MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC COVER SHEET PG 1

			1 Filer ID	2 Total pages filed:
Th	e MPAC Instruction	Guide explains how to complete this form.	(Ethics Commission Filers) 00015750	128
3	COMMITTEE NAME			OFFICE USE ONLY
		for Home Care and Hospice Inc Texas F	Home Care and Hospice PAC -	Date Received
	State			ELECTRONICALLY FILED
				05/05/2025
4	COMMITTEE	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP	1
	ADDRESS	9390 Research Blvd., Bldg. 1 Suite 300		
		, 3		
		Austin, TX 78759		Date Hand-delivered or Date Postmarked
5	CAMPAIGN	MS / MRS / MR FIRST	MI	Date Hand-delivered of Date Positilatived
	TREASURER	Ms. Rachel		Receipt # Amount
	NAME	ivis.		
				Date Processed
		NICKNAME LAST	SUFFIX	×
		Hammon		Date Imaged
6	CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #; CITY; ST	ATE; ZIP CODE
	TREASURER STREET	9390 Research Blvd., Bldg. 1 Suite 300		
	ADDRESS			
	(Residence or Business)	Austin, TX 78759		
7	CAMPAIGN	STREET ADDRESS OR PO BOX;	APT / SUITE #; CITY; ST	TATE; ZIP CODE
	TREASURER MAILING	3737 Executive Center Dr., Ste. 268		
	ADDRESS			
		Austin, TX 78731		
Ļ	CAMBAICN		EVTENCION	
8	CAMPAIGN TREASURER	AREA CODE PHONE NUMBER	EXTENSION	
	PHONE	(512) 338-9293		
╠	REPORT TYPE			
	REPORT TIPE	X Monthly	10th day after campaign treasurer termination	Dissolution (Attach PAC-DR)
L			i leasurer terrimation	
10	MONTHLY REPORT FILING	January 5 April	5 July 5	October 5
	DEADLINE		<u> </u>	
		February 5 X May	5 August 5	November 5
		March 5 June	5 September 5	December 5
11	. PERIOD	Month Day Year _	Month	Day Year
	COVERED	03/26/2025	THROUGH 04/25/	
_		00/20/2020	0 11201	
		00.7		
		GO 1	O PAGE 2	

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Texas Association for	Home Care and Hospic	e Inc Texas Home Care and Hospice	0001575	50
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	10,419.37
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	195.80
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	120,622.08
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT	•		· ·	
		I swear, or affirm, under penalty of per true and correct and includes all inforr under Title 15, Election Code.	rjury, that th nation requi	e accompanying report is red to be reported by me
		Ms. Rache	el Hammor	1
		Signature of Car	npaign Trea	asurer
AFFIX NOTAR	RY STAMP / SEAL ABOVE			
		, th	nis 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 o	fficer administering oath

SUBTOTALS - MPAC

FORM MPAC **COVER SHEET PG 3**

	3 of 128				
		EE NAME sociation for Home Care and Hospice Inc Texas Home Care and Hospice	18 Filer ID 00015750	(Ethics C	ommission Filers)
19 SC	HEDULI	SCHEDULE		SUE	BTOTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	9,497.09
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	PR	\$	
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$	
6.	Х	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$	922.28
7.		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$	
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (\$		
9.		SCHEDULE E: LOANS	\$		
10.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$	195.80
11.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
13.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

	MONEI	ARY POLITICAL (CONTRIBUTIO	INS		SCHEDULE	A1
	The Instru	ction Guide explains hov	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 1/116 Rpt: 4/128	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	ciation for Home Care and Ho	spice Inc Texas Hom	e Care and Hospice PAC -		00015750	
4	Date 04/15/2025	5 Full name of contributor Aguilar, Maria (Ms.)6 Contributor address; City; S	out-of-state PAC (ID#:_		7	Amount of Contribution (\$)	\$3.00
		Tyler, TX 75701					
8	Principal occu	pation / Job title (See Instructions	5)	9 Employer (See Instructions	()		
	Authorization	n Specialist		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Aguilar, Maria (Ms.) Contributor address; City; S	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$3.00
		Tyler, TX 75701					
		pation / Job title (See Instructions	s)	Employer (See Instructions	5)		
	Authorization			Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Aguilar, Maria (Ms.) Contributor address; City; S	out-of-state PAC (ID#:_ tate; Zip Code)		Amount of Contribution (\$)	\$3.00
		Tyler, TX 75701					
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	<u> </u>		
	Authorization	n Specialist		Therapy 2000 Inc.			
		out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$3.00	
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	Authorization	n Specialist		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Aguilar, Maria (Ms.) Contributor address; City; S Tyler, TX 75701	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$3.00
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	()		
	Authorization	n Specialist		Therapy 2000 Inc.			

