# 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)	20
_	COMMITTEE NAME		00015750	
3		for Home Care and Hospice Inc Texas F	La constant de la con	OFFICE USE ONLY
l	State	Date Received		
	State			ELECTRONICALLY FILED
l				02/05/2025
4	COMMITTEE	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP	1
ľ	ADDRESS	9390 Research Blvd., Bldg. 1 Suite 300	J. 1. 1, J. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	
l		3330 Nesection biva., blug. 1 State 300		
l	Change of Address	Austin, TX 78759		
╙				Date Hand-delivered or Date Postmarked
5	CAMPAIGN TREASURER	MS / MRS / MR FIRST	MI	
l	NAME	Ms. Rachel		Receipt # Amount
l				
l				Date Processed
l		NICKNAME LAST	SUFFIX	
l		Hammon		Date Imaged
l				
6	CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #; CITY; ST	ATE; ZIP CODE
l	TREASURER	9390 Research Blvd., Bldg. 1 Suite 300		
l	STREET ADDRESS	, <b>3</b>		
l	(Residence or Business)	A .: TV 70750		
		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			
l		A		
L	Change of Address	Austin, TX 78731		
8	CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION	
l	TREASURER PHONE	(512) 338-9293		
l	THONE	(312) 330 3233		
9	REPORT TYPE		10th day after campaign	
l		X Monthly	treasurer termination	Dissolution (Attach PAC-DR)
10	MONTHLY			
۱۳	REPORT FILING	January 5 April	5 July 5	October 5
l	DEADLINE		<u> </u>	
l		X February 5 May	5 August 5	November 5
l		March 5 June	5 September 5	December 5
l		watch 3	September 3	December 5
11	PERIOD	Month Day Year	Month	Day Year
l	COVERED	12/26/2024	HROUGH 01/25/	
_				
l				
l				
		GO T	O PAGE 2	

# MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

# FORM MPAC COVER SHEET PG 2

L2 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Texas Association for Ho	ome Care and Hospice	e Inc Texas Home	Care and Hospice	0001575	60
ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported		1	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location	A. Supported			
	of election and nature of issue.)	B. Opposed			
		B. Opposeu			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
5 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIE OR GUARANTEES OF ADE ELECTRONICAL qualifies for the higher iter	LY)	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLEI	\$	2,346.57		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES				0.00
	4. TOTAL POLITICA	L EXPENDITURES		\$	74.37
CONTRIBUTION BALANCE	5. TOTAL POLITICAL ( OF THE REPORTIN		NTAINED AS OF THE LAS	T DAY \$	96,279.53
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUT REPORTING PERIOD	STANDING LOANS AS OF	THE \$	0.00
6 AFFIDAVIT				<u>'</u>	
		true and	or affirm, under penalty of p correct and includes all info tle 15, Election Code.		
			Ms. Rac	hel Hammon	
			Signature of C	ampaign Trea	surer
AFFIX NOTARY	STAMP / SEAL ABOVE				
				this the	day
of	, 20, to certify \	vhich, witness my hand	d and seal of office.		
Signature of officer adm	ninistering oath	Printed name of officer	r administering oath	Title of of	fficer administering oath

### **SUBTOTALS - MPAC**

## FORM MPAC COVER SHEET PG 3

				3 01 20
		EE NAME sociation for Home Care and Hospice Inc Texas Home Care and Hospice	<b>18</b> Filer ID 00015750	(Ethics Commission Filers)
		E SUBTOTALS SCHEDULE		SUBTOTAL AMOUNT
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 1,424.29
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOURGANIZATION	DR	\$
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$
6.	X	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$ 922.28
7.		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (	ORGANIZATION	\$
9.		SCHEDULE E: LOANS		\$
10.	. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$ 74.3
11.	. 🔲	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
13.	. 🗆	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14.	. 🔲	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$
15.	. 🔲	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$

