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

FORM MPAC COVER SHEET PG 1

Th	ne MPAC Instruction	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers) 00015750	2 Total pages filed: 38
3	COMMITTEE NAME			OFFICE USE ONLY
	Texas Association State	for Home Care and Hospice Inc Texas ⊢	Iome Care and Hospice PAC -	Date Received ELECTRONICALLY FILED 04/07/2025
4	COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #; 9390 Research Blvd., Bldg. 1 Suite 300 Austin, TX 78759	CITY; STATE; ZIP	
5	CAMPAIGN	MS / MRS / MR FIRST	MI	Date Hand-delivered or Date Postmarked
5	TREASURER NAME	Ms. Rachel	IVI	Receipt # Amount
	1	NICKNAME LAST	SUFF	Date Processed
		Hammon		Date Imaged
6	CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 9390 Research Blvd., Bldg. 1 Suite 300 Austin, TX 78759	APT / SUITE #; CITY; S	STATE; ZIP CODE
7	CAMPAIGN TREASURER MAILING ADDRESS	STREET ADDRESS OR PO BOX; 3737 Executive Center Dr., Ste. 268 Austin, TX 78731	APT / SUITE #; CITY; S	STATE; ZIP CODE
8	CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (512) 338-9293	EXTENSION	
9	REPORT TYPE	X Monthly	10th day after campaign treasurer termination	Dissolution (Attach PAC-DR)
10	) MONTHLY REPORT FILING DEADLINE	January 5 X April February 5 May 9 March 5 June	5 August 5	<ul> <li>October 5</li> <li>November 5</li> <li>December 5</li> </ul>
11	L PERIOD COVERED	Month Day Year 02/26/2025	THROUGH Month 03/25	n Day Year 5/2025
		GO 1	TO PAGE 2	

### MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

# FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Texas Association for H	lome Care and Hospice	e Inc Texas Home Care and Hospice	000157	50
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported		
(Attach lists on plain paper to complete this report if necessary.)		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	PLEDGES, LOANS, CONTRIBUTIONS M	POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLEE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	6,231.57
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	48.29
CONTRIBUTION BALANCE	5. TOTAL POLITICAL C OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	111,329.07
OUTSTANDING LOAN TOTALS		MOUNT OF ALL OUTSTANDING LOANS AS OF REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT	•		•	
		I swear, or affirm, under penalty of p true and correct and includes all info under Title 15, Election Code.		
		Ms. Raci	nel Hammoi	n
		Signature of Ca	ampaign Trea	asurer
AFFIX NOTARY	STAMP / SEAL ABOVE			
Sworn to and subscribed	hefore me, by the said	,	this the	day
		which, witness my hand and seal of office.	uno une	uay
	,			
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title of o	officer administering oath
Forms provided by Texas E	Ethics Commission	www.ethics.state.tx.us		Version V4.1.0.e02d6221

## FORM MPAC

#### COVER SHEET PG 3 3 of 38

<b>17</b> COMMITTEE NAME Texas Association for Home Care and Hospice Inc Texas Home Care and Hospice	18 Filer ID 00015750	(Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	_	<b>\$</b> 5,309.29
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO	DR	\$
5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA	ATION OR	\$
6. X SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	<b>\$</b> 922.28
7. SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	!	\$
8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR	ORGANIZATION	\$
9. SCHEDULE E: LOANS		\$
10. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	<b>\$</b> 48.29
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	\$

**SUBTOTALS - MPAC** 

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 1/27 Rpt: 4/38
2 FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
Texas Association for Home Care and Hospice Inc Texas Home Care and Ho	
4 Date 5 Full name of contributor out-of-state PAC (ID#:	) <b>7</b> Amount of Contribution (\$)
03/11/2025 Aguilar, Maria (Ms.)	\$60.00
6 Contributor address; City; State; Zip Code	
Tyler, TX 75701	
8Principal occupation / Job title (See Instructions)9Employer (See	
Authorization Specialist Therapy 20	00 Inc.
Date Full name of contributor out-of-state PAC (ID#:	) Amount of Contribution (\$)
03/11/2025 Alldredge, Arden (Ms.)	\$22.00
Contributor address; City; State; Zip Code	
Freeport, TX 77541	
	ee Instructions)
Speech Language Pathologist Therapy 20	00 lnc
Date Full name of contributor out-of-state PAC (ID#:	) Amount of Contribution (\$)
03/11/2025 Apodaca, Lauren Marie (Ms.)	\$40.00
Contributor address; City; State; Zip Code	
Dallas, TX 75214	
	ee Instructions)
Clinical Manager Therapy 20	
Date Full name of contributor out-of-state PAC (ID#:	) Amount of Contribution (\$)
03/11/2025 Avery, Amy (Ms.)	\$20.00
Contributor address; City; State; Zip Code	
Tyler, TX 75701	
	ee Instructions) Rehab & Nursing LP
Date Full name of contributor out-of-state PAC (ID#:	) Amount of Contribution (\$)
03/11/2025 Barnes, Myra (Ms.)	\$25.00
Contributor address; City; State; Zip Code	
Greenville, TX 75402	
Dringingly accuration / Job title (See Instructions)	a Instructions)
	ee Instructions) 00 Inc
Principal occupation / Job title (See Instructions)Employer (See Speech Therapy Asst.Speech Therapy Asst.Therapy 20	

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 2/27 Rpt: 5/38
2 FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
Texas Association for Home Care and Hospice Inc Texas Home Care and Hospice PA	
4 Date 5 Full name of contributor out-of-state PAC (ID#:)	) <b>7</b> Amount of Contribution (\$)
03/11/2025 Barone, Catherine (Ms.)	\$40.00
6 Contributor address; City; State; Zip Code	
Tyler, TX 75701	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instruct	tions)
Occupational Therapist Therapy 2000 Inc.	
Date Full name of contributor out-of-state PAC (ID#:)	) Amount of Contribution (\$)
03/21/2025 Bass, Micaul (Mr.)	\$10.00
Contributor address; City; State; Zip Code	
Houston, TX 77027	
Principal occupation / Job title (See Instructions) Employer (See Instruct	tions)
Account Representative Nicular Health	
Date Full name of contributor out-of-state PAC (ID#:)	) Amount of Contribution (\$)
03/11/2025 Bihl, Amelia (Ms.)	\$40.00
Contributor address; City; State; Zip Code	
McGregor, TX 76657	
Principal occupation / Job title (See Instructions) Employer (See Instruct	tions)
Social Worker Case Manager Therapy 2000 Inc.	
Date Full name of contributor out-of-state PAC (ID#:)	) Amount of Contribution (\$)
03/11/2025 Bostick, Lindsey (Ms.)	\$40.00
Contributor address; City; State; Zip Code	
Eustace, TX 75124	
Principal occupation / Job title (See Instructions) Employer (See Instruct	tions)
Speech Language Pathologist Therapy 2000 Inc.	
Date Full name of contributor out-of-state PAC (ID#:)	) Amount of Contribution (\$)
03/11/2025 Brooks , Courtney (Ms.)	\$20.00
Contributor address; City; State; Zip Code	
Bullard, TX 75757	
Principal occupation / Job title (See Instructions) Employer (See Instruct	
Regional Director of Operations Paradigm Rehab & I	Nursing LP

SCHEDULE A	1\
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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 3/27 Rpt: 6/38	
2	FILER NAME			3	Filer ID (Ethics Commission	i Filers)
	Texas Assoc	ciation for Home Care and Hospice Inc Texas Hon	ne Care and Hospice PAC -		00015750	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
	03/21/2025	Brooks , Courtney (Ms.)				\$20.00
		6 Contributor address; City; State; Zip Code		1		
		Bullard, TX 75757				
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Regional Dir	rector of Operations	Paradigm Rehab & Nurs	sin	g LP	
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	03/11/2025	Brown, Ciara Ann (Ms.)				\$15.00
		Contributor address; City; State; Zip Code				
		Missouri City, TX 77459				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	Speech The	rapy Asst.	Therapy 2000 Inc.			
	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	03/11/2025	Brylak, Bronson Wallace (Mr.)				\$35.00
		Contributor address; City; State; Zip Code		1		
		Kyle, TX 78640				
		upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Speech Lan	guage Pathologist	Therapy 2000 Inc.			
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	03/11/2025	Burgess, Rebecca (Ms.)				\$75.00
		Contributor address; City; State; Zip Code		1		
		Kaufman, TX 75142				
	•	ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	HR Generali	st	Therapy 2000 Inc.			
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	03/11/2025	Bustillos, Natalia (Ms.)				\$25.00
		Contributor address; City; State; Zip Code		1		
		El Paso, TX 79925				
		ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	Speech Lan	guage Pathologist	Therapy 2000 Inc.			

