



# MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC  
COVER SHEET PG 2

|  |   |
|--|---|
| <b>12 COMMITTEE NAME</b><br>Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice | <b>13 Filer ID</b> (Ethics Commission Filers)<br>00015750 |
|--|---|

|   |  |              |
|---|--|--------------|
| <b>14 COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.) | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.)             | A. Supported |
|   |  | B. Opposed   |
|   | <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)       | A. Supported |
|   |  | B. Opposed   |
|   | <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.) |              |

|                               |   |               |
|-------------------------------|---|---------------|
| <b>15 CONTRIBUTION TOTALS</b> | <b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b><br><input type="checkbox"/> check here if this report qualifies for the higher itemization threshold | \$ 0.00       |
|                               | <b>2. TOTAL POLITICAL CONTRIBUTIONS</b><br>(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$ 3,483.67   |
| EXPENDITURE TOTALS            | <b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>   | \$ 0.00       |
|                               | <b>4. TOTAL POLITICAL EXPENDITURES</b>  | \$ 22,586.78  |
| CONTRIBUTION BALANCE          | <b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>   | \$ 103,359.61 |
| OUTSTANDING LOAN TOTALS       | <b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>  | \$ 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

|  |   |
|--|---|
| <b>17 COMMITTEE NAME</b><br>Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice | <b>18 Filer ID</b> (Ethics Commission Filers)<br>00015750 |
|--|---|

| <b>19 SCHEDULE SUBTOTALS</b>   |    | SUBTOTAL AMOUNT |
|--|----|-----------------|
| NAME OF SCHEDULE   |    |                 |
| 1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                 | \$ | 2,561.39        |
| 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             | \$ | 22,586.78       |
| 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**