	MONEI	ARY POLITICAL (CONTRIBUTIO	INS		SCHEDULE	A1
	The Instruc	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 2/116 Rpt: 5/128	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	ciation for Home Care and Ho	spice Inc Texas Hom	e Care and Hospice PAC -		00015750	
4	Date 04/15/2025	5 Full name of contributor Aguilar, Maria (Ms.)6 Contributor address; City; S	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$3.00
		Tyler, TX 75701					
8	Principal occu	pation / Job title (See Instructions	5)	9 Employer (See Instructions	5)		
	Authorization	n Specialist		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Alldredge, Arden (Ms.) Contributor address; City; S	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$2.00
		Freeport, TX 77541					
		pation / Job title (See Instructions	s)	Employer (See Instructions	5)		
	Speech Lang	guage Pathologist		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Alldredge, Arden (Ms.) Contributor address; City; S	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$2.00
		Freeport, TX 77541					
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	5)		
	Speech Lang	guage Pathologist		Therapy 2000 Inc.			
		out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$2.00	
	·	pation / Job title (See Instructions	s)	Employer (See Instructions	5)		
	Speech Lang	guage Pathologist		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Alldredge, Arden (Ms.) Contributor address; City; S Freeport, TX 77541	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$2.00
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	5)		
	Speech Lang	guage Pathologist		Therapy 2000 Inc.			

	MONEI	MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE	E A1	
	The Instru	ction Guide explains how to co	mplete this form.	1	Total pages Schedule A1: Sch: 3/116 Rpt: 6/128		
2	FILER NAME			3	`	Filers)	
	Texas Assoc	iation for Home Care and Hospice Ir	c Texas Home Care and Hospice PAC	-	00015750		
4	Date 04/15/2025	 Full name of contributor uut- out- out- Alldredge, Arden (Ms.) Contributor address; City; State; Zip 	of-state PAC (ID#:) Code	7	Amount of Contribution (\$)	\$2.00	
		Freeport, TX 77541					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruction	ıs)			
	Speech Lanç	guage Pathologist	Therapy 2000 Inc.				
	Date 04/15/2025	Full name of contributor out- Alldredge, Arden (Ms.) Contributor address; City; State; Zip	of-state PAC (ID#:) Code		Amount of Contribution (\$)	\$2.00	
		Freeport, TX 77541					
		pation / Job title (See Instructions)	Employer (See Instruction	ıs)			
	Speech Language Pathologist		Therapy 2000 Inc.				
	Date 04/15/2025	Full name of contributor out- Apodaca, Lauren Marie (Ms.) Contributor address; City; State; Zip	of-state PAC (ID#:) Code		Amount of Contribution (\$)	\$2.25	
		Dallas, TX 75214					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ıs)			
	Clinical Mana	ager	Therapy 2000 Inc.				
	Date 04/15/2025	Full name of contributor out- Apodaca, Lauren Marie (Ms.) Contributor address; City; State; Zip Dallas, TX 75214	of-state PAC (ID#:) Code		Amount of Contribution (\$)	\$2.25	
	Principal occu Clinical Mana	pation / Job title (See Instructions) ager	Employer (See Instruction Therapy 2000 Inc.	ıs)			
	Date 04/15/2025	Full name of contributor out- Apodaca, Lauren Marie (Ms.) Contributor address; City; State; Zip Dallas, TX 75214	of-state PAC (ID#:) Code		Amount of Contribution (\$)	\$2.25	
	Principal occu Clinical Mana	pation / Job title (See Instructions) ager	Employer (See Instruction Therapy 2000 Inc.	ns)			