	MONEI	ARY POLITICAL (	CONTRIBUTIO	JNS	SCHEDULE	<b>A1</b>	
	The Instru	ction Guide explains hov	v to complete this f	orm.	1 Total pages Schedule A1: Sch: 1/11 Rpt: 4/20		
2	FILER NAME Texas Assoc	ciation for Home Care and Ho	spice Inc Texas Hon	ne Care and Hospice PAC -	3 Filer ID (Ethics Commission 00015750	Filers)	
4	Date 12/30/2024	<ul><li>5 Full name of contributor Avery, Amy (Ms.)</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)	\$20.00	
		Tyler, TX 75701					
8	Principal occu Physical The	pation / Job title (See Instructions erapist	5)	9 Employer (See Instructions Paradigm Rehab & Nurs			
	Date 12/30/2024	Full name of contributor Brooks , Courtney (Ms.) Contributor address; City; S	out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	\$20.00	
	Principal occu	Bullard, TX 75757 pation / Job title (See Instructions	5)	Employer (See Instructions	<u> </u> 		
	Regional Director of Operations			Paradigm Rehab & Nurs			
	Date 12/30/2024	Full name of contributor Church Gutierrez, Amber Contributor address; City; S		)	Amount of Contribution (\$)	\$5.00	
	Principal occu	Cypress, TX 77429 pation / Job title (See Instructions	2)	Employer (See Instructions	2)		
	Nurse	pation 7 000 title (Occ motivations	<i>.</i>	Angels of Care			
	Date 12/30/2024	Full name of contributor Colston, Maureen (Ms.) Contributor address; City; S	out-of-state PAC (ID#:_		Amount of Contribution (\$)	\$10.00	
	Principal occu Associate Co	Tyler, TX 75702 pation / Job title (See Instructions ontroller	5)	Employer (See Instructions Paradigm Rehab & Nurs			
	Date 01/08/2025	Full name of contributor Cornett, Valerie (Ms.) Contributor address; City; S Keller, TX 76244	out-of-state PAC (ID#:_		Amount of Contribution (\$)	\$60.00	
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions MAC Legacy	) (3)		

	MONEI	ARY POLITICAL CONTRIBUTION	UNS	SCHEDULE A	.1
	The Instruc	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 2/11 Rpt: 5/20	
2	FILER NAME Texas Assoc	ciation for Home Care and Hospice Inc Texas Ho	ome Care and Hospice PAC -	<b>3</b> Filer ID (Ethics Commission Filer 00015750	rs)
4	Date 12/30/2024	<ul> <li>5 Full name of contributor  out-of-state PAC (ID# Davis, Sheila (Ms.)</li> <li>6 Contributor address; City; State; Zip Code</li> </ul>	t:)	7 Amount of Contribution (\$) \$1	12.50
		Wichita Falls, TX 76310			
8	Principal occu CHCE; COS	pation / Job title (See Instructions)	9 Employer (See Instructions Always Best Care Senio	,	
	Date 12/30/2024	Full name of contributor  out-of-state PAC (ID# Dilleshaw, Brittany (Ms.)  Contributor address; City; State; Zip Code	,	Amount of Contribution (\$)	25.00
	Principal occu	Danbury, TX 77534 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
	•	ent of Home Therapy Services	MedCare Pediatric Nurs		
	Date 01/17/2025	Full name of contributor	<u>;                                    </u>	Amount of Contribution (\$) \$1	12.00
		San Antonio, TX 78258			
	•	pation / Job title (See Instructions) eech Language Pathologist	Employer (See Instructions Ability Pediatric Therapy		
Date 01/17/2025		Full name of contributor out-of-state PAC (ID# Escamilla, Jamie (Ms.)  Contributor address; City; State; Zip Code  San Antonio, TX 78258	<u>;                                    </u>	Amount of Contribution (\$)	\$8.00
	•	pation / Job title (See Instructions) eech Language Pathologist	Employer (See Instructions Ability Pediatric Therapy	,	
	Date 01/17/2025	Full name of contributor out-of-state PAC (ID# Escobar, Christina (Ms.)  Contributor address; City; State; Zip Code  Selma, TX 78154	<i>:</i> )	Amount of Contribution (\$)	15.00
		pation / Job title (See Instructions)	Employer (See Instructions		
	Director of T	herapy	Ability Pediatric Therapy	!	

