

**MONTHLY FILING GENERAL-PURPOSE
COMMITTEE CAMPAIGN FINANCE REPORT**

**FORM MPAC
COVER SHEET PG 1**

The MPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00015750	2 Total pages filed: 44
3 COMMITTEE NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC - State		OFFICE USE ONLY Date Received ELECTRONICALLY FILED 03/05/2025 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP 9390 Research Blvd., Bldg. 1 Suite 300 Austin, TX 78759		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Ms. Rachel NICKNAME LAST SUFFIX Hammon		
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 9390 Research Blvd., Bldg. 1 Suite 300 Austin, TX 78759		
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 3737 Executive Center Dr., Ste. 268 Austin, TX 78731		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 338-9293		
9 REPORT TYPE	<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Dissolution (Attach PAC-DR)		
10 MONTHLY REPORT FILING DEADLINE	<input type="checkbox"/> January 5 <input type="checkbox"/> April 5 <input type="checkbox"/> July 5 <input type="checkbox"/> October 5 <input type="checkbox"/> February 5 <input type="checkbox"/> May 5 <input type="checkbox"/> August 5 <input type="checkbox"/> November 5 <input checked="" type="checkbox"/> March 5 <input type="checkbox"/> June 5 <input type="checkbox"/> September 5 <input type="checkbox"/> December 5		
11 PERIOD COVERED	Month Day Year THROUGH Month Day Year 01/26/2025 02/25/2025		

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MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC
COVER SHEET PG 2

12 COMMITTEE NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice	13 Filer ID (Ethics Commission Filers) 00015750
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14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 11,071.81
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 351.03
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 106,068.05
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 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

17 COMMITTEE NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice		18 Filer ID (Ethics Commission Filers) 00015750
19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
NAME OF SCHEDULE		
1. <input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 10,149.53
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	\$ 351.03
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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/19 Rpt: 4/44
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 02/19/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Avery, Amy (Ms.)	7 Amount of Contribution (\$) \$20.00
	6 Contributor address; City; State; Zip Code Tyler, TX 75701	
8 Principal occupation / Job title (See Instructions) Physical Therapist		9 Employer (See Instructions) Paradigm Rehab & Nursing LP
Date 02/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Avery, Amy (Ms.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Tyler, TX 75701	
Principal occupation / Job title (See Instructions) Physical Therapist		Employer (See Instructions) Paradigm Rehab & Nursing LP
Date 02/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bass, Micaul (Mr.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Houston, TX 77027	
Principal occupation / Job title (See Instructions) Account Representative		Employer (See Instructions) Nicular Health
Date 02/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brooks , Courtney (Ms.)	Amount of Contribution (\$) \$20.00
	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 02/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brooks , Courtney (Ms.)	Amount of Contribution (\$) \$20.00
	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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/19 Rpt: 5/44
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 02/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brooks , Courtney (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Bullard, TX 75757	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Regional Director of Operations		9 Employer (See Instructions) Paradigm Rehab & Nursing LP
Date 02/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bullock, Melissa (Ms.) <hr/> Contributor address; City; State; Zip Code Sherman, TX 75090	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Chief Operating Officer		Employer (See Instructions) Childrens Home Healthcare
Date 01/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Church Gutierrez, Amber (Ms.) <hr/> Contributor address; City; State; Zip Code Cypress, TX 77429	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Nurse		Employer (See Instructions) Angels of Care
Date 02/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Church Gutierrez, Amber (Ms.) <hr/> Contributor address; City; State; Zip Code Cypress, TX 77429	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Nurse		Employer (See Instructions) Angels of Care
Date 02/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Colston, Maureen (Ms.) <hr/> Contributor address; City; State; Zip Code Tyler, TX 75702	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Associate Controller		Employer (See Instructions) Paradigm Rehab & Nursing LP

