

# MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC  
COVER SHEET PG 1

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

GO TO PAGE 2

# MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC  
COVER SHEET PG 2

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

<b>15 CONTRIBUTION TOTALS</b>	<b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b> <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	<b>2. TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 6,231.57
EXPENDITURE TOTALS	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 48.29
CONTRIBUTION BALANCE	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 111,329.07
OUTSTANDING LOAN TOTALS	<b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 0.00

## 16 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Ms. Rachel Hammon

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

**SUBTOTALS - MPAC****FORM MPAC**  
**COVER SHEET PG 3**  
3 of 38

<b>17 COMMITTEE NAME</b> Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice		<b>18 Filer ID</b> (Ethics Commission Filers) 00015750
<b>19 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 5,309.29
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input checked="" type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$ 922.28
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 48.29
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/27 Rpt: 4/38
<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 03/11/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aguilar, Maria (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Tyler, TX 75701	<b>7</b> Amount of Contribution (\$)  \$60.00
<b>8</b> Principal occupation / Job title (See Instructions) Authorization Specialist		<b>9</b> Employer (See Instructions) Therapy 2000 Inc.
Date 03/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aldredge, Arden (Ms.) <hr/> Contributor address; City; State; Zip Code  Freeport, TX 77541	Amount of Contribution (\$)  \$22.00
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.
Date 03/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Apodaca, Lauren Marie (Ms.) <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75214	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions) Clinical Manager		Employer (See Instructions) Therapy 2000 Inc.
Date 03/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Avery, Amy (Ms.) <hr/> Contributor address; City; State; Zip Code  Tyler, TX 75701	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Physical Therapist		Employer (See Instructions) Paradigm Rehab & Nursing LP
Date 03/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barnes, Myra (Ms.) <hr/> Contributor address; City; State; Zip Code  Greenville, TX 75402	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Speech Therapy Asst.		Employer (See Instructions) Therapy 2000 Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/27 Rpt: 5/38
<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 03/11/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barone, Catherine (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Tyler, TX 75701	<b>7</b> Amount of Contribution (\$)  \$40.00
<b>8</b> Principal occupation / Job title (See Instructions) Occupational Therapist		<b>9</b> Employer (See Instructions) Therapy 2000 Inc.
Date 03/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bass, Micaul (Mr.) <hr/> Contributor address; City; State; Zip Code  Houston, TX 77027	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Account Representative		Employer (See Instructions) Nicular Health
Date 03/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bihl, Amelia (Ms.) <hr/> Contributor address; City; State; Zip Code  McGregor, TX 76657	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions) Social Worker Case Manager		Employer (See Instructions) Therapy 2000 Inc.
Date 03/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bostick, Lindsey (Ms.) <hr/> Contributor address; City; State; Zip Code  Eustace, TX 75124	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.
Date 03/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brooks , Courtney (Ms.) <hr/> Contributor address; City; State; Zip Code  Bullard, TX 75757	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Regional Director of Operations		Employer (See Instructions) Paradigm Rehab & Nursing LP

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/27 Rpt: 6/38
<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 03/21/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brooks , Courtney (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Bullard, TX 75757	<b>7</b> Amount of Contribution (\$)  \$20.00
<b>8</b> Principal occupation / Job title (See Instructions) Regional Director of Operations		<b>9</b> Employer (See Instructions) Paradigm Rehab & Nursing LP
Date 03/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Ciara Ann (Ms.) <hr/> Contributor address; City; State; Zip Code  Missouri City, TX 77459	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) Speech Therapy Asst.		Employer (See Instructions) Therapy 2000 Inc.
Date 03/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brylak, Bronson Wallace (Mr.) <hr/> Contributor address; City; State; Zip Code  Kyle, TX 78640	Amount of Contribution (\$)  \$35.00
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.
Date 03/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burgess, Rebecca (Ms.) <hr/> Contributor address; City; State; Zip Code  Kaufman, TX 75142	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions) HR Generalist		Employer (See Instructions) Therapy 2000 Inc.
Date 03/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bustillos, Natalia (Ms.) <hr/> Contributor address; City; State; Zip Code  El Paso, TX 79925	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/27 Rpt: 7/38
<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 03/11/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cavanaugh, Alexandra (Ms.) <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78229	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Speech Language Pathologist		<b>9</b> Employer (See Instructions) Therapy 2000 Inc.
Date 03/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chance, Lisa (Ms.) Contributor address; City; State; Zip Code  Santa Rosa Beach, FL 32459	Amount of Contribution (\$)  \$140.00
Principal occupation / Job title (See Instructions) VP Client Services Clinical Exec.		Employer (See Instructions) Therapy 2000 Inc.
Date 03/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charles, Alysha Marie (Ms.) Contributor address; City; State; Zip Code  Austin, TX 78735	Amount of Contribution (\$)  \$7.50
Principal occupation / Job title (See Instructions) Physical Therapist		Employer (See Instructions) Therapy 2000 Inc.
Date 03/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Church Gutierrez, Amber (Ms.) Contributor address; City; State; Zip Code  Cypress, TX 77429	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Nurse		Employer (See Instructions) Angels of Care
Date 03/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Colston, Maureen (Ms.) Contributor address; City; State; Zip Code  Tyler, TX 75702	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Associate Controller		Employer (See Instructions) Paradigm Rehab & Nursing LP

