## MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

## FORM MPAC COVER SHEET PG 1

			1 Filer ID	2 Total pages filed:
Th	e MPAC Instruction (	Guide explains how to complete this form.	(Ethics Commission Filers)	44
_	COMMITTEE NAME		00015750	
3		for Home Care and Hospice Inc Texas F	Lance Control III and the BAC	OFFICE USE ONLY
	State	Date Received		
l	State			ELECTRONICALLY FILED
l				03/05/2025
4	COMMITTEE	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP	1
	ADDRESS	9390 Research Blvd., Bldg. 1 Suite 300	,	
l		5000 Nescaron Biva., Blag. 1 Calle 600		
	Change of Address	Austin, TX 78759		
┝				Date Hand-delivered or Date Postmarked
5	CAMPAIGN TREASURER	MS / MRS / MR FIRST	MI	
l	NAME	Ms. Rachel		Receipt # Amount
l				Date Brassered
l		NICKNAME LAST	SUFFIX	Date Processed
l		Hammon	GG. 1 <i>11</i>	Date Imaged
		Папшоп		Date illiageu
Ļ	CAMBAICNI	CTREET ADDRESS (NO DO DOV SI EASE)	ADT / CLUTE #: OUT /	ATE: ZID CODE
6	CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #; CITY; ST.	ATE; ZIP CODE
l	STREET	9390 Research Blvd., Bldg. 1 Suite 300		
	ADDRESS (Residence or Business)			
	(Nesidence of Edsiness)	Austin, TX 78759		
7	CAMPAIGN	STREET ADDRESS OR PO BOX;	APT / SUITE #; CITY; ST	ATE; ZIP CODE
l	TREASURER	3737 Executive Center Dr., Ste. 268	, , ,	,
l	MAILING ADDRESS	2.0. 2/10000000 2000000000000000000000000000		
		A TV 70704		
	Change of Address	Austin, TX 78731		
8	CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION	
l	TREASURER PHONE	(512) 338-9293		
		(012) 000 0200		
9	REPORT TYPE	North.	10th day after campaign	T Bissalution (Attack BAC BB)
		X   Monthly	treasurer termination	Dissolution (Attach PAC-DR)
10	MONTHLY			
	REPORT FILING	January 5 April	5 🔲 July 5	October 5
	DEADLINE	February 5 May	5 August 5	November 5
l		rebluary 5	August 3	November 3
		X March 5 June	5 September 5	December 5
<u> </u>				
11	PERIOD COVERED	Month Day Year	Month HROUGH	Day Year
	COVERED	01/26/2025	02/25/2	2025
		~	-0.05.0	
		GO T	O PAGE 2	

## MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

## FORM MPAC COVER SHEET PG 2

2 COMMITTEE NAME  Texas Association for Home Care and Hospice Inc Texas Home Care and Hospice  4 COMMITTEE ACTIVITY  1. Candidates (Identify by name or, if applicable, classify by party.)  (Attach lists on plain paper to complete this  B. Opposed	r ID (Ethics Commission Filers) 15750
4 COMMITTEE ACTIVITY  1. Candidates (Identify by name or, if applicable, classify by party.)  (Attach lists on plain  B. Opposed	15750
ACTIVITY  (Identify by name or, if applicable, classify by party.)  (Attach lists on plain	
(Attach lists on plain	
report if necessary.)	
2. Measures A. Supported	
(Describe by date and location of election and nature of issue.)	
B. Opposed	
3. Officeholders Assisted	
(Identify by name or, if applicable, classify by party.)	
5 CONTRIBUTION 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN	
TOTALS  PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)  check here if this report qualifies for the higher itemization threshold	0.00
2. TOTAL POLITICAL CONTRIBUTIONS	\$ 11,071,91
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	11,071.81
EXPENDITURE 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES TOTALS	\$ 0.00
4. TOTAL POLITICAL EXPENDITURES	\$ 351.03
CONTRIBUTION 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
6 AFFIDAVIT	<u> </u>
I swear, or affirm, under penalty of perjury, th true and correct and includes all information under Title 15, Election Code.	at the accompanying report is required to be reported by me
Ms. Rachel Ham	ımon
Signature of Campaign	
AFFIX NOTARY STAMP / SEAL ABOVE	
	day
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	e of officer administering oath

## **SUBTOTALS - MPAC**

## FORM MPAC COVER SHEET PG 3 3 of 44

					0 01 44
17 COMM Texas		E NAME ociation for Home Care and Hospice Inc Texas Home Care and Hospice	<b>18</b> Filer ID 00015750	(Eth	nics Commission Filers)
		SUBTOTALS SCHEDULE			SUBTOTAL AMOUNT
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	10,149.53
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOURGANIZATION	PR	\$	
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$	
6.	Х	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$	922.28
7.		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$	
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (	ORGANIZATION	\$	
9.		SCHEDULE E: LOANS		\$	
10.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$	351.03
11.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
13.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this	form.		pages Schedule A1: 1/19 Rpt: 4/44	
2	FILER NAME				D (Ethics Commission	n Filers)
_		ciation for Home Care and Hospice Inc Texas Ho	ome Care and Hospice PAC -			,
4	Date	5 Full name of contributor out-of-state PAC (ID#	·		nt of Contribution (\$)	
	02/19/2025	Avery, Amy (Ms.)  6 Contributor address; City; State; Zip Code			(,)	\$20.00
_		Tyler, TX 75701	Ta = 1 (2 1 1 1 1			
8	Principal occu Physical The	ipation / Job title (See Instructions) erapist	9 Employer (See Instructions Paradigm Rehab & Nur			
	Date	Full name of contributor out-of-state PAC (ID#	t:)	Amou	nt of Contribution (\$)	
	02/19/2025	Avery, Amy (Ms.)				\$20.00
		Contributor address; City; State; Zip Code				
		Tyler, TX 75701	•			
		upation / Job title (See Instructions)	Employer (See Instructions			
	Physical Therapist		Paradigm Rehab & Nur	rsing LP		
	Date 02/24/2025	Full name of contributor out-of-state PAC (ID# Bass, Micaul (Mr.)  Contributor address; City; State; Zip Code	<u>:                                    </u>	Amou 	nt of Contribution (\$)	\$10.00
		Houston, TX 77027				
	•	upation / Job title (See Instructions)	Employer (See Instructions	ıs)		
	Account Rep	presentative	Nicular Health			
	Date 02/19/2025	Full name of contributor out-of-state PAC (ID# Brooks , Courtney (Ms.)  Contributor address; City; State; Zip Code		Amou 	nt of Contribution (\$)	\$20.00
		Bullard, TX 75757				
	•	upation / Job title (See Instructions)	Employer (See Instructions			
	Regional Dir	rector of Operations	Paradigm Rehab & Nur	rsing LP		
	Date	Full name of contributor  ut-of-state PAC (ID#	t:)	Amou	nt of Contribution (\$)	
	02/19/2025	Brooks , Courtney (Ms.)  Contributor address; City; State; Zip Code				\$20.00
	Dringing!	Bullard, TX 75757	Employer (Coc Instruction	1		
		upation / Job title (See Instructions) rector of Operations	Employer (See Instructions Paradigm Rehab & Nur			