	MONET	ARY POLITICAL C	ONTRIBUTIO	JNS		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A1: Sch: 3/11 Rpt: 6/20	
2	FILER NAME Texas Assoc	ciation for Home Care and Hos	pice Inc Texas Hon	ne Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	Filers)
4	Date 01/17/2025	<ul><li>5 Full name of contributor Escobar, Christina (Ms.)</li><li>6 Contributor address; City; Sta</li></ul>		)	7	Amount of Contribution (\$)	\$10.00
		Selma, TX 78154					
8	•	pation / Job title (See Instructions)		9 Employer (See Instructions	5)		
	Director of T	herapy		Ability Pediatric Therapy	/		
	Date 01/17/2025	Full name of contributor Flores, Sonia (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#:_ ate; Zip Code			Amount of Contribution (\$)	\$3.00
		Amarillo, TX 79109  Equation / Joh title (See Instructions)  Employer (See Instructions)					
		pation / Job title (See Instructions)		Employer (See Instructions			
	Certified Nursing Assistant			Goodcare Health Servic	es		
	Date 12/30/2024	Full name of contributor Fox , Eric (Mr.)  Contributor address; City; Sta	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$20.00
	D: : 1	Whitehouse, TX 75791		- ' ' ' '	Ĺ		
	Principal occu Physical The	pation / Job title (See Instructions)		Employer (See Instructions Paradigm Rehab & Nurs		n I D	
		·	<u> </u>	T dradigiti Netido & Nais	JII 1		
	Date 01/17/2025	Full name of contributor Graham-Stone, Mary (Ms. Contributor address; City; Sta	·			Amount of Contribution (\$)	\$7.50
	Principal occu Home Care	pation / Job title (See Instructions)		Employer (See Instructions Ability Pediatric Therapy			
	Date 01/17/2025	Full name of contributor Graham-Stone, Mary (Ms. Contributor address; City; Sta	·	)		Amount of Contribution (\$)	\$5.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Home Care			Ability Pediatric Therapy	/		
	Home Care			Ability Pediatric Therapy	/		

	MONEI	ARY POLITICAL CON	IRIBUTION	15		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how to co	mplete this for	m.	1	Total pages Schedule A1: Sch: 4/11 Rpt: 7/20	
2	FILER NAME Texas Assoc	ciation for Home Care and Hospice Ir	nc Texas Home	Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	Filers)
4	Date 01/08/2025	Hale, Kati (Ms.)		)	7	Amount of Contribution (\$)	\$90.00
		Denton, TX 76208					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions MAC Legacy	5)		
	Date 12/30/2024	Hammon, Rachel (Ms.)  Contributor address; City; State; Zip	of-state PAC (ID#:			Amount of Contribution (\$)	\$21.00
	Principal occu	Austin, TX 78732 rincipal occupation / Job title (See Instructions)  Employer (See Instruction			·/_		
	Executive Director			Texas Assn. for Home C		e & Hospice Inc.	
	Date 01/17/2025	Full name of contributor out- Harding, Debra (Ms.)  Contributor address; City; State; Zip	of-state PAC (ID#:	)		Amount of Contribution (\$)	\$3.00
		San Antonio, TX 78230					
	Principal occu Home Care	pation / Job title (See Instructions)		Employer (See Instructions Ability HomeCare, Inc.	5)		
	Date 01/17/2025	Harding, Debra (Ms.)				Amount of Contribution (\$)	\$2.00
	Principal occu	San Antonio, TX 78230 pation / Job title (See Instructions)		Employer (See Instructions Ability HomeCare, Inc.	<u> </u> ;)		
	Date 12/30/2024	Howard, Jesse (Mr.)	of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
		pation / Job title (See Instructions)		Employer (See Instructions			
	Healthcare			Girling Community Care	· 		

