

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: 128	
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 05/05/2025 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 type="checkbox"/> April 5 <input type="checkbox"/> July 5 <input type="checkbox"/> October 5 <input type="checkbox"/> February 5 <input checked="" 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 03/26/2025 04/25/2025				

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MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC
COVER SHEET PG 2

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

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 10,419.37
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 195.80
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 120,622.08
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

16 AFFIDAVIT

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

Ms. Rachel Hammon

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - MPAC**FORM MPAC**
COVER SHEET PG 3
3 of 128

17 COMMITTEE NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice		18 Filer ID (Ethics Commission Filers) 00015750
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 9,497.09
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	\$ 195.80
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/116 Rpt: 4/128
2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		3 Filer ID (Ethics Commission Filers) 00015750
4 Date 04/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aguilar, Maria (Ms.) 6 Contributor address; City; State; Zip Code Tyler, TX 75701	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Authorization Specialist		9 Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aguilar, Maria (Ms.) Contributor address; City; State; Zip Code Tyler, TX 75701	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Authorization Specialist		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aguilar, Maria (Ms.) Contributor address; City; State; Zip Code Tyler, TX 75701	Amount of Contribution (\$) \$3.00
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		3 Filer ID (Ethics Commission Filers) 00015750
4 Date 04/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aguilar, Maria (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Tyler, TX 75701	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Authorization Specialist		9 Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$2.00
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$2.00
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.
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Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$2.25
Principal occupation / Job title (See Instructions) Clinical Manager		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$2.25
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MONETARY POLITICAL CONTRIBUTIONS

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MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		3 Filer ID (Ethics Commission Filers) 00015750
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		3 Filer ID (Ethics Commission Filers) 00015750
4 Date 04/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Apodaca, Lauren Marie (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75214	7 Amount of Contribution (\$) \$0.25
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Principal occupation / Job title (See Instructions) Clinical Manager		Employer (See Instructions) Therapy 2000 Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		3 Filer ID (Ethics Commission Filers) 00015750
4 Date 04/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Apodaca, Lauren Marie (Ms.) 6 Contributor address; City; State; Zip Code Dallas, TX 75214	7 Amount of Contribution (\$) \$0.25
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Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Apodaca, Lauren Marie (Ms.) Contributor address; City; State; Zip Code Dallas, TX 75214	Amount of Contribution (\$) \$0.25
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Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Apodaca, Lauren Marie (Ms.) Contributor address; City; State; Zip Code Dallas, TX 75214	Amount of Contribution (\$) \$0.25
Principal occupation / Job title (See Instructions) Clinical Manager		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Apodaca, Lauren Marie (Ms.) Contributor address; City; State; Zip Code Dallas, TX 75214	Amount of Contribution (\$) \$0.25
Principal occupation / Job title (See Instructions) Clinical Manager		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Apodaca, Lauren Marie (Ms.) Contributor address; City; State; Zip Code Dallas, TX 75214	Amount of Contribution (\$) \$0.25
Principal occupation / Job title (See Instructions) Clinical Manager		Employer (See Instructions) Therapy 2000 Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/116 Rpt: 11/128
2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		3 Filer ID (Ethics Commission Filers) 00015750
4 Date 04/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Apodaca, Lauren Marie (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75214	7 Amount of Contribution (\$) \$0.25
8 Principal occupation / Job title (See Instructions) Clinical Manager		9 Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arline, Victoria M. (Ms.) <hr/> Contributor address; City; State; Zip Code Pearland, TX 77584	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Occupation Therapist		Employer (See Instructions) Therapy 2000, Inc.
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arzoin, Sarah (Ms.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77071	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Occupational Therapist		Employer (See Instructions) Therapy 2000, Inc.
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arzoin, Sarah (Ms.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77071	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Occupational Therapist		Employer (See Instructions) Therapy 2000, Inc.
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arzoin, Sarah (Ms.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77071	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Occupational Therapist		Employer (See Instructions) Therapy 2000, Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/116 Rpt: 12/128
2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		3 Filer ID (Ethics Commission Filers) 00015750
4 Date 04/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arzoin, Sarah (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77071	7 Amount of Contribution (\$) \$2.00
8 Principal occupation / Job title (See Instructions) Occupational Therapist		9 Employer (See Instructions) Therapy 2000, Inc.
Date 04/25/2025	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 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bahrenburg, Danielle Nicole (Ms.) <hr/> Contributor address; City; State; Zip Code Providence Villa, TX 76227	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Occupational Therapist		Employer (See Instructions) Therapy 2000, Inc.
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bahrenburg, Danielle Nicole (Ms.) <hr/> Contributor address; City; State; Zip Code Providence Villa, TX 76227	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Occupational Therapist		Employer (See Instructions) Therapy 2000, Inc.
Date 04/15/2025	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 (\$) \$5.00
Principal occupation / Job title (See Instructions) Speech Therapy Asst.		Employer (See Instructions) Therapy 2000 Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/116 Rpt: 13/128
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4 Date 04/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barnes, Myra (Ms.) 6 Contributor address; City; State; Zip Code Greenville, TX 75402	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Speech Therapy Asst.		9 Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barnes, Myra (Ms.) Contributor address; City; State; Zip Code Greenville, TX 75402	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Speech Therapy Asst.		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barnes, Myra (Ms.) Contributor address; City; State; Zip Code Greenville, TX 75402	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Speech Therapy Asst.		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barnes, Myra (Ms.) Contributor address; City; State; Zip Code Greenville, TX 75402	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Speech Therapy Asst.		Employer (See Instructions) Therapy 2000 Inc.
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Principal occupation / Job title (See Instructions) Speech Therapy Asst.		Employer (See Instructions) Therapy 2000 Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/116 Rpt: 14/128
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Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barone, Catherine (Ms.) <hr/> Contributor address; City; State; Zip Code Tyler, TX 75701	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Occupational Therapist		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barone, Catherine (Ms.) <hr/> Contributor address; City; State; Zip Code Tyler, TX 75701	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Occupational Therapist		Employer (See Instructions) Therapy 2000 Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/116 Rpt: 15/128
2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		3 Filer ID (Ethics Commission Filers) 00015750
4 Date 04/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barone, Catherine (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Tyler, TX 75701	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Occupational Therapist		9 Employer (See Instructions) Therapy 2000 Inc.
Date 04/14/2025	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 04/15/2025	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 (\$) \$3.00
Principal occupation / Job title (See Instructions) Social Worker Case Manager		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$3.00
Principal occupation / Job title (See Instructions) Social Worker Case Manager		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$3.00
Principal occupation / Job title (See Instructions) Social Worker Case Manager		Employer (See Instructions) Therapy 2000 Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/116 Rpt: 16/128
2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		3 Filer ID (Ethics Commission Filers) 00015750
4 Date 04/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bihl, Amelia (Ms.) <hr/> 6 Contributor address; City; State; Zip Code McGregor, TX 76657	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Social Worker Case Manager		9 Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$3.00
Principal occupation / Job title (See Instructions) Social Worker Case Manager		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$3.00
Principal occupation / Job title (See Instructions) Social Worker Case Manager		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$3.00
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$3.00
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/116 Rpt: 17/128
2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		3 Filer ID (Ethics Commission Filers) 00015750
4 Date 04/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bostick, Lindsey (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Eustace, TX 75124	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Speech Language Pathologist		9 Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$3.00
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$3.00
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$3.00
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.
Date 04/14/2025	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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/116 Rpt: 18/128
2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		3 Filer ID (Ethics Commission Filers) 00015750
4 Date 04/25/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brooks , Courtney (Ms.) 6 Contributor address; City; State; Zip Code Bullard, TX 75757	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Regional Director of Operations		9 Employer (See Instructions) Paradigm Rehab & Nursing LP
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Ciara Ann (Ms.) Contributor address; City; State; Zip Code Missouri City, TX 77459	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Speech Therapy Asst.		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Ciara Ann (Ms.) Contributor address; City; State; Zip Code Missouri City, TX 77459	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Speech Therapy Asst.		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Ciara Ann (Ms.) Contributor address; City; State; Zip Code Missouri City, TX 77459	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Speech Therapy Asst.		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Ciara Ann (Ms.) Contributor address; City; State; Zip Code Missouri City, TX 77459	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Speech Therapy Asst.		Employer (See Instructions) Therapy 2000 Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/116 Rpt: 19/128
2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		3 Filer ID (Ethics Commission Filers) 00015750
4 Date 04/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Ciara Ann (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Missouri City, TX 77459	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Speech Therapy Asst.		9 Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$5.00
Principal occupation / Job title (See Instructions) Speech Therapy Asst.		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$5.00
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$5.00
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$5.00
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/116 Rpt: 20/128
2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		3 Filer ID (Ethics Commission Filers) 00015750
4 Date 04/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brylak, Bronson Wallace (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Kyle, TX 78640	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Speech Language Pathologist		9 Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$5.00
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$5.00
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$5.00
Principal occupation / Job title (See Instructions) HR Generalist		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$5.00
Principal occupation / Job title (See Instructions) HR Generalist		Employer (See Instructions) Therapy 2000 Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/116 Rpt: 21/128
2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		3 Filer ID (Ethics Commission Filers) 00015750
4 Date 04/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burgess, Rebecca (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Kaufman, TX 75142	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) HR Generalist		9 Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$5.00
Principal occupation / Job title (See Instructions) HR Generalist		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$5.00
Principal occupation / Job title (See Instructions) HR Generalist		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$5.00
Principal occupation / Job title (See Instructions) HR Generalist		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cavanaugh, Alexandra (Ms.) <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78229	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/116 Rpt: 22/128
2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		3 Filer ID (Ethics Commission Filers) 00015750
4 Date 04/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cavanaugh, Alexandra (Ms.) <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78229	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Speech Language Pathologist		9 Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cavanaugh, Alexandra (Ms.) <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78229	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cavanaugh, Alexandra (Ms.) <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78229	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cavanaugh, Alexandra (Ms.) <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78229	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cavanaugh, Alexandra (Ms.) <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78229	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/116 Rpt: 23/128
2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		3 Filer ID (Ethics Commission Filers) 00015750
4 Date 04/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chance, Lisa (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Santa Rosa Beach, FL 32459	7 Amount of Contribution (\$) <div style="text-align: right;">\$10.00</div>
8 Principal occupation / Job title (See Instructions) VP Client Services Clinical Exec.		9 Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chance, Lisa (Ms.) <hr/> Contributor address; City; State; Zip Code Santa Rosa Beach, FL 32459	Amount of Contribution (\$) <div style="text-align: right;">\$10.00</div>
Principal occupation / Job title (See Instructions) VP Client Services Clinical Exec.		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chance, Lisa (Ms.) <hr/> Contributor address; City; State; Zip Code Santa Rosa Beach, FL 32459	Amount of Contribution (\$) <div style="text-align: right;">\$10.00</div>
Principal occupation / Job title (See Instructions) VP Client Services Clinical Exec.		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chance, Lisa (Ms.) <hr/> Contributor address; City; State; Zip Code Santa Rosa Beach, FL 32459	Amount of Contribution (\$) <div style="text-align: right;">\$10.00</div>
Principal occupation / Job title (See Instructions) VP Client Services Clinical Exec.		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chance, Lisa (Ms.) <hr/> Contributor address; City; State; Zip Code Santa Rosa Beach, FL 32459	Amount of Contribution (\$) <div style="text-align: right;">\$10.00</div>
Principal occupation / Job title (See Instructions) VP Client Services Clinical Exec.		Employer (See Instructions) Therapy 2000 Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/116 Rpt: 24/128
2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		3 Filer ID (Ethics Commission Filers) 00015750
4 Date 04/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chance, Lisa (Ms.) 6 Contributor address; City; State; Zip Code Santa Rosa Beach, FL 32459	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) VP Client Services Clinical Exec.		9 Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$2.50
Principal occupation / Job title (See Instructions) Physical Therapist		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$2.50
Principal occupation / Job title (See Instructions) Physical Therapist		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$2.50
Principal occupation / Job title (See Instructions) Physical Therapist		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$2.50
Principal occupation / Job title (See Instructions) Physical Therapist		Employer (See Instructions) Therapy 2000 Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/116 Rpt: 25/128
2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		3 Filer ID (Ethics Commission Filers) 00015750
4 Date 04/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charles, Alysha Marie (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78735	7 Amount of Contribution (\$) \$2.50
8 Principal occupation / Job title (See Instructions) Physical Therapist		9 Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charles, Alysha Marie (Ms.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78735	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Physical Therapist		Employer (See Instructions) Therapy 2000 Inc.
Date 04/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Church Gutierrez, Amber (Ms.) <hr/> Contributor address; City; State; Zip Code Cypress, TX 77429	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Nurse		Employer (See Instructions) Angels of Care
Date 04/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Colston, Maureen (Ms.) <hr/> Contributor address; City; State; Zip Code Tyler, TX 75702	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Associate Controller		Employer (See Instructions) Paradigm Rehab & Nursing LP
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cooprider, Melissa (Ms.) <hr/> Contributor address; City; State; Zip Code Rockwall, TX 75032	Amount of Contribution (\$) \$4.50
Principal occupation / Job title (See Instructions) Clinical Manager		Employer (See Instructions) Therapy 2000 Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 23/116 Rpt: 26/128
2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		3 Filer ID (Ethics Commission Filers) 00015750
4 Date 04/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coopriders, Melissa (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Rockwall, TX 75032	7 Amount of Contribution (\$) \$4.50
8 Principal occupation / Job title (See Instructions) Clinical Manager		9 Employer (See Instructions) Therapy 2000 Inc.

Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coopriders, Melissa (Ms.) <hr/> Contributor address; City; State; Zip Code Rockwall, TX 75032	Amount of Contribution (\$) \$4.50
Principal occupation / Job title (See Instructions) Clinical Manager		Employer (See Instructions) Therapy 2000 Inc.

Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coopriders, Melissa (Ms.) <hr/> Contributor address; City; State; Zip Code Rockwall, TX 75032	Amount of Contribution (\$) \$4.50
Principal occupation / Job title (See Instructions) Clinical Manager		Employer (See Instructions) Therapy 2000 Inc.

Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coopriders, Melissa (Ms.) <hr/> Contributor address; City; State; Zip Code Rockwall, TX 75032	Amount of Contribution (\$) \$4.50
Principal occupation / Job title (See Instructions) Clinical Manager		Employer (See Instructions) Therapy 2000 Inc.

Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coopriders, Melissa (Ms.) <hr/> Contributor address; City; State; Zip Code Rockwall, TX 75032	Amount of Contribution (\$) \$4.50
Principal occupation / Job title (See Instructions) Clinical Manager		Employer (See Instructions) Therapy 2000 Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 24/116 Rpt: 27/128
2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		3 Filer ID (Ethics Commission Filers) 00015750
4 Date 04/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coopriders, Melissa (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Rockwall, TX 75032	7 Amount of Contribution (\$) \$0.25
8 Principal occupation / Job title (See Instructions) Clinical Manager		9 Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coopriders, Melissa (Ms.) <hr/> Contributor address; City; State; Zip Code Rockwall, TX 75032	Amount of Contribution (\$) \$0.25
Principal occupation / Job title (See Instructions) Clinical Manager		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coopriders, Melissa (Ms.) <hr/> Contributor address; City; State; Zip Code Rockwall, TX 75032	Amount of Contribution (\$) \$0.25
Principal occupation / Job title (See Instructions) Clinical Manager		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coopriders, Melissa (Ms.) <hr/> Contributor address; City; State; Zip Code Rockwall, TX 75032	Amount of Contribution (\$) \$0.25
Principal occupation / Job title (See Instructions) Clinical Manager		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coopriders, Melissa (Ms.) <hr/> Contributor address; City; State; Zip Code Rockwall, TX 75032	Amount of Contribution (\$) \$0.25
Principal occupation / Job title (See Instructions) Clinical Manager		Employer (See Instructions) Therapy 2000 Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 25/116 Rpt: 28/128
2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		3 Filer ID (Ethics Commission Filers) 00015750
4 Date 04/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coopridier, Melissa (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Rockwall, TX 75032	7 Amount of Contribution (\$) \$0.25
8 Principal occupation / Job title (See Instructions) Clinical Manager		9 Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 04/15/2025	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 (\$) \$2.00
Principal occupation / Job title (See Instructions) Occupational Therapist		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$2.00
Principal occupation / Job title (See Instructions) Occupational Therapist		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$2.00
Principal occupation / Job title (See Instructions) Occupational Therapist		Employer (See Instructions) Therapy 2000 Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 26/116 Rpt: 29/128
2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		3 Filer ID (Ethics Commission Filers) 00015750
4 Date 04/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cox , Kim (Ms.) 6 Contributor address; City; State; Zip Code Tyler, TX 75707	7 Amount of Contribution (\$) \$2.00
8 Principal occupation / Job title (See Instructions) Occupational Therapist		9 Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cox , Kim (Ms.) Contributor address; City; State; Zip Code Tyler, TX 75707	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Occupational Therapist		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cox , Kim (Ms.) Contributor address; City; State; Zip Code Tyler, TX 75707	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Occupational Therapist		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Creech, Amanda Michele (Ms.) 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 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Creech, Amanda Michele (Ms.) 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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 27/116 Rpt: 30/128
2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		3 Filer ID (Ethics Commission Filers) 00015750
4 Date 04/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Creech, Amanda Michele (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Tyler, TX 75703	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Occupational Therapy Asst.		9 Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 04/15/2025	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 04/15/2025	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 04/15/2025	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 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Lauren (Ms.) <hr/> Contributor address; City; State; Zip Code Lindale, TX 75771	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Regional Marketing Manager		Employer (See Instructions) Therapy 2000 Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 28/116 Rpt: 31/128
2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		3 Filer ID (Ethics Commission Filers) 00015750
4 Date 04/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Lauren (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Lindale, TX 75771	7 Amount of Contribution (\$) <div style="text-align: right;">\$5.00</div>
8 Principal occupation / Job title (See Instructions) Regional Marketing Manager		9 Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Lauren (Ms.) <hr/> Contributor address; City; State; Zip Code Lindale, TX 75771	Amount of Contribution (\$) <div style="text-align: right;">\$5.00</div>
Principal occupation / Job title (See Instructions) Regional Marketing Manager		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Lauren (Ms.) <hr/> Contributor address; City; State; Zip Code Lindale, TX 75771	Amount of Contribution (\$) <div style="text-align: right;">\$5.00</div>
Principal occupation / Job title (See Instructions) Regional Marketing Manager		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Lauren (Ms.) <hr/> Contributor address; City; State; Zip Code Lindale, TX 75771	Amount of Contribution (\$) <div style="text-align: right;">\$5.00</div>
Principal occupation / Job title (See Instructions) Regional Marketing Manager		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Lauren (Ms.) <hr/> Contributor address; City; State; Zip Code Lindale, TX 75771	Amount of Contribution (\$) <div style="text-align: right;">\$5.00</div>
Principal occupation / Job title (See Instructions) Regional Marketing Manager		Employer (See Instructions) Therapy 2000 Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 29/116 Rpt: 32/128
2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		3 Filer ID (Ethics Commission Filers) 00015750
4 Date 03/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis , Sheila (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Wichita Falls, TX 76310	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) CHCE; COS-C		9 Employer (See Instructions) Always Best Care Senior Services
Date 04/15/2025	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 (\$) \$1.00
Principal occupation / Job title (See Instructions) Speech Therapy Asst.		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$1.00
Principal occupation / Job title (See Instructions) Speech Therapy Asst.		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$1.00
Principal occupation / Job title (See Instructions) Speech Therapy Asst.		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$1.00
Principal occupation / Job title (See Instructions) Speech Therapy Asst.		Employer (See Instructions) Therapy 2000 Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 30/116 Rpt: 33/128
2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		3 Filer ID (Ethics Commission Filers) 00015750
4 Date 04/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Delgado, Melissa (Ms.) <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78258	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Speech Therapy Asst.		9 Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$1.00
Principal occupation / Job title (See Instructions) Speech Therapy Asst.		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$5.00
Principal occupation / Job title (See Instructions) Speech Therapy Asst.		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$5.00
Principal occupation / Job title (See Instructions) Speech Therapy Asst.		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$5.00
Principal occupation / Job title (See Instructions) Speech Therapy Asst.		Employer (See Instructions) Therapy 2000 Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 31/116 Rpt: 34/128
2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		3 Filer ID (Ethics Commission Filers) 00015750
4 Date 04/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dillehay, Mary Ann (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Friendswood, TX 77546	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Speech Therapy Asst.		9 Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$5.00
Principal occupation / Job title (See Instructions) Speech Therapy Asst.		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$5.00
Principal occupation / Job title (See Instructions) Speech Therapy Asst.		Employer (See Instructions) Therapy 2000 Inc.
Date 03/31/2025	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
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dillon, Joni R. (Ms.) <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78628	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Divisional Director		Employer (See Instructions) Therapy 2000 Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 32/116 Rpt: 35/128
2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		3 Filer ID (Ethics Commission Filers) 00015750
4 Date 04/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dillon, Joni R. (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Georgetown, TX 78628	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Divisional Director		9 Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dillon, Joni R. (Ms.) <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78628	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Divisional Director		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dillon, Joni R. (Ms.) <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78628	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Divisional Director		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dillon, Joni R. (Ms.) <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78628	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Divisional Director		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dillon, Joni R. (Ms.) <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78628	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Divisional Director		Employer (See Instructions) Therapy 2000 Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 33/116 Rpt: 36/128
2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		3 Filer ID (Ethics Commission Filers) 00015750
4 Date 04/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dubberly, Katherine Mary (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Denton, TX 76210	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Occupational Therapist		9 Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$10.00
Principal occupation / Job title (See Instructions) Occupational Therapist		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$10.00
Principal occupation / Job title (See Instructions) Occupational Therapist		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$10.00
Principal occupation / Job title (See Instructions) Occupational Therapist		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$10.00
Principal occupation / Job title (See Instructions) Occupational Therapist		Employer (See Instructions) Therapy 2000 Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 34/116 Rpt: 37/128
2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		3 Filer ID (Ethics Commission Filers) 00015750
4 Date 04/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dubberly, Katherine Mary (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Denton, TX 76210	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Occupational Therapist		9 Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$10.00
Principal occupation / Job title (See Instructions) Divisonal Director		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$10.00
Principal occupation / Job title (See Instructions) Divisonal Director		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$10.00
Principal occupation / Job title (See Instructions) Divisonal Director		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$10.00
Principal occupation / Job title (See Instructions) Divisonal Director		Employer (See Instructions) Therapy 2000 Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 35/116 Rpt: 38/128
2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		3 Filer ID (Ethics Commission Filers) 00015750
4 Date 04/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Evans, Sharon (Ms.) 6 Contributor address; City; State; Zip Code Madisonville, TX 77864	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Divisonal Director		9 Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Evans, Sharon (Ms.) Contributor address; City; State; Zip Code Madisonville, TX 77864	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Divisonal Director		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ewing, Andrea L. (Ms.) Contributor address; City; State; Zip Code Amarillo, TX 79121	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Community Relations Representative		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ewing, Andrea L. (Ms.) Contributor address; City; State; Zip Code Amarillo, TX 79121	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Community Relations Representative		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ewing, Andrea L. (Ms.) Contributor address; City; State; Zip Code Amarillo, TX 79121	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Community Relations Representative		Employer (See Instructions) Therapy 2000 Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 36/116 Rpt: 39/128
2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		3 Filer ID (Ethics Commission Filers) 00015750
4 Date 04/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ewing, Andrea L. (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Amarillo, TX 79121	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Community Relations Representative		9 Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$3.00
Principal occupation / Job title (See Instructions) Community Relations Representative		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$3.00
Principal occupation / Job title (See Instructions) Community Relations Representative		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$7.00
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$7.00
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 37/116 Rpt: 40/128
2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		3 Filer ID (Ethics Commission Filers) 00015750
4 Date 04/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fagnan, Marc (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75240	7 Amount of Contribution (\$) \$7.00
8 Principal occupation / Job title (See Instructions) Speech Language Pathologist		9 Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$7.00
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$7.00
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$7.00
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$7.00
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ferguson, Tonya (Ms.) <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76112	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 38/116 Rpt: 41/128
2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		3 Filer ID (Ethics Commission Filers) 00015750
4 Date 04/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ferguson, Tonya (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76112	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Speech Language Pathologist		9 Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ferguson, Tonya (Ms.) <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76112	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ferguson, Tonya (Ms.) <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76112	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ferguson, Tonya (Ms.) <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76112	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ferguson, Tonya (Ms.) <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76112	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 39/116 Rpt: 42/128
2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		3 Filer ID (Ethics Commission Filers) 00015750
4 Date 04/25/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flores, Sonia (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Amarillo, TX 79109	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Certified Nursing Assistant		9 Employer (See Instructions) Goodcare Health Services
Date 04/25/2025	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 04/25/2025	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 04/15/2025	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 (\$) \$1.00
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$1.00
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 40/116 Rpt: 43/128
2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		3 Filer ID (Ethics Commission Filers) 00015750
4 Date 04/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Floyd, Macy Lynn (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Kilgore, TX 75662	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Speech Language Pathologist		9 Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$1.00
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$1.00
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$1.00
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$1.00
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.
Date 04/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fox , Eric (Mr.) <hr/> Contributor address; City; State; Zip Code Whitehouse, TX 75791	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Physical Therapist		Employer (See Instructions) Paradigm Rehab & Nursing LP