	MONEI	ARY POLITICAL CONTRIBUTI	SCHEDULE A1		
	The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 2/19 Rpt: 5/44	
2	FILER NAME Texas Assoc	ciation for Home Care and Hospice Inc Texas Ho	ome Care and Hospice PAC -	3 Filer ID (Ethics Commission Filers) 00015750	
4	Date 02/24/2025	<ul> <li>Full name of contributor  out-of-state PAC (ID# Brooks , Courtney (Ms.)</li> <li>Contributor address; City; State; Zip Code</li> </ul>	#:)	7 Amount of Contribution (\$) \$20.00	
		Bullard, TX 75757			
8		pation / Job title (See Instructions)	9 Employer (See Instructions		
	Regional Dir	ector of Operations	Paradigm Rehab & Nurs	sing LP	
	Date 02/24/2025	Full name of contributor out-of-state PAC (ID# Bullock, Melissa (Ms.)  Contributor address; City; State; Zip Code	#:)	Amount of Contribution (\$) \$500.00	
	Delegaleration	Sherman, TX 75090	Formita and (Constructions		
	Chief Operat	pation / Job title (See Instructions)	Employer (See Instructions Childrens Home Health		
	-	<u> </u>			
	Date 01/27/2025	Full name of contributor out-of-state PAC (ID# Church Gutierrez, Amber (Ms.)  Contributor address; City; State; Zip Code  Cypress, TX 77429	#:)	Amount of Contribution (\$) \$5.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
	Nurse	patient, cos tito (eco metadatione)	Angels of Care	-,	
	Date 02/24/2025	Full name of contributor out-of-state PAC (ID# Church Gutierrez, Amber (Ms.)  Contributor address; City; State; Zip Code  Cypress, TX 77429	#:)	Amount of Contribution (\$) \$5.00	
	Principal occu Nurse	pation / Job title (See Instructions)	Employer (See Instructions Angels of Care	<u> </u>	
	Date 02/19/2025	Full name of contributor out-of-state PAC (ID# Colston, Maureen (Ms.)  Contributor address; City; State; Zip Code  Tyler, TX 75702		Amount of Contribution (\$) \$10.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	6)	
	Associate Co	ontroller	Paradigm Rehab & Nurs	sing LP	

MONE	TARY POLITICAL (	CONTRIBUTION	JNS		SCHEDUL	E <b>A1</b>
The Instru	uction Guide explains hov	v to complete this	form.	1	Total pages Schedule A1: Sch: 3/19 Rpt: 6/44	
2 FILER NAMI Texas Asso	E ociation for Home Care and Ho	spice Inc Texas Ho	me Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	n Filers)
4 Date 02/19/2025	<ul><li>5 Full name of contributor</li><li>Colston, Maureen (Ms.)</li><li>6 Contributor address; City; S</li></ul>			7	Amount of Contribution (\$)	\$10.00
	Tyler, TX 75702					
8 Principal occ	cupation / Job title (See Instructions	s)	9 Employer (See Instructions	s)		
Associate (	Controller		Paradigm Rehab & Nurs	sin	g LP	
Date 02/24/2025	Contributor address; City; S			-	Amount of Contribution (\$)	\$2,000.00
	Argyle, TX 76226		i			
	cupation / Job title (See Instructions	s)	Employer (See Instructions	s)		
President/0	owner		Mac Legacy	_		
Date 02/19/2025	Full name of contributor  Cornett, Valerie (Ms.)  Contributor address; City; S	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$40.00
	Keller, TX 76244					
Principal occ COSI	cupation / Job title (See Instruction:	S)	Employer (See Instructions MAC Legacy	s)		
Date 01/27/2025			)		Amount of Contribution (\$)	\$12.50
Principal occ	cupation / Job title (See Instructions	s)	Employer (See Instructions Always Best Care Senio		Services	
Date 02/24/2025		out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
	Wichita Falls, TX 76310					
Principal occ CHCE; CO	cupation / Job title (See Instructions S-C	s)	Employer (See Instructions Always Best Care Senio		Services	

	MONET	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instru	ction Guide explains how to complete	e this foi	rm.	1	Total pages Schedule A1: Sch: 4/19 Rpt: 7/44			
2	FILER NAME Texas Assoc	ciation for Home Care and Hospice Inc Tex	kas Home	Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	n Filers)		
4	Date 01/27/2025	<ul> <li>Full name of contributor  out-of-state P Dilleshaw, Brittany (Ms.)</li> <li>Contributor address; City; State; Zip Code</li> </ul>	AC (ID#:	)	7	Amount of Contribution (\$)	\$25.00		
		Danbury, TX 77534							
8		pation / Job title (See Instructions)	9	Employer (See Instructions					
	Vice Preside	ent of Home Therapy Services		MedCare Pediatric Nurs	sing	)			
	Date 02/19/2025	Full name of contributor out-of-state P Fox , Eric (Mr.)  Contributor address; City; State; Zip Code  Whitehouse, TX 75791	AC (ID#:	)		Amount of Contribution (\$)	\$20.00		
_	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>.                                    </u>				
	Physical Therapist		Paradigm Rehab & Nurs	sin	g LP				
	Date 02/19/2025	Full name of contributor out-of-state P Fox , Eric (Mr.)  Contributor address; City; State; Zip Code  Whitehouse, TX 75791	AC (ID#:	)		Amount of Contribution (\$)	\$20.00		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>                                      </u>				
	Physical The			Paradigm Rehab & Nurs		g LP			
	Date 02/24/2025	Full name of contributor out-of-state P Frate, Paula (Ms.)  Contributor address; City; State; Zip Code  Houston, TX 77096	,	)		Amount of Contribution (\$)	\$50.00		
	Principal occu RN Consulta	pation / Job title (See Instructions)		Employer (See Instructions EdPI Consulting	<u>l</u> 5)				
	Date 01/27/2025	Full name of contributor out-of-state P Goolsby, Sharon (Ms.)  Contributor address; City; State; Zip Code  Jefferson, TX 75657				Amount of Contribution (\$)	\$125.00		
	Principal occu Administrato	pation / Job title (See Instructions) r		Employer (See Instructions First in Pediatrics Home		ealth Care, Inc.			
			•						

MONE	TARY POLITICAL (	CONTRIBUTIO	NS .	SCHEDULE A	1
The Instr	uction Guide explains hov	v to complete this fo	orm.	1 Total pages Schedule A1: Sch: 5/19 Rpt: 8/44	
2 FILER NAMI Texas Asso	E ociation for Home Care and Ho	spice Inc Texas Hom	e Care and Hospice PAC -	3 Filer ID (Ethics Commission Filers 00015750	s)
4 Date 02/24/2025	5 Full name of contributor Goolsby, Sharon (Ms.) 6 Contributor address; City; S		)	7 Amount of Contribution (\$) \$12	25.00
	Jefferson, TX 75657				
	cupation / Job title (See Instructions	5)	9 Employer (See Instructions		
Administrat	tor		First in Pediatrics Home	Health Care, Inc.	
Date 02/24/2025	Full name of contributor Griffin, Ray (Mr.) Contributor address; City; S	out-of-state PAC (ID#:	)	Amount of Contribution (\$) \$12	25.00
	Center, TX 75935				
	cupation / Job title (See Instructions	5)	Employer (See Instructions	s)	
Homecare			A Piney Woods		
Date 02/19/2025	Full name of contributor Hale, Kati (Ms.)  Contributor address; City; S	out-of-state PAC (ID#:_ tate; Zip Code	)	Amount of Contribution (\$) \$6	60.00
	Denton, TX 76208				
Principal occ COO	cupation / Job title (See Instructions	5)	Employer (See Instructions MAC Legacy	5)	
Date 01/30/2025				Amount of Contribution (\$) \$2	21.00
	Austin, TX 78732				
Principal occ Executive [	cupation / Job title (See Instructions Director	5)	Employer (See Instructions Texas Assn. for Home (		
Date 01/27/2025	7.	out-of-state PAC (ID#:		Amount of Contribution (\$) \$5	50.00
		3)	Employer (See Instructions	s)	
Principal occ	cupation / Job title (See Instructions	<i>-)</i>			