	MONET	ARY POLITICAL CONTRIE	BUTIO	NS		SCHEDULI	E <b>A1</b>
	The Instru	ction Guide explains how to complet	te this fo	rm.	1	Total pages Schedule A1: Sch: 5/11 Rpt: 8/20	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Texas Assoc	ciation for Home Care and Hospice Inc Te	exas Home	e Care and Hospice PAC -		00015750	,
4	Date	5 Full name of contributor out-of-state F	PAC (ID#:	)	7	Amount of Contribution (\$)	
	12/30/2024	Hurst, Robyn (Ms.)  6 Contributor address; City; State; Zip Code					\$10.00
		Temple, TX 76502					
8	Principal occu	pation / Job title (See Instructions) irector		9 Employer (See Instructions Paradigm HomeCare	s) 		
	Date	Full name of contributor out-of-state F	PAC (ID#:	)		Amount of Contribution (\$)	
	12/30/2024	Jenkins , Jinny (Ms.)					\$50.00
		Contributor address; City; State; Zip Code					
		Crowley, TX 76036	-		<u></u>		
	Executive Di	pation / Job title (See Instructions)		Employer (See Instructions Paradigm Rehab & Nurs		n I D	
				Paradigiti Reliab & Nuis	SII IÇ		
	Date 12/30/2024	Full name of contributor out-of-state F Klenke, Caprice (Ms.)  Contributor address; City; State; Zip Code	PAC (ID#:	)		Amount of Contribution (\$)	\$10.00
		Rio Vista, TX 76093					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Account Exe	ecutive		Paradigm HomeCare			
	Date 12/30/2024	Full name of contributor out-of-state F Lawson, Kimberly (Ms.)  Contributor address; City; State; Zip Code	PAC (ID#:			Amount of Contribution (\$)	\$10.00
		Bridgeport, TX 76426					
	Principal occu Area Directo	pation / Job title (See Instructions) or of Sales		Employer (See Instructions Paradigm HomeCare			
	Date 12/30/2024	Full name of contributor out-of-state F Lloyd, Mitzi (Ms.) Contributor address; City; State; Zip Code	PAC (ID#:			Amount of Contribution (\$)	\$10.00
		Tyler, TX 75703					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Human Res	ources Manager		Paradigm Rehab & Nurs	sin	J LP	

	MONEI	ARY POLITICAL CO	NIRIBUTION	NS		SCHEDULE	<b>■ A1</b>
	The Instruc	ction Guide explains how to	complete this for	m.	1	Total pages Schedule A1: Sch: 6/11 Rpt: 9/20	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	ciation for Home Care and Hospid	ce Inc Texas Home	Care and Hospice PAC -		00015750	
4	Date 12/30/2024	<ul> <li>Full name of contributor         Machado, Marisa (Ms.)</li> <li>Contributor address; City; State</li> </ul>	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$42.00
		Hutto, TX 78634					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	()		
	COO			Texas Assn. for Homeca	are	& Hospice, Inc.	
	Date 01/17/2025	Full name of contributor  Martinez, Rebecca (Ms.)  Contributor address; City; State	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$5.00
		Amarillo, TX 79110					
		pation / Job title (See Instructions)		Employer (See Instructions			
	Certified Nursing Assistant			Goodcare Health Servic	es		
	Date 01/17/2025	Full name of contributor Martinez, Rebecca (Ms.)  Contributor address; City; State	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$5.00
		Amarillo, TX 79110					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions			
	Certified Nur	rsing Assistant		Goodcare Health Servic	es		
	Date 01/17/2025	Full name of contributor  Martinez, Rebecca (Ms.)  Contributor address; City; State  Amarillo, TX 79110	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$5.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	()		
	Certified Nur	rsing Assistant		Goodcare Health Servic			
	Date 01/17/2025	Full name of contributor  Martinez, Rebecca (Ms.)  Contributor address; City; State  Amarillo, TX 79110	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$5.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Certified Nur	sing Assistant		Goodcare Health Servic	es		