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 41/116 Rpt: 44/128
2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		3 Filer ID (Ethics Commission Filers) 00015750
4 Date 04/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Freeman, Laura Lynn (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Lubbock, TX 79423	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) VP of Public Affairs		9 Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$10.00
Principal occupation / Job title (See Instructions) VP of Public Affairs		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$10.00
Principal occupation / Job title (See Instructions) VP of Public Affairs		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$10.00
Principal occupation / Job title (See Instructions) VP of Public Affairs		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$10.00
Principal occupation / Job title (See Instructions) VP of Public Affairs		Employer (See Instructions) Therapy 2000 Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 42/116 Rpt: 45/128
2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		3 Filer ID (Ethics Commission Filers) 00015750
4 Date 04/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Freeman, Laura Lynn (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Lubbock, TX 79423	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) VP of Public Affairs		9 Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$5.00
Principal occupation / Job title (See Instructions) Physical Therapist		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$5.00
Principal occupation / Job title (See Instructions) Physical Therapist		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$5.00
Principal occupation / Job title (See Instructions) Physical Therapist		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$5.00
Principal occupation / Job title (See Instructions) Physical Therapist		Employer (See Instructions) Therapy 2000 Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 43/116 Rpt: 46/128
2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		3 Filer ID (Ethics Commission Filers) 00015750
4 Date 04/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia , Brittany (Ms.) <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78222	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Physical Therapist		9 Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$5.00
Principal occupation / Job title (See Instructions) Physical Therapist		Employer (See Instructions) Therapy 2000 Inc.
Date 04/14/2025	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 04/15/2025	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 (\$) \$5.00
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$5.00
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 44/116 Rpt: 47/128
2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		3 Filer ID (Ethics Commission Filers) 00015750
4 Date 04/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gorr, Nina Audrey (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78746	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Speech Language Pathologist		9 Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$5.00
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$5.00
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$5.00
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$5.00
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grant, Darla (Ms.) <hr/> Contributor address; City; State; Zip Code Pittsburg, TX 75686	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Chief Operating Officer		Employer (See Instructions) Therapy 2000 Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 45/116 Rpt: 48/128
2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		3 Filer ID (Ethics Commission Filers) 00015750
4 Date 04/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grant, Darla (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Pittsburg, TX 75686	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Chief Operating Officer		9 Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grant, Darla (Ms.) <hr/> Contributor address; City; State; Zip Code Pittsburg, TX 75686	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Chief Operating Officer		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grant, Darla (Ms.) <hr/> Contributor address; City; State; Zip Code Pittsburg, TX 75686	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Chief Operating Officer		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grant, Darla (Ms.) <hr/> Contributor address; City; State; Zip Code Pittsburg, TX 75686	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Chief Operating Officer		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grant, Darla (Ms.) <hr/> Contributor address; City; State; Zip Code Pittsburg, TX 75686	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Chief Operating Officer		Employer (See Instructions) Therapy 2000 Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 46/116 Rpt: 49/128
2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		3 Filer ID (Ethics Commission Filers) 00015750
4 Date 04/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Green, Quetta Ann (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Amarillo, TX 79110	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Occupational Therapy Assistant		9 Employer (See Instructions) Therapy 2000, Inc.
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Green, Quetta Ann (Ms.) <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79110	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Occupational Therapy Assistant		Employer (See Instructions) Therapy 2000, Inc.
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Green, Quetta Ann (Ms.) <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79110	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Occupational Therapy Assistant		Employer (See Instructions) Therapy 2000, Inc.
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Green, Quetta Ann (Ms.) <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79110	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Occupational Therapy Assistant		Employer (See Instructions) Therapy 2000, Inc.
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Green, Quetta Ann (Ms.) <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79110	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Occupational Therapy Assistant		Employer (See Instructions) Therapy 2000, Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 47/116 Rpt: 50/128
2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		3 Filer ID (Ethics Commission Filers) 00015750
4 Date 04/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Green, Quetta Ann (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Amarillo, TX 79110	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Occupational Therapy Assistant		9 Employer (See Instructions) Therapy 2000, Inc.
Date 04/15/2025	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 (\$) \$5.00
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$5.00
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$5.00
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$5.00
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 48/116 Rpt: 51/128
2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		3 Filer ID (Ethics Commission Filers) 00015750
4 Date 04/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gruver, Emily (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75254	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Speech Language Pathologist		9 Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$5.00
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 03/27/2025	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 04/15/2025	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 (\$) \$20.00
Principal occupation / Job title (See Instructions) Divisional Director		Employer (See Instructions) Therapy 2000 Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 49/116 Rpt: 52/128
2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		3 Filer ID (Ethics Commission Filers) 00015750
4 Date 04/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hancock, Beth (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77044	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Divisional Director		9 Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$20.00
Principal occupation / Job title (See Instructions) Divisional Director		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$20.00
Principal occupation / Job title (See Instructions) Divisional Director		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$20.00
Principal occupation / Job title (See Instructions) Divisional Director		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$20.00
Principal occupation / Job title (See Instructions) Divisional Director		Employer (See Instructions) Therapy 2000 Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 50/116 Rpt: 53/128
2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		3 Filer ID (Ethics Commission Filers) 00015750
4 Date 04/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herrera, Jose (Mr.) 6 Contributor address; City; State; Zip Code Longview, TX 75604	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Physical Therapist Asst.		9 Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herrera, Jose (Mr.) Contributor address; City; State; Zip Code Longview, TX 75604	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Physical Therapist Asst.		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herrera, Jose (Mr.) Contributor address; City; State; Zip Code Longview, TX 75604	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Physical Therapist Asst.		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herrera, Jose (Mr.) Contributor address; City; State; Zip Code Longview, TX 75604	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Physical Therapist Asst.		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herrera, Jose (Mr.) Contributor address; City; State; Zip Code Longview, TX 75604	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Physical Therapist Asst.		Employer (See Instructions) Therapy 2000 Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 51/116 Rpt: 54/128
2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		3 Filer ID (Ethics Commission Filers) 00015750
4 Date 04/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herrera, Jose (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Longview, TX 75604	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Physical Therapist Asst.		9 Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$4.50
Principal occupation / Job title (See Instructions) Clinical Manager		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$4.50
Principal occupation / Job title (See Instructions) Clinical Manager		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$4.50
Principal occupation / Job title (See Instructions) Clinical Manager		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$4.50
Principal occupation / Job title (See Instructions) Clinical Manager		Employer (See Instructions) Therapy 2000 Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 52/116 Rpt: 55/128
2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		3 Filer ID (Ethics Commission Filers) 00015750
4 Date 04/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Homan-Harris, Samantha Joy (Ms.) <hr/> 6 Contributor address; City; State; Zip Code El Paso, TX 79935	7 Amount of Contribution (\$) \$4.50
8 Principal occupation / Job title (See Instructions) Clinical Manager		9 Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$4.50
Principal occupation / Job title (See Instructions) Clinical Manager		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$0.50
Principal occupation / Job title (See Instructions) Clinical Manager		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$0.50
Principal occupation / Job title (See Instructions) Clinical Manager		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$0.50
Principal occupation / Job title (See Instructions) Clinical Manager		Employer (See Instructions) Therapy 2000 Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 53/116 Rpt: 56/128
2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		3 Filer ID (Ethics Commission Filers) 00015750
4 Date 04/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Homan-Harris, Samantha Joy (Ms.) <hr/> 6 Contributor address; City; State; Zip Code El Paso, TX 79935	7 Amount of Contribution (\$) \$0.50
8 Principal occupation / Job title (See Instructions) Clinical Manager		9 Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$0.50
Principal occupation / Job title (See Instructions) Clinical Manager		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$0.50
Principal occupation / Job title (See Instructions) Clinical Manager		Employer (See Instructions) Therapy 2000 Inc.
Date 04/14/2025	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 04/14/2025	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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 54/116 Rpt: 57/128
2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		3 Filer ID (Ethics Commission Filers) 00015750
4 Date 04/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hudman, Molly Sue (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Quitman, TX 75783	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Occupational Therapy Asst.		9 Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$5.00
Principal occupation / Job title (See Instructions) Occupational Therapy Asst.		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$5.00
Principal occupation / Job title (See Instructions) Occupational Therapy Asst.		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$5.00
Principal occupation / Job title (See Instructions) Occupational Therapy Asst.		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$5.00
Principal occupation / Job title (See Instructions) Occupational Therapy Asst.		Employer (See Instructions) Therapy 2000 Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 55/116 Rpt: 58/128