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/27 Rpt: 8/38
<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 03/11/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coopriders, Melissa (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Rockwall, TX 75032	<b>7</b> Amount of Contribution (\$)  \$75.00
<b>8</b> Principal occupation / Job title (See Instructions) Clinical Manager		<b>9</b> Employer (See Instructions) Therapy 2000 Inc.
Date 03/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cornett, Valerie (Ms.) <hr/> Contributor address; City; State; Zip Code  Keller, TX 76244	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions) COSI		Employer (See Instructions) MAC Legacy
Date 03/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cox, Kim (Ms.) <hr/> Contributor address; City; State; Zip Code  Tyler, TX 75707	Amount of Contribution (\$)  \$6.00
Principal occupation / Job title (See Instructions) Occupational Therapist		Employer (See Instructions) Therapy 2000 Inc.
Date 03/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Creech, Amanda Michele (Ms.) <hr/> Contributor address; City; State; Zip Code  Tyler, TX 75703	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Occupational Therapy Asst.		Employer (See Instructions) Therapy 2000 Inc.
Date 03/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Darae, Serene (Ms.) <hr/> Contributor address; City; State; Zip Code  Georgetown, TX 78626	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/27 Rpt: 9/38
<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 03/11/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Lauren (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Lindale, TX 75771	<b>7</b> Amount of Contribution (\$)  \$70.00
<b>8</b> Principal occupation / Job title (See Instructions) Regional Marketing Manager		<b>9</b> Employer (See Instructions) Therapy 2000 Inc.
Date 02/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis , Sheila (Ms.) <hr/> Contributor address; City; State; Zip Code  Wichita Falls, TX 76310	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) CHCE; COS-C		Employer (See Instructions) Always Best Care Senior Services
Date 03/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Delgado, Melissa (Ms.) <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78258	Amount of Contribution (\$)  \$14.00
Principal occupation / Job title (See Instructions) Speech Therapy Asst.		Employer (See Instructions) Therapy 2000 Inc.
Date 03/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dillehay, Mary Ann (Ms.) <hr/> Contributor address; City; State; Zip Code  Friendswood, TX 77546	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Speech Therapy Asst.		Employer (See Instructions) Therapy 2000 Inc.
Date 02/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dilleshaw, Brittany (Ms.) <hr/> Contributor address; City; State; Zip Code  Danbury, TX 77534	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Vice President of Home Therapy Services		Employer (See Instructions) MedCare Pediatric Nursing