	MONET	ARY POLITICAL (	CONTRIBUTIO	JNS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how	to complete this f	orm.	ı	Total pages Schedule A1: Sch: 7/11 Rpt: 10/20	
2	FILER NAME Texas Assoc	ciation for Home Care and Ho	spice Inc Texas Hon	ne Care and Hospice PAC -	l	Filer ID (Ethics Commission 00015750	n Filers)
4	Date 01/17/2025	<ul><li>5 Full name of contributor Martinez, Rebecca (Ms.)</li><li>6 Contributor address; City; S</li></ul>		)	7 /	Amount of Contribution (\$)	\$5.00
		Amarillo, TX 79110					
8		pation / Job title (See Instructions rsing Assistant	s)	9 Employer (See Instructions Goodcare Health Service)			
	Date 12/30/2024	Full name of contributor Meave, Adan and Monica Contributor address; City; S Weslaco, TX 78599				Amount of Contribution (\$)	\$150.00
				Employer (See Instructions El Rey Primary Health C		, LLC	
	Date 12/30/2024	Full name of contributor  Morales, Carlos (Mr.)  Contributor address; City; S  Lubbock, TX 79424				Amount of Contribution (\$)	\$50.00
	Principal occu Executive Vi	pation / Job title (See Instructions	(5)	Employer (See Instructions Caprock Home Health S		ces. Inc.	
	Date 12/30/2024	Full name of contributor Murphy, Maryann (Ms.)  Contributor address; City; S  Early, TX 76802	out-of-state PAC (ID#:_		_	Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions Lee HealthCare	<u> </u> 5)		
	Date 12/30/2024	Full name of contributor Olguin, Christie (Ms.)  Contributor address; City; S  San Antonio, TX 78254	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$10.00
	Principal occu Therapist	pation / Job title (See Instructions	s)	Employer (See Instructions Angels of Care	<b>L</b> (S)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 8/11 Rpt: 11/20	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
		ciation for Home Care and Hospice Inc Texas Ho	me Care and Hospice PAC -		00015750	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:		7	Amount of Contribution (\$)	
	12/30/2024	Palmer, Lee (Mr.)  6 Contributor address; City; State; Zip Code			,,	\$50.00
_		Richmond, TX 77406	1			
8	Principal occu Administrato	upation / Job title (See Instructions) or	Employer (See Instructions     Consolidated Home Hea		1	
	Date	Date Full name of contributor out-of-state PAC (ID#:)			Amount of Contribution (\$)	
	12/30/2024	Peterson, Michelle (Ms.)				\$100.00
		Contributor address; City; State; Zip Code				
		Cedar Creek, TX 78612				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)		
	VP of Opera	ations	Bluebonnet Home Healt	h (	Care of Texas, Inc.	
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	12/30/2024	Poynor, Joanne (Ms.)				\$80.00
	Contributor address; City; State; Zip Code  Tyler, TX 75701					
	Dringinal occu	upation / Job title (See Instructions)	Employer (See Instructions	·/		
	Executive D		Paradigm HomeCare	)		
			<u> </u>	_	A	
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	<b>ቀ</b> ፫ <b>ሰ</b> 0
	01/17/2025	1/17/2025 Rangel DeLos Santos, Teresa (Ms.)  Contributor address; City; State; Zip Code				\$5.00
		Amarillo, TX 79108				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)		
	LVN		Goodcare Health Service	es		
	Date	Full name of contributor			Amount of Contribution (\$)	
	01/17/2025	Rangel DeLos Santos, Teresa (Ms.)				\$5.00
	Contributor address; City; State; Zip Code  Amarillo, TX 79108					
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>L</u>		
	LVN		Goodcare Health Service			

