITTEE NAME		Tarra Harra Cara and Harria	13 Filer ID	(Ethics Commission Filers)
Texas Association to	or Home Care and Hospic	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 report if necessary.)		B. Opposed		
report ii riecessary.)				
	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		D POLITICAL CONTRIBUTIONS (OTHER THAN		
TOTALS	CONTRIBUTIONS N	OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY)	\$	0.00
		qualifies for the higher itemization threshold		
	2. TOTAL POLITICA (OTHER THAN PLE	DGES, LOANS, OR GUARANTEES OF LOANS)	\$	3,483.67
EXPENDITURE	3. TOTAL UNITEMIZE	D POLITICAL EXPENDITURES		
TOTALS			\$	0.00
	4. TOTAL POLITICA	AL EXPENDITURES	\$	22,586.78
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	103,359.61
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF TREPORTING PERIOD	THE \$	0.00
6 AFFIDAVIT	<u> </u>			
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.	erjury, that the mation require	accompanying report is ed to be reported by me
		Ms. Rach	el Hammon	
		Signature of Ca	mpaign Treas	urer
		Ç	1 3	
AFFIX NOTA	RY STAMP / SEAL ABOVE			
Sworn to and subscrib	oed before me, by the said _	, t	his the	day
of	, 20, to certify	which, witness my hand and seal of office.		
Cimerature ()	a administrativa e a set	Drinted name of officers educated in the	Titl - 1 11	la a u a dual index a situa e e e e e e
Signature of officer	administering oath	Printed name of officer administering oath	riue or oπ	cer administering oath

SUBTOTALS - MPAC

FORM MPAC **COVER SHEET PG 3**

	3 OT 23						
17 COM			18 Filer ID	(Ethics Commission Filers)			
		sociation for Home Care and Hospice Inc Texas Home Care and Hospice	00015750	_			
		E SUBTOTALS SCHEDULE		SUBTOTAL AMOUNT			
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 2,561.39			
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$			
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$			
4.		R	\$				
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORAL LABOR ORGANIZATION	TION 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 (\$				
9.		SCHEDULE E: LOANS	\$				
10.	0. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS			\$ 22,586.78			
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	\$			

	WONE	ARY POLITICAL (CONTRIBUTIO	CNIC		SCHEDULE	E A1
	The Instru	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A1: Sch: 1/9 Rpt: 4/23	
2	FILER NAME Texas Assoc	siation for Home Care and Ho	spice Inc Texas Hon	ne Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	Filers)
4	Date 12/09/2024	5 Full name of contributor Avery, Amy (Ms.)6 Contributor address; City; St)	7	Amount of Contribution (\$)	\$70.00
		Tyler, TX 75701					
8	•	pation / Job title (See Instructions	3)	9 Employer (See Instructions			
	Physical The	erapist		Paradigm Rehab & Nurs	sin	g LP	
	Date 12/09/2024	Full name of contributor Brooks , Courtney (Ms.) Contributor address; City; St	out-of-state PAC (ID#:_)	•	Amount of Contribution (\$)	\$70.00
		Bullard, TX 75757					
		pation / Job title (See Instructions	3)	Employer (See Instructions			
	Regional Dir	ector of Operations		Paradigm Rehab & Nurs	sin	g LP	
	Date 12/09/2024	Full name of contributor Colston, Maureen (Ms.) Contributor address; City; St	out-of-state PAC (ID#:_)	•	Amount of Contribution (\$)	\$35.00
		Tyler, TX 75702					
		pation / Job title (See Instructions	3)	Employer (See Instructions			
	Associate Co	ontroller		Paradigm Rehab & Nurs	sin	g LP	
	Date 12/09/2024	Full name of contributor Cornett, Valerie (Ms.) Contributor address; City; St Keller, TX 76244)		Amount of Contribution (\$)	\$40.00
	Principal occu COSI	pation / Job title (See Instructions	s)	Employer (See Instructions MAC Legacy	5)		
	Date 11/26/2024	Full name of contributor Davis , Sheila (Ms.) Contributor address; City; St Wichita Falls, TX 76310	out-of-state PAC (ID#:_)	•	Amount of Contribution (\$)	\$12.50
	Principal occu	pation / Job title (See Instructions	3)	Employer (See Instructions	;) [
	•		")			Services	
	CHCE; COS	-C		Always Best Care Senic	or S	Services	