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/19 Rpt: 6/44
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 02/19/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Colston, Maureen (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Tyler, TX 75702	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Associate Controller		9 Employer (See Instructions) Paradigm Rehab & Nursing LP
Date 02/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Combs, Marcyllie A. (Ms.) <hr/> Contributor address; City; State; Zip Code Argyle, TX 76226	Amount of Contribution (\$) \$2,000.00
Principal occupation / Job title (See Instructions) President/Owner		Employer (See Instructions) Mac Legacy
Date 02/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cornett, Valerie (Ms.) <hr/> Contributor address; City; State; Zip Code Keller, TX 76244	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) COSI		Employer (See Instructions) MAC Legacy
Date 01/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis , Sheila (Ms.) <hr/> Contributor address; City; State; Zip Code Wichita Falls, TX 76310	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) CHCE; COS-C		Employer (See Instructions) Always Best Care Senior Services
Date 02/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis , Sheila (Ms.) <hr/> Contributor address; City; State; Zip Code Wichita Falls, TX 76310	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) CHCE; COS-C		Employer (See Instructions) Always Best Care Senior Services

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/19 Rpt: 7/44
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 01/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dilleshaw, Brittany (Ms.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Danbury, TX 77534	
8 Principal occupation / Job title (See Instructions) Vice President of Home Therapy Services		9 Employer (See Instructions) MedCare Pediatric Nursing
Date 02/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fox , Eric (Mr.)	Amount of Contribution (\$)
	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 02/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fox , Eric (Mr.)	Amount of Contribution (\$)
	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 02/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frate, Paula (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Houston, TX 77096	
Principal occupation / Job title (See Instructions) RN Consultant		Employer (See Instructions) EdPI Consulting
Date 01/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goolsby, Sharon (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Jefferson, TX 75657	
Principal occupation / Job title (See Instructions) Administrator		Employer (See Instructions) First in Pediatrics Home Health Care, Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/19 Rpt: 8/44
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 02/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goolsby, Sharon (Ms.)	7 Amount of Contribution (\$) \$125.00
	6 Contributor address; City; State; Zip Code Jefferson, TX 75657	
8 Principal occupation / Job title (See Instructions) Administrator		9 Employer (See Instructions) First in Pediatrics Home Health Care, Inc.
Date 02/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Griffin, Ray (Mr.)	Amount of Contribution (\$) \$125.00
	Contributor address; City; State; Zip Code Center, TX 75935	
Principal occupation / Job title (See Instructions) Homecare		Employer (See Instructions) A Piney Woods
Date 02/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hale, Kati (Ms.)	Amount of Contribution (\$) \$60.00
	Contributor address; City; State; Zip Code Denton, TX 76208	
Principal occupation / Job title (See Instructions) COO		Employer (See Instructions) MAC Legacy
Date 01/30/2025	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 01/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hosley, Dennis (Mr.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Dallas, TX 75214	
Principal occupation / Job title (See Instructions) President COO		Employer (See Instructions) Pediatric Home Healthcare

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/19 Rpt: 9/44
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 02/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hosley, Dennis (Mr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Dallas, TX 75214	
8 Principal occupation / Job title (See Instructions) President COO		9 Employer (See Instructions) Pediatric Home Healthcare
Date 01/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howard, Jesse (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code McGregor, TX 76657	
Principal occupation / Job title (See Instructions) Healthcare		Employer (See Instructions) Girling Community Care
Date 02/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howard, Jesse (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code McGregor, TX 76657	
Principal occupation / Job title (See Instructions) Healthcare		Employer (See Instructions) Girling Community Care
Date 02/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hurst, Robyn (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Temple, TX 76502	
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) Paradigm HomeCare
Date 02/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hurst, Robyn (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Temple, TX 76502	
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) Paradigm HomeCare

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/19 Rpt: 10/44
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 02/19/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James , Natasha (Ms.)	7 Amount of Contribution (\$) \$250.00
	6 Contributor address; City; State; Zip Code Moody, TX 76557	
8 Principal occupation / Job title (See Instructions) RN		9 Employer (See Instructions) PALS Home Health
Date 02/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jenkins , Jinny (Ms.)	Amount of Contribution (\$) \$50.00
	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 02/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jenkins , Jinny (Ms.)	Amount of Contribution (\$) \$50.00
	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 02/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jolly, Karyn (Ms.)	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code Katy, TX 77450	
Principal occupation / Job title (See Instructions) RN, Regulatory Compliance Director		Employer (See Instructions) MedCare Pediatric Nursing, LP
Date 02/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Klenke, Caprice (Ms.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Rio Vista, TX 76093	
Principal occupation / Job title (See Instructions) Account Executive		Employer (See Instructions) Paradigm HomeCare