SCHEDULE A	1\
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The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 4/27 Rpt: 7/38
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Texas Assoc	ciation for Home Care and Hospice Inc Texas Hom	ne Care and Hospice PAC -	
4 Date	5 Full name of contributor Out-of-state PAC (ID#:_		7 Amount of Contribution (\$)
03/11/2025		)	\$25.00
03/11/2025	Cavanaugh, Alexandra (Ms.)		\$25.00
	6 Contributor address; City; State; Zip Code		
	San Antonio, TX 78229		
	pation / Job title (See Instructions)	9 Employer (See Instructions	s)
Speech Lan	guage Pathologist	Therapy 2000 Inc.	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
03/11/2025	Chance, Lisa (Ms.)		\$140.00
	Contributor address; City; State; Zip Code		
	Santa Rosa Beach, FL 32459		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
·	ervices Clinical Exec.	Therapy 2000 Inc.	3)
			1
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
03/11/2025	Charles, Alysha Marie (Ms.)		\$7.50
	Contributor address; City; State; Zip Code		
	Austin, TX 78735		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
Physical The	erapist	Therapy 2000 Inc.	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
03/21/2025	Church Gutierrez, Amber (Ms.)	)	\$5.00
03/21/2023			
	Contributor address; City; State; Zip Code		
	Orman 22 TV 77400		
	Cypress, TX 77429		
	pation / Job title (See Instructions)	Employer (See Instructions	s)
Nurse		Angels of Care	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
03/11/2025	Colston, Maureen (Ms.)		\$10.00
	Contributor address; City; State; Zip Code		
	Tyler, TX 75702		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	l s)
Associate C	· · · · · · · · · · · · · · · · · · ·	Paradigm Rehab & Nurs	

SCHEDULE A	1\
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The Instruction Guide explains how to	o complete this form.		Total pages Schedule A1: Sch: 5/27 Rpt: 8/38	
2 FILER NAME		3	Filer ID (Ethics Commission	n Filers)
	ce Inc Texas Home Care and Hospice PAC -		00015750	
4 Date 5 Full name of contributor	out-of-state PAC (ID#:)	_	Amount of Contribution (\$)	
03/11/2025 Cooprider, Melissa (Ms.)			· · · · · · · · · · · · · · · · · · ·	\$75.00
6 Contributor address; City; State	e: Zip Code	·		
	, Zip Couc			
Rockwall, TX 75032				
8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions	s)		
Clinical Manager	Therapy 2000 Inc.			
Date Full name of contributor	out-of-state PAC (ID#:)	Ι	Amount of Contribution (\$)	
03/10/2025 Cornett, Valerie (Ms.)	-			\$40.00
Contributor address; City; State	e; Zip Code	"		
Keller, TX 76244				
Principal occupation / Job title (See Instructions)	Employer (See Instructions	s)		
COSI	MAC Legacy			
Date Full name of contributor	out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)	
03/11/2025 Cox , Kim (Ms.)				\$6.00
Contributor address; City; State	Contributor address; City; State; Zip Code			
Tyler, TX 75707				
Principal occupation / Job title (See Instructions)	Employer (See Instructions	s)		
Occupational Therapist	Therapy 2000 Inc.			
Date Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
03/11/2025 Creech, Amanda Michele (M	ls.)			\$1.00
Contributor address; City; State	; Zip Code	·		
Tyler, TX 75703				
Principal occupation / Job title (See Instructions)	Employer (See Instructions	s)		
Occupational Therapy Asst.	Therapy 2000 Inc.			
Date Full name of contributor	out-of-state PAC (ID#:)	T	Amount of Contribution (\$)	
03/11/2025 Darae, Serene (Ms.)				\$1.00
Contributor address; City; State	e; Zip Code	"		
Georgetown, TX 78626				
Principal occupation / Job title (See Instructions)	Employer (See Instructions	s)		
Speech Language Pathologist	Therapy 2000 Inc.			

SCHEDULE A	1\
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	The Instru	ction Guide explains how to complete this f	form.	1	Total pages Schedule A1: Sch: 6/27 Rpt: 9/38	
2	FILER NAME			3	Filer ID (Ethics Commission	ı Filers)
	Texas Assoc	ciation for Home Care and Hospice Inc Texas Hor	ne Care and Hospice PAC -		00015750	
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	03/11/2025	Davis, Lauren (Ms.)				\$70.00
		6 Contributor address; City; State; Zip Code		1		
		Lindale, TX 75771				
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Regional Ma	arketing Manager	Therapy 2000 Inc.			
F	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	02/27/2025	Davis , Sheila (Ms.)				\$12.50
		Contributor address; City; State; Zip Code		1		
		Wichita Falls, TX 76310				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	CHCE; COS	C	Always Best Care Senio	or S	Services	
	Date	Full name of contributor out-of-state PAC (ID#:	·)	Γ	Amount of Contribution (\$)	
	03/11/2025	Delgado, Melissa (Ms.)				\$14.00
		Contributor address; City; State; Zip Code		1		
		San Antonio, TX 78258				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	Speech The	rapy Asst.	Therapy 2000 Inc.			
	Date	Full name of contributor out-of-state PAC (ID#:_	<u></u> )	Γ	Amount of Contribution (\$)	
	03/11/2025	Dillehay, Mary Ann (Ms.)				\$20.00
		Contributor address; City; State; Zip Code		1		
		Friendswood, TX 77546				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	Speech The	rapy Asst.	Therapy 2000 Inc.			
F	Date	Full name of contributor out-of-state PAC (ID#:_	)	Γ	Amount of Contribution (\$)	
	02/27/2025	Dilleshaw, Brittany (Ms.)				\$25.00
	Contributor address; City; State; Zip Code			1		
		Danbury, TX 77534				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Vice Preside	ent of Home Therapy Services	MedCare Pediatric Nurs	sinç	J	
$\vdash$			<u> </u>			

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 7/27 Rpt: 10/38
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Texas Asso	ciation for Home Care and Hospice Inc Texas Hon		
4 Date	5 Full name of contributor out-of-state PAC (ID#:_		7 Amount of Contribution (\$)
03/11/2025	Dillon, Joni R. (Ms.)	,	\$60.00
	6 Contributor address; City; State; Zip Code		1
	Georgetown, TX 78628		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions)	Σ
Divisional Di	irector	Therapy 2000 Inc.	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
03/11/2025	Dubberly, Katherine Mary (Ms.)	,	\$40.00
			•
	Denton, TX 76210		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	δ)
Occupationa	al Therapist	Therapy 2000 Inc.	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
03/11/2025	Evans, Sharon (Ms.)	,	\$95.00
	Contributor address; City; State; Zip Code		1
	Madisonville, TX 77864		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	s)
Divisonal Di	rector	Therapy 2000 Inc.	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
03/11/2025	Ewing, Andrea L. (Ms.)		\$60.00
	Contributor address; City; State; Zip Code		1
	Amarillo, TX 79121		
-	upation / Job title (See Instructions)	Employer (See Instructions)	3)
Community	Relations Representative	Therapy 2000 Inc.	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
03/11/2025	Fagnan, Marc (Mr.)		\$140.00
	Contributor address; City; State; Zip Code		1
	Dallas, TX 75240		
-	upation / Job title (See Instructions)	Employer (See Instructions)	3)
Speech Lan	guage Pathologist	Therapy 2000 Inc.	

L-						
	The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 8/27 Rpt: 11/38	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	ciation for Home Care and Hospice Inc Texas Hom	ne Care and Hospice PAC -		00015750	
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	03/11/2025	Ferguson, Tonya (Ms.)				\$80.00
		6 Contributor address; City; State; Zip Code				
		Fort Worth, TX 76112				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Speech Lan	guage Pathologist	Therapy 2000 Inc.			
F	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	03/17/2025	Flores, Sonia (Ms.)				\$3.00
		Contributor address; City; State; Zip Code		1		
		Amarillo, TX 79109				
		pation / Job title (See Instructions)	Employer (See Instructions			
	Certified Nur	rsing Assistant	Goodcare Health Servic	es		
	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	03/17/2025	Flores, Sonia (Ms.)				\$3.00
		Contributor address; City; State; Zip Code		1		
		Amarillo, TX 79109				
		pation / Job title (See Instructions)	Employer (See Instructions			
	Certified Nur	rsing Assistant	Goodcare Health Servic	es		
	Date	Full name of contributor out-of-state PAC (ID#:	)	T	Amount of Contribution (\$)	
	03/17/2025	Flores, Sonia (Ms.)				\$3.00
		Contributor address; City; State; Zip Code		]		
┡	Dringing oogu	Amarillo, TX 79109	Employer (Cool Instructions			
		pation / Job title (See Instructions) rsing Assistant	Employer (See Instructions Goodcare Health Servic			
				:E3		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	<b>*</b> 2 00
	03/11/2025	Floyd, Macy Lynn (Ms.)				\$2.00
		Contributor address; City; State; Zip Code				
		Kilgore, TX 75662				
┝	Dringingl oppu			<u> </u>		
		pation / Job title (See Instructions) guage Pathologist	Employer (See Instructions Therapy 2000 Inc.	5)		
			111erapy 2000 mc.			

	The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 9/27 Rpt: 12/38	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Assoc	ciation for Home Care and Hospice Inc Texas Hom	ne Care and Hospice PAC -		00015750	-
4	Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
	03/11/2025	Fox , Eric (Mr.)			-	\$20.00
		6 Contributor address; City; State; Zip Code		1		
		Whitehouse, TX 75791				
8		pation / Job title (See Instructions)	9 Employer (See Instructions			
	Physical The	erapist	Paradigm Rehab & Nurs	sin	g LP	
	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	03/11/2025	Freeman, Laura Lynn (Ms.)				\$40.00
		Contributor address; City; State; Zip Code		1		
		Lubbock, TX 79423				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	VP of Public	Affairs	Therapy 2000 Inc.			
	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	03/11/2025	Garcia , Brittany (Ms.)				\$45.00
		Contributor address; City; State; Zip Code		]		
		Con Antonia TV 70000				
	Duite single agent	San Antonio, TX 78222		Ĺ		
	Principal occu Physical The	ipation / Job title (See Instructions) pranist	Employer (See Instructions Therapy 2000 Inc.	5)		
	-			-		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	÷405.00
	03/21/2025	Goolsby, Sharon (Ms.)				\$125.00
		Contributor address; City; State; Zip Code				
		Jefferson, TX 75657				
┝	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ב)		
	Administrato		First in Pediatrics Home		ealth Care. Inc.	
╞				, Т		
	Date 03/11/2025	Full name of contributor out-of-state PAC (ID#: Gorr, Nina Audrey (Ms.)	)		Amount of Contribution (\$)	\$40.00
	03/11/2023			ł		Ψ40.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78746				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
		guage Pathologist	Therapy 2000 Inc.	,		
⊢						