	MONEI	ARY POLITICAL CONT		SCHEDULE	A1	
	The Instruc	ction Guide explains how to con	nplete this form.	1	Total pages Schedule A1: Sch: 4/116 Rpt: 7/128	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	tiation for Home Care and Hospice Inc	c Texas Home Care and Hospice PAC -		00015750	
4	Date 04/15/2025	 Full name of contributor out-of out-of Apodaca, Lauren Marie (Ms.) Contributor address; City; State; Zip C 		7	Amount of Contribution (\$)	\$2.25
		Dallas, TX 75214				
8	Principal occu Clinical Mana	pation / Job title (See Instructions) ager	9 Employer (See Instructions) Therapy 2000 Inc.)		
	Date 04/15/2025	Full name of contributor out-of Apodaca, Lauren Marie (Ms.) Contributor address; City; State; Zip C	f-state PAC (ID#:) Code		Amount of Contribution (\$)	\$2.25
		Dallas, TX 75214				
		pation / Job title (See Instructions)	Employer (See Instructions))		
	Clinical Man		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor out-of Apodaca, Lauren Marie (Ms.) Contributor address; City; State; Zip C	f-state PAC (ID#:) Code		Amount of Contribution (\$)	\$2.25
		Dallas, TX 75214				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))		
	Clinical Mana	ager	Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor out-of Apodaca, Lauren Marie (Ms.) Contributor address; City; State; Zip C	f-state PAC (ID#:) Code		Amount of Contribution (\$)	\$2.25
	Principal occu Clinical Mana	pation / Job title (See Instructions) ager	Employer (See Instructions) Therapy 2000 Inc.)		
	Date 04/15/2025	Full name of contributor out-of Apodaca, Lauren Marie (Ms.) Contributor address; City; State; Zip C Dallas, TX 75214	f-state PAC (ID#:) Code		Amount of Contribution (\$)	\$2.25
	Principal occu Clinical Mana	pation / Job title (See Instructions) ager	Employer (See Instructions) Therapy 2000 Inc.)		

	MONEI	ARY POLITICAL CONT		SCHEDULE	A1	
	The Instru	ction Guide explains how to con	plete this form.	1	Total pages Schedule A1: Sch: 5/116 Rpt: 8/128	
2	FILER NAME			3	`	Filers)
	Texas Assoc	tiation for Home Care and Hospice Inc	Texas Home Care and Hospice PA	C -	00015750	
4	Date 04/15/2025	 Full name of contributor out-of Apodaca, Lauren Marie (Ms.) Contributor address; City; State; Zip Contributor address 	ode		Amount of Contribution (\$)	\$2.25
		Dallas, TX 75214				
8		pation / Job title (See Instructions)	9 Employer (See Instruction	ons)		
	Clinical Man	ager	Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor out-of Apodaca, Lauren Marie (Ms.) Contributor address; City; State; Zip C	ode		Amount of Contribution (\$)	\$2.25
		Dallas, TX 75214				
		pation / Job title (See Instructions)	Employer (See Instruction	ons)		
	Clinical Mana	ager	Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor out-of Apodaca, Lauren Marie (Ms.) Contributor address; City; State; Zip C	estate PAC (ID#:) ode		Amount of Contribution (\$)	\$2.25
		Dallas, TX 75214				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ons)		
	Clinical Mana	ager	Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor out-of Apodaca, Lauren Marie (Ms.) Contributor address; City; State; Zip C	ode		Amount of Contribution (\$)	\$2.25
	Principal occu Clinical Mana	pation / Job title (See Instructions) ager	Employer (See Instruction Therapy 2000 Inc.	ons)		
	Date 04/15/2025	Full name of contributor out-of Apodaca, Lauren Marie (Ms.) Contributor address; City; State; Zip C Dallas, TX 75214	ode		Amount of Contribution (\$)	\$0.25
	Principal occu Clinical Mana	pation / Job title (See Instructions) ager	Employer (See Instruction Therapy 2000 Inc.	ons)		