	MONEI	ARY POLITICAL (CONTRIBUTIO	JNS	SCHEDULE	A1
	The Instru	ction Guide explains hov	to complete this f	orm.	1 Total pages Schedule A1: Sch: 2/9 Rpt: 5/23	
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 Fi 00015750	ilers)
4	Date 11/26/2024	 5 Full name of contributor Davis , Sheila (Ms.) 6 Contributor address; City; S 			7 Amount of Contribution (\$)	\$12.50
		Wichita Falls, TX 76310				
8	Principal occu CHCE; COS	pation / Job title (See Instructions -C	s) 	Employer (See Instructions Always Best Care Senice	or Services	
	Date 11/26/2024	Full name of contributor Dilleshaw, Brittany (Ms.) Contributor address; City; S	out-of-state PAC (ID#:_ tate; Zip Code		Amount of Contribution (\$)	\$25.00
	•	Danbury, TX 77534 pation / Job title (See Instructions	,	Employer (See Instructions		
	Date 12/09/2024	Full name of contributor Fox , Eric (Mr.) Contributor address; City; S Whitehouse, TX 75791	out-of-state PAC (ID#:_		Amount of Contribution (\$)	\$70.00
	Principal occu	pation / Job title (See Instructions erapist	s)	Employer (See Instructions Paradigm Rehab & Nurs		
	Date 12/12/2024	Full name of contributor Goolsby, Sharon (Ms.) Contributor address; City; S Jefferson, TX 75657			Amount of Contribution (\$)	\$125.00
	Principal occu Administrato	pation / Job title (See Instructions	5)	Employer (See Instructions First in Pediatrics Home		
	Date 12/09/2024	Full name of contributor Hale, Kati (Ms.) Contributor address; City; S Denton, TX 76208	out-of-state PAC (ID#:_		Amount of Contribution (\$)	\$60.00
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions MAC Legacy	; ;)	

	MONEI	ARY POLITICAL (CONTRIBUTIO	JNS	SCHEDULE A1
	The Instru	ction Guide explains hov	v to complete this fo	orm.	1 Total pages Schedule A1: Sch: 3/9 Rpt: 6/23
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 Filers) - 00015750
4	Date 12/12/2024	5 Full name of contributor Hosley, Dennis (Mr.)6 Contributor address; City; S)	7 Amount of Contribution (\$) \$50.0
		Dallas, TX 75214			
8	Principal occu President CO	pation / Job title (See Instructions	5)	9 Employer (See Instructions Pediatric Home Healthc	
	Date 12/09/2024	Full name of contributor Hurst, Robyn (Ms.) Contributor address; City; S	out-of-state PAC (ID#:_		Amount of Contribution (\$) \$35.06
	Principal occu	Temple, TX 76502 pation / Job title (See Instructions	5)	Employer (See Instructions	ls)
	Date 12/09/2024	Full name of contributor Jenkins , Jinny (Ms.) Contributor address; City; S Crowley, TX 76036	out-of-state PAC (ID#:_	Paradigm HomeCare	Amount of Contribution (\$) \$175.0
	Principal occu Executive Di	pation / Job title (See Instructions	5)	Employer (See Instructions Paradigm Rehab & Nurs	,
	Date 12/09/2024	Full name of contributor Klenke, Caprice (Ms.) Contributor address; City; S Rio Vista, TX 76093	out-of-state PAC (ID#:_		Amount of Contribution (\$) \$35.0
	Principal occu Account Exe	pation / Job title (See Instructions	5)	Employer (See Instructions Paradigm HomeCare	ns)
	Date 12/09/2024	Full name of contributor Lawson, Kimberly (Ms.) Contributor address; City; S Bridgeport, TX 76426	out-of-state PAC (ID#:_)	Amount of Contribution (\$) \$35.0
	Principal occu Area Directo	pation / Job title (See Instructions r of Sales	S)	Employer (See Instructions Paradigm HomeCare	ns)