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 7/27 Rpt: 10/38
<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 03/11/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dillon, Joni R. (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Georgetown, TX 78628	<b>7</b> Amount of Contribution (\$)  \$60.00
<b>8</b> Principal occupation / Job title (See Instructions) Divisional Director		<b>9</b> Employer (See Instructions) Therapy 2000 Inc.
Date 03/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dubberly, Katherine Mary (Ms.) <hr/> Contributor address; City; State; Zip Code  Denton, TX 76210	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions) Occupational Therapist		Employer (See Instructions) Therapy 2000 Inc.
Date 03/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Evans, Sharon (Ms.) <hr/> Contributor address; City; State; Zip Code  Madisonville, TX 77864	Amount of Contribution (\$)  \$95.00
Principal occupation / Job title (See Instructions) Divisonal Director		Employer (See Instructions) Therapy 2000 Inc.
Date 03/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ewing, Andrea L. (Ms.) <hr/> Contributor address; City; State; Zip Code  Amarillo, TX 79121	Amount of Contribution (\$)  \$60.00
Principal occupation / Job title (See Instructions) Community Relations Representative		Employer (See Instructions) Therapy 2000 Inc.
Date 03/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fagnan, Marc (Mr.) <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75240	Amount of Contribution (\$)  \$140.00
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 8/27 Rpt: 11/38
<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 03/11/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ferguson, Tonya (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76112	<b>7</b> Amount of Contribution (\$)  \$80.00
<b>8</b> Principal occupation / Job title (See Instructions) Speech Language Pathologist		<b>9</b> Employer (See Instructions) Therapy 2000 Inc.
Date 03/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flores, Sonia (Ms.) <hr/> Contributor address; City; State; Zip Code  Amarillo, TX 79109	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Certified Nursing Assistant		Employer (See Instructions) Goodcare Health Services
Date 03/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flores, Sonia (Ms.) <hr/> Contributor address; City; State; Zip Code  Amarillo, TX 79109	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Certified Nursing Assistant		Employer (See Instructions) Goodcare Health Services
Date 03/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flores, Sonia (Ms.) <hr/> Contributor address; City; State; Zip Code  Amarillo, TX 79109	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Certified Nursing Assistant		Employer (See Instructions) Goodcare Health Services
Date 03/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Floyd, Macy Lynn (Ms.) <hr/> Contributor address; City; State; Zip Code  Kilgore, TX 75662	Amount of Contribution (\$)  \$2.00
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 9/27 Rpt: 12/38
<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 03/11/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fox , Eric (Mr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Whitehouse, TX 75791	<b>7</b> Amount of Contribution (\$)  \$20.00
<b>8</b> Principal occupation / Job title (See Instructions) Physical Therapist		<b>9</b> Employer (See Instructions) Paradigm Rehab & Nursing LP
Date 03/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Freeman, Laura Lynn (Ms.) <hr/> Contributor address; City; State; Zip Code  Lubbock, TX 79423	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions) VP of Public Affairs		Employer (See Instructions) Therapy 2000 Inc.
Date 03/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia , Brittany (Ms.) <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78222	Amount of Contribution (\$)  \$45.00
Principal occupation / Job title (See Instructions) Physical Therapist		Employer (See Instructions) Therapy 2000 Inc.
Date 03/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goolsby, Sharon (Ms.) <hr/> Contributor address; City; State; Zip Code  Jefferson, TX 75657	Amount of Contribution (\$)  \$125.00
Principal occupation / Job title (See Instructions) Administrator		Employer (See Instructions) First in Pediatrics Home Health Care, Inc.
Date 03/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gorr, Nina Audrey (Ms.) <hr/> Contributor address; City; State; Zip Code  Austin, TX 78746	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 10/27 Rpt: 13/38
<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 03/11/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grant, Darla (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Pittsburg, TX 75686	<b>7</b> Amount of Contribution (\$)  \$80.00
<b>8</b> Principal occupation / Job title (See Instructions) Chief Operating Officer		<b>9</b> Employer (See Instructions) Therapy 2000 Inc.
Date 03/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gruver, Emily (Ms.) <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75254	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.
Date 03/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hale, Kati (Ms.) <hr/> Contributor address; City; State; Zip Code  Denton, TX 76208	Amount of Contribution (\$)  \$60.00
Principal occupation / Job title (See Instructions) COO		Employer (See Instructions) MAC Legacy
Date 02/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hammon, Rachel (Ms.) <hr/> Contributor address; City; State; Zip Code  Austin, TX 78732	Amount of Contribution (\$)  \$21.00
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) Texas Assn. for Home Care & Hospice Inc.
Date 03/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hancock, Beth (Ms.) <hr/> Contributor address; City; State; Zip Code  Houston, TX 77044	Amount of Contribution (\$)  \$80.00
Principal occupation / Job title (See Instructions) Divisional Director		Employer (See Instructions) Therapy 2000 Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 11/27 Rpt: 14/38
<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 03/11/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herrera, Jose (Mr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Longview, TX 75604	<b>7</b> Amount of Contribution (\$)  \$60.00
<b>8</b> Principal occupation / Job title (See Instructions) Physical Therapist Asst.		<b>9</b> Employer (See Instructions) Therapy 2000 Inc.
Date 03/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Homan-Harris, Samantha Joy (Ms.) <hr/> Contributor address; City; State; Zip Code  El Paso, TX 79935	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions) Clinical Manager		Employer (See Instructions) Therapy 2000 Inc.
Date 03/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hosley, Dennis (Mr.) <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75214	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) President COO		Employer (See Instructions) Pediatric Home Healthcare
Date 03/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howard, Jesse (Mr.) <hr/> Contributor address; City; State; Zip Code  McGregor, TX 76657	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Healthcare		Employer (See Instructions) Girling Community Care
Date 03/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hudman, Molly Sue (Ms.) <hr/> Contributor address; City; State; Zip Code  Quitman, TX 75783	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Occupational Therapy Asst.		Employer (See Instructions) Therapy 2000 Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 12/27 Rpt: 15/38
<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 03/11/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hurst, Robyn (Ms.) <b>6</b> Contributor address; City; State; Zip Code  Temple, TX 76502	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Executive Director		<b>9</b> Employer (See Instructions) Paradigm Rehab & Nursing LP
Date 03/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jenkins , Jinny (Ms.) Contributor address; City; State; Zip Code  Crowley, TX 76036	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) Paradigm Rehab & Nursing LP
Date 03/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keel, Harmony Lee (Ms.) Contributor address; City; State; Zip Code  Sealy, TX 77474	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.
Date 03/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lagos, Nino (Mr.) Contributor address; City; State; Zip Code  Rowlett, TX 75089	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) Occupational Therapy Asst.		Employer (See Instructions) Therapy 2000 Inc.
Date 03/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lamonica, Rosemarie (Ms.) Contributor address; City; State; Zip Code  San Antonio, TX 78209	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Clinical Feeding Specialist		Employer (See Instructions) Therapy 2000 Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 13/27 Rpt: 16/38
<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 03/11/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawson, Jennifer (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Cincinnati, OH 45208	<b>7</b> Amount of Contribution (\$)  \$60.00
<b>8</b> Principal occupation / Job title (See Instructions) Director/OTR		<b>9</b> Employer (See Instructions) Therapy 2000 Inc.
Date 03/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawson, Kimberly (Ms.) <hr/> Contributor address; City; State; Zip Code  Bridgeport, TX 76426	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Area Director of Sales		Employer (See Instructions) Paradigm Rehab & Nursing LP
Date 03/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Learst, Renea (Ms.) <hr/> Contributor address; City; State; Zip Code  Wichita Falls, TX 76310	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Nurse		Employer (See Instructions) Angels of Care
Date 03/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee, Natalie (Ms.) <hr/> Contributor address; City; State; Zip Code  Boerne, TX 78066	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.
Date 03/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lenzen, Gregory (Mr.) <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75229	Amount of Contribution (\$)  \$70.00
Principal occupation / Job title (See Instructions) Healthcare Controller		Employer (See Instructions) Therapy 2000 Inc.



