



# MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC  
COVER SHEET PG 2

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

<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (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> <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	<b>2. TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,346.57
EXPENDITURE TOTALS	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 74.37
CONTRIBUTION BALANCE	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 96,279.53
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> Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice		<b>18 Filer ID</b> (Ethics Commission Filers) 00015750
<b>19 SCHEDULE SUBTOTALS</b>		<b>SUBTOTAL AMOUNT</b>
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,424.29
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	\$ 74.37
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: Sch: 1/11 Rpt: 4/20
<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 12/30/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Avery, Amy (Ms.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Tyler, TX 75701	
<b>8</b> Principal occupation / Job title (See Instructions) Physical Therapist		<b>9</b> Employer (See Instructions) Paradigm Rehab & Nursing LP
Date 12/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brooks , Courtney (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Bullard, TX 75757	
Principal occupation / Job title (See Instructions) Regional Director of Operations		Employer (See Instructions) Paradigm Rehab & Nursing LP
Date 12/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Church Gutierrez, Amber (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Cypress, TX 77429	
Principal occupation / Job title (See Instructions) Nurse		Employer (See Instructions) Angels of Care
Date 12/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Colston, Maureen (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Tyler, TX 75702	
Principal occupation / Job title (See Instructions) Associate Controller		Employer (See Instructions) Paradigm Rehab & Nursing LP
Date 01/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cornett, Valerie (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Keller, TX 76244	
Principal occupation / Job title (See Instructions) COSI		Employer (See Instructions) 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: Sch: 2/11 Rpt: 5/20
<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 12/30/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Davis , Sheila (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Wichita Falls, TX 76310	<b>7</b> Amount of Contribution (\$) \$12.50
<b>8</b> Principal occupation / Job title (See Instructions) CHCE; COS-C		<b>9</b> Employer (See Instructions) Always Best Care Senior Services
Date 12/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dilleshaw, Brittany (Ms.) <hr/> Contributor address; City; State; Zip Code  Danbury, TX 77534	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Vice President of Home Therapy Services		Employer (See Instructions) MedCare Pediatric Nursing
Date 01/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Escamilla, Jamie (Ms.) <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78258	Amount of Contribution (\$) \$12.00
Principal occupation / Job title (See Instructions) MC CCC-Speech Language Pathologist		Employer (See Instructions) Ability Pediatric Therapy
Date 01/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Escamilla, Jamie (Ms.) <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78258	Amount of Contribution (\$) \$8.00
Principal occupation / Job title (See Instructions) MC CCC-Speech Language Pathologist		Employer (See Instructions) Ability Pediatric Therapy
Date 01/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Escobar, Christina (Ms.) <hr/> Contributor address; City; State; Zip Code  Selma, TX 78154	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Director of Therapy		Employer (See Instructions) Ability Pediatric Therapy

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 3/11 Rpt: 6/20
2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		3 Filer ID (Ethics Commission Filers) 00015750
4 Date 01/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Escobar, Christina (Ms.)	7 Amount of Contribution (\$)  \$10.00
	6 Contributor address; City; State; Zip Code  Selma, TX 78154	
8 Principal occupation / Job title (See Instructions) Director of Therapy		9 Employer (See Instructions) Ability Pediatric Therapy
Date 01/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Flores, Sonia (Ms.)	Amount of Contribution (\$)  \$3.00
	Contributor address; City; State; Zip Code  Amarillo, TX 79109	
Principal occupation / Job title (See Instructions) Certified Nursing Assistant		Employer (See Instructions) Goodcare Health Services
Date 12/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fox , Eric (Mr.)	Amount of Contribution (\$)  \$20.00
	Contributor address; City; State; Zip Code  Whitehouse, TX 75791	
Principal occupation / Job title (See Instructions) Physical Therapist		Employer (See Instructions) Paradigm Rehab & Nursing LP
Date 01/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Graham-Stone, Mary (Ms.)	Amount of Contribution (\$)  \$7.50
	Contributor address; City; State; Zip Code  San Antonio, TX 78230	
Principal occupation / Job title (See Instructions) Home Care		Employer (See Instructions) Ability Pediatric Therapy
Date 01/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Graham-Stone, Mary (Ms.)	Amount of Contribution (\$)  \$5.00
	Contributor address; City; State; Zip Code  San Antonio, TX 78230	
Principal occupation / Job title (See Instructions) Home Care		Employer (See Instructions) Ability Pediatric Therapy