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 4/9 Rpt: 7/23	
2	FILER NAME Texas Assoc	ciation for Home Care and Hosp	oice Inc Texas Home	e Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	Filers)
4	Date 12/12/2024	5 Full name of contributor [Learst, Renea (Ms.)6 Contributor address; City; Sta)	7	Amount of Contribution (\$)	\$10.00
		Wichita Falls, TX 76310	1				
8	Principal occu Nurse	pation / Job title (See Instructions)	9	P Employer (See Instructions Angels of Care	s) 		
	Date 12/09/2024	Full name of contributor [Lloyd, Mitzi (Ms.) Contributor address; City; Sta Tyler, TX 75703	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$35.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	Human Reso	ources Manager		Paradigm Rehab & Nurs	sin	J LP	
	Date 12/12/2024	Full name of contributor [Luna, Norma (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$75.00
	Principal occu	San Antonio, TX 78260 pation / Job title (See Instructions)		Employer (See Instructions	;) 		
	Hospice Adn			Gentle Partners In Hosp		LLC	
	Date 12/20/2024	Full name of contributor Martinez, Rebecca (Ms.) Contributor address; City; Sta				Amount of Contribution (\$)	\$5.00
	Dringing aggr	Amarillo, TX 79110		Employer (Coo Instructions	<u></u>		
	•	pation / Job title (See Instructions) sing Assistant		Employer (See Instructions Goodcare Health Servic			
	Date 12/20/2024	Full name of contributor [Martinez, Rebecca (Ms.) Contributor address; City; Sta Amarillo, TX 79110	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$5.00
		pation / Job title (See Instructions)		Employer (See Instructions Goodcare Health Servic			
	Cerunea Nul	rsing Assistant		Subucare meditii Servic	.es		

WONE	ARY POLITICAL C	ONTRIBUTIO	CNIC		SCHEDULE	€ A1
The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 5/9 Rpt: 8/23	
2 FILER NAME Texas Assoc	ciation for Home Care and Hosp	pice Inc Texas Hom	ne Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	Filers)
4 Date 12/20/2024	Full name of contributor Martinez, Rebecca (Ms.) Contributor address; City; Star)	7	Amount of Contribution (\$)	\$5.00
	Amarillo, TX 79110					
8 Principal occu	ipation / Job title (See Instructions)		9 Employer (See Instructions	s)		
Certified Nu	rsing Assistant		Goodcare Health Servic	es		
Date 12/20/2024	Martinez, Rebecca (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#:_ te; Zip Code			Amount of Contribution (\$)	\$5.00
	Amarillo, TX 79110					
•	upation / Job title (See Instructions)		Employer (See Instructions			
Certified Nu	rsing Assistant		Goodcare Health Servic	es		
Date 12/12/2024	Contributor address; City; Sta	out-of-state PAC (ID#:_ tte; Zip Code			Amount of Contribution (\$)	\$25.00
	Whitney, TX 76692			Ĺ		
RN Consulta	upation / Job title (See Instructions) ant		Employer (See Instructions MAC Legacy	5)		
Date 12/09/2024	Contributor address; City; Sta)		Amount of Contribution (\$)	\$70.00
	Tyler, TX 75703			<u> </u>		
Principal occu Business De	upation / Job title (See Instructions) evelopment		Employer (See Instructions Paradigm Rehab & Nurs	•	g LP	
Date 11/26/2024	Full name of contributor Morales, Carlos (Mr.) Contributor address; City; Star Lubbock, TX 79424	out-of-state PAC (ID#:_ tte; Zip Code			Amount of Contribution (\$)	\$50.00
Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>. </u>		
•	ice President		Caprock Home Health S		vices, Inc.	

	MONEI	ARY POLITICAL CO	JN I RIBU I IOI	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how to	o complete this for	m.	1	Total pages Schedule A1: Sch: 6/9 Rpt: 9/23	
2	FILER NAME Texas Assoc	ciation for Home Care and Hospi	ce Inc Texas Home	Care and Hospice PAC -	1	Filer ID (Ethics Commission 00015750	n Filers)
4	Date 11/26/2024	5 Full name of contributor Murphy, Maryann (Ms.)6 Contributor address; City; State)	7	Amount of Contribution (\$)	\$25.00
		Early, TX 76802					
8	Principal occu RN	pation / Job title (See Instructions)	9	Employer (See Instructions Lee HealthCare	s)		
	Date 12/09/2024	Full name of contributor Nawaz, Kelly (Ms.) Contributor address; City; State Canton, TX 75103	out-of-state PAC (ID#:; z; Zip Code			Amount of Contribution (\$)	\$175.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Quality Assu	rance RN		Paradigm Rehab & Nurs	sing	J LP	
	Date 11/26/2024	Full name of contributor Olguin, Christie (Ms.) Contributor address; City; State	out-of-state PAC (ID#: e; Zip Code			Amount of Contribution (\$)	\$10.00
		San Antonio, TX 78254					
	Principal occu Therapist	pation / Job title (See Instructions)		Employer (See Instructions Angels of Care	s)		
	Date 11/26/2024	Contributor address; City; State				Amount of Contribution (\$)	\$50.00
	Principal occu	Richmond, TX 77406 pation / Job title (See Instructions) r		Employer (See Instructions Consolidated Home Hea			
	Date 12/09/2024	Full name of contributor Poynor, Joanne (Ms.) Contributor address; City; State Tyler, TX 75701				Amount of Contribution (\$)	\$280.00
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Executive Di	rector		Paradigm HomeCare			