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 14/27 Rpt: 17/38
<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 03/11/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lloyd , Melody (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Pittsburg, TX 75685	<b>7</b> Amount of Contribution (\$)  \$15.00
<b>8</b> Principal occupation / Job title (See Instructions) Occupational Therapy Asst.		<b>9</b> Employer (See Instructions) Therapy 2000 Inc.
Date 03/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lloyd, Mitzi (Ms.) <hr/> Contributor address; City; State; Zip Code  Tyler, TX 75703	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Human Resources Manager		Employer (See Instructions) Paradigm Rehab & Nursing LP
Date 03/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Louvier, Meghann (Ms.) <hr/> Contributor address; City; State; Zip Code  Gladewater, TX 75647	Amount of Contribution (\$)  \$90.00
Principal occupation / Job title (See Instructions) Clinical Manager		Employer (See Instructions) Therapy 2000 Inc.
Date 03/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Loyola, Jacqueline (Ms.) <hr/> Contributor address; City; State; Zip Code  Jacksonville, TX 75766	Amount of Contribution (\$)  \$60.00
Principal occupation / Job title (See Instructions) Occupational Therapy Asst.		Employer (See Instructions) Therapy 2000 Inc.
Date 03/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lucena, Luis (Mr.) <hr/> Contributor address; City; State; Zip Code  Tyler, TX 75701	Amount of Contribution (\$)  \$80.00
Principal occupation / Job title (See Instructions) Physical Therapy Asst.		Employer (See Instructions) Therapy 2000 Inc.