6       Contributor address; City; State; Zip Code         Pittisburg, TX 75686       Pittisburg, TX 75686         8       Principal occupation / Job title (See Instructions) Chief Operating Officer       Perployer (See Instructions) Therapy 2000 Inc.         Date       Full name of contributor       out-of-state PAC (IDF:					_		
Texas Association for Home Care and Hospice Inc Texas Home Care and Hospice PAC       00015750         4 Date       5 Full name of contributor       out-of-state PAC (Dell       7 Amount of Contribution (\$)         03/11/2025       6 Contributor address; City, State; Zip Code       7 Amount of Contribution (\$)       \$80.1         8 Principal occupation / Job title (See Instructions)       P Employer (See Instructions)       Amount of Contribution (\$)       \$20.1         03/11/2025       Gruver, Emily (Ms.)       out-of-state PAC (Dell       Amount of Contribution (\$)       \$20.1         03/11/2025       Gruver, Emily (Ms.)       out-of-state PAC (Dell       Amount of Contribution (\$)       \$20.1         03/11/2025       Gruver, Emily (Ms.)       out-of-state PAC (Dell       Amount of Contribution (\$)       \$20.1         03/10/2025       Full name of contributor       out-of-state PAC (Dell       Amount of Contribution (\$)       \$20.1         03/10/2025       Full name of contributor       out-of-state PAC (Dell       Amount of Contribution (\$)       \$20.1         03/10/2025       Full name of contributor       out-of-state PAC (Dell       Amount of Contribution (\$)       \$20.1         03/10/2025       Full name of contributor       out-of-state PAC (Dell       Amount of Contribution (\$)       \$21.1         03/10/2025       Full name of contributor		The Instru	ction Guide explains how to complete this f	iorm.	1		
Texas Association for Home Care and Hospice Inc Texas Home Care and Hospice PAC       000115750         4 Date       5 Full name of contributor       out-of-state PAC (Dec)       7 Amount of Contribution (\$)         6 Oxi11/2025       6 Contributor address; City; State; Zip Code       7 Amount of Contribution (\$)       \$80.1         8 Principal occupation / Job title (See Instructions) Chief Operating Officer       9 Employer (See Instructions) Therapy 2000 Inc.       Amount of Contribution (\$)         03/11/2025       Gruver, Emily (Ms.)       out-of-state PAC (Dec)       Amount of Contribution (\$)         03/11/2025       Gruver, Emily (Ms.)       out-of-state PAC (Dec)       Amount of Contribution (\$)         03/11/2025       Gruver, Emily (Ms.)       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         03/10/2025       Pull name of contributor       out-of-state PAC (Dec)       Amount of Contribution (\$)         03/10/2025       Full name of contributor       out-of-state PAC (Dec)       Amount of Contribution (\$)         03/10/2025       Full name of contributor       out-of-state PAC (Dec)       Amount of Contribution (\$)         03/10/2025       Full name of contributor       out-of-state PAC (Dec)       Amount of Contribution (\$)         02/27/2025       Hammon, Rachel (Ms.)       Contributor	2	FILER NAME			3	Filer ID (Ethics Commission	ı Filers)
03/11/2025       Grant. Daria (Ms.)       S80.1         6       Contributor address; City; State: Zip Code       S80.1         7       Principal occupation / Job title (See Instructions)       P Employer (See Instructions)         7       Full name of contributor       out-of-state PAC (Det       Amount of Contribution (S)         7       Gruver, Emily (Ms.)       Employer (See Instructions)       S20.1         7       Contributor address; City; State; Zip Code       Amount of Contribution (S)         7       Gruver, Emily (Ms.)       Employer (See Instructions)         7       Contributor address; City; State; Zip Code       Amount of Contribution (S)         7       Full name of contributor       out-of-state PAC (Det       Amount of Contribution (S)         7       Full name of contributor       out-of-state PAC (Det       Amount of Contribution (S)         7       Full name of contributor       Out-of-state PAC (Det       Amount of Contribution (S)         8       Contributor address; City; State; Zip Code       Amount of Contribution (S)       S60.1         03/10/2025       Full name of contributor       Out-of-state PAC (Det       Amount of Contribution (S)         02/27/2025       Haller, Kati (Ms.)       Contributor address; City; State; Zip Code       Amount of Contribution (S)         02/27/2025<		Texas Assoc	station for Home Care and Hospice Inc Texas Hor				-
03/11/2025       Grant. Daria (Ms.)       S80.1         6       Contributor address; City; State: Zip Code       S80.1         7       Principal occupation / Job title (See Instructions)       P Employer (See Instructions)         7       Full name of contributor       out-of-state PAC (Det       Amount of Contribution (S)         7       Gruver, Emily (Ms.)       Employer (See Instructions)       S20.1         7       Contributor address; City; State; Zip Code       Amount of Contribution (S)         7       Gruver, Emily (Ms.)       Employer (See Instructions)         7       Contributor address; City; State; Zip Code       Amount of Contribution (S)         7       Full name of contributor       out-of-state PAC (Det       Amount of Contribution (S)         7       Full name of contributor       out-of-state PAC (Det       Amount of Contribution (S)         7       Full name of contributor       Out-of-state PAC (Det       Amount of Contribution (S)         8       Contributor address; City; State; Zip Code       Amount of Contribution (S)       S60.1         03/10/2025       Full name of contributor       Out-of-state PAC (Det       Amount of Contribution (S)         02/27/2025       Haller, Kati (Ms.)       Contributor address; City; State; Zip Code       Amount of Contribution (S)         02/27/2025<	4	Date	5 Full name of contributor Out-of-state PAC (ID#:		7	Amount of Contribution (\$)	
6       Contributor address; City; State; Zip Code         Pittsburg, TX 75686       9         8       Principal occupation / Job title (See Instructions) Chief Operating Officer       9         Date 03/11/2025       Full name of contributor						•••	\$80.00
Pittsburg, TX 75686       Pittsburg, TX 75686         8       Principal occupation / Job title (See Instructions) Chief Operating Officer       P Employer (See Instructions) Therapy 2000 Inc.         Date       Full name of contributor       oxt-of-state PAC (IDP: Dallas, TX 75254       Amount of Contribution (S) Contribution address; City, State: Zip Code         Principal occupation / Job title (See Instructions) Speech Language Pathologist       Employer (See Instructions) Therapy 2000 Inc.       Amount of Contribution (S) Contribution address; City, State: Zip Code         Date       Full name of contributor       out-of-state PAC (IDP: Denton, TX 76208       Amount of Contribution (S) Contribution address; City, State: Zip Code         Principal occupation / Job title (See Instructions) Contributor address; City, State: Zip Code       Amount of Contribution (S) Contribution address; City, State: Zip Code         Principal occupation / Job title (See Instructions) COO       Employer (See Instructions) Contributor address; City, State: Zip Code       Amount of Contribution (S) Contributor address; City, State: Zip Code         Date       Full name of contributor       out-of-state PAC (IDP: Austin, TX 78732       Amount of Contribution (S) Contribution address; City, State: Zip Code         Principal occupation / Job title (See Instructions) Executive Director       Employer (See Instructions) Contribution address; City, State: Zip Code       Amount of Contribution (S) Sa0. Contributor address; City, State: Zip Code         Date       Full name of contributor       <		I			1		
8       Principal occupation / Job title (See Instructions) Chief Operating Officer       9       Employer (See Instructions) Therapy 2000 Inc.         Date 03/11/2025       Full name of contributor       out-of-state PAC (tbr:)       Amount of Contribution (\$) \$20.1         Date 03/11/2025       Full name of contributor       out-of-state PAC (tbr:)       Amount of Contribution (\$) \$20.1         Date 03/11/2025       Full name of contributor       out-of-state PAC (tbr:)       Amount of Contribution (\$) \$20.1         Date 03/10/2025       Full name of contributor       out-of-state PAC (tbr:)       Amount of Contribution (\$) \$60.1         Date 03/10/2025       Full name of contributor       out-of-state PAC (tbr:)       Amount of Contribution (\$) \$60.1         Oate 03/10/2025       Full name of contributor       out-of-state PAC (tbr:)       Amount of Contribution (\$) \$60.1         Oate 02/27/2025       Full name of contributor       out-of-state PAC (tbr:)       Amount of Contribution (\$) \$21.1         Oate 02/27/2025       Full name of contributor       out-of-state PAC (tbr:)       Amount of Contribution (\$) \$21.1         Oate 03/11/2025       Full name of contributor       out-of-state PAC (tbr:)       Amount of Contribution (\$) \$21.1         Oate 03/11/2025       Full name of contributor       out-of-state PAC (tbr:)       Amount of Contribution (\$) \$80.1		I		,			
8       Principal occupation / Job title (See Instructions) Chief Operating Officer       9       Employer (See Instructions) Therapy 2000 Inc.         Date 03/11/2025       Full name of contributor       out-of-state PAC (brr) Gruver, Emily (Ms.)       Amount of Contribution (\$) \$20.1         Date 03/11/2025       Full name of contributor       out-of-state PAC (brr)       Amount of Contribution (\$) \$20.1         Date 03/11/2025       Full name of contributor       out-of-state PAC (brr)       Amount of Contribution (\$) \$60.1         Date 03/10/2025       Full name of contributor       out-of-state PAC (brr)       Amount of Contribution (\$) \$60.1         Date 03/10/2025       Full name of contributor       out-of-state PAC (brr)       Amount of Contribution (\$) \$60.1         Date 02/27/2025       Full name of contributor       out-of-state PAC (brr)       Amount of Contribution (\$) \$21.1         Oate 02/27/2025       Full name of contributor       out-of-state PAC (brr)       Amount of Contribution (\$) \$21.1         Contributor address; City; State; Zip Code		I	1	,			
8       Principal occupation / Job title (See Instructions) Chief Operating Officer       9       Employer (See Instructions) Therapy 2000 Inc.         Date 03/11/2025       Full name of contributor       out-of-state PAC (br:)       Amount of Contribution (\$) \$20.1         Date 03/11/2025       Full name of contributor       out-of-state PAC (br:)       Amount of Contribution (\$) \$20.1         Date 03/11/2025       Full name of contributor       out-of-state PAC (br:)       Amount of Contribution (\$) \$60.1         Date 03/10/2025       Full name of contributor       out-of-state PAC (br:)       Amount of Contribution (\$) \$60.1         Date 03/10/2025       Full name of contributor       out-of-state PAC (br:)       Amount of Contribution (\$) \$60.1         Date 02/27/2025       Full name of contributor       out-of-state PAC (br:)       Amount of Contribution (\$) \$21.1         Oate 02/27/2025       Full name of contributor       out-of-state PAC (br:)       Amount of Contribution (\$) \$21.1         Oate 02/27/2025       Full name of contributor       out-of-state PAC (br:)       Amount of Contribution (\$) \$21.1         Contributor address; City; State; Zip Code 03/11/2025       Employer (See Instructions) Texas Assn. for Home Care & Hospice Inc.         Date 03/211/2025       Full name of contributor       out-of-state PAC (br:)       Amount of Contribution (\$) \$80.1      <		I	Pittsburg, TX 75686	,			
Date       Full name of contributor       out-of-state PAC (ID#:	8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>		
03/11/2025       Gruver, Emily (Ms.)       \$20.1         Contributor address; City, State; Zip Code       Dallas, TX 75254       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Therapy 2000 Inc.         Date       Full name of contributor out-of-state PAC (ID#:							
03/11/2025       Gruver, Emily (Ms.)       \$20.1         Contributor address; City, State; Zip Code       Dallas, TX 75254       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Therapy 2000 Inc.         Date       Full name of contributor out-of-state PAC (ID#:		Date	Full name of contributor Out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
Contributor address; City; State; Zip Code         Dallas, TX 75254         Principal occupation / Job title (See Instructions)         Speech Language Pathologist         Date         03/10/2025         Hale, Kati (Ms.)         Contributor address; City; State; Zip Code         Date         03/10/2025         Hale, Kati (Ms.)         Contributor address; City; State; Zip Code         Denton, TX 76208         Principal occupation / Job title (See Instructions)         COO         Date         O2/27/2025         Hammon, Rachel (Ms.)         Contributor address; City; State; Zip Code         Austin, TX 78732         Principal occupation / Job title (See Instructions)         Contributor address; City; State; Zip Code         Austin, TX 78732         Principal occupation / Job title (See Instructions)         Executive Director         Date         Principal occupation / Job title (See Instructions)         Executive Director         Date         Principal occupation / Job title (See Instructions)         Executive Director         Texas Assn. for Home Care & Hospice Inc.         O3/11/2025       Full name of contributor         Oate				/ I			\$20.00
Dallas, TX 75254       Employer (See Instructions) Therapy 2000 Inc.         Speech Larguage Pathologist       Employer (See Instructions) Therapy 2000 Inc.         Date       Fuil name of contributor       out-of-state PAC (ID#:)         Amount of Contribution (S)       Contributor address; City; State; Zip Code       Amount of Contribution (S)         Date       Denton, TX 76208       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         COO       MAC Legacy         Date       Full name of contributor       out-of-state PAC (ID#:)         Amount of Contribution (S)       Sec.         O2/277/2025       Hainmon, Rachel (Ms.)       Employer (See Instructions)         Contributor address; City; State; Zip Code       Amount of Contribution (S)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Executive Director       Contributor address; City; State; Zip Code       Amount of Contribution (S)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$80.1         Contributor address; City; State; Zip Code       Amount of Contribution (S)       \$80.1         O3/11/2025       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (S) <td></td> <td></td> <td>I</td> <td></td> <td>ł</td> <td></td> <td><b>*</b> -</td>			I		ł		<b>*</b> -
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Speech Language Pathologist       Therapy 2000 Inc.         Date       Full name of contributor       out-of-state PAC (ID#:		l		,			
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Speech Language Pathologist       Therapy 2000 Inc.         Date       Full name of contributor       out-of-state PAC (ID#:		I	1	,			
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Speech Language Pathologist       Therapy 2000 Inc.         Date       Full name of contributor       out-of-state PAC (ID#:		I	Dallas, TX 75254	,			
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         03/10/2025       Hale, Kati (Ms.)       \$60.1         Contributor address; City; State; Zip Code       Principal occupation / Job title (See Instructions)       Employer (See Instructions)         COO       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         02/27/2025       Hammon, Rachel (Ms.)       State; Zip Code       Amount of Contribution (\$)         02/27/2025       Hammon, Rachel (Ms.)       \$21.1         Contributor address; City; State; Zip Code       Austin, TX 78732       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of Contribution (\$)         Executive Director       Texas Assn. for Home Care & Hospice Inc.       S80.1         Date       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)         03/11/2025       Full name of contributor		Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
03/10/2025       Hale, Kati (Ms.)		Speech Lan	guage Pathologist	Therapy 2000 Inc.			
03/10/2025       Hale, Kati (Ms.)	—	Date	Full name of contributor Out-of-state PAC (ID#:	)	Г	Amount of Contribution (\$)	
Contributor address; City; State; Zip Code       Employer (See Instructions)         Denton, TX 76208       Employer (See Instructions)         COO       MAC Legacy         Date       Full name of contributor       out-of-state PAC (ID#:)         Amount of Contribution (\$)       \$21.0         02/27/2025       Hammon, Rachel (Ms.)       \$21.0         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Austin, TX 78732       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Executive Director       Full name of contributor         Date       Full name of contributor         03/11/2025       Full name of contributor         Hancock, Beth (Ms.)          Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Main and of contributor       out-of-state PAC (ID#:				/		,	\$60.00
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         COO       MAC Legacy         Date       Full name of contributor       out-of-state PAC (ID#:)         MAC Legacy       Amount of Contribution (\$)         D2/27/2025       Hammon, Rachel (Ms.)				/	ł		• -
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         COO       MAC Legacy         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         02/27/2025       Hammon, Rachel (Ms.)		I		,			
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         COO       MAC Legacy         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         02/27/2025       Hammon, Rachel (Ms.)		I	1				
COO       MAC Legacy         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         02/27/2025       Hammon, Rachel (Ms.)       \$21.0         Contributor address; City; State; Zip Code       Austin, TX 78732       \$21.0         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$21.0         Executive Dirctor       Texas Assn. for Home Care & Hospice Inc.       \$20.0         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         03/11/2025       Hancock, Beth (Ms.)       Amount of Contribution (\$)       \$80.0         Contributor address; City; State; Zip Code       Houston, TX 77044       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$80.0         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$80.0		I	Denton, TX 76208	,			
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         02/27/2025       Harmon, Rachel (Ms.)       \$21.0         Contributor address; City; State; Zip Code       Austin, TX 78732         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Executive Director       Texas Assn. for Home Care & Hospice Inc.         Date       Full name of contributor       out-of-state PAC (ID#:)         Mancock, Beth (Ms.)       Out-of-state PAC (ID#:)       Amount of Contribution (\$)         03/11/2025       Hancock, Beth (Ms.)       \$80.1         Contributor address; City; State; Zip Code       Houston, TX 77044       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)		Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
02/27/2025       Hammon, Rachel (Ms.)       \$21.1         Contributor address; City; State; Zip Code       Austin, TX 78732         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Executive Director       Texas Assn. for Home Care & Hospice Inc.         Date       Full name of contributor out-of-state PAC (ID#:)         Annount of Contribution (\$)       Hancock, Beth (Ms.)         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Houston, TX 77044       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)		COO		MAC Legacy			
Contributor address; City; State; Zip Code         Austin, TX 78732         Principal occupation / Job title (See Instructions)         Executive Director         Date         Full name of contributor         Out-of-state PAC (ID#:)         Amount of Contribution (\$)         Hancock, Beth (Ms.)         Contributor address; City; State; Zip Code         Houston, TX 77044         Principal occupation / Job title (See Instructions)         Employer (See Instructions)         Texas Assn. for Home Care & Hospice Inc.		Date	Full name of contributor out-of-state PAC (ID#:,	)	Γ	Amount of Contribution (\$)	
Austin, TX 78732         Principal occupation / Job title (See Instructions)         Executive Director         Date         Full name of contributor         O3/11/2025         Hancock, Beth (Ms.)         Contributor address; City; State; Zip Code         Houston, TX 77044         Principal occupation / Job title (See Instructions)         Employer (See Instructions)         Employer (See Instructions)         Second         Brincipal occupation / Job title (See Instructions)         Employer (See Instructions)		02/27/2025					\$21.00
Austin, TX 78732         Principal occupation / Job title (See Instructions)         Executive Director         Date         Full name of contributor         O3/11/2025         Hancock, Beth (Ms.)         Contributor address; City; State; Zip Code         Houston, TX 77044         Principal occupation / Job title (See Instructions)         Employer (See Instructions)         Employer (See Instructions)         Second         Brincipal occupation / Job title (See Instructions)         Employer (See Instructions)		l	Contributor address; City; State; Zip Code		1		
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Executive Director       Texas Assn. for Home Care & Hospice Inc.         Date       Full name of contributor out-of-state PAC (ID#:)         03/11/2025       Hancock, Beth (Ms.)         Contributor address; City; State; Zip Code       \$80.4         Houston, TX 77044       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)		I					
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Executive Director       Texas Assn. for Home Care & Hospice Inc.         Date       Full name of contributor out-of-state PAC (ID#:)         03/11/2025       Hancock, Beth (Ms.)         Contributor address; City; State; Zip Code       \$80.4         Houston, TX 77044       Principal occupation / Job title (See Instructions)		I	1	,			
Executive Director       Texas Assn. for Home Care & Hospice Inc.         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         03/11/2025       Hancock, Beth (Ms.)       \$80.0         Contributor address; City; State; Zip Code       Houston, TX 77044         Principal occupation / Job title (See Instructions)       Employer (See Instructions)			Austin, TX 78732				
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         03/11/2025       Hancock, Beth (Ms.)       \$80.0         Contributor address; City; State; Zip Code       Houston, TX 77044         Principal occupation / Job title (See Instructions)       Employer (See Instructions)		Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
03/11/2025       Hancock, Beth (Ms.)       \$80.0         Contributor address; City; State; Zip Code       Houston, TX 77044         Principal occupation / Job title (See Instructions)       Employer (See Instructions)		Executive Di	rector	Texas Assn. for Home C	Car	e & Hospice Inc.	
Contributor address; City; State; Zip Code         Houston, TX 77044         Principal occupation / Job title (See Instructions)         Employer (See Instructions)		Date	Full name of contributor out-of-state PAC (ID#:_	)	Γ	Amount of Contribution (\$)	
Houston, TX 77044       Principal occupation / Job title (See Instructions)       Employer (See Instructions)		03/11/2025	Hancock, Beth (Ms.)				\$80.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)		Contributor address; City; State; Zip Code		1			
Principal occupation / Job title (See Instructions) Employer (See Instructions)		I	1	,			
Principal occupation / Job title (See Instructions) Employer (See Instructions)		l	1	,			
			Houston, TX 77044				
Divisional Director Therapy 2000 Inc.		Principal occu	pation / Job title (See Instructions)		5)		
•		Divisional Di	rector	Therapy 2000 Inc.			
				Therapy 2000 Inc.			