|   |   |   |
|---|---|---|
| <b>The Instruction Guide explains how to complete this form.</b>  |   | <b>1</b> Total pages Schedule A1:<br>Sch: 1/9 Rpt: 4/23             |
| <b>2</b> FILER NAME<br>Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC - |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015750            |
| <b>4</b> Date<br>12/09/2024   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Avery, Amy (Ms.) | <b>7</b> Amount of Contribution (\$)                                |
|   | <b>6</b> Contributor address; City; State; Zip Code<br><br>Tyler, TX 75701                                    |   |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Physical Therapist                          |   | <b>9</b> Employer (See Instructions)<br>Paradigm Rehab & Nursing LP |
| Date<br>12/09/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Brooks , Courtney (Ms.)   | Amount of Contribution (\$)   |
|   | Contributor address; City; State; Zip Code<br><br>Bullard, TX 75757   |   |
| Principal occupation / Job title (See Instructions)<br>Regional Director of Operations                      |   | Employer (See Instructions)<br>Paradigm Rehab & Nursing LP          |
| Date<br>12/09/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Colston, Maureen (Ms.)    | Amount of Contribution (\$)   |
|   | Contributor address; City; State; Zip Code<br><br>Tyler, TX 75702   |   |
| Principal occupation / Job title (See Instructions)<br>Associate Controller                                 |   | Employer (See Instructions)<br>Paradigm Rehab & Nursing LP          |
| Date<br>12/09/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Cornett, Valerie (Ms.)    | Amount of Contribution (\$)   |
|   | Contributor address; City; State; Zip Code<br><br>Keller, TX 76244  |   |
| Principal occupation / Job title (See Instructions)<br>COSI   |   | Employer (See Instructions)<br>MAC Legacy                           |
| Date<br>11/26/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Davis , Sheila (Ms.)      | Amount of Contribution (\$)   |
|   | Contributor address; City; State; Zip Code<br><br>Wichita Falls, TX 76310                                     |   |
| Principal occupation / Job title (See Instructions)<br>CHCE; COS-C  |   | Employer (See Instructions)<br>Always Best Care Senior Services     |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |   |   |
|---|---|---|
| <b>The Instruction Guide explains how to complete this form.</b>  |   | <b>1</b> Total pages Schedule A1:<br>Sch: 2/9 Rpt: 5/23                   |
| <b>2</b> FILER NAME<br>Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC - |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015750                  |
| <b>4</b> Date<br>11/26/2024   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Davis , Sheila (Ms.) | <b>7</b> Amount of Contribution (\$)<br><br>\$12.50                       |
|   | <b>6</b> Contributor address; City; State; Zip Code<br><br>Wichita Falls, TX 76310                                |   |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>CHCE; COS-C                                 |   | <b>9</b> Employer (See Instructions)<br>Always Best Care Senior Services  |
| Date<br>11/26/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Dilleshaw, Brittany (Ms.)     | Amount of Contribution (\$)<br><br>\$25.00                                |
|   | Contributor address; City; State; Zip Code<br><br>Danbury, TX 77534   |   |
| Principal occupation / Job title (See Instructions)<br>Vice President of Home Therapy Services              |   | Employer (See Instructions)<br>MedCare Pediatric Nursing                  |
| Date<br>12/09/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Fox , Eric (Mr.)              | Amount of Contribution (\$)<br><br>\$70.00                                |
|   | Contributor address; City; State; Zip Code<br><br>Whitehouse, TX 75791  |   |
| Principal occupation / Job title (See Instructions)<br>Physical Therapist                                   |   | Employer (See Instructions)<br>Paradigm Rehab & Nursing LP                |
| Date<br>12/12/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Goolsby, Sharon (Ms.)         | Amount of Contribution (\$)<br><br>\$125.00                               |
|   | Contributor address; City; State; Zip Code<br><br>Jefferson, TX 75657   |   |
| Principal occupation / Job title (See Instructions)<br>Administrator  |   | Employer (See Instructions)<br>First in Pediatrics Home Health Care, Inc. |
| Date<br>12/09/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Hale, Kati (Ms.)              | Amount of Contribution (\$)<br><br>\$60.00                                |
|   | Contributor address; City; State; Zip Code<br><br>Denton, TX 76208  |   |
| Principal occupation / Job title (See Instructions)<br>COO  |   | Employer (See Instructions)<br>MAC Legacy                                 |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |   |   |
|---|---|---|
| <b>The Instruction Guide explains how to complete this form.</b>  |   | <b>1</b> Total pages Schedule A1:<br>Sch: 3/9 Rpt: 6/23           |
| <b>2</b> FILER NAME<br>Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC - |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015750          |
| <b>4</b> Date<br>12/12/2024   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Hosley, Dennis (Mr.) | <b>7</b> Amount of Contribution (\$)                              |
|   | <b>6</b> Contributor address; City; State; Zip Code<br><br>Dallas, TX 75214                                       |   |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>President COO                               |   | <b>9</b> Employer (See Instructions)<br>Pediatric Home Healthcare |
| <b>Date</b><br>12/09/2024   | <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Hurst, Robyn (Ms.)     | <b>Amount of Contribution (\$)</b><br>\$35.00                     |
|   | <b>Contributor address; City; State; Zip Code</b><br><br>Temple, TX 76502   |   |
| <b>Principal occupation / Job title (See Instructions)</b><br>Executive Director                            |   | <b>Employer (See Instructions)</b><br>Paradigm HomeCare           |
| <b>Date</b><br>12/09/2024   | <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Jenkins , Jinny (Ms.)  | <b>Amount of Contribution (\$)</b><br>\$175.00                    |
|   | <b>Contributor address; City; State; Zip Code</b><br><br>Crowley, TX 76036  |   |
| <b>Principal occupation / Job title (See Instructions)</b><br>Executive Director                            |   | <b>Employer (See Instructions)</b><br>Paradigm Rehab & Nursing LP |
| <b>Date</b><br>12/09/2024   | <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Klenke, Caprice (Ms.)  | <b>Amount of Contribution (\$)</b><br>\$35.00                     |
|   | <b>Contributor address; City; State; Zip Code</b><br><br>Rio Vista, TX 76093                                      |   |
| <b>Principal occupation / Job title (See Instructions)</b><br>Account Executive                             |   | <b>Employer (See Instructions)</b><br>Paradigm HomeCare           |
| <b>Date</b><br>12/09/2024   | <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Lawson, Kimberly (Ms.) | <b>Amount of Contribution (\$)</b><br>\$35.00                     |