2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		3 Filer ID (Ethics Commission Filers) 00015750
4 Date 04/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hudman, Molly Sue (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Quitman, TX 75783	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Occupational Therapy Asst.		9 Employer (See Instructions) Therapy 2000 Inc.
Date 04/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hunt, Dean (Mr.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77007	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) Owner, President		Employer (See Instructions) Astrocare Home Healthcare
Date 04/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hurst, Robyn (Ms.) <hr/> Contributor address; City; State; Zip Code Temple, TX 76502	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) Paradigm Rehab & Nursing LP
Date 04/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jenkins , Jinny (Ms.) <hr/> 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 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keel, Harmony Lee (Ms.) <hr/> Contributor address; City; State; Zip Code Sealy, TX 77474	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 56/116 Rpt: 59/128
2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		3 Filer ID (Ethics Commission Filers) 00015750
4 Date 04/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keel, Harmony Lee (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Sealy, TX 77474	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Speech Language Pathologist		9 Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keel, Harmony Lee (Ms.) <hr/> Contributor address; City; State; Zip Code Sealy, TX 77474	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keel, Harmony Lee (Ms.) <hr/> Contributor address; City; State; Zip Code Sealy, TX 77474	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keel, Harmony Lee (Ms.) <hr/> Contributor address; City; State; Zip Code Sealy, TX 77474	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keel, Harmony Lee (Ms.) <hr/> Contributor address; City; State; Zip Code Sealy, TX 77474	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 57/116 Rpt: 60/128
2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		3 Filer ID (Ethics Commission Filers) 00015750
4 Date 04/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kwami, Bridget (Ms.) 6 Contributor address; City; State; Zip Code Humble, TX 77346	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Occupational Therapist		9 Employer (See Instructions) Therapy 2000, Inc.
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kwami, Bridget (Ms.) Contributor address; City; State; Zip Code Humble, TX 77346	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Occupational Therapist		Employer (See Instructions) Therapy 2000, Inc.
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kwami, Bridget (Ms.) Contributor address; City; State; Zip Code Humble, TX 77346	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Occupational Therapist		Employer (See Instructions) Therapy 2000, Inc.
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kwami, Bridget (Ms.) Contributor address; City; State; Zip Code Humble, TX 77346	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Occupational Therapist		Employer (See Instructions) Therapy 2000, Inc.
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kwami, Bridget (Ms.) Contributor address; City; State; Zip Code Humble, TX 77346	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Occupational Therapist		Employer (See Instructions) Therapy 2000, Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 58/116 Rpt: 61/128
2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		3 Filer ID (Ethics Commission Filers) 00015750
4 Date 04/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kwami, Bridget (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Humble, TX 77346	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Occupational Therapist		9 Employer (See Instructions) Therapy 2000, Inc.
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lamonica, Rosemarie (Ms.) <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78209	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Clinical Feeding Specialist		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lamonica, Rosemarie (Ms.) <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78209	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Clinical Feeding Specialist		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lamonica, Rosemarie (Ms.) <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78209	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Clinical Feeding Specialist		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lamonica, Rosemarie (Ms.) <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78209	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Clinical Feeding Specialist		Employer (See Instructions) Therapy 2000 Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 59/116 Rpt: 62/128
2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		3 Filer ID (Ethics Commission Filers) 00015750
4 Date 04/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lamonica, Rosemarie (Ms.) <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78209	7 Amount of Contribution (\$) \$2.50
8 Principal occupation / Job title (See Instructions) Clinical Feeding Specialist		9 Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lamonica, Rosemarie (Ms.) <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78209	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Clinical Feeding Specialist		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lamonica, Rosemarie (Ms.) <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78209	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Clinical Feeding Specialist		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lamonica, Rosemarie (Ms.) <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78209	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Clinical Feeding Specialist		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lamonica, Rosemarie (Ms.) <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78209	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Clinical Feeding Specialist		Employer (See Instructions) Therapy 2000 Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 60/116 Rpt: 63/128
2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		3 Filer ID (Ethics Commission Filers) 00015750
4 Date 04/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lamonica, Rosemarie (Ms.) <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78209	7 Amount of Contribution (\$) \$2.50
8 Principal occupation / Job title (See Instructions) Clinical Feeding Specialist		9 Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lamonica, Rosemarie (Ms.) <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78209	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Clinical Feeding Specialist		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lamonica, Rosemarie (Ms.) <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78209	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Clinical Feeding Specialist		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawson, Jennifer (Ms.) <hr/> Contributor address; City; State; Zip Code Cincinnati, OH 45208	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Director/OTR		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawson, Jennifer (Ms.) <hr/> Contributor address; City; State; Zip Code Cincinnati, OH 45208	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Director/OTR		Employer (See Instructions) Therapy 2000 Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 61/116 Rpt: 64/128
2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		3 Filer ID (Ethics Commission Filers) 00015750
4 Date 04/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawson, Jennifer (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Cincinnati, OH 45208	7 Amount of Contribution (\$) \$4.00
8 Principal occupation / Job title (See Instructions) Director/OTR		9 Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawson, Jennifer (Ms.) <hr/> Contributor address; City; State; Zip Code Cincinnati, OH 45208	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Director/OTR		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawson, Jennifer (Ms.) <hr/> Contributor address; City; State; Zip Code Cincinnati, OH 45208	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Director/OTR		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawson, Jennifer (Ms.) <hr/> Contributor address; City; State; Zip Code Cincinnati, OH 45208	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Director/OTR		Employer (See Instructions) Therapy 2000 Inc.
Date 04/25/2025	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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 62/116 Rpt: 65/128
2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		3 Filer ID (Ethics Commission Filers) 00015750
4 Date 04/14/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Learst, Renea (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Wichita Falls, TX 76310	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Nurse		9 Employer (See Instructions) Angels of Care
Date 04/15/2025	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 (\$) \$5.00
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$5.00
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$5.00
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$5.00
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 63/116 Rpt: 66/128
2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		3 Filer ID (Ethics Commission Filers) 00015750
4 Date 04/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee, Natalie (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Boerne, TX 78066	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Speech Language Pathologist		9 Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$5.00
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lloyd , Melody (Ms.) <hr/> Contributor address; City; State; Zip Code Pittsburg, TX 75685	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Occupational Therapy Asst.		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lloyd , Melody (Ms.) <hr/> Contributor address; City; State; Zip Code Pittsburg, TX 75685	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Occupational Therapy Asst.		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lloyd , Melody (Ms.) <hr/> Contributor address; City; State; Zip Code Pittsburg, TX 75685	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Occupational Therapy Asst.		Employer (See Instructions) Therapy 2000 Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 64/116 Rpt: 67/128
2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		3 Filer ID (Ethics Commission Filers) 00015750
4 Date 04/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lloyd , Melody (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Pittsburg, TX 75685	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Occupational Therapy Asst.		9 Employer (See Instructions) Therapy 2000 Inc.
Date 04/25/2025	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 04/15/2025	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 (\$) \$5.40
Principal occupation / Job title (See Instructions) Clinical Manager		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$5.40
Principal occupation / Job title (See Instructions) Clinical Manager		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$5.40
Principal occupation / Job title (See Instructions) Clinical Manager		Employer (See Instructions) Therapy 2000 Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 65/116 Rpt: 68/128
2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		3 Filer ID (Ethics Commission Filers) 00015750
4 Date 04/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Louvier, Meghann (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Gladewater, TX 75647	7 Amount of Contribution (\$) \$5.40
8 Principal occupation / Job title (See Instructions) Clinical Manager		9 Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$5.40
Principal occupation / Job title (See Instructions) Clinical Manager		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$5.40
Principal occupation / Job title (See Instructions) Clinical Manager		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$0.40
Principal occupation / Job title (See Instructions) Clinical Manager		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$0.40
Principal occupation / Job title (See Instructions) Clinical Manager		Employer (See Instructions) Therapy 2000 Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 66/116 Rpt: 69/128
2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		3 Filer ID (Ethics Commission Filers) 00015750
4 Date 04/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Louvier, Meghann (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Gladewater, TX 75647	7 Amount of Contribution (\$) \$0.40
8 Principal occupation / Job title (See Instructions) Clinical Manager		9 Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$0.40
Principal occupation / Job title (See Instructions) Clinical Manager		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$0.40
Principal occupation / Job title (See Instructions) Clinical Manager		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$0.40
Principal occupation / Job title (See Instructions) Clinical Manager		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$3.00
Principal occupation / Job title (See Instructions) Occupational Therapy Asst.		Employer (See Instructions) Therapy 2000 Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 67/116 Rpt: 70/128
2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		3 Filer ID (Ethics Commission Filers) 00015750
4 Date 04/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Loyola, Jacqueline (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Jacksonville, TX 75766	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Occupational Therapy Asst.		9 Employer (See Instructions) Therapy 2000 Inc.