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/19 Rpt: 11/44
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 02/19/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Klenke, Caprice (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Rio Vista, TX 76093	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Account Executive		9 Employer (See Instructions) Paradigm HomeCare
Date 02/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawson, Kimberly (Ms.) <hr/> Contributor address; City; State; Zip Code Bridgeport, TX 76426	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Area Director of Sales		Employer (See Instructions) Paradigm HomeCare
Date 02/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawson, Kimberly (Ms.) <hr/> Contributor address; City; State; Zip Code Bridgeport, TX 76426	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Area Director of Sales		Employer (See Instructions) Paradigm HomeCare
Date 02/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leach, Melanie (Ms.) <hr/> Contributor address; City; State; Zip Code Tyler, TX 75703	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Pediatric Home Health		Employer (See Instructions) MVP Pediatric Home Health Corp.
Date 01/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Learst, Renea (Ms.) <hr/> Contributor address; City; State; Zip Code Wichita Falls, TX 76310	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Nurse		Employer (See Instructions) Angels of Care

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/19 Rpt: 12/44
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 02/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Learst, Renea (Ms.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Wichita Falls, TX 76310	
8 Principal occupation / Job title (See Instructions) Nurse		9 Employer (See Instructions) Angels of Care
Date 02/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lloyd, Mitzi (Ms.)	Amount of Contribution (\$) \$20.00
	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
Date 02/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lloyd, Mitzi (Ms.)	Amount of Contribution (\$) \$10.00
	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
Date 01/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Luna, Norma (Ms.)	Amount of Contribution (\$) \$75.00
	Contributor address; City; State; Zip Code San Antonio, TX 78260	
Principal occupation / Job title (See Instructions) Hospice Administrator		Employer (See Instructions) Gentle Partners In Hospice LLC
Date 02/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Luna, Norma (Ms.)	Amount of Contribution (\$) \$75.00
	Contributor address; City; State; Zip Code San Antonio, TX 78260	
Principal occupation / Job title (See Instructions) Hospice Administrator		Employer (See Instructions) Gentle Partners In Hospice LLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/19 Rpt: 13/44
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 01/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Machado, Marisa (Ms.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Hutto, TX 78634	
8 Principal occupation / Job title (See Instructions) COO		9 Employer (See Instructions) Texas Assn. for Homecare & Hospice, Inc.
Date 02/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Machado, Marisa (Ms.)	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Hutto, TX 78634	
Principal occupation / Job title (See Instructions) COO		Employer (See Instructions) Texas Assn. for Homecare & Hospice, Inc.
Date 02/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Madison , Bradley (Mr.)	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Lubbock, TX 79423	
Principal occupation / Job title (See Instructions) Admin		Employer (See Instructions) CPCS
Date 02/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin , Tyler	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Waco, TX 76708	
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Pals Home Health
Date 02/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mayes, Lora (Ms.)	Amount of Contribution (\$) \$125.00
	Contributor address; City; State; Zip Code Missouri City, TX 77459	
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Beacon Home Health Agency