	MONEI	ARY POLITICAL CO	INTRIBUTION	3		SCHEDULI	E A1
	The Instru	ction Guide explains how to	complete this form	m.	1	Total pages Schedule A1: Sch: 7/9 Rpt: 10/23	
2	FILER NAME Texas Assoc	ciation for Home Care and Hospic	e Inc Texas Home (Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	ı Filers)
4	Date 12/20/2024	 5 Full name of contributor Rangel DeLos Santos, Teresa 6 Contributor address; City; State;)	7	Amount of Contribution (\$)	\$5.00
		Amarillo, TX 79108					
8	Principal occu LVN	pation / Job title (See Instructions)	9	Employer (See Instructions Goodcare Health Service			
	Date 12/20/2024	Full name of contributor Rangel DeLos Santos, Teresa Contributor address; City; State; Amarillo, TX 79108)		Amount of Contribution (\$)	\$5.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions Goodcare Health Service			
	Date 12/20/2024	Rangel DeLos Santos, Teresa Contributor address; City; State;				Amount of Contribution (\$)	\$5.00
	Principal occu	Amarillo, TX 79108 pation / Job title (See Instructions)		Employer (See Instructions)		
	LVN	,		Goodcare Health Service			
	Date 12/20/2024	Rangel DeLos Santos, Teresa				Amount of Contribution (\$)	\$5.00
	Principal occu	Amarillo, TX 79108 pation / Job title (See Instructions)		Employer (See Instructions Goodcare Health Service			
	Date 12/09/2024	Rash, Rose (Ms.)	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$119.05
		pation / Job title (See Instructions) tor of Nursing		Employer (See Instructions Angels At Home, Inc.)		
	Owner/Direc	tor or iversify		Aligeis At Home, Inc.			

	WONEI	ARY POLITICAL CO	JNIRIBUTIO	งอ	SCHEDULI	E A1
	The Instru	ction Guide explains how t	o complete this for	m.	1 Total pages Schedule A1: Sch: 8/9 Rpt: 11/23	
2	FILER NAME Texas Assoc	ciation for Home Care and Hosp	ice Inc Texas Home	Care and Hospice PAC -	3 Filer ID (Ethics Commission 00015750	ı Filers)
4	Date 12/09/2024	5 Full name of contributor Reece, Miranda (Ms.)6 Contributor address; City; State)	7 Amount of Contribution (\$)	\$140.00
	Diam'r day	Grapevine, TX 76051	- la	Farabasa (Osabatasa)		
8	VP of Opera	pation / Job title (See Instructions) tions	9	Employer (See Instructions Paradigm Rehab & Nurs		
	Date 12/12/2024	Full name of contributor Robison, Kristen (Ms.) Contributor address; City; State	out-of-state PAC (ID#:)	Amount of Contribution (\$)	\$125.00
	Principal occu	San Antonio, TX 78209 pation / Job title (See Instructions)		Employer (See Instructions)	
	RN, VP Gov	t. Affairs, CCO		Angels of Care Pediatric	Home Health	
	Date 12/09/2024	Full name of contributor Roman, Alexandra (Ms.) Contributor address; City; State	out-of-state PAC (ID#: e; Zip Code		Amount of Contribution (\$)	\$70.00
		Abilene, TX 79606				
	Principal occu Account Exe	pation / Job title (See Instructions) ecutive		Employer (See Instructions Paradigm HomeCare)	
	Date 12/12/2024	Full name of contributor Saenz, Jonathan (Mr.) Contributor address; City; State Corpus Christi, TX 78414			Amount of Contribution (\$)	\$100.00
	Principal occu President/CE	pation / Job title (See Instructions)		Employer (See Instructions Saenz Home Health Ser	•	
	Date 11/26/2024	Full name of contributor Sandoval, Vanessa (Ms.) Contributor address; City; State Harlingen, TX 78552)	Amount of Contribution (\$)	\$25.00
	Principal occu Administrato	pation / Job title (See Instructions) r		Employer (See Instructions Texas Visiting Nurse Se		
			L			

MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E A1
The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 9/9 Rpt: 12/23	
FILER NAME			3	Filer ID (Ethics Commission	n Filers)
Texas Assoc	ciation for Home Care and Hospice Inc Texas Home	e Care and Hospice PAC -		00015750	
Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
12/12/2024	Smith , Linda (Ms.)				\$210.00
	6 Contributor address; City; State; Zip Code				
	San Antonio, TX 78248				
•	pation / Job title (See Instructions)	9 Employer (See Instructions En Su Casa Caregivers			
Date	Full name of contributor ut-of-state PAC (ID#:_)		Amount of Contribution (\$)	
12/12/2024	Sugarman, Brenda (Ms.)				\$10.00
	Contributor address; City; State; Zip Code				
	Little Elm, TX 75068				
Principal occu	ppation / Job title (See Instructions)	Employer (See Instructions	5)		
Nurse		Angels of Care			
Date	Full name of contributor ut-of-state PAC (ID#:_)		Amount of Contribution (\$)	
12/09/2024	Yates, Jennifer (Ms.)				\$67.34
	Contributor address; City; State; Zip Code				
	Gilmer, TX 75644				
Principal occu	1	Employer (See Instructions	<u>L</u> S)		
				g LP	
	The Instru FILER NAME Texas Associate 12/12/2024 Principal occur CEO Date 12/12/2024 Principal occur Nurse Date 12/09/2024	The Instruction Guide explains how to complete this formula FILER NAME Texas Association for Home Care and Hospice Inc Texas Home Date 12/12/2024 5 Full name of contributor out-of-state PAC (ID#:	Texas Association for Home Care and Hospice Inc Texas Home Care and Hospice PAC - Date 5	The Instruction Guide explains how to complete this form. FILER NAME Texas Association for Home Care and Hospice Inc Texas Home Care and Hospice PAC - Date 5 Full name of contributor out-of-state PAC (ID#:	The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1: Sch: 9/9 Rpt: 12/23 FILER NAME Texas Association for Home Care and Hospice Inc Texas Home Care and Hospice PAC - 00015750 Date 12/12/2024 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 6 Contributor address; City; State; Zip Code San Antonio, TX 78248 Principal occupation / Job title (See Instructions) En Su Casa Caregivers Amount of Contribution (\$) Employer (See Instructions) Employer (See Instructions) Little Elm, TX 75068 Principal occupation / Job title (See Instructions) Nurse Date Little Elm, TX 75068 Principal occupation / Job title (See Instructions) Angels of Care Date Yates, Jennifer (Ms.) Contributor address; City; State; Zip Code Gilmer, TX 75644 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$)

MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C3

	The Instruction Guide explains how to complete this form.				Total pages Schedule C3: Sch: 1/1 Rpt: 13/23
2	FILER NAME			3	Filer ID (Ethics Commission Filers)
	Texas Association for Home Care and Hospice Inc Texas Home Care and Hospice				00015750
4	Date	5	Corporation / Labor Organization name	6	Amount (\$)
	12/01/2024		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 Cc

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 1/10 Rpt: 14/23	Texas Association for Home Care and Hospice Inc Texas 00015750
4 Date	5 Payee name
12/11/2024	Bonnen Campaign, Greg (Rep.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$5,500.00	P.O. Box 1183
Expenditure from corporate funds	Friendswood, TX 77546
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
	Campaign Contribution
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date	Payee name
12/12/2024	Collier Campaign, Nicole (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	P.O. Box 24241
Expenditure from corporate funds	Fort Worth, TX 76124
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Campaign Continuution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	H
Date	Payee name
12/06/2024	DeAyala Campaign, Mano (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	9525 Katy Freeway, Suite 215
- Evpanditura from	
Expenditure from corporate funds	Houston, TX 77024
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.
	Candidate/Officeholder/Political Committee
	Sampaigh Contribution
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
Conditional Officeholder/Political