Date 04/15/2025	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 (\$) \$3.00
Principal occupation / Job title (See Instructions) Occupational Therapy Asst.		Employer (See Instructions) Therapy 2000 Inc.

Date 04/15/2025	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 (\$) \$3.00
Principal occupation / Job title (See Instructions) Occupational Therapy Asst.		Employer (See Instructions) Therapy 2000 Inc.

Date 04/15/2025	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 (\$) \$3.00
Principal occupation / Job title (See Instructions) Occupational Therapy Asst.		Employer (See Instructions) Therapy 2000 Inc.

Date 04/15/2025	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 (\$) \$3.00
Principal occupation / Job title (See Instructions) Occupational Therapy Asst.		Employer (See Instructions) Therapy 2000 Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 68/116 Rpt: 71/128
2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		3 Filer ID (Ethics Commission Filers) 00015750
4 Date 04/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lucena, Luis (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Tyler, TX 75701	7 Amount of Contribution (\$) \$4.00
8 Principal occupation / Job title (See Instructions) Physical Therapy Asst.		9 Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$4.00
Principal occupation / Job title (See Instructions) Physical Therapy Asst.		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$4.00
Principal occupation / Job title (See Instructions) Physical Therapy Asst.		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$4.00
Principal occupation / Job title (See Instructions) Physical Therapy Asst.		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$4.00
Principal occupation / Job title (See Instructions) Physical Therapy Asst.		Employer (See Instructions) Therapy 2000 Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 69/116 Rpt: 72/128
2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		3 Filer ID (Ethics Commission Filers) 00015750
4 Date 04/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lucena, Luis (Mr.) 6 Contributor address; City; State; Zip Code Tyler, TX 75701	7 Amount of Contribution (\$) \$4.00
8 Principal occupation / Job title (See Instructions) Physical Therapy Asst.		9 Employer (See Instructions) Therapy 2000 Inc.
Date 04/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Luna, Norma (Ms.) Contributor address; City; State; Zip Code San Antonio, TX 78260	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Hospice Administrator		Employer (See Instructions) Gentle Partners In Hospice LLC
Date 04/15/2025	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 (\$) \$10.00
Principal occupation / Job title (See Instructions) Physical Therapist		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$10.00
Principal occupation / Job title (See Instructions) Physical Therapist		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$10.00
Principal occupation / Job title (See Instructions) Physical Therapist		Employer (See Instructions) Therapy 2000 Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 70/116 Rpt: 73/128
2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		3 Filer ID (Ethics Commission Filers) 00015750
4 Date 04/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez , Araceli (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75249	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Physical Therapist		9 Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez , Araceli (Ms.) <hr/> Contributor address; City; State; Zip Code Dallas, TX 75249	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Physical Therapist		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez , Araceli (Ms.) <hr/> Contributor address; City; State; Zip Code Dallas, TX 75249	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Physical Therapist		Employer (See Instructions) Therapy 2000 Inc.
Date 04/25/2025	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 04/25/2025	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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 71/116 Rpt: 74/128
2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		3 Filer ID (Ethics Commission Filers) 00015750
4 Date 04/25/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Rebecca (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Amarillo, TX 79110	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Certified Nursing Assistant		9 Employer (See Instructions) Goodcare Health Services
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCarthy, Paige Raylynn (Ms.) <hr/> Contributor address; City; State; Zip Code Euless, TX 76099	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Speech Therapy Asst.		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCarthy, Paige Raylynn (Ms.) <hr/> Contributor address; City; State; Zip Code Euless, TX 76099	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Speech Therapy Asst.		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCarthy, Paige Raylynn (Ms.) <hr/> Contributor address; City; State; Zip Code Euless, TX 76099	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Speech Therapy Asst.		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCarthy, Paige Raylynn (Ms.) <hr/> Contributor address; City; State; Zip Code Euless, TX 76099	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Speech Therapy Asst.		Employer (See Instructions) Therapy 2000 Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		3 Filer ID (Ethics Commission Filers) 00015750
4 Date 04/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCarthy, Paige Raylynn (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Euless, TX 76099	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Speech Therapy Asst.		9 Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCarthy, Paige Raylynn (Ms.) <hr/> Contributor address; City; State; Zip Code Euless, TX 76099	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Speech Therapy Asst.		Employer (See Instructions) Therapy 2000 Inc.
Date 04/14/2025	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 04/25/2025	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 04/15/2025	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 (\$) \$1.00
Principal occupation / Job title (See Instructions) Physical Therapist		Employer (See Instructions) Therapy 2000 Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 73/116 Rpt: 76/128
2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		3 Filer ID (Ethics Commission Filers) 00015750
4 Date 04/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKee , Allison (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Spring, TX 77389	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Physical Therapist		9 Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$1.00
Principal occupation / Job title (See Instructions) Physical Therapist		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$1.00
Principal occupation / Job title (See Instructions) Physical Therapist		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$1.00
Principal occupation / Job title (See Instructions) Physical Therapist		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$1.00
Principal occupation / Job title (See Instructions) Physical Therapist		Employer (See Instructions) Therapy 2000 Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 74/116 Rpt: 77/128
2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		3 Filer ID (Ethics Commission Filers) 00015750
4 Date 04/23/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meave, Adan (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Weslaco, TX 78599	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Homecare		9 Employer (See Instructions) El Rey Primary Health Care, LLC
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mendoza, Johnny (Mr.) <hr/> Contributor address; City; State; Zip Code El Paso, TX 79938	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Speech Therapy Asst.		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mendoza, Johnny (Mr.) <hr/> Contributor address; City; State; Zip Code El Paso, TX 79938	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Speech Therapy Asst.		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mendoza, Johnny (Mr.) <hr/> Contributor address; City; State; Zip Code El Paso, TX 79938	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Speech Therapy Asst.		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mendoza, Johnny (Mr.) <hr/> Contributor address; City; State; Zip Code El Paso, TX 79938	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Speech Therapy Asst.		Employer (See Instructions) Therapy 2000 Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 75/116 Rpt: 78/128
2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		3 Filer ID (Ethics Commission Filers) 00015750
4 Date 04/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mendoza, Johnny (Mr.) 6 Contributor address; City; State; Zip Code El Paso, TX 79938	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Speech Therapy Asst.		9 Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mendoza, Johnny (Mr.) Contributor address; City; State; Zip Code El Paso, TX 79938	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Speech Therapy Asst.		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mirise, Amanda K. (Ms.) Contributor address; City; State; Zip Code Kaufman, TX 75142	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Physical Therapist		Employer (See Instructions) Therapy 2000, Inc.
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mirise, Amanda K. (Ms.) Contributor address; City; State; Zip Code Kaufman, TX 75142	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Physical Therapist		Employer (See Instructions) Therapy 2000, Inc.
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mirise, Amanda K. (Ms.) Contributor address; City; State; Zip Code Kaufman, TX 75142	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Physical Therapist		Employer (See Instructions) Therapy 2000, Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 76/116 Rpt: 79/128
2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		3 Filer ID (Ethics Commission Filers) 00015750
4 Date 04/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mirise, Amanda K. (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Kaufman, TX 75142	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Physical Therapist		9 Employer (See Instructions) Therapy 2000, Inc.
Date 04/15/2025	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 (\$) \$5.00
Principal occupation / Job title (See Instructions) Patient Services Specialist		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$5.00
Principal occupation / Job title (See Instructions) Patient Services Specialist		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$5.00
Principal occupation / Job title (See Instructions) Patient Services Specialist		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$5.00
Principal occupation / Job title (See Instructions) Patient Services Specialist		Employer (See Instructions) Therapy 2000 Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 77/116 Rpt: 80/128
2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		3 Filer ID (Ethics Commission Filers) 00015750
4 Date 04/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mojarro, Allison (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Tyler, TX 75701	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Patient Services Specialist		9 Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$5.00
Principal occupation / Job title (See Instructions) Patient Services Specialist		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$2.00
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$2.00
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$2.00
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 78/116 Rpt: 81/128
2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		3 Filer ID (Ethics Commission Filers) 00015750
4 Date 04/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monterrosa, Lisbeth (Ms.) <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78247	7 Amount of Contribution (\$) \$2.00
8 Principal occupation / Job title (See Instructions) Speech Language Pathologist		9 Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$2.00
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$2.00
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.
Date 04/23/2025	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 04/23/2025	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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 79/116 Rpt: 82/128
2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		3 Filer ID (Ethics Commission Filers) 00015750
4 Date 04/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Myers, Tamara (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Highland Village, TX 75077	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Assistant Speech Language Pathologist		9 Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Myers, Tamara (Ms.) <hr/> Contributor address; City; State; Zip Code Highland Village, TX 75077	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Assistant Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Myers, Tamara (Ms.) <hr/> Contributor address; City; State; Zip Code Highland Village, TX 75077	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Assistant Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Myers, Tamara (Ms.) <hr/> Contributor address; City; State; Zip Code Highland Village, TX 75077	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Assistant Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Myers, Tamara (Ms.) <hr/> Contributor address; City; State; Zip Code Highland Village, TX 75077	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Assistant Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 80/116 Rpt: 83/128
2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		3 Filer ID (Ethics Commission Filers) 00015750
4 Date 04/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Myers, Tamara (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Highland Village, TX 75077	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Assistant Speech Language Pathologist		9 Employer (See Instructions) Therapy 2000 Inc.
Date 04/25/2025	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 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nino Lagos, Olga Patricia (Ms.) <hr/> Contributor address; City; State; Zip Code Rowlett, TX 75089	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Occupational Therapy Assistant		Employer (See Instructions) Therapy 2000, Inc.
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nino Lagos, Olga Patricia (Ms.) <hr/> Contributor address; City; State; Zip Code Rowlett, TX 75089	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Occupational Therapy Assistant		Employer (See Instructions) Therapy 2000, Inc.
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nino Lagos, Olga Patricia (Ms.) <hr/> Contributor address; City; State; Zip Code Rowlett, TX 75089	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Occupational Therapy Assistant		Employer (See Instructions) Therapy 2000, Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 81/116 Rpt: 84/128
2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		3 Filer ID (Ethics Commission Filers) 00015750
4 Date 04/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nino Lagos, Olga Patricia (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Rowlett, TX 75089	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Occupational Therapy Assistant		9 Employer (See Instructions) Therapy 2000, Inc.
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nino Lagos, Olga Patricia (Ms.) <hr/> Contributor address; City; State; Zip Code Rowlett, TX 75089	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Occupational Therapy Assistant		Employer (See Instructions) Therapy 2000, Inc.
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nino Lagos, Olga Patricia (Ms.) <hr/> Contributor address; City; State; Zip Code Rowlett, TX 75089	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Occupational Therapy Assistant		Employer (See Instructions) Therapy 2000, Inc.
Date 03/31/2025	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 04/15/2025	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 (\$) \$4.50
Principal occupation / Job title (See Instructions) Divisional Director		Employer (See Instructions) Therapy 2000 Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 82/116 Rpt: 85/128
2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		3 Filer ID (Ethics Commission Filers) 00015750
4 Date 04/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olson, Jess (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Roanoke, TX 76262	7 Amount of Contribution (\$) \$4.50
8 Principal occupation / Job title (See Instructions) Divisional Director		9 Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$4.50
Principal occupation / Job title (See Instructions) Divisional Director		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$4.50
Principal occupation / Job title (See Instructions) Divisional Director		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$4.50
Principal occupation / Job title (See Instructions) Divisional Director		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$4.50
Principal occupation / Job title (See Instructions) Divisional Director		Employer (See Instructions) Therapy 2000 Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 83/116 Rpt: 86/128
2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		3 Filer ID (Ethics Commission Filers) 00015750
4 Date 04/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olson, Jess (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Roanoke, TX 76262	7 Amount of Contribution (\$) \$0.50
8 Principal occupation / Job title (See Instructions) Divisional Director		9 Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$0.50
Principal occupation / Job title (See Instructions) Divisional Director		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$0.50
Principal occupation / Job title (See Instructions) Divisional Director		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$0.50
Principal occupation / Job title (See Instructions) Divisional Director		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$0.50
Principal occupation / Job title (See Instructions) Divisional Director		Employer (See Instructions) Therapy 2000 Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 84/116 Rpt: 87/128
2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		3 Filer ID (Ethics Commission Filers) 00015750
4 Date 04/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olson, Jess (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Roanoke, TX 76262	7 Amount of Contribution (\$) \$0.50
8 Principal occupation / Job title (See Instructions) Divisional Director		9 Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$5.00
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$5.00
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$5.00
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$5.00
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.

MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		3 Filer ID (Ethics Commission Filers) 00015750
4 Date 04/23/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Palmer, Lee (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Richmond, TX 77406	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Administrator		9 Employer (See Instructions) Consolidated Home Health
Date 04/15/2025	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 (\$) \$4.00
Principal occupation / Job title (See Instructions) Occupational Therapy Asst.		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$4.00
Principal occupation / Job title (See Instructions) Occupational Therapy Asst.		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$4.00
Principal occupation / Job title (See Instructions) Occupational Therapy Asst.		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$4.00
Principal occupation / Job title (See Instructions) Occupational Therapy Asst.		Employer (See Instructions) Therapy 2000 Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		3 Filer ID (Ethics Commission Filers) 00015750
4 Date 04/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Palmer, Natasha (Ms.) <hr/> 6 Contributor address; City; State; Zip Code White Oak, TX 75693	7 Amount of Contribution (\$) \$4.00
8 Principal occupation / Job title (See Instructions) Occupational Therapy Asst.		9 Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$4.00
Principal occupation / Job title (See Instructions) Occupational Therapy Asst.		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$2.00
Principal occupation / Job title (See Instructions) Regional Marketing Manager		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$2.00
Principal occupation / Job title (See Instructions) Regional Marketing Manager		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$2.00
Principal occupation / Job title (See Instructions) Regional Marketing Manager		Employer (See Instructions) Therapy 2000 Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 87/116 Rpt: 90/128
2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		3 Filer ID (Ethics Commission Filers) 00015750
4 Date 04/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Papetti, Jenna (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77055	7 Amount of Contribution (\$) \$2.00
8 Principal occupation / Job title (See Instructions) Regional Marketing Manager		9 Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$2.00
Principal occupation / Job title (See Instructions) Regional Marketing Manager		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$2.00
Principal occupation / Job title (See Instructions) Regional Marketing Manager		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$6.00
Principal occupation / Job title (See Instructions) Regional Marketing Manager		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$6.00
Principal occupation / Job title (See Instructions) Regional Marketing Manager		Employer (See Instructions) Therapy 2000 Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 88/116 Rpt: 91/128
2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		3 Filer ID (Ethics Commission Filers) 00015750
4 Date 04/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Papetti, Jenna (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77055	7 Amount of Contribution (\$) \$6.00
8 Principal occupation / Job title (See Instructions) Regional Marketing Manager		9 Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$6.00
Principal occupation / Job title (See Instructions) Regional Marketing Manager		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$6.00
Principal occupation / Job title (See Instructions) Regional Marketing Manager		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$6.00
Principal occupation / Job title (See Instructions) Regional Marketing Manager		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$6.00
Principal occupation / Job title (See Instructions) Regional Marketing Manager		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$5.00
Principal occupation / Job title (See Instructions) Occupational Therapy Asst.		Employer (See Instructions) Therapy 2000 Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 89/116 Rpt: 92/128
2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		3 Filer ID (Ethics Commission Filers) 00015750
4 Date 04/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pecson, Samantha (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Frisco, TX 75034	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Occupational Therapy Asst.		9 Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$5.00
Principal occupation / Job title (See Instructions) Occupational Therapy Asst.		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$5.00
Principal occupation / Job title (See Instructions) Occupational Therapy Asst.		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$5.00
Principal occupation / Job title (See Instructions) Occupational Therapy Asst.		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$5.00
Principal occupation / Job title (See Instructions) Occupational Therapy Asst.		Employer (See Instructions) Therapy 2000 Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 90/116 Rpt: 93/128
2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		3 Filer ID (Ethics Commission Filers) 00015750
4 Date 04/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phillip , Taylor <hr/> 6 Contributor address; City; State; Zip Code Garland, TX 75040	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Physical Therapist		9 Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$3.00
Principal occupation / Job title (See Instructions) Physical Therapist		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$3.00
Principal occupation / Job title (See Instructions) Physical Therapist		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$3.00
Principal occupation / Job title (See Instructions) Physical Therapist		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$3.00
Principal occupation / Job title (See Instructions) Physical Therapist		Employer (See Instructions) Therapy 2000 Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		3 Filer ID (Ethics Commission Filers) 00015750
4 Date 04/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phillip , Taylor <hr/> 6 Contributor address; City; State; Zip Code Garland, TX 75040	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Physical Therapist		9 Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pitner, Heather (Ms.) <hr/> Contributor address; City; State; Zip Code North Richland Hills, TX 76182	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) VP Therapy Operations		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pitner, Heather (Ms.) <hr/> Contributor address; City; State; Zip Code North Richland Hills, TX 76182	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) VP Therapy Operations		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pitner, Heather (Ms.) <hr/> Contributor address; City; State; Zip Code North Richland Hills, TX 76182	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) VP Therapy Operations		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pitner, Heather (Ms.) <hr/> Contributor address; City; State; Zip Code North Richland Hills, TX 76182	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) VP Therapy Operations		Employer (See Instructions) Therapy 2000 Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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4 Date 04/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pitner, Heather (Ms.) <hr/> 6 Contributor address; City; State; Zip Code North Richland Hills, TX 76182	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) VP Therapy Operations		9 Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pitner, Heather (Ms.) <hr/> Contributor address; City; State; Zip Code North Richland Hills, TX 76182	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) VP Therapy Operations		Employer (See Instructions) Therapy 2000 Inc.
Date 04/25/2025	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 04/15/2025	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 (\$) \$5.00
Principal occupation / Job title (See Instructions) Occupational Therapist		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$5.00
Principal occupation / Job title (See Instructions) Occupational Therapist		Employer (See Instructions) Therapy 2000 Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 93/116 Rpt: 96/128
2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		3 Filer ID (Ethics Commission Filers) 00015750
4 Date 04/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramos, Juan Carlos (Mr.) <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78249	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Occupational Therapist		9 Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$5.00
Principal occupation / Job title (See Instructions) Occupational Therapist		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$5.00
Principal occupation / Job title (See Instructions) Occupational Therapist		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$5.00
Principal occupation / Job title (See Instructions) Occupational Therapist		Employer (See Instructions) Therapy 2000 Inc.
Date 04/25/2025	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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 94/116 Rpt: 97/128
2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		3 Filer ID (Ethics Commission Filers) 00015750
4 Date 04/25/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rangel DeLos Santos, Teresa (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Amarillo, TX 79108	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) LVN		9 Employer (See Instructions) Goodcare Health Services
Date 04/15/2025	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 04/25/2025	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 04/15/2025	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 (\$) \$3.00
Principal occupation / Job title (See Instructions) Physical Therapist		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$3.00
Principal occupation / Job title (See Instructions) Physical Therapist		Employer (See Instructions) Therapy 2000 Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 95/116 Rpt: 98/128
2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		3 Filer ID (Ethics Commission Filers) 00015750
4 Date 04/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Riggins, Annalisa Marie (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Lubbock, TX 79424	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Physical Therapist		9 Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$3.00
Principal occupation / Job title (See Instructions) Physical Therapist		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$3.00
Principal occupation / Job title (See Instructions) Physical Therapist		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$3.00
Principal occupation / Job title (See Instructions) Physical Therapist		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$3.00
Principal occupation / Job title (See Instructions) Physical Therapist		Employer (See Instructions) Therapy 2000 Inc.
Date 04/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robison, Kristen (Ms.) <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78209	Amount of Contribution (\$) \$125.00
Principal occupation / Job title (See Instructions) RN, VP Govt. Affairs, CCO		Employer (See Instructions) Angels of Care Pediatric Home Health