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 15/27 Rpt: 18/38
<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 03/21/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Luna, Norma (Ms.) <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78260	<b>7</b> Amount of Contribution (\$)  \$75.00
<b>8</b> Principal occupation / Job title (See Instructions) Hospice Administrator		<b>9</b> Employer (See Instructions) Gentle Partners In Hospice LLC
Date 03/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez , Araceli (Ms.) Contributor address; City; State; Zip Code  Dallas, TX 75249	Amount of Contribution (\$)  \$80.00
Principal occupation / Job title (See Instructions) Physical Therapist		Employer (See Instructions) Therapy 2000 Inc.
Date 02/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Rebecca (Ms.) Contributor address; City; State; Zip Code  Amarillo, TX 79110	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Certified Nursing Assistant		Employer (See Instructions) Goodcare Health Services
Date 02/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Rebecca (Ms.) Contributor address; City; State; Zip Code  Amarillo, TX 79110	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Certified Nursing Assistant		Employer (See Instructions) Goodcare Health Services
Date 02/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Rebecca (Ms.) Contributor address; City; State; Zip Code  Amarillo, TX 79110	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Certified Nursing Assistant		Employer (See Instructions) Goodcare Health Services

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 16/27 Rpt: 19/38
<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 02/27/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Rebecca (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Amarillo, TX 79110	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) Certified Nursing Assistant		<b>9</b> Employer (See Instructions) Goodcare Health Services
Date 03/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Rebecca (Ms.) <hr/> Contributor address; City; State; Zip Code  Amarillo, TX 79110	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Certified Nursing Assistant		Employer (See Instructions) Goodcare Health Services
Date 03/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Rebecca (Ms.) <hr/> Contributor address; City; State; Zip Code  Amarillo, TX 79110	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Certified Nursing Assistant		Employer (See Instructions) Goodcare Health Services
Date 03/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Rebecca (Ms.) <hr/> Contributor address; City; State; Zip Code  Amarillo, TX 79110	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Certified Nursing Assistant		Employer (See Instructions) Goodcare Health Services
Date 03/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Rebecca (Ms.) <hr/> Contributor address; City; State; Zip Code  Amarillo, TX 79110	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Certified Nursing Assistant		Employer (See Instructions) Goodcare Health Services

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 17/27 Rpt: 20/38
<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 03/11/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCarthy, Paige Raylynn (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Euless, TX 76099	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Speech Therapy Asst.		<b>9</b> Employer (See Instructions) Therapy 2000 Inc.
Date 03/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McClammy, Lisa (Ms.) <hr/> Contributor address; City; State; Zip Code  Whitney, TX 76692	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) RN Consultant		Employer (See Instructions) MAC Legacy
Date 03/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGraw, Joseph (Mr.) <hr/> Contributor address; City; State; Zip Code  Tyler, TX 75703	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Business Development		Employer (See Instructions) Paradigm Rehab & Nursing LP
Date 03/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKee , Allison (Ms.) <hr/> Contributor address; City; State; Zip Code  Spring, TX 77389	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Physical Therapist		Employer (See Instructions) Therapy 2000 Inc.
Date 03/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meave, Adan (Mr.) <hr/> Contributor address; City; State; Zip Code  Weslaco, TX 78599	Amount of Contribution (\$)  \$150.00
Principal occupation / Job title (See Instructions) Homecare		Employer (See Instructions) El Rey Primary Health Care, LLC

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 18/27 Rpt: 21/38
<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 03/11/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mendoza, Johnny (Mr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  El Paso, TX 79938	<b>7</b> Amount of Contribution (\$)  \$60.00
<b>8</b> Principal occupation / Job title (See Instructions) Speech Therapy Asst.		<b>9</b> Employer (See Instructions) Therapy 2000 Inc.
Date 03/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mojarro, Allison (Ms.) <hr/> Contributor address; City; State; Zip Code  Tyler, TX 75701	Amount of Contribution (\$)  \$58.00
Principal occupation / Job title (See Instructions) Patient Services Specialist		Employer (See Instructions) Therapy 2000 Inc.
Date 03/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monterrosa, Lisbeth (Ms.) <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78247	Amount of Contribution (\$)  \$28.00
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.
Date 03/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morales, Carlos (Mr.) <hr/> Contributor address; City; State; Zip Code  Lubbock, TX 79424	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Executive Vice President		Employer (See Instructions) Caprock Home Health Services, Inc.
Date 03/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murphy, Maryann (Ms.) <hr/> Contributor address; City; State; Zip Code  Early, TX 76802	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) RN		Employer (See Instructions) Lee HealthCare