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 4/11 Rpt: 7/20
2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		3 Filer ID (Ethics Commission Filers) 00015750
4 Date 01/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hale, Kati (Ms.)	7 Amount of Contribution (\$)  \$90.00
	6 Contributor address; City; State; Zip Code  Denton, TX 76208	
8 Principal occupation / Job title (See Instructions) COO		9 Employer (See Instructions) MAC Legacy
Date 12/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hammon, Rachel (Ms.)	Amount of Contribution (\$)  \$21.00
	Contributor address; City; State; Zip Code  Austin, TX 78732	
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) Texas Assn. for Home Care & Hospice Inc.
Date 01/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Harding, Debra (Ms.)	Amount of Contribution (\$)  \$3.00
	Contributor address; City; State; Zip Code  San Antonio, TX 78230	
Principal occupation / Job title (See Instructions) Home Care		Employer (See Instructions) Ability HomeCare, Inc.
Date 01/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Harding, Debra (Ms.)	Amount of Contribution (\$)  \$2.00
	Contributor address; City; State; Zip Code  San Antonio, TX 78230	
Principal occupation / Job title (See Instructions) Home Care		Employer (See Instructions) Ability HomeCare, Inc.
Date 12/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Howard, Jesse (Mr.)	Amount of Contribution (\$)  \$25.00
	Contributor address; City; State; Zip Code  McGregor, TX 76657	
Principal occupation / Job title (See Instructions) Healthcare		Employer (See Instructions) Girling Community Care

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/11 Rpt: 8/20
<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 12/30/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hurst, Robyn (Ms.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Temple, TX 76502	
<b>8</b> Principal occupation / Job title (See Instructions) Executive Director		<b>9</b> Employer (See Instructions) Paradigm HomeCare
Date 12/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jenkins , Jinny (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Crowley, TX 76036	
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) Paradigm Rehab & Nursing LP
Date 12/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Klenke, Caprice (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Rio Vista, TX 76093	
Principal occupation / Job title (See Instructions) Account Executive		Employer (See Instructions) Paradigm HomeCare
Date 12/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lawson, Kimberly (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Bridgeport, TX 76426	
Principal occupation / Job title (See Instructions) Area Director of Sales		Employer (See Instructions) Paradigm HomeCare
Date 12/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lloyd, Mitzi (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Tyler, TX 75703	
Principal occupation / Job title (See Instructions) Human Resources Manager		Employer (See Instructions) Paradigm Rehab & Nursing LP



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/11 Rpt: 9/20
<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 12/30/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Machado, Marisa (Ms.)	<b>7</b> Amount of Contribution (\$)  \$42.00
	<b>6</b> Contributor address; City; State; Zip Code  Hutto, TX 78634	
<b>8</b> Principal occupation / Job title (See Instructions) COO		<b>9</b> Employer (See Instructions) Texas Assn. for Homecare & Hospice, Inc.
Date 01/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Martinez, Rebecca (Ms.)	Amount of Contribution (\$)  \$5.00
	Contributor address; City; State; Zip Code  Amarillo, TX 79110	
Principal occupation / Job title (See Instructions) Certified Nursing Assistant		Employer (See Instructions) Goodcare Health Services
Date 01/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Martinez, Rebecca (Ms.)	Amount of Contribution (\$)  \$5.00
	Contributor address; City; State; Zip Code  Amarillo, TX 79110	
Principal occupation / Job title (See Instructions) Certified Nursing Assistant		Employer (See Instructions) Goodcare Health Services
Date 01/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Martinez, Rebecca (Ms.)	Amount of Contribution (\$)  \$5.00
	Contributor address; City; State; Zip Code  Amarillo, TX 79110	
Principal occupation / Job title (See Instructions) Certified Nursing Assistant		Employer (See Instructions) Goodcare Health Services
Date 01/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Martinez, Rebecca (Ms.)	Amount of Contribution (\$)  \$5.00
	Contributor address; City; State; Zip Code  Amarillo, TX 79110	
Principal occupation / Job title (See Instructions) Certified Nursing Assistant		Employer (See Instructions) Goodcare Health Services