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 96/116 Rpt: 99/128
2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		3 Filer ID (Ethics Commission Filers) 00015750
4 Date 04/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salinas, Lucy (Ms.) 6 Contributor address; City; State; Zip Code Houston, TX 77044	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Speech Language Pathologsit		9 Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salinas, Lucy (Ms.) Contributor address; City; State; Zip Code Houston, TX 77044	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Speech Language Pathologsit		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salinas, Lucy (Ms.) Contributor address; City; State; Zip Code Houston, TX 77044	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Speech Language Pathologsit		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salinas, Lucy (Ms.) Contributor address; City; State; Zip Code Houston, TX 77044	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Speech Language Pathologsit		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salinas, Lucy (Ms.) Contributor address; City; State; Zip Code Houston, TX 77044	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Speech Language Pathologsit		Employer (See Instructions) Therapy 2000 Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 97/116 Rpt: 100/128
2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		3 Filer ID (Ethics Commission Filers) 00015750
4 Date 04/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salinas, Lucy (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77044	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Speech Language Pathologists		9 Employer (See Instructions) Therapy 2000 Inc.
Date 03/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sandoval, Vanessa (Ms.) <hr/> Contributor address; City; State; Zip Code Harlingen, TX 78552	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Administrator		Employer (See Instructions) Texas Visiting Nurse Services Ltd.
Date 04/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sandoval, Vanessa (Ms.) <hr/> Contributor address; City; State; Zip Code Harlingen, TX 78552	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Administrator		Employer (See Instructions) Texas Visiting Nurse Services Ltd.
Date 04/15/2025	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 (\$) \$3.60
Principal occupation / Job title (See Instructions) Clinical Manager		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$3.60
Principal occupation / Job title (See Instructions) Clinical Manager		Employer (See Instructions) Therapy 2000 Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 98/116 Rpt: 101/128
2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		3 Filer ID (Ethics Commission Filers) 00015750
4 Date 04/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sardinea, Estefania (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Corsicana, TX 75110	7 Amount of Contribution (\$) \$3.60
8 Principal occupation / Job title (See Instructions) Clinical Manager		9 Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$3.60
Principal occupation / Job title (See Instructions) Clinical Manager		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$3.60
Principal occupation / Job title (See Instructions) Clinical Manager		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$3.60
Principal occupation / Job title (See Instructions) Clinical Manager		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$0.40
Principal occupation / Job title (See Instructions) Clinical Manager		Employer (See Instructions) Therapy 2000 Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 99/116 Rpt: 102/128
2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		3 Filer ID (Ethics Commission Filers) 00015750
4 Date 04/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sardinea, Estefania (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Corsicana, TX 75110	7 Amount of Contribution (\$) \$0.40
8 Principal occupation / Job title (See Instructions) Clinical Manager		9 Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$0.40
Principal occupation / Job title (See Instructions) Clinical Manager		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$0.40
Principal occupation / Job title (See Instructions) Clinical Manager		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$0.40
Principal occupation / Job title (See Instructions) Clinical Manager		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$0.40
Principal occupation / Job title (See Instructions) Clinical Manager		Employer (See Instructions) Therapy 2000 Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 100/116 Rpt: 103/128
2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		3 Filer ID (Ethics Commission Filers) 00015750
4 Date 04/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scull, Courtney (Ms.) 6 Contributor address; City; State; Zip Code Tenaha, TX 75974	7 Amount of Contribution (\$) \$2.00
8 Principal occupation / Job title (See Instructions) Speech Language Pathologist		9 Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scull, Courtney (Ms.) Contributor address; City; State; Zip Code Tenaha, TX 75974	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scull, Courtney (Ms.) Contributor address; City; State; Zip Code Tenaha, TX 75974	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scull, Courtney (Ms.) Contributor address; City; State; Zip Code Tenaha, TX 75974	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scull, Courtney (Ms.) Contributor address; City; State; Zip Code Tenaha, TX 75974	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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 101/116 Rpt: 104/128
2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		3 Filer ID (Ethics Commission Filers) 00015750
4 Date 04/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sibille, Lauren (Ms.) 6 Contributor address; City; State; Zip Code Fort Worth, TX 76116	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Speech Language Pathologist		9 Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sibille, Lauren (Ms.) Contributor address; City; State; Zip Code Fort Worth, TX 76116	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sibille, Lauren (Ms.) Contributor address; City; State; Zip Code Fort Worth, TX 76116	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sibille, Lauren (Ms.) Contributor address; City; State; Zip Code Fort Worth, TX 76116	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sibille, Lauren (Ms.) Contributor address; City; State; Zip Code Fort Worth, TX 76116	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 102/116 Rpt: 105/128
2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		3 Filer ID (Ethics Commission Filers) 00015750
4 Date 04/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sibille, Lauren (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76116	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Speech Language Pathologist		9 Employer (See Instructions) Therapy 2000 Inc.
Date 04/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith , Linda (Ms.) <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78248	Amount of Contribution (\$) \$210.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) En Su Casa Caregivers
Date 04/15/2025	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 (\$) \$5.00
Principal occupation / Job title (See Instructions) Speech Therapy Asst.		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$5.00
Principal occupation / Job title (See Instructions) Speech Therapy Asst.		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$5.00
Principal occupation / Job title (See Instructions) Speech Therapy Asst.		Employer (See Instructions) Therapy 2000 Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 103/116 Rpt: 106/128
2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		3 Filer ID (Ethics Commission Filers) 00015750
4 Date 04/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stutts, Kate Dee (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Midlothian, TX 76065	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Speech Therapy Asst.		9 Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$5.00
Principal occupation / Job title (See Instructions) Speech Therapy Asst.		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$5.00
Principal occupation / Job title (See Instructions) Speech Therapy Asst.		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$20.00
Principal occupation / Job title (See Instructions) Exec. Dir. of Marketing		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$20.00
Principal occupation / Job title (See Instructions) Exec. Dir. of Marketing		Employer (See Instructions) Therapy 2000 Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 104/116 Rpt: 107/128
2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		3 Filer ID (Ethics Commission Filers) 00015750
4 Date 04/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swift , Courtney (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Round Rock, TX 78665	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Exec. Dir. of Marketing		9 Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$20.00
Principal occupation / Job title (See Instructions) Exec. Dir. of Marketing		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$20.00
Principal occupation / Job title (See Instructions) Exec. Dir. of Marketing		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$20.00
Principal occupation / Job title (See Instructions) Exec. Dir. of Marketing		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$20.00
Principal occupation / Job title (See Instructions) Exec. Dir. of Marketing		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$10.00
Principal occupation / Job title (See Instructions) NICU Specialist		Employer (See Instructions) Therapy 2000 Inc.

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 105/116 Rpt: 108/128
2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		3 Filer ID (Ethics Commission Filers) 00015750
4 Date 04/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tally, Jean Ann (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Arlington, TX 76001	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) NICU Specialist		9 Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$10.00
Principal occupation / Job title (See Instructions) NICU Specialist		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$10.00
Principal occupation / Job title (See Instructions) NICU Specialist		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$10.00
Principal occupation / Job title (See Instructions) NICU Specialist		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$10.00
Principal occupation / Job title (See Instructions) NICU Specialist		Employer (See Instructions) Therapy 2000 Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 106/116 Rpt: 109/128
2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		3 Filer ID (Ethics Commission Filers) 00015750
4 Date 04/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tally, Jean Ann (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Arlington, TX 76001	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) NICU Specialist		9 Employer (See Instructions) Therapy 2000 Inc.

Date 04/15/2025	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 (\$) \$10.00
Principal occupation / Job title (See Instructions) NICU Specialist		Employer (See Instructions) Therapy 2000 Inc.

Date 04/15/2025	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 (\$) \$10.00
Principal occupation / Job title (See Instructions) NICU Specialist		Employer (See Instructions) Therapy 2000 Inc.

Date 04/15/2025	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 (\$) \$10.00
Principal occupation / Job title (See Instructions) NICU Specialist		Employer (See Instructions) Therapy 2000 Inc.