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	
1 Total pages Schedule F1: Sch: 2/10 Rpt: 15/23	2 FILER NAME Texas Association for Home Care and Hospice Inc Texas 3 Filer ID (Ethics Commission Filers) 00015750
4 Date	5 Payee name
12/02/2024	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 H
Date	Payee name
12/04/2024	Kolkhorst Campaign, Lois (Sen.)
Amount (\$)	Payee address; City; State; Zip Code
\$2,500.00	2000 S. Market St. Suite 208
Φ2,500.00	2000 S. Market St. Suite 200
Expenditure from	
corporate funds	Brenham, TX 77833
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
Date	Payee name
12/04/2024	Martinez Fischer Campaign, Trey (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	4243 E. Piedras Dr., Suite 256
+= ,000.00	
Expenditure from	
corporate funds	San Antonio, TX 78228
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaign Contribution
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 Conditate/Officeholder/Poli Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Lenal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
	· · · · · · · · · · · · · · · · · · ·
1 Total pages Schedule F1: Sch: 3/10 Rpt: 16/23	2 FILER NAME Texas Association for Home Care and Hospice Inc Texas 3 Filer ID (Ethics Commission Filers) 00015750
4 Date	5 Payee name
12/09/2024	Morales Campaign Jr., Eddie (Rep.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	100 S. Monroe St.
Expenditure from	Eagle Pass, TX 78852
corporate funds	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By
-	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/09/2024	Oliverson Campaign, Tom (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
` '	
\$1,500.00	12345 Jones Rd., Suite 221
Expenditure from	
corporate funds	Houston, TX 77070
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
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
12/06/2024	Orr Campaign, Angela (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$1,500.00	214 E. Elm
Ψ1,500.00	214 C. CIIII
Expenditure from	
corporate funds	Hillsboro, TX 76645
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
•	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica			Awards/Memorials Ex al Services	xpense	Printing E Salaries/V		e /Contract Labor		Travel Out of Di OTHER (enter a	strict category not listed	l above)
	Credit Card Payment		Th	e Instruction Guid	de explains	how to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Comm	ission Filers)
	Sch: 4/10 Rpt: 17/23		Texas Associa	tion for Home	Care and	d Hospice	Inc	Texas		00015750		
4	Date	5	Payee name									
	12/09/2024		Paxton Campa	ign, Angela (S	Sen.)							
6	Amount (\$)	7	Payee address;	City;	State	e; Zip Co	de					
	\$1,500.00		604 S. Watters	Rd., Suite 10	0							
_	T Expenditure from											
L	corporate funds		Allen, TX 7501									
8	PURPOSE OF	(a)	Category (See C			hedule)	(b)	Description				
	EXPENDITURE		Contributions/I Candidate/Offi			mittoo		므		de of Texas. Com officeholder living	plete Schedule T.	
			Cariuluale/Oni	cerioidei/Foilti	cai Comin	iiillee		Campaign C			g expense	
								1 3				
9	Complete ONLY if direct		Candidate/Officeh	older name		Office sou	ght			Office h	eld	
	expenditure to benefit C/OI	Η										
	Date		Payee name									
	11/26/2024		PayPal									
	Amount (\$)		Payee address;	City;	State	e; Zip Co	de					
	\$1.99		2211 N. First S	it.								
	Expenditure from corporate funds		San Jose, CA	95131								
	PURPOSE	(a)	Category (See C	ategories listed at the	top of this sc	hedule)	(b)	Description				
OF EXPENDITURE			Accounting/Ba	nking				=			plete Schedule T.	
								Credit card p		officeholder living	g expense	
								Credit card p	3100	cssing icc		
	Complete ONLY if direct	<u> </u>	Candidate/Officeh	older name		Office sou	aht			Office h	old.	
	expenditure to benefit C/O		zandidate/Onicer	older Hairie	,	Office 300	grit			Office III	eiu	
	Date		Payee name									
	11/26/2024		PayPal									
	Amount (\$)		Payee address;	City;	State	e; Zip Co	de					
	\$1.36		2211 N. First S	-								
	Expenditure from corporate funds		San Jose, CA	95131								
	PURPOSE	(a)	Category (See C	ategories listed at the	top of this sc	hedule)	(b)	Description				
	OF EXPENDITURE		Accounting/Ba	nking				ш			plete Schedule T.	
	EXI ENDITORE							ш		officeholder living	g expense	
								Credit card p	JIOC	essing iee		
	Commission ONU V If allows	L_	Condidat-10ff	alalau vaa:		Office	aule t			Office	- l - l	
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officeh	oider name	1	Office sou	gnt			Office h	eid	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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: 5/10 Rpt: 18/23	Texas Association for Home Care and Hospice Inc Texas 00015750
4 Date	5 Payee name
11/26/2024	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
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
11/26/2024	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.
	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
11/26/2024	PayPal
Amount (\$)	Payee address; City; State; Zip Code
\$1.36	2211 N. First St.
Expenditure from corporate funds	San Jose, CA 95131
PURPOSE	(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
experialitie to beliefft C/OI	·
Forms provided by Teyes F	thics Commission www.athics.state.tv.us Version V/ 1.0 Edd2ace2