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 19/27 Rpt: 22/38
<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 03/11/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Myers, Tamara (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Highland Village, TX 75077	<b>7</b> Amount of Contribution (\$)  \$70.00
<b>8</b> Principal occupation / Job title (See Instructions) Assistant Speech Language Pathologist		<b>9</b> Employer (See Instructions) Therapy 2000 Inc.
Date 03/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nawaz, Kelly (Ms.) <hr/> Contributor address; City; State; Zip Code  Canton, TX 75103	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Quality Assurance RN		Employer (See Instructions) Paradigm Rehab & Nursing LP
Date 02/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olguin, Christie (Ms.) <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78254	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Therapist		Employer (See Instructions) Angels of Care
Date 03/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olson, Jess (Ms.) <hr/> Contributor address; City; State; Zip Code  Roanoke, TX 76262	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Divisional Director		Employer (See Instructions) Therapy 2000 Inc.
Date 03/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pacheco, Claudia (Ms.) <hr/> Contributor address; City; State; Zip Code  El Paso, TX 79912	Amount of Contribution (\$)  \$60.00
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 20/27 Rpt: 23/38
<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 03/21/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Palmer, Lee (Mr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Richmond, TX 77406	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Administrator		<b>9</b> Employer (See Instructions) Consolidated Home Health
Date 03/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Palmer, Natasha (Ms.) <hr/> Contributor address; City; State; Zip Code  White Oak, TX 75693	Amount of Contribution (\$)  \$80.00
Principal occupation / Job title (See Instructions) Occupational Therapy Asst.		Employer (See Instructions) Therapy 2000 Inc.
Date 03/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Papetti, Jenna (Ms.) <hr/> Contributor address; City; State; Zip Code  Houston, TX 77055	Amount of Contribution (\$)  \$60.00
Principal occupation / Job title (See Instructions) Regional Marketing Manager		Employer (See Instructions) Therapy 2000 Inc.
Date 03/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pecson, Samantha (Ms.) <hr/> Contributor address; City; State; Zip Code  Frisco, TX 75034	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Occupational Therapy Asst.		Employer (See Instructions) Therapy 2000 Inc.
Date 03/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phillip , Taylor <hr/> Contributor address; City; State; Zip Code  Garland, TX 75040	Amount of Contribution (\$)  \$11.00
Principal occupation / Job title (See Instructions) Physical Therapist		Employer (See Instructions) Therapy 2000 Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 21/27 Rpt: 24/38
<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 03/11/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pitner, Heather (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  North Richland Hills, TX 76182	<b>7</b> Amount of Contribution (\$)  \$40.00
<b>8</b> Principal occupation / Job title (See Instructions) VP Therapy Operations		<b>9</b> Employer (See Instructions) Therapy 2000 Inc.
Date 03/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Poynor, Joanne (Ms.) <hr/> Contributor address; City; State; Zip Code  Tyler, TX 75701	Amount of Contribution (\$)  \$80.00
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) Paradigm Rehab & Nursing LP
Date 03/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramos, Juan Carlos (Mr.) <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78249	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Occupational Therapist		Employer (See Instructions) Therapy 2000 Inc.
Date 02/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rangel DeLos Santos, Teresa (Ms.) <hr/> Contributor address; City; State; Zip Code  Amarillo, TX 79108	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) LVN		Employer (See Instructions) Goodcare Health Services
Date 02/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rangel DeLos Santos, Teresa (Ms.) <hr/> Contributor address; City; State; Zip Code  Amarillo, TX 79108	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) LVN		Employer (See Instructions) Goodcare Health Services