Date 04/15/2025	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 (\$) \$10.00
Principal occupation / Job title (See Instructions) NICU Specialist		Employer (See Instructions) Therapy 2000 Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 107/116 Rpt: 110/128
2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		3 Filer ID (Ethics Commission Filers) 00015750
4 Date 04/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tally, Jean Ann (Ms.) 6 Contributor address; City; State; Zip Code Arlington, TX 76001	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) NICU Specialist		9 Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tare, Prachi Contributor address; City; State; Zip Code Austin, TX 78717	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tare, Prachi Contributor address; City; State; Zip Code Austin, TX 78717	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tare, Prachi Contributor address; City; State; Zip Code Austin, TX 78717	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tare, Prachi Contributor address; City; State; Zip Code Austin, TX 78717	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 108/116 Rpt: 111/128
2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		3 Filer ID (Ethics Commission Filers) 00015750
4 Date 04/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tare, Prachi <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78717	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Speech Language Pathologist		9 Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$5.00
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Till, Marissa (Ms.) <hr/> Contributor address; City; State; Zip Code Palestine, TX 75803	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Occupational Therapy Assistant		Employer (See Instructions) Therapy 2000, Inc.
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Till, Marissa (Ms.) <hr/> Contributor address; City; State; Zip Code Palestine, TX 75803	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Occupational Therapy Assistant		Employer (See Instructions) Therapy 2000, Inc.
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Till, Marissa (Ms.) <hr/> Contributor address; City; State; Zip Code Palestine, TX 75803	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Occupational Therapy Assistant		Employer (See Instructions) Therapy 2000, Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 109/116 Rpt: 112/128
2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		3 Filer ID (Ethics Commission Filers) 00015750
4 Date 04/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Till, Marissa (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Palestine, TX 75803	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Occupational Therapy Assistant		9 Employer (See Instructions) Therapy 2000, Inc.
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Till, Marissa (Ms.) <hr/> Contributor address; City; State; Zip Code Palestine, TX 75803	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Occupational Therapy Assistant		Employer (See Instructions) Therapy 2000, Inc.
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Till, Marissa (Ms.) <hr/> Contributor address; City; State; Zip Code Palestine, TX 75803	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Occupational Therapy Assistant		Employer (See Instructions) Therapy 2000, Inc.
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torres , Glendalis (Ms.) <hr/> Contributor address; City; State; Zip Code Dallas, TX 75253	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Speech Therapy Asst,		Employer (See Instructions) Therapy 2000 Inc.
Date 04/14/2025	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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 110/116 Rpt: 113/128
2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		3 Filer ID (Ethics Commission Filers) 00015750
4 Date 04/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vazquez, Karla (Ms.) 6 Contributor address; City; State; Zip Code Mesquite, TX 75149	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Authorization Specialist		9 Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vazquez, Karla (Ms.) Contributor address; City; State; Zip Code Mesquite, TX 75149	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Authorization Specialist		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vazquez, Karla (Ms.) Contributor address; City; State; Zip Code Mesquite, TX 75149	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Authorization Specialist		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vazquez, Karla (Ms.) Contributor address; City; State; Zip Code Mesquite, TX 75149	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Authorization Specialist		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vazquez, Karla (Ms.) Contributor address; City; State; Zip Code Mesquite, TX 75149	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Authorization Specialist		Employer (See Instructions) Therapy 2000 Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 111/116 Rpt: 114/128
2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		3 Filer ID (Ethics Commission Filers) 00015750
4 Date 04/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vazquez, Karla (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Mesquite, TX 75149	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Authorization Specialist		9 Employer (See Instructions) Therapy 2000 Inc.
Date 04/14/2025	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 04/15/2025	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 (\$) \$2.00
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$2.00
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$2.00
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 112/116 Rpt: 115/128
2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		3 Filer ID (Ethics Commission Filers) 00015750
4 Date 04/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Womble, Emma (Ms.) 6 Contributor address; City; State; Zip Code Forney, TX 75126	7 Amount of Contribution (\$) \$2.00
8 Principal occupation / Job title (See Instructions) Speech Language Pathologist		9 Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Womble, Emma (Ms.) Contributor address; City; State; Zip Code Forney, TX 75126	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Womble, Emma (Ms.) Contributor address; City; State; Zip Code Forney, TX 75126	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wooley, Ryan (Mr.) Contributor address; City; State; Zip Code New Braunfels, TX 78132	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) VP Business Strategy		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wooley, Ryan (Mr.) Contributor address; City; State; Zip Code New Braunfels, TX 78132	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) VP Business Strategy		Employer (See Instructions) Therapy 2000 Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 113/116 Rpt: 116/128
2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		3 Filer ID (Ethics Commission Filers) 00015750
4 Date 04/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wooley, Ryan (Mr.) <hr/> 6 Contributor address; City; State; Zip Code New Braunfels, TX 78132	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) VP Business Strategy		9 Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wooley, Ryan (Mr.) <hr/> Contributor address; City; State; Zip Code New Braunfels, TX 78132	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) VP Business Strategy		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wooley, Ryan (Mr.) <hr/> Contributor address; City; State; Zip Code New Braunfels, TX 78132	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) VP Business Strategy		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wooley, Ryan (Mr.) <hr/> Contributor address; City; State; Zip Code New Braunfels, TX 78132	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) VP Business Strategy		Employer (See Instructions) Therapy 2000 Inc.
Date 04/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yates, Jennifer (Ms.) <hr/> Contributor address; City; State; Zip Code Gilmer, TX 75644	Amount of Contribution (\$) \$19.24
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) Paradigm Rehab & Nursing LP

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 114/116 Rpt: 117/128
2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		3 Filer ID (Ethics Commission Filers) 00015750
4 Date 04/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yee, Yesenia (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Round Rock, TX 78664	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Speech Language Pathologist		9 Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$5.00
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$5.00
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$5.00
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$5.00
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 115/116 Rpt: 118/128
2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		3 Filer ID (Ethics Commission Filers) 00015750
4 Date 04/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yee, Yesenia (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Round Rock, TX 78664	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Speech Language Pathologist		9 Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$25.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$25.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$25.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$25.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Therapy 2000 Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 116/116 Rpt: 119/128
2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		3 Filer ID (Ethics Commission Filers) 00015750
4 Date 04/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) van den Bent, Jerre (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75208	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) CEO		9 Employer (See Instructions) Therapy 2000 Inc.
Date 04/15/2025	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 (\$) \$25.00
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: 120/128

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

04/01/2025

5 Corporation / Labor Organization name

Texas Association for Home Care & Hospice, Inc.

6 Amount (\$)

922.28

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/8 Rpt: 121/128	2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas	3 Filer ID (Ethics Commission Filers) 00015750
4 Date 03/31/2025	5 Payee name PayPal	
6 Amount (\$) \$1.36 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 2211 N. First St. San Jose, CA 95131	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/31/2025	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 03/31/2025	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 03/31/2025	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.

1 Total pages Schedule F1: Sch: 2/8 Rpt: 122/128	2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas	3 Filer ID (Ethics Commission Filers) 00015750
4 Date 03/31/2025	5 Payee name PayPal	
6 Amount (\$) \$0.68 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 2211 N. First St. San Jose, CA 95131	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/14/2025	Candidate/Officeholder name Office sought Office held	
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		
Date 04/14/2025	Candidate/Officeholder name Office sought Office held	
Payee name PayPal		
Amount (\$) \$4.85 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2211 N. First St. San Jose, CA 95131	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/14/2025	Candidate/Officeholder name Office sought Office held	
Payee name PayPal		
Amount (\$) \$4.85 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2211 N. First St. San Jose, CA 95131	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/8 Rpt: 123/128	2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas	3 Filer ID (Ethics Commission Filers) 00015750
4 Date 04/14/2025	5 Payee name PayPal	
6 Amount (\$) \$1.36 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 2211 N. First St. San Jose, CA 95131	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/14/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$7.82 <input type="checkbox"/> Expenditure from corporate funds	Payee name PayPal Payee address; City; State; Zip Code 2211 N. First St. San Jose, CA 95131	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/14/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$2.24 <input type="checkbox"/> Expenditure from corporate funds	Payee name PayPal Payee address; City; State; Zip Code 2211 N. First St. San Jose, CA 95131	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/14/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$2.24 <input type="checkbox"/> Expenditure from corporate funds	Payee name PayPal Payee address; City; State; Zip Code 2211 N. First St. San Jose, CA 95131	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/8 Rpt: 124/128	2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas	3 Filer ID (Ethics Commission Filers) 00015750
4 Date 04/14/2025	5 Payee name PayPal	
6 Amount (\$) \$4.85 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 2211 N. First St. San Jose, CA 95131	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/14/2025	Candidate/Officeholder name Office sought Office held	
Payee name PayPal		
Amount (\$) \$1.36 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2211 N. First St. San Jose, CA 95131	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/14/2025	Candidate/Officeholder name Office sought Office held	
Payee name PayPal		
Amount (\$) \$144.79 <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 04/14/2025	Candidate/Officeholder name Office sought Office held	
Payee name PayPal		
Amount (\$) \$144.79 <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.

1 Total pages Schedule F1: Sch: 5/8 Rpt: 125/128	2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas	3 Filer ID (Ethics Commission Filers) 00015750
4 Date 04/14/2025	5 Payee name PayPal	
6 Amount (\$) \$1.19 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 2211 N. First St. San Jose, CA 95131	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/14/2025	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 04/14/2025	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 04/14/2025	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		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/8 Rpt: 126/128	2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas	3 Filer ID (Ethics Commission Filers) 00015750
4 Date 04/14/2025	5 Payee name PayPal	
6 Amount (\$) \$2.87 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 2211 N. First St. San Jose, CA 95131	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/14/2025	Payee name PayPal	
Amount (\$) \$4.61 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2211 N. First St. San Jose, CA 95131	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/23/2025	Payee name PayPal	
Amount (\$) \$2.24 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2211 N. First St. San Jose, CA 95131	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
Complete <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.

1 Total pages Schedule F1: Sch: 7/8 Rpt: 127/128	2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas	3 Filer ID (Ethics Commission Filers) 00015750
4 Date 04/23/2025	5 Payee name PayPal	
6 Amount (\$) \$5.73 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 2211 N. First St. San Jose, CA 95131	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/23/2025	Candidate/Officeholder name	Office sought
Payee name PayPal	Office held	
Amount (\$) \$0.66 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2211 N. First St. San Jose, CA 95131	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/23/2025	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 04/23/2025	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.

1 Total pages Schedule F1: Sch: 8/8 Rpt: 128/128	2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas	3 Filer ID (Ethics Commission Filers) 00015750
4 Date 04/23/2025	5 Payee name PayPal	
6 Amount (\$) \$1.36 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 2211 N. First St. San Jose, CA 95131	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
9 Complete ONLY if direct expenditure to benefit C/OH		
Date 04/23/2025	Candidate/Officeholder name Office sought Office held	
Payee name PayPal		
Amount (\$) \$1.99 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2211 N. First St. San Jose, CA 95131	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
Complete ONLY if direct expenditure to benefit C/OH		
Candidate/Officeholder name Office sought Office held		