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

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: 6/10 Rpt: 19/23	Texas Association for Home Care and Hospice Inc Texas 00015750
4 Date	5 Payee name
11/26/2024	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.
	Cradit cord processing for
	Credit card processing fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experientare to benefit 6/01	'
Date	Payee name
11/26/2024	PayPal
Amount (\$)	Payee address; City; State; Zip Code
\$0.68	2211 N. First St.
φ0.00	
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/O	1
Date	Payee name
12/12/2024	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	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/O	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Expense Event Expense Loan Repayment/Reimbu

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

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: 7/10 Rpt: 20/23	Texas Association for Home Care and Hospice Inc Texas 00015750
4 Date	5 Payee name
12/12/2024	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
	Great cara processing ree
Complete ONLY if direct	Candidate/Officeholder name Office sought Office hold
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/12/2024	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
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experientare to benefit ever	
Date	Payee name
12/12/2024	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	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
experiorare to benefit C/OI	1

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

Candidate/Officenolder/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: 8/10 Rpt: 21/23	Texas Association for Home Care and Hospice Inc Texas 00015750
4 Date	5 Payee name
12/12/2024	PayPal
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.36	2211 N. First St.
- Evpanditura from	
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
	Orosit out a processing rec
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
12/12/2024	PayPal
Amount (\$)	Payee address; City; State; Zip Code
\$7.82	2211 N. First St.
Expenditure from	San Jose, CA 95131
corporate funds	1
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/OI	1
Date	Payee name
12/12/2024	PayPal
Amount (\$)	Payee address; City; State; Zip Code
\$2.24	2211 N. First St.
ΨΕ.Ε.	
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
experialitie to beliefft C/OI	1

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
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: 9/10 Rpt: 22/23	Texas Association for Home Care and Hospice Inc Texas 00015750
4 Date	5 Payee name
12/12/2024	PayPal
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$3.08	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
EXPENDITORE	Check if Austin, TX, officeholder living expense
	Credit card processing fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Experientale to beliefft C/O	·
Date	Payee name
12/12/2024	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.
	Cradit cord processing for
	Credit card processing fee
Complete ONLY if direct	Condidate/Officeholder name Office cought Office hold
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
11/26/2024	Rose Campaign, Toni (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$2,000.00	P.O. Box 398020
Expenditure from	
corporate funds	Dallas, TX 75241
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
D. LIBITORE	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete CAU V if dire-+	Condidate/Officeholder name Office cought
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 -Candidate/Officeholder/Political Con 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	
	· · · · · · · · · · · · · · · · · · ·
1 Total pages Schedule F1: Sch: 10/10 Rpt: 23/23	2 FILER NAME Texas Association for Home Care and Hospice Inc Texas 3 Filer ID (Ethics Commission Filers) 00015750
4 Date	5 Payee name
12/11/2024	Schwetner Campaign, Charles (Sen.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,500.00	3000 Briarcrest Dr., Suite 202
Expenditure from corporate funds	Bryan, TX 77802
8 PURPOSE	
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	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
11/26/2024	Sparks Campaign, Kevin (Sen.)
Amount (\$)	Payee address; City; State; Zip Code
\$1,500.00	6 Desta Drive, Suite 1325
Ψ1,000.00	o Besta Bille, Guite 1020
Expenditure from corporate funds	Midland, TX 79705
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
_/	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/03/2024	Toth Campaign, Steve (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	25700 Interstate Hwy 45, Ste. 100
Ψ1,000.00	20100 interstate 11Wy 40, Ote. 100
Expenditure from corporate funds	Spring, TX 77386
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
LAI LINDITORE	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1