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 11/27 Rpt: 14/38	
2 FILER NAME			3 Filer ID (Ethics Commission Fi	ilers)
Texas Assoc	ciation for Home Care and Hospice Inc Texas Hon		00015750	
4 Date	5 Full name of contributor Out-of-state PAC (ID#:		7 Amount of Contribution (\$)	
03/11/2025	Herrera, Jose (Mr.)			\$60.00
	6 Contributor address; City; State; Zip Code	,		
	Longview, TX 75604			
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	;)	
Physical The	erapist Asst.	Therapy 2000 Inc.		
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
03/11/2025	Homan-Harris, Samantha Joy (Ms.)	/		\$40.00
00,12,2022				¢ 10.02
	Continuutor audress, City, State, Zip Code			
	El Paso, TX 79935			
Principal occu	Jupation / Job title (See Instructions)	Employer (See Instructions	<u>.</u>	
Clinical Man		Therapy 2000 Inc.	,	
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of Contribution (\$)	
03/21/2025	Hosley, Dennis (Mr.)	/		\$50.00
0312112023				φυυ.υυ
	Contributor address; City; State; Zip Code			
	Dallas, TX 75214			
Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	() ;)	
President CO		Pediatric Home Healthca		
Date	Full name of contributor Out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)	
03/21/2025	Howard, Jesse (Mr.)	/		\$25.00
00,21,2020	Contributor address; City; State; Zip Code			Ψ20100
	Continuutor audress, City, State, Zip Code			
	McGregor, TX 76657			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	;)	
Healthcare		Girling Community Care		
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	
03/11/2025	Hudman, Molly Sue (Ms.)		.,	\$25.00
00,11,2020				Ψ20.00
	Contributor address; City; State; Zip Code			
	Quitman, TX 75783			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>.</u>	
	al Therapy Asst.	Therapy 2000 Inc.	)	
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The In	struction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 12/27 Rpt: 15/38	
2 FILER N	AME		3 Filer ID (Ethics Commission F	ilers)
Texas A	ssociation for Home Care and Hospice Inc Texas Ho	me Care and Hospice PAC -	00015750	
4 Date	5 Full name of contributor out-of-state PAC (ID#		7 Amount of Contribution (\$)	
03/11/2				\$10.00
	6 Contributor address; City; State; Zip Code			
	Temple, TX 76502			
8 Principa	occupation / Job title (See Instructions)	9 Employer (See Instructions	3)	
Executi	ve Director	Paradigm Rehab & Nurs	sing LP	
Date	Full name of contributor out-of-state PAC (ID#	!)	Amount of Contribution (\$)	
03/11/2	D25 Jenkins , Jinny (Ms.)			\$50.00
	Contributor address; City; State; Zip Code			
	Crowley, TX 76036			
	occupation / Job title (See Instructions)	Employer (See Instructions		
Executi	ve Director	Paradigm Rehab & Nurs	sing LP	
Date	Full name of contributor out-of-state PAC (ID#	t <u></u> )	Amount of Contribution (\$)	
03/11/2	025 Keel, Harmony Lee (Ms.)			\$50.00
	Contributor address; City; State; Zip Code			
	Sealy, TX 77474	1		
· ·	occupation / Job title (See Instructions)	Employer (See Instructions	3)	
Speech	Language Pathologist	Therapy 2000 Inc.		
Date	Full name of contributor out-of-state PAC (ID#	:)	Amount of Contribution (\$)	
03/11/2	D25 Lagos, Nino (Mr.)			\$15.00
	Contributor address; City; State; Zip Code			
Drincipa	Rowlett, TX 75089	Employer (See Instructions		
-	occupation / Job title (See Instructions) tional Therapy Asst.	Employer (See Instructions Therapy 2000 Inc.	5)	
			T	
Date	Full name of contributor out-of-state PAC (ID#	:)	Amount of Contribution (\$)	*~F 00
03/11/2				\$25.00
	Contributor address; City; State; Zip Code			
	San Antonio, TX 78209			
Drincina	occupation / Job title (See Instructions)	Employer (See Instructions	<u></u>	
-	Feeding Specialist	Therapy 2000 Inc.	<i>)</i> )	