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/19 Rpt: 14/44
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 01/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McClammy, Lisa (Ms.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Whitney, TX 76692	
8 Principal occupation / Job title (See Instructions) RN Consultant		9 Employer (See Instructions) MAC Legacy
Date 02/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McClammy, Lisa (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Whitney, TX 76692	
Principal occupation / Job title (See Instructions) RN Consultant		Employer (See Instructions) MAC Legacy
Date 02/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGraw, Joseph (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Tyler, TX 75703	
Principal occupation / Job title (See Instructions) Business Development		Employer (See Instructions) Paradigm Rehab & Nursing LP
Date 02/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGraw, Joseph (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Tyler, TX 75703	
Principal occupation / Job title (See Instructions) Business Development		Employer (See Instructions) Paradigm Rehab & Nursing LP
Date 01/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meave, Adan (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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/19 Rpt: 15/44
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 02/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meave, Adan (Mr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Weslaco, TX 78599	
8 Principal occupation / Job title (See Instructions) Homecare		9 Employer (See Instructions) El Rey Primary Health Care, LLC
Date 02/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mitchell, Cherisa (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Bowie, TX 76230	
Principal occupation / Job title (See Instructions) Executive Liaison		Employer (See Instructions) Wichita Home Health Service
Date 01/27/2025	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 02/24/2025	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 01/27/2025	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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/19 Rpt: 16/44
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 02/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murphy, Maryann (Ms.)	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Early, TX 76802	
8 Principal occupation / Job title (See Instructions) RN		9 Employer (See Instructions) Lee HealthCare
Date 02/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Naranjo, Mary Ann (Ms.)	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Lufkin, TX 75902	
Principal occupation / Job title (See Instructions) Owner Alt Admin		Employer (See Instructions) A Piney Woods Home Health Care
Date 02/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nawaz, Kelly (Ms.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Canton, TX 75103	
Principal occupation / Job title (See Instructions) Quality Assurance RN		Employer (See Instructions) Paradigm Rehab & Nursing LP
Date 02/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nawaz, Kelly (Ms.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Canton, TX 75103	
Principal occupation / Job title (See Instructions) Quality Assurance RN		Employer (See Instructions) Paradigm Rehab & Nursing LP
Date 01/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olguin, Christie (Ms.)	Amount of Contribution (\$) \$10.00
	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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/19 Rpt: 17/44
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 02/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Painter, Andrew (Mr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Harlingen, TX 78552	
8 Principal occupation / Job title (See Instructions) President/Owner		9 Employer (See Instructions) APC Home Health Services, Inc.
Date 01/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Palmer, Lee (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Richmond, TX 77406	
Principal occupation / Job title (See Instructions) Administrator		Employer (See Instructions) Consolidated Home Health
Date 02/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Palmer, Lee (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Richmond, TX 77406	
Principal occupation / Job title (See Instructions) Administrator		Employer (See Instructions) Consolidated Home Health
Date 01/27/2025	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 02/24/2025	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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/19 Rpt: 18/44
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 01/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Polk , Robin (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Rosebud, TX 76570	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) RN Qaulity Manager		9 Employer (See Instructions) Girling Personal Care
Date 02/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Poynor, Joanne (Ms.) <hr/> Contributor address; City; State; Zip Code Tyler, TX 75701	Amount of Contribution (\$) \$80.00
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) Paradigm HomeCare
Date 02/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Poynor, Joanne (Ms.) <hr/> Contributor address; City; State; Zip Code Tyler, TX 75701	Amount of Contribution (\$) \$80.00
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) Paradigm HomeCare
Date 02/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rash, Rose (Ms.) <hr/> Contributor address; City; State; Zip Code Corsicana, TX 75109	Amount of Contribution (\$) \$119.05
Principal occupation / Job title (See Instructions) Owner/Director of Nursing		Employer (See Instructions) Angels At Home, Inc.
Date 02/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reece, Miranda (Ms.) <hr/> Contributor address; City; State; Zip Code Grapevine, TX 76051	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) VP of Operations		Employer (See Instructions) Paradigm Rehab & Nursing LP

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/19 Rpt: 19/44
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 02/19/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reece, Miranda (Ms.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Grapevine, TX 76051	
8 Principal occupation / Job title (See Instructions) VP of Operations		9 Employer (See Instructions) Paradigm Rehab & Nursing LP
Date 01/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robison, Kristen (Ms.)	Amount of Contribution (\$) \$125.00
	Contributor address; City; State; Zip Code San Antonio, TX 78209	
Principal occupation / Job title (See Instructions) RN, VP Govt. Affairs, CCO		Employer (See Instructions) Angels of Care Pediatric Home Health
Date 02/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robison, Kristen (Ms.)	Amount of Contribution (\$) \$125.00
	Contributor address; City; State; Zip Code San Antonio, TX 78209	
Principal occupation / Job title (See Instructions) RN, VP Govt. Affairs, CCO		Employer (See Instructions) Angels of Care Pediatric Home Health
Date 02/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robison, Kristen (Ms.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code San Antonio, TX 78209	
Principal occupation / Job title (See Instructions) RN, VP Govt. Affairs, CCO		Employer (See Instructions) Angels of Care Pediatric Home Health
Date 02/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roman, Alexandra (Ms.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Abilene, TX 79606	
Principal occupation / Job title (See Instructions) Account Executive		Employer (See Instructions) Paradigm HomeCare