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instruc	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 6/19 Rpt: 9/44	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	ciation for Home Care and Hos	spice Inc Texas Hom	e Care and Hospice PAC -		00015750	
4	Date 02/24/2025	<ul><li>5 Full name of contributor Hosley, Dennis (Mr.)</li><li>6 Contributor address; City; St</li></ul>	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$50.00
		Dallas, TX 75214					
8	Principal occu	pation / Job title (See Instructions	)	9 Employer (See Instructions	5)		
	President CO	00		Pediatric Home Healthc	are		
	Date 01/27/2025	Full name of contributor Howard, Jesse (Mr.) Contributor address; City; St	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$25.00
		McGregor, TX 76657			L		
		pation / Job title (See Instructions	)	Employer (See Instructions			
	Healthcare			Girling Community Care	· 		
	Date 02/24/2025	Full name of contributor Howard, Jesse (Mr.)  Contributor address; City; St	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$25.00
		McGregor, TX 76657					
	Principal occu	pation / Job title (See Instructions	)	Employer (See Instructions	5)		
	Healthcare			Girling Community Care	!		
	Date 02/19/2025	Full name of contributor Hurst, Robyn (Ms.) Contributor address; City; St Temple, TX 76502	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
	Principal occu Executive Di	pation / Job title (See Instructions rector	)	Employer (See Instructions Paradigm HomeCare	s)		
	Date 02/19/2025	Full name of contributor Hurst, Robyn (Ms.) Contributor address; City; St Temple, TX 76502	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions	)	Employer (See Instructions	5)		
	Executive Di	rector		Paradigm HomeCare			

	MONEI	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instru	ction Guide explains how to	complete this for	m.	1	Total pages Schedule A1: Sch: 7/19 Rpt: 10/44		
2	FILER NAME Texas Assoc	ciation for Home Care and Hospic	e Inc Texas Home	Care and Hospice PAC -	1	Filer ID (Ethics Commission 00015750	n Filers)	
4	Date 02/19/2025	<ul><li>5 Full name of contributor</li></ul>		)	7	Amount of Contribution (\$)	\$250.00	
		Moody, TX 76557						
8	Principal occu RN	pation / Job title (See Instructions)	9	Employer (See Instructions PALS Home Health	5)			
	Date 02/19/2025	Full name of contributor  Jenkins , Jinny (Ms.)  Contributor address; City; State;  Crowley, TX 76036	out-of-state PAC (ID#: Zip Code			Amount of Contribution (\$)	\$50.00	
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)			
	Executive Director Parac		Paradigm Rehab & Nurs	sinç	J LP			
	Date 02/19/2025	Jenkins , Jinny (Ms.)  Contributor address; City; State;	out-of-state PAC (ID#: Zip Code	)		Amount of Contribution (\$)	\$50.00	
	Dringinal occu	pation / Job title (See Instructions)		Employer (See Instructions	=) 			
	Executive Di	•		Paradigm Rehab & Nurs		J LP		
	Date 02/24/2025	Jolly, Karyn (Ms.)  Contributor address; City; State;		)		Amount of Contribution (\$)	\$150.00	
	•	pation / Job title (See Instructions) ory Compliance Director		Employer (See Instructions MedCare Pediatric Nurs		. I P		
	Date 02/19/2025		out-of-state PAC (ID#: Zip Code	)		Amount of Contribution (\$)	\$10.00	
		pation / Job title (See Instructions)		Employer (See Instructions	5)			
	Account Exe	cunve		Paradigm HomeCare				

	MONET	ARY POLITICAL (		SCHEDULE A1			
	The Instru	ction Guide explains hov	to complete this f	orm.	1	Total pages Schedule A1: Sch: 8/19 Rpt: 11/44	
2	FILER NAME Texas Assoc	iation for Home Care and Ho	spice Inc Texas Hon	ne Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	n Filers)
4	Date 02/19/2025	<ul><li>5 Full name of contributor Klenke, Caprice (Ms.)</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:_		7	Amount of Contribution (\$)	\$5.00
		Rio Vista, TX 76093					
8	Principal occu Account Exe	pation / Job title (See Instructions cutive	s)	Employer (See Instructions     Paradigm HomeCare	5)		
	Date 02/19/2025	Full name of contributor Lawson, Kimberly (Ms.) Contributor address; City; S	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$10.00
	Principal occu	Bridgeport, TX 76426 pation / Job title (See Instructions	<u> </u>	Employer (See Instructions	<u> </u>		
				Paradigm HomeCare	,		
	Date 02/19/2025	Full name of contributor Lawson, Kimberly (Ms.) Contributor address; City; S	out-of-state PAC (ID#:_		•	Amount of Contribution (\$)	\$10.00
		Bridgeport, TX 76426					
	Principal occu Area Directo	pation / Job title (See Instructions r of Sales	;) 	Employer (See Instructions Paradigm HomeCare	5)		
	Date 02/24/2025	Full name of contributor Leach, Melanie (Ms.)  Contributor address; City; S  Tyler, TX 75703	out-of-state PAC (ID#:_		•	Amount of Contribution (\$)	\$250.00
	Principal occu Pediatric Ho	pation / Job title (See Instructions me Health	s)	Employer (See Instructions MVP Pediatric Home He		th Corp.	
	Date 01/27/2025	Full name of contributor Learst, Renea (Ms.) Contributor address; City; S Wichita Falls, TX 76310	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$10.00
	Principal occu Nurse	pation / Job title (See Instructions	s)	Employer (See Instructions Angels of Care	5)		

	MONEI	ARY POLITICAL (	CONTRIBUTIO	JIN 5		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 9/19 Rpt: 12/44	
2	FILER NAME Texas Assoc	iation for Home Care and Ho	spice Inc Texas Hom	ne Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	Filers)
4	Date 02/24/2025	<ul><li>5 Full name of contributor Learst, Renea (Ms.)</li><li>6 Contributor address; City; St</li></ul>		)	7	Amount of Contribution (\$)	\$10.00
		Wichita Falls, TX 76310					
8	Principal occu Nurse	pation / Job title (See Instructions	s) 	9 Employer (See Instructions Angels of Care	s) 		
	Date 02/19/2025	Full name of contributor Lloyd, Mitzi (Ms.) Contributor address; City; St	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	\$20.00
	Principal occu	Tyler, TX 75703 pation / Job title (See Instructions	<u>,</u>	Employer (See Instructions	<u>:)</u>		
		ources Manager	"	Paradigm Rehab & Nurs		g LP	
	Date 02/19/2025	Full name of contributor Lloyd, Mitzi (Ms.) Contributor address; City; St	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	\$10.00
		Tyler, TX 75703					
		pation / Job title (See Instructions ources Manager	;) 	Employer (See Instructions Paradigm Rehab & Nurs		g LP	
	Date 01/27/2025	Contributor address; City; St		)		Amount of Contribution (\$)	\$75.00
	Principal occu Hospice Adn	San Antonio, TX 78260 pation / Job title (See Instructions ninistrator	;)	Employer (See Instructions Gentle Partners In Hosp		e LLC	
	Date 02/24/2025	Full name of contributor Luna, Norma (Ms.)	out-of-state PAC (ID#:_	)	•	Amount of Contribution (\$)	\$75.00
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	<u> </u>  s)		
	Hospice Adn	ninistrator		Gentle Partners In Hosp	oice	e LLC	

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1			
	The Instruc	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 10/19 Rpt: 13/44		
2	FILER NAME	NAME			3	Filer ID (Ethics Commission	n Filers)	
	Texas Assoc	ciation for Home Care and Hos	pice Inc Texas Hom	e Care and Hospice PAC -		00015750		
4	Date 01/30/2025			7	Amount of Contribution (\$)	\$21.00		
		Hutto, TX 78634						
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions	5)			
	COO			Texas Assn. for Homeca	are	& Hospice, Inc.		
	Date 02/24/2025	Full name of contributor  Machado, Marisa (Ms.)  Contributor address; City; Sta	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$5.00	
	Hutto, TX 78634  Principal occupation / Job title (See Instructions)  Employer (See Instructions)			·/_				
	COO			Texas Assn. for Homeca		& Hosnice Inc		
			ı	·				
	Date 02/24/2025	Full name of contributor  Madison , Bradley (Mr.)  Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$250.00	
		Lubbock, TX 79423	<u>,                                    </u>					
	Principal occu Admin	pation / Job title (See Instructions)		Employer (See Instructions CPCS	5)			
	Date Full name of contributor out-of-state PAC (ID#:)  02/24/2025 Martin , Tyler  Contributor address; City; State; Zip Code  Waco, TX 76708			Amount of Contribution (\$)	\$100.00			
	Principal occu CEO	pation / Job title (See Instructions)		Employer (See Instructions Pals Home Health	5)			
	Date Full name of contributor out-of-state PAC (ID#:)  02/24/2025 Mayes, Lora (Ms.)  Contributor address; City; State; Zip Code  Missouri City, TX 77459			Amount of Contribution (\$)	\$125.00			
	Principal occu CEO	pation / Job title (See Instructions)		Employer (See Instructions Beacon Home Health A		псу		