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 13/27 Rpt: 16/38	
2 FILER NAME			3 Filer ID (Ethics Commission Fil	lers)
Texas Assoc	ciation for Home Care and Hospice Inc Texas Hon		00015750	
4 Date	5 Full name of contributor Out-of-state PAC (ID#:	-	7 Amount of Contribution (\$)	
03/11/2025	Lawson, Jennifer (Ms.)			\$60.00
	6 Contributor address; City; State; Zip Code			•
	Cincinnati, OH 45208			
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	;)	
Director/OTF	२	Therapy 2000 Inc.		
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
03/11/2025	Lawson, Kimberly (Ms.)			\$10.00
	Contributor address; City; State; Zip Code			
	Bridgeport, TX 76426			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	;)	
Area Directo	r of Sales	Paradigm Rehab & Nurs	sing LP	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
03/21/2025	Learst, Renea (Ms.)			\$10.00
	Contributor address; City; State; Zip Code			
	Wichita Falls, TX 76310			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	i)	
Nurse		Angels of Care		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
03/11/2025	Lee, Natalie (Ms.)			\$40.00
	Contributor address; City; State; Zip Code			
	Boerne, TX 78066			
	upation / Job title (See Instructions)	Employer (See Instructions	3)	
Speech Lang	guage Pathologist	Therapy 2000 Inc.		
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
03/11/2025	Lenzen, Gregory (Mr.)			\$70.00
	Contributor address; City; State; Zip Code			
	Dallas, TX 75229			
-	upation / Job title (See Instructions)	Employer (See Instructions	3)	
Healthcare C	Controller	Therapy 2000 Inc.		
		1		

	The Instruc	ction Guide explains how to complete this f	form.	1	Total pages Schedule A1: Sch: 14/27 Rpt: 17/38	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	ciation for Home Care and Hospice Inc Texas Hor	me Care and Hospice PAC -		00015750	-
4	Date	5 Full name of contributor out-of-state PAC (ID#:_	-	7	Amount of Contribution (\$)	
	03/11/2025	Lloyd , Melody (Ms.)			• •	\$15.00
				1		
		Pittsburg, TX 75685				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Occupationa	al Therapy Asst.	Therapy 2000 Inc.			
F	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	03/11/2025	Lloyd, Mitzi (Ms.)				\$10.00
		Contributor address; City; State; Zip Code		1		
		Tyler, TX 75703				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions			
	Human Reso	ources Manager	Paradigm Rehab & Nurs	sin	g LP	
	Date	Full name of contributor out-of-state PAC (ID#:_	<u>·</u> )	Γ	Amount of Contribution (\$)	
	03/11/2025	Louvier, Meghann (Ms.)				\$90.00
		Contributor address; City; State; Zip Code		1		
		Gladewater, TX 75647	<u>.</u>			
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Clinical Man	ager	Therapy 2000 Inc.			
	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	03/11/2025	Loyola, Jacqueline (Ms.)				\$60.00
		Contributor address; City; State; Zip Code		]		
	<u></u>	Jacksonville, TX 75766		Ĺ		
		ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	Оссиранопа	al Therapy Asst.	Therapy 2000 Inc.			
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	03/11/2025	Lucena, Luis (Mr.)		]		\$80.00
		Contributor address; City; State; Zip Code				
	<u></u>	Tyler, TX 75701		Ĺ		
		ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physical The	rapy Asst.	Therapy 2000 Inc.			

plains how to complete this	form.	1 Total pages Schedule A1: Sch: 15/27 Rpt: 18/38	
		3 Filer ID (Ethics Commission Filers	rs)
Care and Hospice Inc Texas Ho	me Care and Hospice PAC -	00015750	-,
ontributor out-of-state PAC (ID#:	:)	7 Amount of Contribution (\$)	
(Ms.)			75.00
TX 78260			
ee Instructions)	9 Employer (See Instructions	s)	
	Gentle Partners In Hosp	ice LLC	
ontributor out-of-state PAC (ID#:	:)	Amount of Contribution (\$)	
raceli (Ms.)		\$8	80.00
dress; City; State; Zip Code			
5249			
ee Instructions)		;)	
	Therapy 2000 Inc.		
ontributor out-of-state PAC (ID#:	:)	Amount of Contribution (\$)	
becca (Ms.)		\$	\$5.00
dress; City; State; Zip Code			
79110	i		
e Instructions)			
	Goodcare Health Servic	es	
	)	Amount of Contribution (\$)	
becca (Ms.)		\$	\$5.00
dress; City; State; Zip Code			
		· · ·	
e Instructions)			
	:)	Amount of Contribution (\$)	
		\$	\$5.00
Contributor address; City; State; Zip Code			
70440			
		、	
e Instructions)			
	Goodcare Health Servic	es	
	Care and Hospice Inc Texas Ho pontributorout-of-state PAC (ID# (Ms.) dress; City; State; Zip Code TX 78260 ee Instructions) pontributorout-of-state PAC (ID# raceli (Ms.) dress; City; State; Zip Code 5249 ee Instructions) pontributorout-of-state PAC (ID# becca (Ms.) dress; City; State; Zip Code 79110 ee Instructions) pontributorout-of-state PAC (ID# becca (Ms.) dress; City; State; Zip Code 79110 ee Instructions) pontributorout-of-state PAC (ID# becca (Ms.) dress; City; State; Zip Code 79110 ee Instructions) pontributorout-of-state PAC (ID# becca (Ms.) pontributorout-of-state PAC (ID# becca (Ms.)	(Ms.) (Ms.) dress; City; State; Zip Code TX 78260 ee Instructions) 9 Employer (See Instructions Gentle Partners In Hosp contributor    out-of-state PAC (ID#:) tress; City; State; Zip Code 5249 ee Instructions) Employer (See Instructions Therapy 2000 Inc. Therapy 2000 Inc. contributor    out-of-state PAC (ID#:) becca (Ms.) dress; City; State; Zip Code 79110 ee Instructions) Employer (See Instructions Goodcare Health Servic contributor    out-of-state PAC (ID#:) becca (Ms.) dress; City; State; Zip Code 79110 ee Instructions) Employer (See Instructions Goodcare Health Servic 79110 ee Instructions) Employer (See Instructions	plains how to complete this form.       Sch: 15/27 Rp: 18/38         Care and Hospice Inc Texas Home Care and Hospice PAC -       00015750         Ontributor       out-of-state PAC (ID#