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/19 Rpt: 20/44
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 02/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ruiz, Cristina (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Plano, TX 75023	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) RN		9 Employer (See Instructions) Viva Pediatrics
Date 01/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sandoval, Vanessa (Ms.) <hr/> Contributor address; City; State; Zip Code Harlingen, TX 78552	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Administrator		Employer (See Instructions) Texas Visiting Nurse Services Ltd.
Date 02/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sandoval, Vanessa (Ms.) <hr/> Contributor address; City; State; Zip Code Harlingen, TX 78552	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Administrator		Employer (See Instructions) Texas Visiting Nurse Services Ltd.
Date 02/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith , Joni (Ms.) <hr/> Contributor address; City; State; Zip Code McKinney, TX 75070	Amount of Contribution (\$) \$125.00
Principal occupation / Job title (See Instructions) VP, RN		Employer (See Instructions) Amity Hospice
Date 01/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith , Linda (Ms.) <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78248	Amount of Contribution (\$) \$210.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) En Su Casa Caregivers

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/19 Rpt: 21/44
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 02/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith , Linda (Ms.)	7 Amount of Contribution (\$) \$210.00
	6 Contributor address; City; State; Zip Code San Antonio, TX 78248	
8 Principal occupation / Job title (See Instructions) CEO		9 Employer (See Instructions) En Su Casa Caregivers
Date 02/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steigleder, Shannon (Ms.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Cross Plains, TX 76443	
Principal occupation / Job title (See Instructions) RN Nurse Administrator		Employer (See Instructions) Caprock Home Healthcare
Date 02/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stone, Amanda (Ms.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Rockwall, TX 75032	
Principal occupation / Job title (See Instructions) RN		Employer (See Instructions) Sentido Health
Date 02/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Amy (Ms.)	Amount of Contribution (\$) \$1,250.00
	Contributor address; City; State; Zip Code Austin, TX 78737	
Principal occupation / Job title (See Instructions) CPA		Employer (See Instructions) Knight Home Care Financial
Date 01/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valladares, Lydia (Ms.)	Amount of Contribution (\$) \$125.00
	Contributor address; City; State; Zip Code McAllen, TX 78501	
Principal occupation / Job title (See Instructions) Alternate Administrator		Employer (See Instructions) Presidente Homecare

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/19 Rpt: 22/44
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 02/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valladares, Lydia (Ms.) <hr/> 6 Contributor address; City; State; Zip Code McAllen, TX 78501	7 Amount of Contribution (\$) \$125.00
8 Principal occupation / Job title (See Instructions) Alternate Administrator		9 Employer (See Instructions) Presidente Homecare
Date 02/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilbanks, Kelly (Ms.) <hr/> Contributor address; City; State; Zip Code Larue, TX 75770	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) RN		Employer (See Instructions) Paradigm Home Care
Date 02/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Willman, Jonathan (Mr.) <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77479	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) RN, Director of Operations		Employer (See Instructions) Consolidated Home Health
Date 02/19/2025	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 02/19/2025	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

MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C3

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C3: Sch: 1/1 Rpt: 23/44
2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice		3 Filer ID (Ethics Commission Filers) 00015750
4 Date 02/01/2025	5 Corporation / Labor Organization name Texas Association for Home Care & Hospice, Inc.	6 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.

1 Total pages Schedule F1: Sch: 1/21 Rpt: 24/44	2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas	3 Filer ID (Ethics Commission Filers) 00015750
4 Date 02/03/2025	5 Payee name Global Payments Inc.	
6 Amount (\$) \$48.20 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 3550 Lenox Road, Suite 3000 Atlanta, GA 30326	
8 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
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/27/2025	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
Date 01/27/2025	Payee name PayPal	
Amount (\$) \$4.85 <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.

1 Total pages Schedule F1: Sch: 2/21 Rpt: 25/44	2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas	3 Filer ID (Ethics Commission Filers) 00015750
4 Date 01/27/2025	5 Payee name PayPal	
6 Amount (\$) \$1.36 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 2211 N. First St. San Jose, CA 95131	
8 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
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/27/2025	Payee name PayPal	
Amount (\$) \$7.82 <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 01/27/2025	Payee name PayPal	
Amount (\$) \$4.85 <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.