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1			
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 11/19 Rpt: 14/44			
2	FILER NAME Texas Assoc	ciation for Home Care and Hos	spice Inc Texas Hom	ne Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	n Filers)		
4	Date 01/27/2025			7	Amount of Contribution (\$)	\$25.00			
_	Discipal	Whitney, TX 76692	<u>,                                      </u>	O Frankrije (O - krativation	Ţ				
8	RN Consulta	pation / Job title (See Instructions Int	)	9 Employer (See Instructions MAC Legacy	5)				
	Date Full name of contributor out-of-state PAC (ID#:)  02/24/2025 McClammy, Lisa (Ms.)  Contributor address; City; State; Zip Code  Whitney, TX 76692			Amount of Contribution (\$)	\$25.00				
	Principal occupation / Job title (See Instructions)			Employer (See Instructions	<u>L</u> S)				
	Date Full name of contributor out-of-state PAC (ID#:)  02/19/2025 McGraw, Joseph (Mr.)  Contributor address; City; State; Zip Code  Tyler, TX 75703			Amount of Contribution (\$)	\$20.00				
	Principal occu	pation / Job title (See Instructions	)	Employer (See Instructions	<u>l</u> S)				
	Business De	velopment		Paradigm Rehab & Nurs	sin	g LP			
	Date Full name of contributor out-of-state PAC (ID#:) 02/19/2025 McGraw, Joseph (Mr.)  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$20.00			
	Tyler, TX 75703  Principal occupation / Job title (See Instructions)  Business Development			Employer (See Instructions Paradigm Rehab & Nurs		g LP			
	Date Full name of contributor out-of-state PAC (ID#:) 01/27/2025 Meave, Adan (Mr.)  Contributor address; City; State; Zip Code  Weslaco, TX 78599			Amount of Contribution (\$)	\$150.00				
	•	pation / Job title (See Instructions	)	Employer (See Instructions		0.11.0			
	Homecare			El Rey Primary Health C	-ar	€, LLC			

	MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1		
The Instru	uction Guide explains how	to complete this form	n.	1 Total pages Schedule A1: Sch: 12/19 Rpt: 15/44		
2 FILER NAME Texas Asso	E ociation for Home Care and Ho	spice Inc Texas Home (		3 Filer ID (Ethics Commission File 00015750	rs)	
4 Date 02/24/2025	<ul><li>5 Full name of contributor</li><li>Meave, Adan (Mr.)</li><li>6 Contributor address; City; St</li></ul>			7 Amount of Contribution (\$) \$1	.50.00	
	Weslaco, TX 78599					
8 Principal occ Homecare	cupation / Job title (See Instructions	9	Employer (See Instructions) El Rey Primary Health Ca			
Date 02/24/2025	Full name of contributor Mitchell, Cherisa (Ms.) Contributor address; City; Si	out-of-state PAC (ID#:		Amount of Contribution (\$)	612.50	
Dringing occ	Bowie, TX 76230		Employer (See Instructions)			
Executive L		5)	Employer (See Instructions) Wichita Home Health Se			
Date 01/27/2025	Full name of contributor  Morales, Carlos (Mr.)  Contributor address; City; Si	out-of-state PAC (ID#:		Amount of Contribution (\$)	\$50.00	
	Lubbock, TX 79424					
	cupation / Job title (See Instructions /ice President	s) 	Employer (See Instructions) Caprock Home Health Se			
Date 02/24/2025		out-of-state PAC (ID#:		Amount of Contribution (\$)	50.00	
•	Lubbock, TX 79424  supation / Job title (See Instructions  /ice President	s)	Employer (See Instructions)			
Date 01/27/2025	Full name of contributor Murphy, Maryann (Ms.)	out-of-state PAC (ID#:	Caprock Home Health Se	Amount of Contribution (\$)	\$25.00	
	upation / Job title (See Instructions		Employer (See Instructions)			

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1			
	The Instru	ction Guide explains how to complete tl	his fo	rm.	1	Total pages Schedule A1: Sch: 13/19 Rpt: 16/44		
2	FILER NAME Texas Assoc	ciation for Home Care and Hospice Inc Texas	s Home	e Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	n Filers)	
4	Date 02/24/2025			7	Amount of Contribution (\$)	\$25.00		
		Early, TX 76802						
8	Principal occu RN	pation / Job title (See Instructions)	9	9 Employer (See Instructions Lee HealthCare	i)			
	Date  Full name of contributor out-of-state PAC (ID#:)  Naranjo, Mary Ann (Ms.)  Contributor address; City; State; Zip Code  Lufkin, TX 75902			Amount of Contribution (\$)	\$500.00			
	Principal occupation / Job title (See Instructions)  Employer (See Instruction			<u> </u>				
	Owner Alt Admin			A Piney Woods Home H	lea	lth Care		
	Date Full name of contributor out-of-state PAC (ID#:)  02/19/2025 Nawaz, Kelly (Ms.)  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00			
	Delevie et eve	Canton, TX 75103		Frankrick (October American	Ĺ			
	Quality Assu	pation / Job title (See Instructions) rance RN		Employer (See Instructions Paradigm Rehab & Nurs				
	Date Full name of contributor out-of-state PAC (ID#:)  02/19/2025 Nawaz, Kelly (Ms.)  Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$50.00		
	Principal occu	Canton, TX 75103 pation / Job title (See Instructions) rance RN		Employer (See Instructions Paradigm Rehab & Nurs		a LP		
	Date Full name of contributor out-of-state PAC (ID#:)  O1/27/2025 Olguin, Christie (Ms.)  Contributor address; City; State; Zip Code  San Antonio, TX 78254			Amount of Contribution (\$)	\$10.00			
	Principal occu Therapist	pation / Job title (See Instructions)		Employer (See Instructions Angels of Care	· ()			
	Ποιαρίοι			Angels of Care				

	MONET	ARY POLITICAL CONTRIBUTI	SCHEDULE A1			
	The Instruc	ction Guide explains how to complete this	s 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) AC - 00015750		
4	Date 02/24/2025			7 Amount of Contribution (\$) \$250.00		
		Harlingen, TX 78552				
8	Principal occup President/Ov	pation / Job title (See Instructions) vner	9 Employer (See Instructi APC Home Health Se			
	Date Full name of contributor out-of-state PAC (ID#:)  01/27/2025 Palmer, Lee (Mr.)  Contributor address; City; State; Zip Code  Richmond, TX 77406		Amount of Contribution (\$) \$50.00			
Principal occupation / Job title (See Instructions) Employer			Employer (See Instructi			
	Date Full name of contributor out-of-state PAC (ID#:)  Palmer, Lee (Mr.)  Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$50.00			
			Employer (See Instructi	,		
	Administrator  Date Full name of contributor out-of-state PAC (ID#:		) Amount of Contribution (\$) \$100.00			
	Principal occu VP of Operat	pation / Job title (See Instructions) tions	Employer (See Instructi Bluebonnet Home He	tions) Health Care of Texas, Inc.		
	Date 02/24/2025	Full name of contributor out-of-state PAC (ID Peterson, Michelle (Ms.)  Contributor address; City; State; Zip Code  Cedar Creek, TX 78612		) Amount of Contribution (\$) \$100.00		
	Principal occu	pation / Job title (See Instructions) tions	Employer (See Instructi Bluebonnet Home He	tions) Health Care of Texas, Inc.		
			•			