The Instru	ction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 16/27 Rpt: 19/38
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	ciation for Home Care and Hospice Inc Texas Hon	ne Care and Hospice PAC -	00015750
4 Date	5 Full name of contributor Out-of-state PAC (ID#:	-	7 Amount of Contribution (\$)
02/27/2025	Martinez, Rebecca (Ms.)		\$5.0
	6 Contributor address; City; State; Zip Code		4
	Amarillo, TX 79110		
	upation / Job title (See Instructions)	9 Employer (See Instructions	5)
Certified Nu	rsing Assistant	Goodcare Health Servic	xes
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
03/17/2025	Martinez, Rebecca (Ms.)		\$5.0
	Contributor address; City; State; Zip Code		1
	-		
	Amarillo, TX 79110		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
Certified Nu	rsing Assistant	Goodcare Health Servic	es
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
03/17/2025	Martinez, Rebecca (Ms.)		\$5.0
	Contributor address; City; State; Zip Code		1
	Amarillo, TX 79110	-	
·	upation / Job title (See Instructions)	Employer (See Instructions	
Certified Nu	rsing Assistant	Goodcare Health Servic	xes
Date	Full name of contributor Dut-of-state PAC (ID#:_	)	Amount of Contribution (\$)
03/17/2025	Martinez, Rebecca (Ms.)		\$5.0
	Contributor address; City; State; Zip Code		1
	Amarillo, TX 79110	1	
-	upation / Job title (See Instructions)	Employer (See Instructions	·
	rsing Assistant	Goodcare Health Servic	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
03/17/2025	Martinez, Rebecca (Ms.)		\$5.0
	Contributor address; City; State; Zip Code		
	Amarillo, TX 79110	1	
	upation / Job title (See Instructions)	Employer (See Instructions	
Certified Nul	rsing Assistant	Goodcare Health Servic	xes

	The Instrue	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 17/27 Rpt: 20/38	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Assoc	iation for Home Care and Hospice Inc Texas Hon	ne Care and Hospice PAC -		00015750	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
	03/11/2025	McCarthy, Paige Raylynn (Ms.)			-	\$25.00
		6 Contributor address; City; State; Zip Code				
		Euless, TX 76099				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Speech The	apy Asst.	Therapy 2000 Inc.			
F	Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	03/21/2025	McClammy, Lisa (Ms.)			-	\$25.00
		Contributor address; City; State; Zip Code				
		Whitney, TX 76692				
$\vdash$	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	RN Consulta	nt	MAC Legacy			
F	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	03/11/2025	McGraw, Joseph (Mr.)				\$20.00
		Contributor address; City; State; Zip Code				
		Tyler, TX 75703				
Γ		pation / Job title (See Instructions)	Employer (See Instructions			
	Business De	velopment	Paradigm Rehab & Nurs	sing	J LP	
F	Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	03/11/2025	McKee , Allison (Ms.)				\$20.00
		Contributor address; City; State; Zip Code		·		
		Spring, TX 77389				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Physical The	erapist	Therapy 2000 Inc.			
Γ	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	03/21/2025	Meave, Adan (Mr.)				\$150.00
		Contributor address; City; State; Zip Code				
		Weslaco, TX 78599	-			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions			
	Homecare		El Rey Primary Health C	Care	e, LLC	
1						

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 18/27 Rpt: 21/38	
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)	s)
Texas Asso	ciation for Home Care and Hospice Inc Texas Hor	me Care and Hospice PAC -	00015750	
4 Date	5 Full name of contributor Out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
03/11/2025	Mendoza, Johnny (Mr.)		\$60	0.00
	6 Contributor address; City; State; Zip Code			
	El Paso, TX 79938			
-	upation / Job title (See Instructions)	9 Employer (See Instructions	;)	
Speech The	rapy Asst.	Therapy 2000 Inc.		
Date	Full name of contributor out-of-state PAC (ID#:_	<u>.                                    </u>	Amount of Contribution (\$)	
03/11/2025	Mojarro, Allison (Ms.)		\$58	8.00
	Contributor address; City; State; Zip Code			
	Tyler, TX 75701			
	upation / Job title (See Instructions)	Employer (See Instructions	3)	
Patient Serv	vices Specialist	Therapy 2000 Inc.		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
03/11/2025	Monterrosa, Lisbeth (Ms.)		\$28	8.00
	Contributor address; City; State; Zip Code			
	San Antonio, TX 78247			
	upation / Job title (See Instructions)	Employer (See Instructions	\$)	
	guage Pathologist	Therapy 2000 Inc.		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
03/21/2025	Morales, Carlos (Mr.)		\$50	0.00
	Contributor address; City; State; Zip Code			
	Lubbock, TX 79424			
Drincinal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u></u>	
-	ice President	Caprock Home Health S		
Date 03/21/2025	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	- 00
03/21/2025	Murphy, Maryann (Ms.)		φ23	5.00
	Contributor address; City; State; Zip Code			
	Early, TX 76802			
Princinal occu	upation / Job title (See Instructions)	Employer (See Instructions	2)	
RN		Lee HealthCare	"	

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 19/27 Rpt: 22/38	
2	FILER NAME			3	Filer ID (Ethics Commission	ı Filers)
		ciation for Home Care and Hospice Inc Texas Hon		1	00015750	,
4	Date	5 Full name of contributor Out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
	03/11/2025	Myers, Tamara (Ms.)				\$70.00
		6 Contributor address; City; State; Zip Code		1		
		Highland Village, TX 75077				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Assistant Sp	eech Language Pathologist	Therapy 2000 Inc.			
F	Date	Full name of contributor out-of-state PAC (ID#:	)	Τ	Amount of Contribution (\$)	
	03/11/2025	Nawaz, Kelly (Ms.)				\$50.00
		Contributor address; City; State; Zip Code		1		
		Canton, TX 75103				
		pation / Job title (See Instructions)	Employer (See Instructions			
	Quality Assu	Irance RN	Paradigm Rehab & Nurs	sing	LP	
	Date	Full name of contributor out-of-state PAC (ID#:	)	T	Amount of Contribution (\$)	
	02/27/2025	Olguin, Christie (Ms.)				\$10.00
		Contributor address; City; State; Zip Code		1		
		San Antonio, TX 78254				
		pation / Job title (See Instructions)	Employer (See Instructions	S)		
	Therapist		Angels of Care			
	Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	_
	03/11/2025	Olson, Jess (Ms.)				\$50.00
		Contributor address; City; State; Zip Code		]		
		Decrete TV 76060				
$\vdash$	Drinsipal again	Roanoke, TX 76262	Employer (See Instructions	-)		
	Divisional Di	pation / Job title (See Instructions)	Employer (See Instructions Therapy 2000 Inc.	5)		
	Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	÷00.00
	03/11/2025	Pacheco, Claudia (Ms.)				\$60.00
		Contributor address; City; State; Zip Code				
		El Paso, TX 79912				
$\vdash$	Dringingl goog			-)		
		pation / Job title (See Instructions) guage Pathologist	Employer (See Instructions Therapy 2000 Inc.	S)		

The Instru	ction Guide explains how to complete this f	iorm.	1	Total pages Schedule A1: Sch: 20/27 Rpt: 23/38	
2 FILER NAME			3	Filer ID (Ethics Commission	ı Filers)
Texas Assoc	ciation for Home Care and Hospice Inc Texas Hon	ne Care and Hospice PAC -		00015750	.
4 Date	5 Full name of contributor Out-of-state PAC (ID#:_	-	_	Amount of Contribution (\$)	
03/21/2025	Palmer, Lee (Mr.)			• •	\$50.00
	6 Contributor address; City; State; Zip Code		·		
	Richmond, TX 77406				
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	s)		
Administrato	)r	Consolidated Home Hea	alth		
Date	Full name of contributor out-of-state PAC (ID#:	)	Π	Amount of Contribution (\$)	
03/11/2025	Palmer, Natasha (Ms.)				\$80.00
	Contributor address; City; State; Zip Code		·		
	White Oak, TX 75693				
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)		
Occupationa	al Therapy Asst.	Therapy 2000 Inc.			
Date	Full name of contributor out-of-state PAC (ID#:	)	Τ	Amount of Contribution (\$)	
03/11/2025	Papetti, Jenna (Ms.)				\$60.00
	Contributor address; City; State; Zip Code		"		
	Houston, TX 77055				
-	upation / Job title (See Instructions)	Employer (See Instructions	s)		
Regional Ma	arketing Manager	Therapy 2000 Inc.			
Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
03/11/2025	Pecson, Samantha (Ms.)				\$25.00
	Contributor address; City; State; Zip Code		1		
	Frisco, TX 75034	1			
-	upation / Job title (See Instructions)	Employer (See Instructions	s)		
Occupationa	al Therapy Asst.	Therapy 2000 Inc.			
Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
03/11/2025	Phillip , Taylor				\$11.00
	Contributor address; City; State; Zip Code		1		
	Garland, TX 75040	i			
-	upation / Job title (See Instructions)	Employer (See Instructions	s)		
Physical The	erapist	Therapy 2000 Inc.			