|   | <b>Contributor address; City; State; Zip Code</b><br><br>Bridgeport, TX 76426                                     |   |
| <b>Principal occupation / Job title (See Instructions)</b><br>Area Director of Sales                        |   | <b>Employer (See Instructions)</b><br>Paradigm HomeCare           |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |  |   |
|---|--|---|
| <b>The Instruction Guide explains how to complete this form.</b>  |  | <b>1</b> Total pages Schedule A1:<br>Sch: 4/9 Rpt: 7/23       |
| <b>2</b> FILER NAME<br>Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC - |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015750      |
| <b>4</b> Date<br>12/12/2024   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Learst, Renea (Ms.) | <b>7</b> Amount of Contribution (\$)<br><br>\$10.00           |
|   | <b>6</b> Contributor address; City; State; Zip Code<br><br>Wichita Falls, TX 76310                               |   |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Nurse                                       |  | <b>9</b> Employer (See Instructions)<br>Angels of Care        |
| Date<br>12/09/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Lloyd, Mitzi (Ms.)           | Amount of Contribution (\$)<br><br>\$35.00                    |
|   | Contributor address; City; State; Zip Code<br><br>Tyler, TX 75703  |   |
| Principal occupation / Job title (See Instructions)<br>Human Resources Manager                              |  | Employer (See Instructions)<br>Paradigm Rehab & Nursing LP    |
| Date<br>12/12/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Luna, Norma (Ms.)            | Amount of Contribution (\$)<br><br>\$75.00                    |
|   | Contributor address; City; State; Zip Code<br><br>San Antonio, TX 78260  |   |
| Principal occupation / Job title (See Instructions)<br>Hospice Administrator                                |  | Employer (See Instructions)<br>Gentle Partners In Hospice LLC |
| Date<br>12/20/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Martinez, Rebecca (Ms.)      | Amount of Contribution (\$)<br><br>\$5.00                     |
|   | Contributor address; City; State; Zip Code<br><br>Amarillo, TX 79110   |   |
| Principal occupation / Job title (See Instructions)<br>Certified Nursing Assistant                          |  | Employer (See Instructions)<br>Goodcare Health Services       |
| Date<br>12/20/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Martinez, Rebecca (Ms.)      | Amount of Contribution (\$)<br><br>\$5.00                     |
|   | Contributor address; City; State; Zip Code<br><br>Amarillo, TX 79110   |   |
| Principal occupation / Job title (See Instructions)<br>Certified Nursing Assistant                          |  | Employer (See Instructions)<br>Goodcare Health Services       |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |  |   |
|---|--|---|
| <b>The Instruction Guide explains how to complete this form.</b>  |  | <b>1</b> Total pages Schedule A1:<br>Sch: 5/9 Rpt: 8/23           |
| <b>2</b> FILER NAME<br>Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC - |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015750          |
| <b>4</b> Date<br>12/20/2024   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Martinez, Rebecca (Ms.) | <b>7</b> Amount of Contribution (\$)<br><br>\$5.00                |
|   | <b>6</b> Contributor address; City; State; Zip Code<br><br>Amarillo, TX 79110  |   |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Certified Nursing Assistant                 |  | <b>9</b> Employer (See Instructions)<br>Goodcare Health Services  |
| Date<br>12/20/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Martinez, Rebecca (Ms.)          | Amount of Contribution (\$)<br><br>\$5.00                         |
|   | Contributor address; City; State; Zip Code<br><br>Amarillo, TX 79110   |   |
| Principal occupation / Job title (See Instructions)<br>Certified Nursing Assistant                          |  | Employer (See Instructions)<br>Goodcare Health Services           |
| Date<br>12/12/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>McClammy, Lisa (Ms.)             | Amount of Contribution (\$)<br><br>\$25.00                        |
|   | Contributor address; City; State; Zip Code<br><br>Whitney, TX 76692  |   |
| Principal occupation / Job title (See Instructions)<br>RN Consultant  |  | Employer (See Instructions)<br>MAC Legacy                         |
| Date<br>12/09/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>McGraw, Joseph (Mr.)             | Amount of Contribution (\$)<br><br>\$70.00                        |
|   | Contributor address; City; State; Zip Code<br><br>Tyler, TX 75703  |   |
| Principal occupation / Job title (See Instructions)<br>Business Development                                 |  | Employer (See Instructions)<br>Paradigm Rehab & Nursing LP        |
| Date<br>11/26/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Morales, Carlos (Mr.)            | Amount of Contribution (\$)<br><br>\$50.00                        |
|   | Contributor address; City; State; Zip Code<br><br>Lubbock, TX 79424  |   |
| Principal occupation / Job title (See Instructions)<br>Executive Vice President                             |  | Employer (See Instructions)<br>Caprock Home Health Services, Inc. |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |  |   |
|---|--|---|
| <b>The Instruction Guide explains how to complete this form.</b>  |  | <b>1</b> Total pages Schedule A1:<br>Sch: 6/9 Rpt: 9/23           |
| <b>2</b> FILER NAME<br>Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC - |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015750          |
| <b>4</b> Date<br>11/26/2024   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Murphy, Maryann (Ms.) | <b>7</b> Amount of Contribution (\$)                              |
|   | <b>6</b> Contributor address; City; State; Zip Code<br><br>Early, TX 76802   |   |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>RN  |  | <b>9</b> Employer (See Instructions)<br>Lee HealthCare            |
| <b>Date</b><br>12/09/2024   | <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Nawaz, Kelly (Ms.)      | <b>Amount of Contribution (\$)</b><br>\$175.00                    |
|   | <b>Contributor address; City; State; Zip Code</b><br><br>Canton, TX 75103  |   |
| <b>Principal occupation / Job title (See Instructions)</b><br>Quality Assurance RN                          |  | <b>Employer (See Instructions)</b><br>Paradigm Rehab & Nursing LP |
| <b>Date</b><br>11/26/2024   | <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Olguin, Christie (Ms.)  | <b>Amount of Contribution (\$)</b><br>\$10.00                     |
|   | <b>Contributor address; City; State; Zip Code</b><br><br>San Antonio, TX 78254                                     |   |
| <b>Principal occupation / Job title (See Instructions)</b><br>Therapist                                     |  | <b>Employer (See Instructions)</b><br>Angels of Care              |
| <b>Date</b><br>11/26/2024   | <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Palmer, Lee (Mr.)       | <b>Amount of Contribution (\$)</b><br>\$50.00                     |