	MONEI	ARY POLITICAL CONT	RIBUTIONS		SCHEDULE	A1
	The Instruc	ction Guide explains how to con	nplete this form.	1	Total pages Schedule A1: Sch: 6/116 Rpt: 9/128	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	iation for Home Care and Hospice Inc	Texas Home Care and Hospice PAC -		00015750	
4	Date 04/15/2025	 Full name of contributor out-of Apodaca, Lauren Marie (Ms.) Contributor address; City; State; Zip C 		7	Amount of Contribution (\$)	\$0.25
		Dallas, TX 75214				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))		
	Clinical Mana	ager	Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor out-of Apodaca, Lauren Marie (Ms.) Contributor address; City; State; Zip C	-state PAC (ID#:) Code		Amount of Contribution (\$)	\$0.25
		Dallas, TX 75214				
		pation / Job title (See Instructions)	Employer (See Instructions))		
	Clinical Mana	ager	Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor out-of Apodaca, Lauren Marie (Ms.) Contributor address; City; State; Zip C	-state PAC (ID#:)		Amount of Contribution (\$)	\$0.25
		Dallas, TX 75214				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))		
	Clinical Mana	ager	Therapy 2000 Inc.	•		
	Date 04/15/2025	Full name of contributor out-of Apodaca, Lauren Marie (Ms.) Contributor address; City; State; Zip C	-state PAC (ID#:)		Amount of Contribution (\$)	\$0.25
	Principal occu Clinical Mana	pation / Job title (See Instructions) ager	Employer (See Instructions) Therapy 2000 Inc.)		
	Date 04/15/2025	Full name of contributor out-of Apodaca, Lauren Marie (Ms.) Contributor address; City; State; Zip C Dallas, TX 75214	-state PAC (ID#:)		Amount of Contribution (\$)	\$0.25
	Principal occu Clinical Mana	pation / Job title (See Instructions) ager	Employer (See Instructions) Therapy 2000 Inc.)		

	MONEI	ARY POLITICAL C	ONTRIBUTION	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 7/116 Rpt: 10/128	
2	FILER NAME Texas Assoc	ciation for Home Care and Hos	spice Inc Texas Home	Care and Hospice PAC -	3	Filer ID (Ethics Commission F 00015750	Filers)
4	Date 04/15/2025	Full name of contributor Apodaca, Lauren Marie (M Contributor address; City; Sta	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$0.25
		Dallas, TX 75214			L		
8	Principal occu Clinical Mana	ipation / Job title (See Instructions) ager	9	Employer (See Instructions) Therapy 2000 Inc.	·)		
	Date 04/15/2025	Full name of contributor Apodaca, Lauren Marie (M Contributor address; City; Sta	······)		Amount of Contribution (\$)	\$0.25
	Dringing occu	Dallas, TX 75214	<u> </u>	Employer (See Instructions	<u></u>		
	Clinical Mana	ipation / Job title (See Instructions) lager	·	Employer (See Instructions Therapy 2000 Inc.)		
	Date 04/15/2025	Full name of contributor Apodaca, Lauren Marie (M Contributor address; City; Sta				Amount of Contribution (\$)	\$0.25
		Dallas, TX 75214					
	Principal occu Clinical Mana	ipation / Job title (See Instructions) ager		Employer (See Instructions Therapy 2000 Inc.)		
	Date 04/15/2025	Full name of contributor Apodaca, Lauren Marie (M Contributor address; City; Sta)		Amount of Contribution (\$)	\$0.25
	Principal occu Clinical Mana	upation / Job title (See Instructions)		Employer (See Instructions Therapy 2000 Inc.	;)		
	Date 04/15/2025	Full name of contributor Apodaca, Lauren Marie (M Contributor address; City; Sta)		Amount of Contribution (\$)	\$0.25
	Principal occu Clinical Mana	upation / Job title (See Instructions) ager		Employer (See Instructions Therapy 2000 Inc.)		