1 Total pages Schedule F1: Sch: 3/21 Rpt: 26/44	2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas	3 Filer ID (Ethics Commission Filers) 00015750
4 Date 01/27/2025	5 Payee name PayPal	
6 Amount (\$) \$2.24 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 2211 N. First St. San Jose, CA 95131	
8 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
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 01/27/2025	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	(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
Office held		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 01/27/2025	Candidate/Officeholder name PayPal	
Amount (\$) \$1.74 <input type="checkbox"/> Expenditure from corporate funds	Office sought 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
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.

1 Total pages Schedule F1: Sch: 4/21 Rpt: 27/44	2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas	3 Filer ID (Ethics Commission Filers) 00015750
4 Date 01/27/2025	5 Payee name PayPal	
6 Amount (\$) \$3.98 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 2211 N. First St. San Jose, CA 95131	
8 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
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/27/2025	Payee name PayPal	
Amount (\$) \$2.24 <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 01/27/2025	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	
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.

1 Total pages Schedule F1: Sch: 5/21 Rpt: 28/44	2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas	3 Filer ID (Ethics Commission Filers) 00015750
4 Date 01/27/2025	5 Payee name PayPal	
6 Amount (\$) \$5.73 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 2211 N. First St. San Jose, CA 95131	
8 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
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/27/2025	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 01/27/2025	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

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.

1 Total pages Schedule F1: Sch: 6/21 Rpt: 29/44	2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas	3 Filer ID (Ethics Commission Filers) 00015750
4 Date 01/27/2025	5 Payee name PayPal	
6 Amount (\$) \$0.84 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 2211 N. First St. San Jose, CA 95131	
8 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
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/27/2025	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 01/27/2025	Payee name PayPal	
Amount (\$) \$2.87 <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.

1 Total pages Schedule F1: Sch: 7/21 Rpt: 30/44	2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas	3 Filer ID (Ethics Commission Filers) 00015750
4 Date 01/27/2025	5 Payee name PayPal	
6 Amount (\$) \$4.61 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 2211 N. First St. San Jose, CA 95131	
8 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
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/27/2025	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	
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 01/27/2025	Payee name PayPal	
Amount (\$) \$0.68 <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.

1 Total pages Schedule F1: Sch: 8/21 Rpt: 31/44	2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas	3 Filer ID (Ethics Commission Filers) 00015750
4 Date 02/24/2025	5 Payee name PayPal	
6 Amount (\$) \$1.36 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 2211 N. First St. San Jose, CA 95131	
8 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
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/24/2025	Payee name PayPal	
Amount (\$) \$4.85 <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 02/24/2025	Payee name PayPal	
Amount (\$) \$7.82 <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.

1 Total pages Schedule F1: Sch: 9/21 Rpt: 32/44	2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas	3 Filer ID (Ethics Commission Filers) 00015750
4 Date 02/24/2025	5 Payee name PayPal	
6 Amount (\$) \$4.85 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 2211 N. First St. San Jose, CA 95131	
8 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
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/24/2025	Payee name PayPal	
Amount (\$) \$2.24 <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 02/24/2025	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.

1 Total pages Schedule F1: Sch: 10/21 Rpt: 33/44	2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas	3 Filer ID (Ethics Commission Filers) 00015750
4 Date 02/24/2025	5 Payee name PayPal	
6 Amount (\$) \$1.19 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 2211 N. First St. San Jose, CA 95131	
8 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
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/24/2025	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 02/24/2025	Payee name PayPal	
Amount (\$) \$3.98 <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.

1 Total pages Schedule F1: Sch: 11/21 Rpt: 34/44	2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas	3 Filer ID (Ethics Commission Filers) 00015750
4 Date 02/24/2025	5 Payee name PayPal	
6 Amount (\$) \$2.24 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 2211 N. First St. San Jose, CA 95131	
8 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
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/24/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$5.73 <input type="checkbox"/> Expenditure from corporate funds	Payee name PayPal 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 <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/24/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$1.36 <input type="checkbox"/> Expenditure from corporate funds	Payee name PayPal 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 <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.

1 Total pages Schedule F1: Sch: 12/21 Rpt: 35/44	2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas	3 Filer ID (Ethics Commission Filers) 00015750
4 Date 02/24/2025	5 Payee name PayPal	
6 Amount (\$) \$1.36 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 2211 N. First St. San Jose, CA 95131	
8 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
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/24/2025	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
Date 02/24/2025	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	
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.