|   | <b>Contributor address; City; State; Zip Code</b><br><br>Richmond, TX 77406  |   |
| <b>Principal occupation / Job title (See Instructions)</b><br>Administrator                                 |  | <b>Employer (See Instructions)</b><br>Consolidated Home Health    |
| <b>Date</b><br>12/09/2024   | <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Poynor, Joanne (Ms.)    | <b>Amount of Contribution (\$)</b><br>\$280.00                    |
|   | <b>Contributor address; City; State; Zip Code</b><br><br>Tyler, TX 75701   |   |
| <b>Principal occupation / Job title (See Instructions)</b><br>Executive Director                            |  | <b>Employer (See Instructions)</b><br>Paradigm HomeCare           |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |  |  |
|---|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>  |  | <b>1</b> Total pages Schedule A1:<br>Sch: 7/9 Rpt: 10/23         |
| <b>2</b> FILER NAME<br>Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC - |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015750         |
| <b>4</b> Date<br>12/20/2024   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Rangel DeLos Santos, Teresa (Ms.) | <b>7</b> Amount of Contribution (\$)<br><br>\$5.00               |
|   | <b>6</b> Contributor address; City; State; Zip Code<br><br>Amarillo, TX 79108  |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>LVN   |  | <b>9</b> Employer (See Instructions)<br>Goodcare Health Services |
| Date<br>12/20/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Rangel DeLos Santos, Teresa (Ms.)          | Amount of Contribution (\$)<br><br>\$5.00                        |
|   | Contributor address; City; State; Zip Code<br><br>Amarillo, TX 79108   |  |
| Principal occupation / Job title (See Instructions)<br>LVN  |  | Employer (See Instructions)<br>Goodcare Health Services          |
| Date<br>12/20/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Rangel DeLos Santos, Teresa (Ms.)          | Amount of Contribution (\$)<br><br>\$5.00                        |
|   | Contributor address; City; State; Zip Code<br><br>Amarillo, TX 79108   |  |
| Principal occupation / Job title (See Instructions)<br>LVN  |  | Employer (See Instructions)<br>Goodcare Health Services          |
| Date<br>12/20/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Rangel DeLos Santos, Teresa (Ms.)          | Amount of Contribution (\$)<br><br>\$5.00                        |
|   | Contributor address; City; State; Zip Code<br><br>Amarillo, TX 79108   |  |
| Principal occupation / Job title (See Instructions)<br>LVN  |  | Employer (See Instructions)<br>Goodcare Health Services          |
| Date<br>12/09/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Rash, Rose (Ms.)                           | Amount of Contribution (\$)<br><br>\$119.05                      |
|   | Contributor address; City; State; Zip Code<br><br>Corsicana, TX 75109  |  |
| Principal occupation / Job title (See Instructions)<br>Owner/Director of Nursing                            |  | Employer (See Instructions)<br>Angels At Home, Inc.              |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |   |   |
|---|---|---|
| <b>The Instruction Guide explains how to complete this form.</b>  |   | <b>1</b> Total pages Schedule A1:<br>Sch: 8/9 Rpt: 11/23            |
| <b>2</b> FILER NAME<br>Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC - |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015750            |
| <b>4</b> Date<br>12/09/2024   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Reece, Miranda (Ms.) | <b>7</b> Amount of Contribution (\$)<br><br>\$140.00                |
|   | <b>6</b> Contributor address; City; State; Zip Code<br><br>Grapevine, TX 76051                                    |   |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>VP of Operations                            |   | <b>9</b> Employer (See Instructions)<br>Paradigm Rehab & Nursing LP |
| Date<br>12/12/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Robison, Kristen (Ms.)        | Amount of Contribution (\$)<br><br>\$125.00                         |
|   | Contributor address; City; State; Zip Code<br><br>San Antonio, TX 78209   |   |
| Principal occupation / Job title (See Instructions)<br>RN, VP Govt. Affairs, CCO                            |   | Employer (See Instructions)<br>Angels of Care Pediatric Home Health |
| Date<br>12/09/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Roman, Alexandra (Ms.)        | Amount of Contribution (\$)<br><br>\$70.00                          |
|   | Contributor address; City; State; Zip Code<br><br>Abilene, TX 79606   |   |
| Principal occupation / Job title (See Instructions)<br>Account Executive                                    |   | Employer (See Instructions)<br>Paradigm HomeCare                    |
| Date<br>12/12/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Saenz, Jonathan (Mr.)         | Amount of Contribution (\$)<br><br>\$100.00                         |
|   | Contributor address; City; State; Zip Code<br><br>Corpus Christi, TX 78414  |   |
| Principal occupation / Job title (See Instructions)<br>President/CEO  |   | Employer (See Instructions)<br>Saenz Home Health Services, Inc.     |
| Date<br>11/26/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Sandoval, Vanessa (Ms.)       | Amount of Contribution (\$)<br><br>\$25.00                          |
|   | Contributor address; City; State; Zip Code<br><br>Harlingen, TX 78552   |   |
| Principal occupation / Job title (See Instructions)<br>Administrator  |   | Employer (See Instructions)<br>Texas Visiting Nurse Services Ltd.   |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |  |   |
|---|--|---|
| <b>The Instruction Guide explains how to complete this form.</b>  |  | <b>1</b> Total pages Schedule A1:<br>Sch: 9/9 Rpt: 12/23      |
| <b>2</b> FILER NAME<br>Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC - |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015750      |
| <b>4</b> Date<br>12/12/2024   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Smith , Linda (Ms.)<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>San Antonio, TX 78248 | <b>7</b> Amount of Contribution (\$)<br><br>\$210.00          |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>CEO   |  | <b>9</b> Employer (See Instructions)<br>En Su Casa Caregivers |
| Date<br>12/12/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Sugarman, Brenda (Ms.)<br><hr/> Contributor address; City; State; Zip Code<br><br>Little Elm, TX 75068                 | Amount of Contribution (\$)<br><br>\$10.00                    |
| Principal occupation / Job title (See Instructions)<br>Nurse  |  | Employer (See Instructions)<br>Angels of Care                 |
| Date<br>12/09/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Yates, Jennifer (Ms.)<br><hr/> Contributor address; City; State; Zip Code<br><br>Gilmer, TX 75644                      | Amount of Contribution (\$)<br><br>\$67.34                    |
| Principal occupation / Job title (See Instructions)<br>Executive Director                                   |  | Employer (See Instructions)<br>Paradigm Rehab & Nursing LP    |

# MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C3

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

|   |   |   |
|---|---|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 1/10 Rpt: 14/23   | <b>2</b> FILER NAME<br>Texas Association for Home Care and Hospice Inc. - Texas   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015750  |
| <b>4</b> Date<br>12/11/2024   | <b>5</b> Payee name<br>Bonnen Campaign, Greg (Rep.)   |   |
| <b>6</b> Amount (\$)<br>\$5,500.00<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>P.O. Box 1183<br><br>Friendswood, TX 77546   |   |
| <b>8</b> PURPOSE OF EXPENDITURE   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH  | Candidate/Officeholder name   | Office sought Office held   |
| Date<br>12/12/2024  | Payee name<br>Collier Campaign, Nicole (Rep.)   |   |
| Amount (\$)<br>\$1,000.00<br><br><input type="checkbox"/> Expenditure from corporate funds          | Payee address; City; State; Zip Code<br>P.O. Box 24241<br><br>Fort Worth, TX 76124  |   |
| <b>PURPOSE OF EXPENDITURE</b>   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name   | Office sought Office held   |
| Date<br>12/06/2024  | Payee name<br>DeAyala Campaign, Mano (Rep.)   |   |
| Amount (\$)<br>\$1,000.00<br><br><input type="checkbox"/> Expenditure from corporate funds          | Payee address; City; State; Zip Code<br>9525 Katy Freeway, Suite 215<br><br>Houston, TX 77024   |   |
| <b>PURPOSE OF EXPENDITURE</b>   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution |
| 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.