	MONEI	ARY POLITICAL CONTR	IBUTION	15		SCHEDULI	E <b>A1</b>
	The Instru	ction Guide explains how to compl	lete this for	m.	1	Total pages Schedule A1: Sch: 9/11 Rpt: 12/20	
2	FILER NAME Texas Assoc	ciation for Home Care and Hospice Inc	Texas Home	Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	n Filers)
4	Date 01/17/2025	<ul> <li>5 Full name of contributor  out-of-sta</li></ul>			7	Amount of Contribution (\$)	\$5.00
_		Amarillo, TX 79108					
8	Principal occu LVN	pation / Job title (See Instructions)	9	Employer (See Instructions Goodcare Health Servic			
	Date 01/17/2025	Full name of contributor out-of-sta Rangel DeLos Santos, Teresa (Ms.)  Contributor address; City; State; Zip Code  Amarillo, TX 79108	ate PAC (ID#:			Amount of Contribution (\$)	\$5.00
	Principal occupation / Job title (See Instructions) LVN			Employer (See Instructions Goodcare Health Servic			
	Date 01/17/2025	Full name of contributor out-of-sta Rangel DeLos Santos, Teresa (Ms.) Contributor address; City; State; Zip Code	ate PAC (ID#:			Amount of Contribution (\$)	\$5.00
	Principal occu	Amarillo, TX 79108 pation / Job title (See Instructions)		Employer (See Instructions	:) [		
	LVN	panelly coo and (coo medicality)		Goodcare Health Service			
	Date 01/08/2025	Rash, Rose (Ms.)  Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$119.05
	•	Corsicana, TX 75109 pation / Job title (See Instructions) tor of Nursing		Employer (See Instructions Angels At Home, Inc.	<u> </u> 5)		
	Date 12/30/2024	Full name of contributor out-of-star Reece, Miranda (Ms.)  Contributor address; City; State; Zip Code  Grapevine, TX 76051		)		Amount of Contribution (\$)	\$40.00
	Principal occu VP of Opera	pation / Job title (See Instructions) tions		Employer (See Instructions Paradigm Rehab & Nurs		g LP	
			I				

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1	
	The Instruc	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 10/11 Rpt: 13/20	
2	FILER NAME  Texas Association for Home Care and Hospice Inc Texas Home Care and Hospice PAC -		3	Filer ID (Ethics Commission 00015750	Filers)	
4	Date 01/17/2025	Date 5 Full name of contributor out-of-state PAC (ID#:)		7	Amount of Contribution (\$)	\$12.00
		San Antonio, TX 78260				
8	•	pation / Job title (See Instructions) guage Pathologist Assistant	Employer (See Instructions     Ability Pediatric Therapy			
	Date 01/17/2025				Amount of Contribution (\$)	\$8.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)		
	Speech Lang	guage Pathologist Assistant	Ability Pediatric Therapy	/		
	Date Full name of contributor out-of-state PAC (ID#:)  01/17/2025 Rodriguez, Kristine (Ms.)  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$15.00	
		San Antonio, TX 78253				
	Principal occu Occupationa	pation / Job title (See Instructions) Il Therapist	Employer (See Instructions Ability Pediatric Therapy			
	Date Full name of contributor out-of-state PAC (ID#:)  01/17/2025 Rodriguez, Kristine (Ms.)  Contributor address; City; State; Zip Code  San Antonio, TX 78253			Amount of Contribution (\$)	\$10.00	
	Principal occupation / Job title (See Instructions)  Employer (See Instructions)		Employer (See Instructions Ability Pediatric Therapy			
	Date 12/30/2024				Amount of Contribution (\$)	\$20.00
	Principal occu Account Exe	pation / Job title (See Instructions)	Employer (See Instructions Paradigm HomeCare	5)		
	7.000unt EXE		i aradigii i ioniecare			

	MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1		
	The Instruc	ction Guide explains how to	complete this for	m.	1 Total pages Schedule A1: Sch: 11/11 Rpt: 14/20	
2	2 FILER NAME Texas Association for Home Care and Hospice Inc Texas Home Care and		Care and Hospice PAC -	3 Filer ID (Ethics Commission 00015750	Filers)	
4	Date 12/30/2024			7 Amount of Contribution (\$)	\$25.00	
_		Harlingen, TX 78552				
8	Administrato	pation / Job title (See Instructions) r	9	Employer (See Instructions Texas Visiting Nurse Se		
	Date 12/30/2024	Valladares, Lydia (Ms.)  Contributor address; City; State; 2	out-of-state PAC (ID#:	)	Amount of Contribution (\$)	\$125.00
	Principal occu	McAllen, TX 78501 pation / Job title (See Instructions)		Employer (See Instructions	)	
	Alternate Ad			Presidente Homecare	,	
	Date 12/30/2024	Full name of contributor Contributor Contributor address; City; State; 2	out-of-state PAC (ID#:	)	Amount of Contribution (\$)	\$19.24
		Gilmer, TX 75644				
	Principal occu Executive Di	pation / Job title (See Instructions) rector		Employer (See Instructions Paradigm Rehab & Nurs		
	Date Full name of contributor out-of-state PAC (ID#:		)	Amount of Contribution (\$)	\$6.00	
		Employer (See Instructions Ability Pediatric Therapy				
	Date 01/17/2025			)	Amount of Contribution (\$)	\$4.00
	Principal occu Physical The	pation / Job title (See Instructions)		Employer (See Instructions Ability Pediatric Therapy		
	i nysicai me	лиры		Turning Fediatric Therapy		

# 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: 15/20
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 (\$)
	01/01/2025	Texas Association for Home Care & Hospice, Inc.		922.28

#### SCHEDULE F1

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage
Contributions/ Donations Made By - Gift/Awards/Mer

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment						
1 Total pages Schedule F1: Sch: 1/5 Rpt: 16/20	2 FILER NAME Texas Association for Home Care and Hospice Inc Texas  3 Filer ID (Ethics Commission Filers) 00015750					
4 Date	5 Payee name					
01/02/2025	Global Payments Inc.					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
\$48.20	3550 Lenox Road, Suite 3000					
Expenditure from corporate funds	Atlanta, GA 30326					
8 PURPOSE	1					
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					
	3 · · ·					
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
oxportantaro to sorione or o						
Date	Payee name					
12/30/2024	PayPal					
Amount (\$)	Payee address; City; State; Zip Code					
\$1.36	2211 N. First St.					
42.00						
Expenditure from corporate funds	San Jose, CA 95131					
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.					
EXPENDITORE	Check if Austin, TX, officeholder living expense					
	Credit card processing fee					
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH						
Data	Para and a second					
Date	Payee name					
12/30/2024	PayPal					
Amount (\$)	Payee address; City; State; Zip Code					
\$3.98	2211 N. First St.					
Expenditure from corporate funds	San Jose, CA 95131					
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.					
	Cradit cord processing for					
	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						