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 22/27 Rpt: 25/38
<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 02/27/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rangel DeLos Santos, Teresa (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Amarillo, TX 79108	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) LVN		<b>9</b> Employer (See Instructions) Goodcare Health Services
Date 02/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rangel DeLos Santos, Teresa (Ms.) <hr/> Contributor address; City; State; Zip Code  Amarillo, TX 79108	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) LVN		Employer (See Instructions) Goodcare Health Services
Date 03/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rangel DeLos Santos, Teresa (Ms.) <hr/> Contributor address; City; State; Zip Code  Amarillo, TX 79108	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) LVN		Employer (See Instructions) Goodcare Health Services
Date 03/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rangel DeLos Santos, Teresa (Ms.) <hr/> Contributor address; City; State; Zip Code  Amarillo, TX 79108	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) LVN		Employer (See Instructions) Goodcare Health Services
Date 03/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rangel DeLos Santos, Teresa (Ms.) <hr/> Contributor address; City; State; Zip Code  Amarillo, TX 79108	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) LVN		Employer (See Instructions) Goodcare Health Services

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 23/27 Rpt: 26/38
<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 03/17/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rangel DeLos Santos, Teresa (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Amarillo, TX 79108	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) LVN		<b>9</b> Employer (See Instructions) Goodcare Health Services
Date 03/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rash, Rose (Ms.) <hr/> Contributor address; City; State; Zip Code  Corsicana, TX 75109	Amount of Contribution (\$)  \$119.05
Principal occupation / Job title (See Instructions) Owner/Director of Nursing		Employer (See Instructions) Angels At Home, Inc.
Date 03/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reece, Miranda (Ms.) <hr/> Contributor address; City; State; Zip Code  Grapevine, TX 76051	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions) VP of Operations		Employer (See Instructions) Paradigm Rehab & Nursing LP
Date 03/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Riggins, Annalisa Marie (Ms.) <hr/> Contributor address; City; State; Zip Code  Lubbock, TX 79424	Amount of Contribution (\$)  \$17.00
Principal occupation / Job title (See Instructions) Physical Therapist		Employer (See Instructions) Therapy 2000 Inc.
Date 03/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Kathleen (Ms.) <hr/> Contributor address; City; State; Zip Code  Texarkana, TX 75503	Amount of Contribution (\$)  \$70.00
Principal occupation / Job title (See Instructions) Occupational Therapist		Employer (See Instructions) Therapy 2000 Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 24/27 Rpt: 27/38
<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 03/21/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robison, Kristen (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78209	<b>7</b> Amount of Contribution (\$)  \$125.00
<b>8</b> Principal occupation / Job title (See Instructions) RN, VP Govt. Affairs, CCO		<b>9</b> Employer (See Instructions) Angels of Care Pediatric Home Health
Date 03/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salinas, Lucy (Ms.) <hr/> Contributor address; City; State; Zip Code  Houston, TX 77044	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Speech Language Pathologsit		Employer (See Instructions) Therapy 2000 Inc.
Date 03/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sardinea, Estefania (Ms.) <hr/> Contributor address; City; State; Zip Code  Corsicana, TX 75110	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions) Clinical Manager		Employer (See Instructions) Therapy 2000 Inc.
Date 03/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scull, Courtney (Ms.) <hr/> Contributor address; City; State; Zip Code  Tenaha, TX 75974	Amount of Contribution (\$)  \$24.00
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.
Date 03/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sibille, Lauren (Ms.) <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76116	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 25/27 Rpt: 28/38
<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 03/21/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith , Linda (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78248	<b>7</b> Amount of Contribution (\$)  \$210.00
<b>8</b> Principal occupation / Job title (See Instructions) CEO		<b>9</b> Employer (See Instructions) En Su Casa Caregivers
Date 03/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stutts, Kate Dee (Ms.) <hr/> Contributor address; City; State; Zip Code  Midlothian, TX 76065	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Speech Therapy Asst.		Employer (See Instructions) Therapy 2000 Inc.
Date 03/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swift , Courtney (Ms.) <hr/> Contributor address; City; State; Zip Code  Round Rock, TX 78665	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions) Exec. Dir. of Marketing		Employer (See Instructions) Therapy 2000 Inc.
Date 03/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tally, Jean Ann (Ms.) <hr/> Contributor address; City; State; Zip Code  Arlington, TX 76001	Amount of Contribution (\$)  \$80.00
Principal occupation / Job title (See Instructions) NICU Specialist		Employer (See Instructions) Therapy 2000 Inc.
Date 03/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tare, Prachi <hr/> Contributor address; City; State; Zip Code  Austin, TX 78717	Amount of Contribution (\$)  \$70.00
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 26/27 Rpt: 29/38
<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 03/11/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torres , Glendalis (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75253	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Speech Therapy Asst,		<b>9</b> Employer (See Instructions) Therapy 2000 Inc.
Date 03/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valladares, Lydia (Ms.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78501	Amount of Contribution (\$)  \$125.00
Principal occupation / Job title (See Instructions) Alternate Administrator		Employer (See Instructions) Presidente Homecare
Date 03/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vazquez, Karla (Ms.) <hr/> Contributor address; City; State; Zip Code  Mesquite, TX 75149	Amount of Contribution (\$)  \$70.00
Principal occupation / Job title (See Instructions) Authorization Specialist		Employer (See Instructions) Therapy 2000 Inc.
Date 03/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilbanks, Kelly (Ms.) <hr/> Contributor address; City; State; Zip Code  Larue, TX 75770	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) RN		Employer (See Instructions) Paradigm Home Care
Date 03/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Womble, Emma (Ms.) <hr/> Contributor address; City; State; Zip Code  Forney, TX 75126	Amount of Contribution (\$)  \$16.00
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 27/27 Rpt: 30/38
<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 03/11/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wooley, Ryan (Mr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  New Braunfels, TX 78132	<b>7</b> Amount of Contribution (\$)  \$20.00
<b>8</b> Principal occupation / Job title (See Instructions) VP Business Strategy		<b>9</b> Employer (See Instructions) Therapy 2000 Inc.
Date 03/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wyse, Katie (Ms.) <hr/> Contributor address; City; State; Zip Code  Boerne, TX 78006	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) Physical Therapist		Employer (See Instructions) Therapy 2000 Inc.
Date 03/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yates, Jennifer (Ms.) <hr/> Contributor address; City; State; Zip Code  Gilmer, TX 75644	Amount of Contribution (\$)  \$19.24
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) Paradigm Rehab & Nursing LP
Date 03/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yee, Yesenia (Ms.) <hr/> Contributor address; City; State; Zip Code  Round Rock, TX 78664	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.
Date 03/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) van den Bent, Jerre (Mr.) <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75208	Amount of Contribution (\$)  \$36.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Therapy 2000 Inc.

# MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C3

The Instruction Guide explains how to complete this form.

1 Total pages Schedule C3:  
Sch: 1/1 Rpt: 31/38

2 FILER NAME

Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice

3 Filer ID (Ethics Commission Filers)  
00015750

4 Date

03/01/2025

5 Corporation / Labor Organization name

Texas Association for Home Care & Hospice, Inc.

6 Amount (\$)

922.28

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 3/7 Rpt: 34/38	<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas	<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 03/21/2025	<b>5</b> Payee name PayPal	
<b>6</b> Amount (\$) \$4.85  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 2211 N. First St.  San Jose, CA 95131	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/21/2025	Candidate/Officeholder name	Office sought
Payee name PayPal	Office held	
Amount (\$) \$7.82  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2211 N. First St.  San Jose, CA 95131	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/21/2025	Candidate/Officeholder name	Office sought
Payee name PayPal	Office held	
Amount (\$) \$2.24  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2211 N. First St.  San Jose, CA 95131	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/21/2025	Candidate/Officeholder name	Office sought
Payee name PayPal	Office held	
Amount (\$) \$2.24  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2211 N. First St.  San Jose, CA 95131	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 6/7 Rpt: 37/38	<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas	<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 03/21/2025	<b>5</b> Payee name PayPal	
<b>6</b> Amount (\$) \$2.24  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 2211 N. First St.  San Jose, CA 95131	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/21/2025	Payee name PayPal	
Amount (\$) \$1.99  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2211 N. First St.  San Jose, CA 95131	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/21/2025	Payee name PayPal	
Amount (\$) \$2.87  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2211 N. First St.  San Jose, CA 95131	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 7/7 Rpt: 38/38	<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas	<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 03/21/2025	<b>5</b> Payee name PayPal	
<b>6</b> Amount (\$) \$4.61  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 2211 N. First St.  San Jose, CA 95131	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/21/2025	Payee name PayPal	
Amount (\$) \$0.60  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2211 N. First St.  San Jose, CA 95131	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held