1 Total pages Schedule F1: Sch: 13/21 Rpt: 36/44	2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas	3 Filer ID (Ethics Commission Filers) 00015750
4 Date 02/24/2025	5 Payee name PayPal	
6 Amount (\$) \$1.36 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 2211 N. First St. San Jose, CA 95131	
8 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
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/24/2025	Payee name PayPal	
Amount (\$) \$14.74 <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 02/24/2025	Payee name PayPal	
Amount (\$) \$58.09 <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.

1 Total pages Schedule F1: Sch: 14/21 Rpt: 37/44	2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas	3 Filer ID (Ethics Commission Filers) 00015750
4 Date 02/24/2025	5 Payee name PayPal	
6 Amount (\$) \$1.01 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 2211 N. First St. San Jose, CA 95131	
8 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
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/24/2025	Payee name PayPal	
Amount (\$) \$4.63 <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 02/24/2025	Payee name PayPal	
Amount (\$) \$1.74 <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.

1 Total pages Schedule F1: Sch: 15/21 Rpt: 38/44	2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas	3 Filer ID (Ethics Commission Filers) 00015750
4 Date 02/24/2025	5 Payee name PayPal	
6 Amount (\$) \$7.52 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 2211 N. First St. San Jose, CA 95131	
8 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
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/24/2025	Payee name PayPal	
Amount (\$) \$3.18 <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 02/24/2025	Payee name PayPal	
Amount (\$) \$0.87 <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.

1 Total pages Schedule F1: Sch: 16/21 Rpt: 39/44	2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas	3 Filer ID (Ethics Commission Filers) 00015750
4 Date 02/24/2025	5 Payee name PayPal	
6 Amount (\$) \$7.52 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 2211 N. First St. San Jose, CA 95131	
8 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
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/24/2025	Payee name PayPal	
Amount (\$) \$3.18 <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 02/24/2025	Payee name PayPal	
Amount (\$) \$14.74 <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.

1 Total pages Schedule F1: Sch: 17/21 Rpt: 40/44	2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas	3 Filer ID (Ethics Commission Filers) 00015750
4 Date 02/24/2025	5 Payee name PayPal	
6 Amount (\$) \$0.43 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 2211 N. First St. San Jose, CA 95131	
8 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
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/24/2025	Payee name PayPal	
Amount (\$) \$0.60 <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 02/24/2025	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	
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.

1 Total pages Schedule F1: Sch: 18/21 Rpt: 41/44	2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas	3 Filer ID (Ethics Commission Filers) 00015750
4 Date 02/24/2025	5 Payee name PayPal	
6 Amount (\$) \$4.61 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 2211 N. First St. San Jose, CA 95131	
8 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
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/24/2025	Payee name PayPal	
Amount (\$) \$2.87 <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 02/24/2025	Payee name PayPal	
Amount (\$) \$1.12 <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.

1 Total pages Schedule F1: Sch: 19/21 Rpt: 42/44	2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas	3 Filer ID (Ethics Commission Filers) 00015750
4 Date 02/24/2025	5 Payee name PayPal	
6 Amount (\$) \$3.76 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 2211 N. First St. San Jose, CA 95131	
8 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
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/24/2025	Payee name PayPal	
Amount (\$) \$0.51 <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 02/24/2025	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	
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.

1 Total pages Schedule F1: Sch: 20/21 Rpt: 43/44	2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas	3 Filer ID (Ethics Commission Filers) 00015750
4 Date 02/24/2025	5 Payee name PayPal	
6 Amount (\$) \$14.60 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 2211 N. First St. San Jose, CA 95131	
8 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
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/24/2025	Payee name PayPal	
Amount (\$) \$7.37 <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 02/24/2025	Payee name PayPal	
Amount (\$) \$43.87 <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.

1 Total pages Schedule F1: Sch: 21/21 Rpt: 44/44	2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas	3 Filer ID (Ethics Commission Filers) 00015750
4 Date 02/24/2025	5 Payee name PayPal	
6 Amount (\$) \$4.49 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 2211 N. First St. San Jose, CA 95131	
8 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
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
		Office held