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Off Food/Beverage Expense Po Gift/Awards/Memorials Expense Pri	In Repayment/Reimbursement ce Overhead/Rental Expense ling Expense nting Expense aries/Wages/Contract Labor to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1 Total pages Schedule F1:	2 FILER NAME	[;	3 Filer ID (Ethics Commission Filers)		
Sch: 2/5 Rpt: 17/20	Texas Association for Home Care and Ho	spice Inc Texas	00015750		
4 Date	5 Payee name				
12/30/2024	PayPal				
6 Amount (\$) \$2.24	<b>7</b> Payee address; City; State; Zi 2211 N. First St.	p Code			
Expenditure from corporate funds	San Jose, CA 95131				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule Accounting/Banking	Check if travel or	utside of Texas. Complete Schedule T. TX, officeholder living expense OCESSING fee		
Complete ONLY if direct expenditure to benefit C/OF		e sought	Office held		
Date	Payee name				
12/30/2024	PayPal				
Amount (\$)	Payee address; City; State; Zi	p Code			
\$5.73	2211 N. First St.				
Expenditure from corporate funds	San Jose, CA 95131				
PURPOSE OF EXPENDITURE	(a) Category (see Categories listed at the top of this schedule Accounting/Banking	Check if travel or	utside of Texas. Complete Schedule T. TX, officeholder living expense OCESSING fee		
Complete ONLY if direct expenditure to benefit C/O		e sought	Office held		
Date	Payee name				
12/30/2024	PayPal				
Amount (\$) \$0.66	Payee address; City; State; Zi 2211 N. First St.	p Code			
Expenditure from corporate funds	San Jose, CA 95131				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule Accounting/Banking	Check if travel or	utside of Texas. Complete Schedule T. TX, officeholder living expense OCESSING fee		
Complete ONLY if direct expenditure to benefit C/OF		e sought	Office held		

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (centers a contrary not listed above)

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
Sch: 3/5 Rpt: 18/20	Texas Association for Home Care and Hospice Inc Texas 00015750				
4 Date	5 Payee name				
12/30/2024	PayPal				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$1.36	2211 N. First St.				
Expenditure from corporate funds	San Jose, CA 95131				
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.				
_/	Check if Austin, TX, officeholder living expense				
	Credit card processing fee				
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held				
experiditure to beliefit C/O					
Date	Payee name				
12/30/2024	PayPal				
Amount (\$)	Payee address; City; State; Zip Code				
\$1.36	\$1.36 2211 N. First St.				
Expenditure from corporate funds	San Jose, CA 95131				
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.				
	Check if Austin, TX, officeholder living expense				
	Credit card processing fee				
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held				
Date	Payee name				
12/30/2024	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.				
LA LIBITORE	Check if Austin, TX, officeholder living expense				
	Credit card processing fee				
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
expenditure to benefit C/O	•				

#### SCHEDULE F1

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
·	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 4/5 Rpt: 19/20	Texas Association for Home Care and Hospice Inc Texas 00015750
4 Date	5 Payee name
12/30/2024	PayPal
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.36	2211 N. First St.
Expenditure from corporate funds	San Jose, CA 95131
8 PURPOSE	
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	Check if Austin, TX, officeholder living expense
	Credit card processing fee
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
12/30/2024	PayPal
Amount (\$)	Payee address; City; State; Zip Code
\$1.99	2211 N. First St.
\$1.99	ZZII N. FIISI SI.
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 early magazing for
	Credit card processing fee
0 1 0 0 1 0 1	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/30/2024	PayPal
Amount (\$)	Payee address; City; State; Zip Code
\$4.61	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)**

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

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

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

	Contributing Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Gift/Awards/Memorials Expense l Committee Legal Services  The Instruction Guide explains	Printing Expense Salaries/Wages/Contract Labor how to complete this form.	Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 5/5 Rpt: 20/20	Texas Association for Home Care and	l Hospice Inc Texas	00015750
4	Date	5 Payee name		
	12/30/2024	PayPal		
6	Amount (\$)	7 Payee address; City; State	e; Zip Code	
	\$0.68	2211 N. First St.		
	Expenditure from corporate funds	San Jose, CA 95131		
8	PURPOSE	(a) Category (See Categories listed at the top of this sci	(b) Description	
	OF EXPENDITURE	Accounting/Banking		outside of Texas. Complete Schedule T.
				n, TX, officeholder living expense
			Credit card p	processing fee
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name H	Office sought	Office held