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1			
	The Instru	ction Guide explains how to	complete this for	m.	1	Total pages Schedule A1: Sch: 15/19 Rpt: 18/44			
2	FILER NAME Texas Assoc	FILER NAME Texas Association for Home Care and Hospice Inc Texas Home Care and Hospice PAC -			3	Filer ID (Ethics Commission 00015750	n Filers)		
4	Date 01/27/2025			7	Amount of Contribution (\$)	\$50.00			
		Rosebud, TX 76570							
8	Principal occu RN Qaulity N	pation / Job title (See Instructions) Manager	9	Employer (See Instructions Girling Personal Care	)				
	Date Full name of contributor out-of-state PAC (ID#:)  02/19/2025 Poynor, Joanne (Ms.)  Contributor address; City; State; Zip Code  Tyler, TX 75701			Amount of Contribution (\$)	\$80.00				
	Principal occupation / Job title (See Instructions)  Employer (See Instructions)			)					
	Executive Director			Paradigm HomeCare					
	Date Full name of contributor out-of-state PAC (ID#:)  02/19/2025 Poynor, Joanne (Ms.)  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$80.00				
	Delevieral	Tyler, TX 75701	1	Faradaya (Osada da					
	Executive Di	pation / Job title (See Instructions) rector		Employer (See Instructions Paradigm HomeCare	)				
	Date Full name of contributor out-of-state PAC (ID#:)  02/03/2025 Rash, Rose (Ms.)  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$119.05				
			Employer (See Instructions Angels At Home, Inc.	)					
	Date O2/19/2025 Full name of contributor O2/19/2025 Reece, Miranda (Ms.)  Contributor address; City; State; Zip Code  Grapevine, TX 76051			Amount of Contribution (\$)	\$40.00				
	Principal occu VP of Opera	pation / Job title (See Instructions)		Employer (See Instructions Paradigm Rehab & Nurs		n I P			
	vi oi Opeia			. aradigiii ivenab & ivuis	, i i (	g <del></del> -			

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1			
	The Instru	ction Guide explains how	to complete this fo	orm.	1 Total pages Schedule A1: Sch: 16/19 Rpt: 19/44			
2	FILER NAME Texas Assoc	FILER NAME Fexas Association for Home Care and Hospice Inc Texas Home Care and Hospice PAC -			<b>3</b> Filer ID (Ethics Commission 00015750	Filers)		
4	Date 02/19/2025			7 Amount of Contribution (\$)	\$40.00			
•	Dringing Loop	Grapevine, TX 76051		O Employer/Coc Instructions				
8	VP of Opera	pation / Job title (See Instructions tions		9 Employer (See Instructions Paradigm Rehab & Nurs				
	Date 01/27/2025	Full name of contributor Robison, Kristen (Ms.) Contributor address; City; St	out-of-state PAC (ID#:_		Amount of Contribution (\$)	\$125.00		
	San Antonio, TX 78209  Principal occupation / Job title (See Instructions)  Employer (See Instruction			2)				
			Angels of Care Pediatric					
	Date 02/24/2025	Full name of contributor Robison, Kristen (Ms.)  Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code		Amount of Contribution (\$)	\$125.00		
	Principal occu	San Antonio, TX 78209 pation / Job title (See Instructions	)	Employer (See Instructions	<u> </u> ;)			
		t. Affairs, CCO		Angels of Care Pediatric				
	Date Full name of contributor out-of-state PAC (ID#:)  02/24/2025 Robison, Kristen (Ms.)  Contributor address; City; State; Zip Code  San Antonio, TX 78209		Amount of Contribution (\$)	\$100.00				
	•	pation / Job title (See Instructions t. Affairs, CCO		Employer (See Instructions Angels of Care Pediatric				
	Date 02/19/2025	Full name of contributor Roman, Alexandra (Ms.) Contributor address; City; St. Abilene, TX 79606	out-of-state PAC (ID#:_		Amount of Contribution (\$)	\$20.00		
	Principal occu Account Exe	pation / Job title (See Instructions	)	Employer (See Instructions Paradigm HomeCare	; ;)			
	, locount Exe	Oddivo		r araagiii nonecale				

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instruc	ction Guide explains hov	v to complete this fo	orm.	1	Total pages Schedule A1: Sch: 17/19 Rpt: 20/44	
2	FILER NAME	ER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Assoc	ciation for Home Care and Ho	spice Inc Texas Hom	e Care and Hospice PAC -		00015750	
4	Date 02/24/2025			7	Amount of Contribution (\$)	\$20.00	
		Plano, TX 75023					
8	Principal occu RN	pation / Job title (See Instruction	5)	9 Employer (See Instructions Viva Pediatrics	<u>l</u> 5)		
	Date Full name of contributor out-of-state PAC (ID#:)  Sandoval, Vanessa (Ms.)  Contributor address; City; State; Zip Code  Harlingen, TX 78552			Amount of Contribution (\$)	\$25.00		
_	Principal occu	pation / Job title (See Instruction	5)	Employer (See Instructions	<u>L</u>		
	Administrator			Texas Visiting Nurse Se	rvi	ces Ltd.	
	Date Full name of contributor out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$25.00	
		Harlingen, TX 78552					
	Principal occu Administrato	pation / Job title (See Instruction: r	5)	Employer (See Instructions Texas Visiting Nurse Se		ces Ltd.	
	Date Full name of contributor out-of-state PAC (ID#:)  02/24/2025 Smith , Joni (Ms.)  Contributor address; City; State; Zip Code  McKinney, TX 75070			Amount of Contribution (\$)	\$125.00		
	Principal occu VP, RN	pation / Job title (See Instruction	5)	Employer (See Instructions Amity Hospice	5)		
	Date Full name of contributor out-of-state PAC (ID#:)  Smith , Linda (Ms.)  Contributor address; City; State; Zip Code  San Antonio, TX 78248			Amount of Contribution (\$)	\$210.00		
	Principal occu CEO	pation / Job title (See Instruction:	5)	Employer (See Instructions En Su Casa Caregivers			

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1			
	The Instruction Guide explains how to complete this form.			rm.	1	Total pages Schedule A1: Sch: 18/19 Rpt: 21/44			
2	FILER NAME Texas Assoc	ER NAME xas Association for Home Care and Hospice Inc Texas Home Care and Hospice PAC -		3	Filer ID (Ethics Commission 00015750	on Filers)			
4	Date 02/24/2025			7	Amount of Contribution (\$)	\$210.00			
		San Antonio, TX 78248							
8	Principal occu CEO	pation / Job title (See Instructions)	9	Employer (See Instructions En Su Casa Caregivers					
	Date 02/24/2025	Full name of contributor [ Steigleder, Shannon (Ms.)  Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code	)		Amount of Contribution (\$)	\$25.00		
	Cross Plains, TX 76443  Principal occupation / Job title (See Instructions)  Employer (See Instruction			<u> </u>					
	RN Nurse Administrator			Caprock Home Healthca					
	Date 02/24/2025				Amount of Contribution (\$)	\$25.00			
		Rockwall, TX 75032							
	Principal occu RN	pation / Job title (See Instructions)		Employer (See Instructions Sentido Health	5)				
	Date 02/24/2025	D2/24/2025 Taylor, Amy (Ms.)  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,250.00			
	Austin, TX 78737  Principal occupation / Job title (See Instructions)  CPA			Employer (See Instructions Knight Home Care Final		al			
	Date Full name of contributor out-of-state PAC (ID#:)  Valladares, Lydia (Ms.)  Contributor address; City; State; Zip Code  McAllen, TX 78501			Amount of Contribution (\$)	\$125.00				
	Principal occu Alternate Ad	pation / Job title (See Instructions)		Employer (See Instructions Presidente Homecare	5)				
				. roducine Homeoure					