|   |   |  |
|---|---|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 2/10 Rpt: 15/23 | <b>2</b> FILER NAME<br>Texas Association for Home Care and Hospice Inc. - Texas | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015750 |
|---|---|--|

|                             |   |
|-----------------------------|---|
| <b>4</b> Date<br>12/02/2024 | <b>5</b> Payee name<br>Global Payments Inc. |
|-----------------------------|---|

|                                 |   |
|---------------------------------|---|
| <b>6</b> Amount (\$)<br>\$48.20 | <b>7</b> Payee address; City; State; Zip Code<br>3550 Lenox Road, Suite 3000<br><br>Atlanta, GA 30326 |
|---------------------------------|---|

Expenditure from corporate funds

|                                 |   |  |
|---------------------------------|---|--|
| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Accounting/Banking | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Credit card processing fee |
|---------------------------------|---|--|

|   |                             |               |             |
|---|-----------------------------|---------------|-------------|
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

|                    |   |
|--------------------|---|
| Date<br>12/04/2024 | Payee name<br>Kolkhorst Campaign, Lois (Sen.) |
|--------------------|---|

|                           |   |
|---------------------------|---|
| Amount (\$)<br>\$2,500.00 | Payee address; City; State; Zip Code<br>2000 S. Market St. Suite 208<br><br>Brenham, TX 77833 |
|---------------------------|---|

Expenditure from corporate funds

|                               |   |   |
|-------------------------------|---|---|
| <b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution |
|-------------------------------|---|---|

|  |                             |               |             |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

|                    |  |
|--------------------|--|
| Date<br>12/04/2024 | Payee name<br>Martinez Fischer Campaign, Trey (Rep.) |
|--------------------|--|

|                           |   |
|---------------------------|---|
| Amount (\$)<br>\$1,000.00 | Payee address; City; State; Zip Code<br>4243 E. Piedras Dr., Suite 256<br><br>San Antonio, TX 78228 |
|---------------------------|---|

Expenditure from corporate funds

|                               |   |   |
|-------------------------------|---|---|
| <b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign 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.

|   |   |  |
|---|---|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 3/10 Rpt: 16/23 | <b>2</b> FILER NAME<br>Texas Association for Home Care and Hospice Inc. - Texas | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015750 |
|---|---|--|

|                             |   |
|-----------------------------|---|
| <b>4</b> Date<br>12/09/2024 | <b>5</b> Payee name<br>Morales Campaign Jr., Eddie (Rep.) |
|-----------------------------|---|

|   |  |
|---|--|
| <b>6</b> Amount (\$)<br>\$1,000.00<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>100 S. Monroe St.<br><br>Eagle Pass, TX 78852 |
|---|--|

|                                 |   |   |
|---------------------------------|---|---|
| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution |
|---------------------------------|---|---|

|   |                             |               |             |
|---|-----------------------------|---------------|-------------|
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

|                    |  |
|--------------------|--|
| Date<br>12/09/2024 | Payee name<br>Oliverson Campaign, Tom (Rep.) |
|--------------------|--|

|  |   |
|--|---|
| Amount (\$)<br>\$1,500.00<br><br><input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code<br>12345 Jones Rd., Suite 221<br><br>Houston, TX 77070 |
|--|---|

|                               |   |   |
|-------------------------------|---|---|
| <b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution |
|-------------------------------|---|---|

|  |                             |               |             |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

|                    |   |
|--------------------|---|
| Date<br>12/06/2024 | Payee name<br>Orr Campaign, Angela (Rep.) |
|--------------------|---|

|  |   |
|--|---|
| Amount (\$)<br>\$1,500.00<br><br><input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code<br>214 E. Elm<br><br>Hillsboro, TX 76645 |
|--|---|

|                               |   |   |
|-------------------------------|---|---|
| <b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution |
|-------------------------------|---|---|

|  |                             |               |             |
|--|-----------------------------|---------------|-------------|
| 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.

|   |   |  |
|---|---|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 4/10 Rpt: 17/23   | <b>2</b> FILER NAME<br>Texas Association for Home Care and Hospice Inc. - Texas   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015750   |
| <b>4</b> Date<br>12/09/2024   | <b>5</b> Payee name<br>Paxton Campaign, Angela (Sen.)   |  |
| <b>6</b> Amount (\$)<br>\$1,500.00<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>604 S. Watters Rd., Suite 100<br><br>Allen, TX 75013   |  |
| <b>8</b> PURPOSE OF EXPENDITURE   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution      |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH  | Candidate/Officeholder name   | Office sought Office held  |
| Date<br>11/26/2024  | Payee name<br>PayPal  |  |
| Amount (\$)<br>\$1.99<br><br><input type="checkbox"/> Expenditure from corporate funds              | Payee address; City; State; Zip Code<br>2211 N. First St.<br><br>San Jose, CA 95131   |  |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Accounting/Banking   | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Credit card processing fee |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name   | Office sought Office held  |
| Date<br>11/26/2024  | Payee name<br>PayPal  |  |
| Amount (\$)<br>\$1.36<br><br><input type="checkbox"/> Expenditure from corporate funds              | Payee address; City; State; Zip Code<br>2211 N. First St.<br><br>San Jose, CA 95131   |  |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Accounting/Banking   | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>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.