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 21/27 Rpt: 24/38	
2	FILER NAME			3	Filer ID (Ethics Commission	ı Filers)
		ciation for Home Care and Hospice Inc Texas Hom	ne Care and Hospice PAC -		00015750	<i>,</i>
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	03/11/2025	Pitner, Heather (Ms.)				\$40.00
		6 Contributor address; City; State; Zip Code		1		
			ļ			
			Ţ			
		North Richland Hills, TX 76182	,			
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	VP Therapy	Operations	Therapy 2000 Inc.			
⊨	Date	Full name of contributor out-of-state PAC (ID#:	<u> </u> )	Γ	Amount of Contribution (\$)	
	03/11/2025	Poynor, Joanne (Ms.)				\$80.00
	••••	Contributor address; City; State; Zip Code		•		+ <del>-</del>
		Contributor address, City, State, Zip Code	,			ļ
			,			
		Tyler, TX 75701	,			
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Executive Di	rector	Paradigm Rehab & Nurs	sin	g LP	
⊨	Date	Full name of contributor Out-of-state PAC (ID#:_	)	Γ	Amount of Contribution (\$)	
	03/11/2025	Ramos, Juan Carlos (Mr.)			/ mount of 111 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	\$50.00
	00, 11,	Contributor address; City; State; Zip Code		{		₩₩
		CUITIBULUI autress, City, State, Zip Court	ł			
			ļ			
		San Antonio, TX 78249	ł			
⊢	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>г</u> 5)		
	Occupationa	al Therapist	Therapy 2000 Inc.			
╞	Date	Full name of contributor Out-of-state PAC (ID#:_	<u> </u> )	Π	Amount of Contribution (\$)	
	02/27/2025	Rangel DeLos Santos, Teresa (Ms.)	r		Amount of Contraction (1)	\$5.00
	0412112020			-		Ψ0.00
		Contributor address; City; State; Zip Code	ļ			
			,			
		Amarillo, TX 79108	,			
⊢	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>د)</u>		
	LVN		Goodcare Health Servic		:	
╞				<del>—</del>		
	Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	÷= 00
	02/27/2025	Rangel DeLos Santos, Teresa (Ms.)		]		\$5.00
		Contributor address; City; State; Zip Code	ļ			
			,			
			,			
L		Amarillo, TX 79108	1	Ļ		
		upation / Job title (See Instructions)	Employer (See Instructions			
_	LVN		Goodcare Health Servic	:es	· · · · · · · · · · · · · · · · · · ·	

SCHEDULE	A1
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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 22/27 Rpt: 25/38	
2	FILER NAME			3	Filer ID (Ethics Commission I	Filers)
	Texas Assoc	ciation for Home Care and Hospice Inc Texas Hom	ne Care and Hospice PAC -		00015750	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
	02/27/2025	Rangel DeLos Santos, Teresa (Ms.)				\$5.00
		6 Contributor address; City; State; Zip Code		1		
		Amarillo, TX 79108				
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	;)		
	LVN		Goodcare Health Servic	:es		
	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	02/27/2025	Rangel DeLos Santos, Teresa (Ms.)				\$5.00
		Contributor address; City; State; Zip Code				
		Amarillo, TX 79108				
		upation / Job title (See Instructions)	Employer (See Instructions			
	LVN		Goodcare Health Servic	:es		
	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	03/17/2025	Rangel DeLos Santos, Teresa (Ms.)				\$5.00
		Contributor address; City; State; Zip Code		1		
		Amarillo, TX 79108				
		pation / Job title (See Instructions)	Employer (See Instructions			
	LVN		Goodcare Health Servic	:es		
	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	03/17/2025	Rangel DeLos Santos, Teresa (Ms.)				\$5.00
		Contributor address; City; State; Zip Code		1		
		Amarillo, TX 79108				
		pation / Job title (See Instructions)	Employer (See Instructions			
	LVN		Goodcare Health Servic	es;		
	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	03/17/2025	Rangel DeLos Santos, Teresa (Ms.)				\$5.00
		Contributor address; City; State; Zip Code		1		
		Amarillo, TX 79108				
		upation / Job title (See Instructions)	Employer (See Instructions			
	LVN		Goodcare Health Servic	es		
	Principal occu LVN	pation / Job title (See Instructions)	Employer (See Instructions Goodcare Health Servic			

SCHEDULE A	1\
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	The Instru	iction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 23/27 Rpt: 26/38	
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2	FILER NAME	- iciation for Home Care and Hospice Inc Texas Hom		3	Filer ID (Ethics Commission 00015750	n Filers)
Ļ				Ļ		
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	÷= 00
	03/17/2025					\$5.00
		6 Contributor address; City; State; Zip Code				
			!			
			1			
Ļ		Amarillo, TX 79108		Ļ		
8		upation / Job title (See Instructions)	9 Employer (See Instructions)			
<u> </u>	LVN		Goodcare Health Servic	es		
	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	03/07/2025	Rash, Rose (Ms.)				\$119.05
		Contributor address; City; State; Zip Code	,			
			1			
			1			
		Corsicana, TX 75109				
		upation / Job title (See Instructions)	Employer (See Instructions	;)		
	Owner/Direc	ctor of Nursing	Angels At Home, Inc.	_		
	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	03/11/2025 Reece, Miranda (Ms.)		-			\$40.00
		Contributor address; City; State; Zip Code				
			1			
			1			
		Grapevine, TX 76051	!			
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	;)		
	VP of Opera	ations	Paradigm Rehab & Nurs	sing	g LP	
F	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	03/11/2025	Riggins, Annalisa Marie (Ms.)				\$17.00
						·
			1			
			1			
		Lubbock, TX 79424	1			
⊢	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	ـــــــــــــــــــــــــــــــــــــ		
	Physical The		Therapy 2000 Inc.			
⊨	Date	Full name of contributor Out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	03/11/2025				.,	\$70.00
						·
			1			
			1			
		Texarkana, TX 75503	1			
⊢	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	上 5)		
	Occupationa		Therapy 2000 Inc.	,		
$\vdash$		<u> </u>				

SCHEDULE A	1\
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	The Instru	ction Guide explains how to complete this f	form.	1	Total pages Schedule A1: Sch: 24/27 Rpt: 27/38	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Assoc	ciation for Home Care and Hospice Inc Texas Hor	me Care and Hospice PAC -		00015750	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
	03/21/2025	Robison, Kristen (Ms.)				\$125.00
		6 Contributor address; City; State; Zip Code		ł		
		San Antonio, TX 78209				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	RN, VP Gov	t. Affairs, CCO	Angels of Care Pediatric	зΗ	ome Health	
	Date	Full name of contributor out-of-state PAC (ID#:_	)	Γ	Amount of Contribution (\$)	
	03/11/2025	Salinas, Lucy (Ms.)				\$10.00
		Contributor address; City; State; Zip Code		1		
		Houston, TX 77044				
	Principal occu	I Ipation / Job title (See Instructions)	Employer (See Instructions	<b>ل</b> ے 3)		
		guage Pathologsit	Therapy 2000 Inc.			
⊨	Date	Full name of contributor Out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	03/11/2025	Sardinea, Estefania (Ms.)			, and an e e e e e e e e e e e e e e e e e e	\$40.00
	00,22,200			ł		Ŧ · - · - ·
		Contributor address, City, State, Zip Code				
		Corsicana, TX 75110				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	ـــــــــــــــــــــــــــــــــــــ		
	Clinical Man	ager	Therapy 2000 Inc.			
⊨	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	03/11/2025	Scull, Courtney (Ms.)			· · · · · · · · · · · · · · · · · · ·	\$24.00
	•	Contributor address; City; State; Zip Code		1		·
		Tenaha, TX 75974				
$\vdash$	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	ـــــــــــــــــــــــــــــــــــــ		
	Speech Lan	guage Pathologist	Therapy 2000 Inc.			
╞	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	03/11/2025	Sibille, Lauren (Ms.)				\$25.00
		Contributor address; City; State; Zip Code		$\mathbf{I}$		
		Fort Worth, TX 76116				
⊢	Principal occu	I Ipation / Job title (See Instructions)	Employer (See Instructions	上 3)		
		guage Pathologist	Therapy 2000 Inc.			
$\vdash$						

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	The Instruc	ction Guide explains how to complete this f	form.	1	Total pages Schedule A1: Sch: 25/27 Rpt: 28/38	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Assoc	ciation for Home Care and Hospice Inc Texas Hor	ne Care and Hospice PAC -		00015750	-
4	Date	5 Full name of contributor Out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	03/21/2025	Smith , Linda (Ms.)			-	\$210.00
		6 Contributor address; City; State; Zip Code		ł		
		San Antonio, TX 78248				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	CEO		En Su Casa Caregivers			
F	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	03/11/2025	Stutts, Kate Dee (Ms.)				\$20.00
		Contributor address; City; State; Zip Code		1		
		Midlothian, TX 76065				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Speech The	rapy Asst.	Therapy 2000 Inc.			
F	Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Γ	Amount of Contribution (\$)	
	03/11/2025	Swift , Courtney (Ms.)				\$40.00
		Contributor address; City; State; Zip Code		1		
		Round Rock, TX 78665	1			
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Exec. Dir. of	Marketing	Therapy 2000 Inc.			
	Date	Full name of contributor out-of-state PAC (ID#:	)	Ţ	Amount of Contribution (\$)	
	03/11/2025	Tally, Jean Ann (Ms.)				\$80.00
		Contributor address; City; State; Zip Code		]		
		Arlington TV 76001				
$\vdash$	Drizsingl oppu	Arlington, TX 76001		<u> </u>		
	NICU Specia	pation / Job title (See Instructions)	Employer (See Instructions Therapy 2000 Inc.	5)		
	· · ·			-		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	*70.00
	03/11/2025	Tare, Prachi				\$70.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78717				
$\vdash$	Drincinal occu	pation / Job title (See Instructions)	Employor (See Instructions	<u> </u>		
		guage Pathologist	Employer (See Instructions Therapy 2000 Inc.	5)		
			11161apy 2000 inc.			
						,