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1			
	The Instru	ction Guide explains how to co	mplete this for	m.	1	Total pages Schedule A1: Sch: 19/19 Rpt: 22/44			
2	FILER NAME Texas Assoc	LER NAME exas Association for Home Care and Hospice Inc Texas Home Care and Hospice PAC -			3	Filer ID (Ethics Commission 00015750	n Filers)		
4	Date 02/24/2025	5 Full name of contributor out-of-state PAC (ID#:) 7 Valladares, Lydia (Ms.) 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$125.00			
		McAllen, TX 78501							
8		pation / Job title (See Instructions)	9	Employer (See Instructions	<b>(</b> )				
	Alternate Ad			Presidente Homecare					
	Date Full name of contributor out-of-state PAC (ID#:)  02/24/2025 Wilbanks, Kelly (Ms.)  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00				
	Larue, TX 75770			_					
Principal occupation / Job title (See Instructions) RN				Employer (See Instructions Paradigm Home Care	')				
	Date 02/24/2025	02/24/2025 Willman, Jonathan (Mr.)  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00			
	Principal occu	Sugar Land, TX 77479 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)				
		of Operations		Consolidated Home Health					
	Date Full name of contributor out-of-state PAC (ID#:)  72/19/2025 Yates, Jennifer (Ms.)  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$19.24			
		Gilmer, TX 75644							
	Principal occu Executive Di	pation / Job title (See Instructions) rector		Employer (See Instructions Paradigm Rehab & Nurs		g LP			
	Date Full name of contributor out-of-state PAC (ID#:)  02/19/2025 Yates, Jennifer (Ms.)  Contributor address; City; State; Zip Code  Gilmer, TX 75644				Amount of Contribution (\$)	\$19.24			
		pation / Job title (See Instructions)		Employer (See Instructions					
	Executive Di	rector		Paradigm Rehab & Nurs	sin	g LP			

# MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C3

	The Instruction Guide explains how to complete this form.				Total pages Sch: 1/1 Rp	Schedule C3: ot: 23/44
2	2 FILER NAME			3	Filer ID	(Ethics Commission Filers)
	Texas Assoc	ciat	tion for Home Care and Hospice Inc Texas Home Care and Hospice		00015750	
4	Date	5	Corporation / Labor Organization name	6	Amount (\$)	
	02/01/2025		Texas Association for Home Care & Hospice, Inc.			922.28

#### SCHEDULE F1

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

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1: Sch: 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	5 Payee name
02/03/2025	Global Payments Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$48.20	3550 Lenox Road, Suite 3000
Expenditure from corporate funds	Atlanta, GA 30326
8 PURPOSE	1
OF	(a) Category (See Categories listed at the top of this schedule)  Accounting/Banking  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Credit card processing fee
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/27/2025	PayPal
Amount (\$)	Payee address; City; State; Zip Code
\$0.84	2211 N. First St.
Ψ0.04	2211 N. 1 113t 3t.
Expenditure from corporate funds	San Jose, CA 95131
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Credit card processing fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/27/2025	PayPal
Amount (\$)	Payee address; City; State; Zip Code
\$4.85	2211 N. First St.
Ψ4.03	2211 N. FIISt St.
Expenditure from corporate funds	San Jose, CA 95131
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Credit card processing fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1

### SCHEDULE F1

Advertising Expense Ever
Accounting/Banking Fees
Consulting Expense Foot
Contributions/ Donations Made By Candidate/Officeholder/Political Committee Lega

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Polling Expense Trave
Printing Expense Trave
Salaries/Wages/Contract Labor OTHE

Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 2/21 Rpt: 25/44	Texas Association for Home Care and Hospice Inc Texas 00015750
4 Date	5 Payee name
01/27/2025	PayPal
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.36	2211 N. First St.
Expenditure from corporate funds	San Jose, CA 95131
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	Credit card processing fee
	Great cara processing rec
O Complete ONLY if allow	Condidate/Officeholder name
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
<u> </u>	
Date	Payee name
01/27/2025	PayPal
Amount (\$)	Payee address; City; State; Zip Code
\$7.82	2211 N. First St.
Expenditure from corporate funds	San Jose, CA 95131
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Credit card processing fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experience to belief of or	
Date	Payee name
01/27/2025	PayPal
Amount (\$)	Payee address; City; State; Zip Code
\$4.85	2211 N. First St.
Expenditure from corporate funds	San Jose, CA 95131
•	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Accounting/(Banking)  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Credit card processing fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

### SCHEDULE F1

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

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

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

Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
Sch: 3/21 Rpt: 26/44	Texas Association for Home Care and Hospice Inc Texas 00015750	
4 Date	5 Payee name	_
01/27/2025	PayPal	
6 Amount (\$)	7 Payee address; City; State; Zip Code	_
\$2.24	2211 N. First St.	
Expenditure from corporate funds	San Jose, CA 95131	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
OF	Accounting/Banking  Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Check if Austin, TX, officeholder living expense	
	Credit card processing fee	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
<u> </u>		_
Date	Payee name	
01/27/2025	PayPal	
Amount (\$)	Payee address; City; State; Zip Code	
\$1.36	2211 N. First St.	
Expenditure from		
corporate funds	San Jose, CA 95131	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
	Credit card processing fee	
	Ground dark processing rec	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/O	<del>-1</del>	
Date	Payee name	_
01/27/2025	PayPal	
Amount (\$)	Payee address; City; State; Zip Code	
\$1.74	2211 N. First St.	
Ψ±./¬		
Expenditure from corporate funds	San Jose, CA 95131	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Accounting/Banking  (b) Description  Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Check if Austin, TX, officeholder living expense	
	Credit card processing fee	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI		
<u> </u>		

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 4/21 Rpt: 27/44	Texas Association for Home Care and Hospice Inc Texas 00015750
4 Date	5 Payee name
01/27/2025	PayPal
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$3.98	2211 N. First St.
Expenditure from	
corporate funds	San Jose, CA 95131
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Credit card processing fee
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
experialitie to belieff C/O	
Date	Payee name
01/27/2025	PayPal
Amount (\$)	Payee address; City; State; Zip Code
\$2.24	2211 N. First St.
Expenditure from corporate funds	San Jose, CA 95131
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Credit card processing fee
	Great data processing for
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
01/27/2025	PayPal
	-
Amount (\$) \$0.66	Payee address; City; State; Zip Code  2211 N. First St.
Φ0.00	2211 IV. FIISt St.
Expenditure from corporate funds	San Jose, CA 95131
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	Check if Austin, TX, officeholder living expense
	Credit card processing fee
Commission ONUVIVIII	Condidate/Officeholder name
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
,	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 5/21 Rpt: 28/44	Texas Association for Home Care and Hospice Inc Texas 00015750
4 Date	5 Payee name
01/27/2025	PayPal
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$5.73	2211 N. First St.
Expenditure from	San Jose, CA 95131
corporate funds	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Credit card processing fee
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Dete	
Date	Payee name
01/27/2025	PayPal
Amount (\$)	Payee address; City; State; Zip Code
\$1.36	2211 N. First St.
Expenditure from corporate funds	San Jose, CA 95131
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	Check if Austin, TX, officeholder living expense
	Credit card processing fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
01/27/2025	PayPal
Amount (\$)	Payee address; City; State; Zip Code
\$1.36	2211 N. First St.
, <del></del>	
Expenditure from	San Jose, CA 95131
corporate funds	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Toyas, Complete Schedule T
EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Credit card processing fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	<b>y</b>

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Food/Beverage Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
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
	· I
4 Date	5 Payee name
01/27/2025	PayPal
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$0.84	2211 N. First St.
Expenditure from corporate funds	San Jose, CA 95131
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Credit card processing fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/27/2025	
	PayPal
Amount (\$)	Payee address; City; State; Zip Code
\$1.36	2211 N. First St.
Expenditure from corporate funds	San Jose, CA 95131
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	Check if Austin, TX, officeholder living expense
	Credit card processing fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Data	
Date	Payee name
01/27/2025	PayPal
Amount (\$)	Payee address; City; State; Zip Code
\$2.87	2211 N. First St.
Expenditure from	Con loss CA 0F121
corporate funds	San Jose, CA 95131
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Credit card processing fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Forms provided by Tayas E	thics Commission www.athics.state.tv.us Version V// 1.0.0e302ce/