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 7/11 Rpt: 10/20
<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 01/17/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Martinez, Rebecca (Ms.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Amarillo, TX 79110	
<b>8</b> Principal occupation / Job title (See Instructions) Certified Nursing Assistant		<b>9</b> Employer (See Instructions) Goodcare Health Services
Date 12/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Meave, Adan and Monica (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Weslaco, TX 78599	
Principal occupation / Job title (See Instructions) Homecare		Employer (See Instructions) El Rey Primary Health Care, LLC
Date 12/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Morales, Carlos (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Lubbock, TX 79424	
Principal occupation / Job title (See Instructions) Executive Vice President		Employer (See Instructions) Caprock Home Health Services, Inc.
Date 12/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Murphy, Maryann (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Early, TX 76802	
Principal occupation / Job title (See Instructions) RN		Employer (See Instructions) Lee HealthCare
Date 12/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Olguin, Christie (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  San Antonio, TX 78254	
Principal occupation / Job title (See Instructions) Therapist		Employer (See Instructions) Angels of Care

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 8/11 Rpt: 11/20
<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 12/30/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Palmer, Lee (Mr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Richmond, TX 77406	
<b>8</b> Principal occupation / Job title (See Instructions) Administrator		<b>9</b> Employer (See Instructions) Consolidated Home Health
Date 12/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Peterson, Michelle (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Cedar Creek, TX 78612	
Principal occupation / Job title (See Instructions) VP of Operations		Employer (See Instructions) Bluebonnet Home Health Care of Texas, Inc.
Date 12/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Poynor, Joanne (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Tyler, TX 75701	
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) Paradigm HomeCare
Date 01/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rangel DeLos Santos, Teresa (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Amarillo, TX 79108	
Principal occupation / Job title (See Instructions) LVN		Employer (See Instructions) Goodcare Health Services
Date 01/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rangel DeLos Santos, Teresa (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Amarillo, TX 79108	
Principal occupation / Job title (See Instructions) LVN		Employer (See Instructions) 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: Sch: 9/11 Rpt: 12/20
<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 01/17/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rangel DeLos Santos, Teresa (Ms.)	<b>7</b> Amount of Contribution (\$)  \$5.00
	<b>6</b> Contributor address; City; State; Zip Code  Amarillo, TX 79108	
<b>8</b> Principal occupation / Job title (See Instructions) LVN		<b>9</b> Employer (See Instructions) Goodcare Health Services
Date 01/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rangel DeLos Santos, Teresa (Ms.)	Amount of Contribution (\$)  \$5.00
	Contributor address; City; State; Zip Code  Amarillo, TX 79108	
Principal occupation / Job title (See Instructions) LVN		Employer (See Instructions) Goodcare Health Services
Date 01/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rangel DeLos Santos, Teresa (Ms.)	Amount of Contribution (\$)  \$5.00
	Contributor address; City; State; Zip Code  Amarillo, TX 79108	
Principal occupation / Job title (See Instructions) LVN		Employer (See Instructions) Goodcare Health Services
Date 01/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rash, Rose (Ms.)	Amount of Contribution (\$)  \$119.05
	Contributor address; City; State; Zip Code  Corsicana, TX 75109	
Principal occupation / Job title (See Instructions) Owner/Director of Nursing		Employer (See Instructions) Angels At Home, Inc.
Date 12/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Reece, Miranda (Ms.)	Amount of Contribution (\$)  \$40.00
	Contributor address; City; State; Zip Code  Grapevine, TX 76051	
Principal occupation / Job title (See Instructions) VP of Operations		Employer (See Instructions) Paradigm Rehab & Nursing LP