	The Instru	ction Guide explains how to complete this f	örm.	1	Total pages Schedule A1: Sch: 26/27 Rpt: 29/38	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Assoc	ciation for Home Care and Hospice Inc Texas Hon			00015750	
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	03/11/2025	Torres , Glendalis (Ms.)				\$10.00
		6 Contributor address; City; State; Zip Code				
		Dallas, TX 75253				
8	•	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Speech The	rapy Asst,	Therapy 2000 Inc.			
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	03/21/2025	Valladares, Lydia (Ms.)				\$125.00
		Contributor address; City; State; Zip Code				
		McAllen, TX 78501				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	Alternate Ad	ministrator	Presidente Homecare			
	Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	03/11/2025	Vazquez, Karla (Ms.)				\$70.00
		Contributor address; City; State; Zip Code				
		Mesquite, TX 75149				
	-	ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	Authorization	۱ Specialist	Therapy 2000 Inc.			
	Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	03/21/2025	Wilbanks, Kelly (Ms.)				\$10.00
		Contributor address; City; State; Zip Code				
		Larue, TX 75770				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	RN		Paradigm Home Care			
F	Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	03/11/2025	Womble, Emma (Ms.)				\$16.00
		Contributor address; City; State; Zip Code				
		Forney, TX 75126				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	Speech Lan	guage Pathologist	Therapy 2000 Inc.			

The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 27/27 Rpt: 30/38		
2	2 FILER NAME			3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	siation for Home Care and Hospice Inc Texas Hon	ne Care and Hospice PAC -		00015750	-
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	03/11/2025	Wooley, Ryan (Mr.)			• •	\$20.00
		6 Contributor address; City; State; Zip Code		ł		
		New Braunfels, TX 78132				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	VP Business	Strategy	Therapy 2000 Inc.			
F	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	03/11/2025	Wyse, Katie (Ms.)				\$15.00
		Contributor address; City; State; Zip Code		1		
		Boerne, TX 78006	-			
	•	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physical The	rapist	Therapy 2000 Inc.			
	Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	03/11/2025	Yates, Jennifer (Ms.)				\$19.24
		Contributor address; City; State; Zip Code		1		
	Di sinal aggi	Gilmer, TX 75644		Ĺ		
	Principal occu Executive Di	pation / Job title (See Instructions)	Employer (See Instructions Paradigm Rehab & Nurs			
				5111 T	-	
	Date	Full name of contributor     Image: out-of-state PAC (ID#:)			Amount of Contribution (\$)	÷15.00
	03/11/2025	Yee, Yesenia (Ms.)				\$15.00
		Contributor address; City; State; Zip Code				
		Round Rock, TX 78664				
$\vdash$	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ב)		
		guage Pathologist	Therapy 2000 Inc.	5)		
╞				T		
	Date 03/11/2025	Full name of contributor out-of-state PAC (ID#: van den Bent, Jerre (Mr.)	)		Amount of Contribution (\$)	\$36.00
	03/11/2025	· · ·		•		Φ30.00
		Contributor address; City; State; Zip Code				
		Dallas, TX 75208				
$\vdash$	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
	CEO Therapy 2000 Inc.		-,			
$\vdash$						

# MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

The Instruction Guide explains how to complete this form.		1	Total pages S Sch: 1/1 Rp	Schedule C3: t: 31/38			
2	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)		
	Texas Assoc	iati	ion for Home Care and Hospice Inc Texas Home Care and Hospice		00015750		
4	Date	5	Corporation / Labor Organization name	6	Amount (\$)		
	03/01/2025		Texas Association for Home Care & Hospice, Inc.			92	22.28

	EXPENDITURE CATEGORIES FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
<b>1</b> Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 1/7 Rpt: 32/38	Texas Association for Home Care and Hospice Inc Texas 00015750
4 Date 02/27/2025	5 Payee name PayPal
6 Amount (\$) \$0.84	7 Payee address; City; State; Zip Code 2211 N. First St.
corporate funds	San Jose, CA 95131
8 PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule) Accounting/Banking</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Credit card processing fee</li> </ul> </li> </ul>
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/27/2025	PayPal
Amount (\$) \$1.36	Payee address; City; State; Zip Code 2211 N. First St.
Expenditure from corporate funds	San Jose, CA 95131
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Accounting/Banking</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Credit card processing fee</li> </ul> </li> </ul>
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/27/2025	PayPal
Amount (\$) \$0.68	Payee address; City; State; Zip Code 2211 N. First St.
Expenditure from corporate funds	San Jose, CA 95131
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Accounting/Banking</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Credit card processing fee</li> </ul> </li> </ul>
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made E Candidate/Officeholder/Politic Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 2/7 Rpt: 33/38	Texas Association for Home Care and Hospice Inc Texas 00015750
4 Date	5 Payee name
03/21/2025	PayPal
6 Amount (\$) \$0.66	7 Payee address; City; State; Zip Code 2211 N. First St.
corporate funds	San Jose, CA 95131
8 PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Accounting/Banking</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Credit card processing fee</li> </ul> </li> </ul>
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held H
Date	Payee name
03/21/2025	PayPal
Amount (\$)	Payee address; City; State; Zip Code
\$0.84	2211 N. First St.
Expenditure from corporate funds	San Jose, CA 95131
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Accounting/Banking</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Credit card processing fee</li> </ul> </li> </ul>
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held H
Date	Payee name
03/21/2025	PayPal
Amount (\$) \$1.36	Payee address; City; State; Zip Code 2211 N. First St.
Expenditure from corporate funds	San Jose, CA 95131
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Accounting/Banking</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Credit card processing fee</li> </ul> </li> </ul>
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held H

	EXPENDITURE CATEGORIES FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense     Loan Repayment/Reimbursement     Solicitation/Fundraising Expense       Fees     Office Overhead/Rental Expense     Transportation Equipment & Related Expense       Food/Beverage Expense     Polling Expense     Travel in District       Glft/Awards/Memorials Expense     Printing Expense     Travel Out of District
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 3/7 Rpt: 34/38	Texas Association for Home Care and Hospice Inc Texas 00015750
4 Date	5 Payee name
03/21/2025	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 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 <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought Office held
Date	Payee name
03/21/2025	PayPal
Amount (\$)	Payee address; City; State; Zip Code
\$7.82	2211 N. First St.
Expenditure from corporate funds	San Jose, CA 95131
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule) Accounting/Banking</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Credit card processing fee</li> </ul> </li> </ul>
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
03/21/2025	PayPal
Amount (\$)	Payee address; City; State; Zip Code
\$2.24	2211 N. First St.
Expenditure from corporate funds	San Jose, CA 95131
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Accounting/Banking</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Credit card processing fee</li> </ul>
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 4/7 Rpt: 35/38	Texas Association for Home Care and Hospice Inc Texas 00015750
4 Date	5 Payee name
03/21/2025	PayPal
6 Amount (\$) \$4.85	7 Payee address; City; State; Zip Code 2211 N. First St.
Expenditure from corporate funds	San Jose, CA 95131
8 PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule) Accounting/Banking</li> <li>(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Credit card processing fee</li> </ul>
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
03/21/2025	PayPal
Amount (\$)	Payee address; City; State; Zip Code
\$0.84	2211 N. First St.
Expenditure from corporate funds	San Jose, CA 95131
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Accounting/Banking</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Credit card processing fee</li> </ul>
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
03/21/2025	PayPal
Amount (\$) \$1.36	Payee address; City; State; Zip Code 2211 N. First St.
Expenditure from corporate funds	San Jose, CA 95131
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Accounting/Banking</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Credit card processing fee</li> </ul> </li> </ul>
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)		
Sch: 5/7 Rpt: 36/38	Texas Association for Home Care and Hospice Inc Texas 00015750		
4 Date	5 Payee name		
03/21/2025	PayPal		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$1.19	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		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
03/21/2025	PayPal		
Amount (\$)	Payee address; City; State; Zip Code		
\$5.73	2211 N. First St.		
Expenditure from corporate funds	San Jose, CA 95131		
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Accounting/Banking</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Credit card processing fee</li> </ul>		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
03/21/2025	PayPal		
Amount (\$)	Payee address; City; State; Zip Code		
\$1.36	2211 N. First St.		
Expenditure from corporate funds	San Jose, CA 95131		
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Accounting/Banking</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Credit card processing fee</li> </ul>		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)		
Sch: 6/7 Rpt: 37/38	Texas Association for Home Care and Hospice Inc Texas 00015750		
4 Date	5 Payee name		
03/21/2025	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.		
	Credit card processing fee		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
03/21/2025	PayPal		
Amount (\$)	Payee address; City; State; Zip Code		
\$1.99	2211 N. First St.		
Expenditure from corporate funds	San Jose, CA 95131		
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Accounting/Banking</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Credit card processing fee</li> </ul>		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
03/21/2025	PayPal		
Amount (\$)	Payee address; City; State; Zip Code		
\$2.87	2211 N. First St.		
Expenditure from corporate funds	San Jose, CA 95131		
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Accounting/Banking</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Credit card processing fee</li> </ul>		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held		

#### SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) 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: 7/7 Rpt: 38/38 Texas Association for Home Care and Hospice Inc. - Texas 00015750 4 Date 5 Payee name PayPal 03/21/2025 6 Amount (\$) 7 Payee address; City; State; Zip Code \$4.61 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 03/21/2025 PayPal Amount (\$) Payee address; City; State; Zip Code \$0.60 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

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