### SCHEDULE F1

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
Sch: 7/21 Rpt: 30/44	Texas Association for Home Care and Hospice Inc Texas 00015750	
4 Date	5 Payee name	_
01/27/2025	PayPal	
6 Amount (\$)	7 Payee address; City; State; Zip Code	_
\$4.61	2211 N. First St.	
Expenditure from corporate funds	San Jose, CA 95131	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.	
EXPENDITORE	Check if Austin, TX, officeholder living expense	
	Credit card processing fee	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/O		
		_
Date	Payee name	
01/27/2025	PayPal	
Amount (\$)	Payee address; City; State; Zip Code	
\$1.99	2211 N. First St.	
Expenditure from		
corporate funds	San Jose, CA 95131	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
	Credit card processing fee	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/O		
Date	Payee name	_
01/27/2025	PayPal	
Amount (\$)	Payee address; City; State; Zip Code	_
\$0.68	2211 N. First St.	
\$3.00		
Expenditure from corporate funds	San Jose, CA 95131	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Accounting/Banking  (b) Description  Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Check if Austin, TX, officeholder living expense	
	Credit card processing fee	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/O	п	

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 8/21 Rpt: 31/44	Texas Association for Home Care and Hospice Inc Texas 00015750
4 Date	5 Payee name
02/24/2025	PayPal
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.36	2211 N. First St.
Expenditure from corporate funds	San Jose, CA 95131
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	Credit card processing fee
	Credit card processing ree
O Complete CNII V if divers	Candidate/Officeholder name Office cought Office hold
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/24/2025	PayPal
Amount (\$)	Payee address; City; State; Zip Code
\$4.85	2211 N. First St.
Expenditure from corporate funds	San Jose, CA 95131
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
-	Credit cord proceeding for
	Credit card processing fee
Operation ONE Wife discont	Our did to 10 ff as had done as many
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
<u>'</u>	
Date	Payee name
02/24/2025	PayPal
Amount (\$)	Payee address; City; State; Zip Code
\$7.82	2211 N. First St.
Expenditure from corporate funds	San Jose, CA 95131
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Accounting/Banking  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Credit card processing fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 9/21 Rpt: 32/44	Texas Association for Home Care and Hospice Inc Texas 00015750
4 Date	5 Payee name
02/24/2025	PayPal
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$4.85	2211 N. First St.
Expenditure from corporate funds	San Jose, CA 95131
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	Credit card processing fee
	Credit card processing ree
Complete ONLY if direct	Candidate/Officeholder name Office sought Office hold
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/24/2025	PayPal
Amount (\$)	Payee address; City; State; Zip Code
\$2.24	2211 N. First St.
Expenditure from corporate funds	San Jose, CA 95131
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	Credit cord proceeding for
	Credit card processing fee
Commission ONII V if dispose	Condidate/Office helder name Office accords
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/24/2025	PayPal
Amount (\$)	Payee address; City; State; Zip Code
\$0.84	2211 N. First St.
Expenditure from corporate funds	San Jose, CA 95131
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Accounting/Banking  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Credit card processing fee
_	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1

#### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 10/21 Rpt: 33/44	Texas Association for Home Care and Hospice Inc Texas 00015750
4 Date	5 Payee name
02/24/2025	PayPal
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.19	2211 N. First St.
Funenditure from	
Expenditure from corporate funds	San Jose, CA 95131
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Credit card processing fee
	Croan our a processing rec
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
02/24/2025	PayPal PayPal
Amount (\$)	Payee address; City; State; Zip Code
\$1.36	2211 N. First St.
Expenditure from	
corporate funds	San Jose, CA 95131
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Credit card processing fee
	Credit card processing ree
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	<b>y</b>
Date	Payee name
02/24/2025	PayPal
Amount (\$)	Payee address; City; State; Zip Code
\$3.98	2211 N. First St.
Expenditure from	
corporate funds	San Jose, CA 95131
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Credit card processing fee
Complete ONII V Station	Condidate/Officeholder name Office south
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
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#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	
Sch: 11/21 Rpt: 34/44	Texas Association for Home Care and Hospice Inc Texas 00015750
4 Date	5 Payee name
02/24/2025	PayPal
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2.24	2211 N. First St.
Expenditure from corporate funds	San Jose, CA 95131
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Credit card processing fee
	and the processing real
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
02/24/2025	PayPal
Amount (\$)	Payee address; City; State; Zip Code
\$5.73	2211 N. First St.
ψ0.70	221111111111111111111111111111111111111
Expenditure from corporate funds	San Jose, CA 95131
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Credit card processing fee
	Crodit data producesting too
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
02/24/2025	PayPal
Amount (\$)	Payee address; City; State; Zip Code
\$1.36	2211 N. First St.
Ψ1.00	221111111111111111111111111111111111111
Expenditure from corporate funds	San Jose, CA 95131
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Credit card processing fee
	Credit card processing ree
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

### SCHEDULE F1

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

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

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

Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
Sch: 12/21 Rpt: 35/44	Texas Association for Home Care and Hospice Inc Texas 00015750	
4 Date	5 Payee name	_
02/24/2025	PayPal	
6 Amount (\$)	7 Payee address; City; State; Zip Code	_
\$1.36	2211 N. First St.	
<b>41.00</b>		
Expenditure from	San Jose, CA 95131	
corporate funds		_
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Accounting/Banking  (b) Description  Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
	Credit card processing fee	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/O	<del>-</del>	
Date	Payee name	_
02/24/2025	PayPal	
Amount (\$)	Payee address; City; State; Zip Code	
\$0.84	2211 N. First St.	
Expenditure from		
corporate funds	San Jose, CA 95131	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense  Credit card processing fee	
	Credit card processing ree	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·	
		_
Date	Payee name	
02/24/2025	PayPal	
Amount (\$)	Payee address; City; State; Zip Code	
\$0.66	2211 N. First St.	
Expenditure from		
corporate funds	San Jose, CA 95131	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.	
EXPENDITORE	Check if Austin, TX, officeholder living expense	
	Credit card processing fee	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
3		

### SCHEDULE F1

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

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

Printing Expense

Candidate/Officenolder/Political	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 13/21 Rpt: 36/44	Texas Association for Home Care and Hospice Inc Texas 00015750
4 Date	5 Payee name
02/24/2025	PayPal
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.36	2211 N. First St.
- "	
Expenditure from corporate funds	San Jose, CA 95131
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	Credit card processing fee
	Credit card processing ree
O Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
·	
Date	Payee name
02/24/2025	PayPal
Amount (\$)	Payee address; City; State; Zip Code
\$14.74	2211 N. First St.
Expenditure from corporate funds	San Jose, CA 95131
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Credit card processing fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experialitate to better 6/01	'
Date	Payee name
02/24/2025	PayPal
Amount (\$)	Payee address; City; State; Zip Code
\$58.09	2211 N. First St.
Expenditure from corporate funds	San Jose, CA 95131
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Credit card processing fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1