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 10/11 Rpt: 13/20
<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 01/17/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Reyes, Kathleen (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78260	<b>7</b> Amount of Contribution (\$)  \$12.00
<b>8</b> Principal occupation / Job title (See Instructions) Speech Language Pathologist Assistant		<b>9</b> Employer (See Instructions) Ability Pediatric Therapy
Date 01/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Reyes, Kathleen (Ms.) <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78260	Amount of Contribution (\$)  \$8.00
Principal occupation / Job title (See Instructions) Speech Language Pathologist Assistant		Employer (See Instructions) Ability Pediatric Therapy
Date 01/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rodriguez, Kristine (Ms.) <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78253	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) Occupational Therapist		Employer (See Instructions) Ability Pediatric Therapy
Date 01/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rodriguez, Kristine (Ms.) <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78253	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Occupational Therapist		Employer (See Instructions) Ability Pediatric Therapy
Date 12/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Roman, Alexandra (Ms.) <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79606	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Account Executive		Employer (See Instructions) 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: Sch: 11/11 Rpt: 14/20
<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 12/30/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sandoval, Vanessa (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Harlingen, TX 78552	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Administrator		<b>9</b> Employer (See Instructions) Texas Visiting Nurse Services Ltd.
Date 12/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Valladares, Lydia (Ms.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78501	Amount of Contribution (\$)  \$125.00
Principal occupation / Job title (See Instructions) Alternate Administrator		Employer (See Instructions) Presidente Homecare
Date 12/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Yates, Jennifer (Ms.) <hr/> Contributor address; City; State; Zip Code  Gilmer, TX 75644	Amount of Contribution (\$)  \$19.24
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) Paradigm Rehab & Nursing LP
Date 01/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Young, Anita (Ms.) <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78248	Amount of Contribution (\$)  \$6.00
Principal occupation / Job title (See Instructions) Physical Therapist		Employer (See Instructions) Ability Pediatric Therapy
Date 01/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Young, Anita (Ms.) <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78248	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) Physical Therapist		Employer (See Instructions) Ability Pediatric Therapy

# 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: Sch: 1/1 Rpt: 15/20
<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 01/01/2025	<b>5</b> Corporation / Labor Organization name Texas Association for Home Care & Hospice, Inc.	<b>6</b> Amount (\$) 922.28

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/5 Rpt: 16/20	<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas	<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 01/02/2025	<b>5</b> Payee name Global Payments Inc.	
<b>6</b> Amount (\$) \$48.20  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 3550 Lenox Road, Suite 3000  Atlanta, GA 30326	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/30/2024	Candidate/Officeholder name PayPal	
Amount (\$) \$1.36  <input type="checkbox"/> Expenditure from corporate funds	Office sought 2211 N. First St.  San Jose, CA 95131	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
Office held		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/30/2024	Candidate/Officeholder name PayPal	
Amount (\$) \$3.98  <input type="checkbox"/> Expenditure from corporate funds	Office sought 2211 N. First St.  San Jose, CA 95131	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
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: Sch: 2/5 Rpt: 17/20	<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas	<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 12/30/2024	<b>5</b> Payee name PayPal	
<b>6</b> Amount (\$) \$2.24  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 2211 N. First St.  San Jose, CA 95131	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 12/30/2024	Payee name PayPal	
Amount (\$) \$5.73  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2211 N. First St.  San Jose, CA 95131	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 12/30/2024	Payee name PayPal	
Amount (\$) \$0.66  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2211 N. First St.  San Jose, CA 95131	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held

# 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: Sch: 3/5 Rpt: 18/20	<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas	<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 12/30/2024	<b>5</b> Payee name PayPal	
<b>6</b> Amount (\$) \$1.36  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 2211 N. First St.  San Jose, CA 95131	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/30/2024	Payee name PayPal	
Amount (\$) \$1.36  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2211 N. First St.  San Jose, CA 95131	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/30/2024	Payee name PayPal	
Amount (\$) \$0.84  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2211 N. First St.  San Jose, CA 95131	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 4/5 Rpt: 19/20	<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas	<b>3</b> Filer ID (Ethics Commission Filers) 00015750
--	---	--

<b>4</b> Date 12/30/2024	<b>5</b> Payee name PayPal
-----------------------------	-------------------------------

<b>6</b> Amount (\$) \$1.36 <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 2211 N. First St.  San Jose, CA 95131
--	--

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

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

Date 12/30/2024	Payee name PayPal
--------------------	----------------------

Amount (\$) \$1.99 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2211 N. First St.  San Jose, CA 95131
---	---

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

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

Date 12/30/2024	Payee name PayPal
--------------------	----------------------

Amount (\$) \$4.61 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2211 N. First St.  San Jose, CA 95131
---	---

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

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

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 5/5 Rpt: 20/20	<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas	<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 12/30/2024	<b>5</b> Payee name PayPal	
<b>6</b> Amount (\$) \$0.68  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 2211 N. First St.  San Jose, CA 95131	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held