|   |   |  |
|---|---|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 5/10 Rpt: 18/23                                       | <b>2</b> FILER NAME<br>Texas Association for Home Care and Hospice Inc. - Texas               | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015750   |
| <b>4</b> Date<br>11/26/2024   | <b>5</b> Payee name<br>PayPal   |  |
| <b>6</b> Amount (\$)<br>\$1.36<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>2211 N. First St.<br><br>San Jose, CA 95131  |  |
| <b>8</b> PURPOSE OF EXPENDITURE   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Accounting/Banking | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Credit card processing fee |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH                                    | Candidate/Officeholder name   | Office sought Office held  |
| Date<br>11/26/2024  | Payee name<br>PayPal  |  |
| Amount (\$)<br>\$0.84<br><br><input type="checkbox"/> Expenditure from corporate funds          | Payee address; City; State; Zip Code<br>2211 N. First St.<br><br>San Jose, CA 95131           |  |
| PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Accounting/Banking        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Credit card processing fee        |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name   | Office sought Office held  |
| Date<br>11/26/2024  | Payee name<br>PayPal  |  |
| Amount (\$)<br>\$1.36<br><br><input type="checkbox"/> Expenditure from corporate funds          | Payee address; City; State; Zip Code<br>2211 N. First St.<br><br>San Jose, CA 95131           |  |
| PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Accounting/Banking        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>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.

|   |   |  |
|---|---|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 6/10 Rpt: 19/23                                       | <b>2</b> FILER NAME<br>Texas Association for Home Care and Hospice Inc. - Texas               | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015750   |
| <b>4</b> Date<br>11/26/2024   | <b>5</b> Payee name<br>PayPal   |  |
| <b>6</b> Amount (\$)<br>\$2.24<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>2211 N. First St.<br><br>San Jose, CA 95131  |  |
| <b>8</b> PURPOSE OF EXPENDITURE   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Accounting/Banking | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Credit card processing fee |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH                             | Candidate/Officeholder name   | Office sought Office held  |
| Date<br>11/26/2024  | Payee name<br>PayPal  |  |
| Amount (\$)<br>\$0.68<br><br><input type="checkbox"/> Expenditure from corporate funds          | Payee address; City; State; Zip Code<br>2211 N. First St.<br><br>San Jose, CA 95131           |  |
| <b>PURPOSE OF EXPENDITURE</b>   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Accounting/Banking | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Credit card processing fee |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                      | Candidate/Officeholder name   | Office sought Office held  |
| Date<br>12/12/2024  | Payee name<br>PayPal  |  |
| Amount (\$)<br>\$2.87<br><br><input type="checkbox"/> Expenditure from corporate funds          | Payee address; City; State; Zip Code<br>2211 N. First St.<br><br>San Jose, CA 95131           |  |
| <b>PURPOSE OF EXPENDITURE</b>   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Accounting/Banking | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Credit card processing fee |
| 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.

|   |   |  |
|---|---|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 7/10 Rpt: 20/23                                       | <b>2</b> FILER NAME<br>Texas Association for Home Care and Hospice Inc. - Texas               | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015750   |
| <b>4</b> Date<br>12/12/2024   | <b>5</b> Payee name<br>PayPal   |  |
| <b>6</b> Amount (\$)<br>\$0.84<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>2211 N. First St.<br><br>San Jose, CA 95131  |  |
| <b>8</b> PURPOSE OF EXPENDITURE   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Accounting/Banking | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Credit card processing fee |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH                             | Candidate/Officeholder name   | Office sought                      Office held   |
| Date<br>12/12/2024  | Payee name<br>PayPal  |  |
| Amount (\$)<br>\$0.84<br><br><input type="checkbox"/> Expenditure from corporate funds          | Payee address; City; State; Zip Code<br>2211 N. First St.<br><br>San Jose, CA 95131           |  |
| <b>PURPOSE OF EXPENDITURE</b>   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Accounting/Banking | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Credit card processing fee |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                      | Candidate/Officeholder name   | Office sought                      Office held   |
| Date<br>12/12/2024  | Payee name<br>PayPal  |  |
| Amount (\$)<br>\$4.85<br><br><input type="checkbox"/> Expenditure from corporate funds          | Payee address; City; State; Zip Code<br>2211 N. First St.<br><br>San Jose, CA 95131           |  |
| <b>PURPOSE OF EXPENDITURE</b>   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Accounting/Banking | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Credit card processing fee |
| 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.