### 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

Credit Card Payment	The Instruction Guide explains how to compl	ete this form.		
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
Sch: 14/21 Rpt: 37/44	Texas Association for Home Care and Hospice Inc	c Texas 00015750		
4 Date	5 Payee name	· ·		
02/24/2025	PayPal			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$1.01	2211 N. First St.			
Expenditure from corporate funds	San Jose, CA 95131			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description		
OF EXPENDITURE	Accounting/Banking	Check if travel outside of Texas. Complete Schedule T.		
EXPENDITORE		Check if Austin, TX, officeholder living expense		
		Credit card processing fee		
• • • • • • • • • • • • • • • • • • • •		05.		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held		
Date	Payee name			
02/24/2025	PayPal			
Amount (\$)	Payee address; City; State; Zip Code			
\$4.63	2211 N. First St.			
Expenditure from				
corporate funds	San Jose, CA 95131			
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description		
OF EXPENDITURE	Accounting/Banking	Check if travel outside of Texas. Complete Schedule T.		
		Check if Austin, TX, officeholder living expense		
		Credit card processing fee		
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held		
expenditure to benefit C/OI		Office field		
Date	Payee name			
02/24/2025	PayPal			
Amount (\$)	Payee address; City; State; Zip Code			
\$1.74	2211 N. First St.			
Expenditure from				
corporate funds	San Jose, CA 95131			
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description		
OF EXPENDITURE	Accounting/Banking	Check if travel outside of Texas. Complete Schedule T.		
		Check if Austin, TX, officeholder living expense  Credit card processing fee		
		Great data processing tee		
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought	Office held		
expenditure to benefit C/OH				

### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

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

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 15/21 Rpt: 38/44	Texas Association for Home Care and Hospice Inc Texas 00015750
4 Date	5 Payee name
02/24/2025	PayPal
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$7.52	2211 N. First St.
Expenditure from corporate funds	San Jose, CA 95131
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
LAFENDITORE	Check if Austin, TX, officeholder living expense
	Credit card processing fee
Complete CNII V if direct	Candidate/Officeholder name Office cought Office hold
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/24/2025	PayPal
Amount (\$)	Payee address; City; State; Zip Code
\$3.18	2211 N. First St.
Expenditure from corporate funds	San Jose, CA 95131
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Credit card processing fee
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiditure to benefit C/Or	
Date	Payee name
02/24/2025	PayPal
Amount (\$)	Payee address; City; State; Zip Code
\$0.87	2211 N. First St.
Expenditure from	
corporate funds	San Jose, CA 95131
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Credit card processing fee
	Greatt data processing tee
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

#### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.		
1 Total pages Schedule F1:			
Sch: 16/21 Rpt: 39/44	Texas Association for Home Care and Hospice Inc Texas 00015750		
4 Date	5 Payee name		
02/24/2025	PayPal		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$7.52	2211 N. First St.		
Expenditure from			
corporate funds	San Jose, CA 95131		
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description		
EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense		
	Credit card processing fee		
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/OI	1		
Date	Payee name		
02/24/2025	PayPal		
Amount (\$)	Payee address; City; State; Zip Code		
\$3.18	2211 N. First St.		
Expenditure from corporate funds	San Jose, CA 95131		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.		
	Check if Austin, TX, officeholder living expense  Credit card processing fee		
	Greate data processing rec		
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/OI			
Date	Payee name		
02/24/2025	PayPal		
Amount (\$)	Payee address; City; State; Zip Code		
\$14.74	2211 N. First St.		
Expenditure from corporate funds	San Jose, CA 95131		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.		
	Check if Austin, TX, officeholder living expense  Credit card processing fee		
	Credit card processing ree		
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/OI			

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
Sch: 17/21 Rpt: 40/44	Texas Association for Home Care and Hospice Inc Texas 00015750			
4 Date	5 Payee name			
02/24/2025	PayPal			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$0.43	2211 N. First St.			
Evpanditura from				
Expenditure from corporate funds	San Jose, CA 95131			
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense			
	Credit card processing fee			
	a contract of the contract of			
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
expenditure to benefit C/OI	1			
Date	Payee name			
02/24/2025	PayPal			
Amount (\$)	Payee address; City; State; Zip Code			
\$0.60	2211 N. First St.			
Expenditure from corporate funds	San Jose, CA 95131			
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense			
	Credit card processing fee			
	Great data processing for			
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
expenditure to benefit C/OI				
Date	Payee name			
02/24/2025	PayPal			
Amount (\$)	Payee address; City; State; Zip Code			
\$1.99	2211 N. First St.			
Expenditure from corporate funds	San Jose, CA 95131			
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.			
	Credit card processing foe			
	Credit card processing fee			
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
expenditure to benefit C/OH				

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made

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

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)

Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 18/21 Rpt: 41/44 Texas Association for Home Care and Hospice Inc. - Texas 00015750 4 Date Payee name PayPal 02/24/2025 6 Amount (\$) Payee address; City; State; Zip Code \$4.61 2211 N. First St. Expenditure from San Jose, CA 95131 corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Accounting/Banking **EXPENDITURE** Check if Austin, TX, officeholder living expense Credit card processing fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/24/2025 PayPal Amount (\$) Payee address; City; State; Zip Code \$2.87 2211 N. First St. Expenditure from San Jose, CA 95131 corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Accounting/Banking **EXPENDITURE** Check if Austin, TX, officeholder living expense Credit card processing fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/24/2025 PayPal Amount (\$) Payee address: City; State; Zip Code \$1.12 2211 N. First St. Expenditure from corporate funds San Jose, CA 95131 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Accounting/Banking **EXPENDITURE** Check if Austin, TX, officeholder living expense Credit card processing fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held

expenditure to benefit C/OH

### SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.		
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)		
Sch: 19/21 Rpt: 42/44	Texas Association for Home Care and Hospice Inc Texas 00015750		
4 Date	5 Payee name		
02/24/2025	PayPal		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$3.76	2211 N. First St.		
Expenditure from corporate funds	San Jose, CA 95131		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.		
	Credit card processing fee		
	Credit card processing ree		
O Complete CNII V if divers	Candidate/Officeholder name Office cought Office hold		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		
,			
Date	Payee name		
02/24/2025	PayPal		
Amount (\$)	Payee address; City; State; Zip Code		
\$0.51	2211 N. First St.		
Expenditure from corporate funds	San Jose, CA 95131		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.		
	Check if Austin, TX, officeholder living expense		
	Credit card processing fee		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		
experience to serious ever			
Date	Payee name		
02/24/2025	PayPal		
Amount (\$)	Payee address; City; State; Zip Code		
\$4.61	2211 N. First St.		
Expenditure from corporate funds	San Jose, CA 95131		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF	Accounting/Banking  Check if travel outside of Texas. Complete Schedule T.		
EXPENDITURE	Check if Austin, TX, officeholder living expense		
	Credit card processing fee		
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/OH			

### SCHEDULE F1

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	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				
<b>4</b> Date 02/24/2025	5 Payee name PayPal				
6 Amount (\$) \$14.60	7 Payee address; City; State; Zip Code 2211 N. First St.				
Expenditure from corporate funds	San Jose, CA 95131				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Credit card processing fee				
Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held				
Date 02/24/2025	Payee name PayPal				
Amount (\$) \$7.37	Payee address; City; State; Zip Code 2211 N. First St.				
Expenditure from corporate funds	San Jose, CA 95131				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Credit card processing fee				
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH					
Date 02/24/2025	Payee name PayPal				
Amount (\$) \$43.87	Payee address; City; State; Zip Code 2211 N. First St.				
Expenditure from corporate funds	San Jose, CA 95131				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Credit card processing fee				
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH				

### SCHEDULE F1

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	l Committee	Gift/Awards/Memorials Ex Legal Services  The Instruction Guid	Salaries	Expense Wages/Contract Labor	Travel III District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME				3 Filer ID (Ethics Commission Filers)
	Sch: 21/21 Rpt: 44/44		ciation for Home	Care and Hospic	e Inc Texas	00015750
	Date	5 Payee name				
	02/24/2025	PayPal				
6	Amount (\$)	7 Payee addre	ss; City;	State; Zip C	ode	
	\$4.49	2211 N. Fir:	st St.			
	Expenditure from corporate funds	San Jose, 0	CA 95131			
8	PURPOSE	(a) Category (Se	ee Categories listed at the	top of this schedule)	(b) Description	
	OF EXPENDITURE	Accounting,	Banking/			el outside of Texas. Complete Schedule T.
	-					in, TX, officeholder living expense
					Credit card	processing fee
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Offi H	ceholder name	Office so	ught	Office held