|   |   |  |
|---|---|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 8/10 Rpt: 21/23                                       | <b>2</b> FILER NAME<br>Texas Association for Home Care and Hospice Inc. - Texas               | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015750   |
| <b>4</b> Date<br>12/12/2024   | <b>5</b> Payee name<br>PayPal   |  |
| <b>6</b> Amount (\$)<br>\$1.36<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>2211 N. First St.<br><br>San Jose, CA 95131  |  |
| <b>8</b> PURPOSE OF EXPENDITURE   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Accounting/Banking | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Credit card processing fee |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH                                    | Candidate/Officeholder name   | Office sought Office held  |
| Date<br>12/12/2024  | Payee name<br>PayPal  |  |
| Amount (\$)<br>\$7.82<br><br><input type="checkbox"/> Expenditure from corporate funds          | Payee address; City; State; Zip Code<br>2211 N. First St.<br><br>San Jose, CA 95131           |  |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Accounting/Banking | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Credit card processing fee |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name   | Office sought Office held  |
| Date<br>12/12/2024  | Payee name<br>PayPal  |  |
| Amount (\$)<br>\$2.24<br><br><input type="checkbox"/> Expenditure from corporate funds          | Payee address; City; State; Zip Code<br>2211 N. First St.<br><br>San Jose, CA 95131           |  |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Accounting/Banking | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>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.

|   |   |  |
|---|---|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 9/10 Rpt: 22/23                                       | <b>2</b> FILER NAME<br>Texas Association for Home Care and Hospice Inc. - Texas   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015750   |
| <b>4</b> Date<br>12/12/2024   | <b>5</b> Payee name<br>PayPal   |  |
| <b>6</b> Amount (\$)<br>\$3.08<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>2211 N. First St.<br><br>San Jose, CA 95131  |  |
| <b>8</b> PURPOSE OF EXPENDITURE   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Accounting/Banking   | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Credit card processing fee |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH                             |   |  |
| Date<br>12/12/2024  | Candidate/Officeholder name<br>Payee name<br>PayPal   |  |
| Amount (\$)<br>\$4.85<br><br><input type="checkbox"/> Expenditure from corporate funds          | Office sought<br>Payee address; City; State; Zip Code<br>2211 N. First St.<br><br>San Jose, CA 95131  |  |
| <b>PURPOSE OF EXPENDITURE</b>   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Accounting/Banking   | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Credit card processing fee |
| Office held   |   |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                      |   |  |
| Date<br>11/26/2024  | Candidate/Officeholder name<br>Payee name<br>Rose Campaign, Toni (Rep.)   |  |
| Amount (\$)<br>\$2,000.00<br><br><input type="checkbox"/> Expenditure from corporate funds      | Office sought<br>Payee address; City; State; Zip Code<br>P.O. Box 398020<br><br>Dallas, TX 75241  |  |
| <b>PURPOSE OF EXPENDITURE</b>   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution      |
| Office held   |   |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                      |   |  |

# 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.

|   |   |   |
|---|---|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 10/10 Rpt: 23/23  | <b>2</b> FILER NAME<br>Texas Association for Home Care and Hospice Inc. - Texas   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015750  |
| <b>4</b> Date<br>12/11/2024   | <b>5</b> Payee name<br>Schwetner Campaign, Charles (Sen.)   |   |
| <b>6</b> Amount (\$)<br>\$1,500.00<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>3000 Briarcrest Dr., Suite 202<br><br>Bryan, TX 77802  |   |
| <b>8</b> PURPOSE OF EXPENDITURE   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH  | Candidate/Officeholder name   | Office sought Office held   |
| Date<br>11/26/2024  | Payee name<br>Sparks Campaign, Kevin (Sen.)   |   |
| Amount (\$)<br>\$1,500.00<br><br><input type="checkbox"/> Expenditure from corporate funds          | Payee address; City; State; Zip Code<br>6 Desta Drive, Suite 1325<br><br>Midland, TX 79705  |   |
| PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution        |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name   | Office sought Office held   |
| Date<br>12/03/2024  | Payee name<br>Toth Campaign, Steve (Rep.)   |   |
| Amount (\$)<br>\$1,000.00<br><br><input type="checkbox"/> Expenditure from corporate funds          | Payee address; City; State; Zip Code<br>25700 Interstate Hwy 45, Ste. 100<br><br>Spring, TX 77386   |   |
| PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution        |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name   | Office sought Office held   |