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains hov	v to complete this fo	rm.	1	Total pages Schedule A1: Sch: 8/116 Rpt: 11/128	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	ciation for Home Care and Ho	spice Inc Texas Home	e Care and Hospice PAC -		00015750	
4	Date 04/15/2025	5 Full name of contributor Apodaca, Lauren Marie (6 Contributor address; City; S			7	Amount of Contribution (\$)	\$0.25
		Dallas, TX 75214					
8		pation / Job title (See Instructions	5)	Employer (See Instructions)		
	Clinical Man	ager		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Arline, Victoria M. (Ms.) Contributor address; City; S	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$5.00
		Pearland, TX 77584					
		pation / Job title (See Instructions	s)	Employer (See Instructions)		
	Occupation 7	rnerapist		Therapy 2000, Inc.			
	Date 04/15/2025	Full name of contributor Arzoin, Sarah (Ms.) Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$2.00
		Houston, TX 77071					
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions)		
	Occupationa	l Therapist		Therapy 2000, Inc.			
Date Full name of contributor 04/15/2025 Arzoin, Sarah (Ms.) Contributor address; Ci		Full name of contributor Arzoin, Sarah (Ms.) Contributor address; City; S Houston, TX 77071	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$2.00
	Principal occu Occupationa	pation / Job title (See Instructions	5)	Employer (See Instructions Therapy 2000, Inc.)		
				тпетару 2000, птс.			
	Date 04/15/2025	Full name of contributor Arzoin, Sarah (Ms.) Contributor address; City; S Houston, TX 77071	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$2.00
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions)		
	Occupationa	l Therapist		Therapy 2000, Inc.			

	MONEI	ARY POLITICAL CONTRIBUT	IIONS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete th	is form.	1	Total pages Schedule A1: Sch: 9/116 Rpt: 12/128	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	ciation for Home Care and Hospice Inc Texas I	Home Care and Hospice PAC -		00015750	
4	Date 04/15/2025	 Full name of contributor out-of-state PAC (I Arzoin, Sarah (Ms.) Contributor address; City; State; Zip Code 	ID#:)	7	Amount of Contribution (\$)	\$2.00
		Houston, TX 77071				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Occupationa	l Therapist	Therapy 2000, Inc.			
	Date 04/25/2025	Full name of contributor out-of-state PAC (I Avery, Amy (Ms.) Contributor address; City; State; Zip Code	ID#:)		Amount of Contribution (\$)	\$20.00
	Principal occu	Tyler, TX 75701 pation / Job title (See Instructions)	Employer (See Instructions	e) 		
	Physical The		Paradigm Rehab & Nur		n I P	
	Date Full name of contributor out-of-state PAC (I			T	Amount of Contribution (\$)	
	04/15/2025	Bahrenburg, Danielle Nicole (Ms.) Contributor address; City; State; Zip Code			, and an estimated (4)	\$5.00
	Deinsinal assu	Providence Villa, TX 76227	Francis vou (Coo Instructions	<u></u>		
	Occupationa	pation / Job title (See Instructions)	Employer (See Instructions Therapy 2000, Inc.	S)		
			<u> </u>	_		
	Date 04/15/2025	Full name of contributor out-of-state PAC (I Bahrenburg, Danielle Nicole (Ms.) Contributor address; City; State; Zip Code Providence Villa, TX 76227)		Amount of Contribution (\$)	\$5.00
	Principal occu Occupationa	pation / Job title (See Instructions) Il Therapist	Employer (See Instructions Therapy 2000, Inc.	s)		
	Date 04/15/2025	Full name of contributor out-of-state PAC (I Barnes, Myra (Ms.) Contributor address; City; State; Zip Code Greenville, TX 75402	ID#:)		Amount of Contribution (\$)	\$5.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Speech Their	rapy Asst.	Therapy 2000 Inc.			

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains hov	v to complete this fo	orm.	1	Total pages Schedule A1: Sch: 10/116 Rpt: 13/128	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	ciation for Home Care and Ho	spice Inc Texas Hom	e Care and Hospice PAC -		00015750	
4	Date 04/15/2025	5 Full name of contributor Barnes, Myra (Ms.)6 Contributor address; City; S	out-of-state PAC (ID#:_ tate; Zip Code		7	Amount of Contribution (\$)	\$5.00
		Greenville, TX 75402					
8	Principal occu	pation / Job title (See Instruction	s)	9 Employer (See Instructions	<u> </u>		
	Speech The	rapy Asst.		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Barnes, Myra (Ms.) Contributor address; City; S	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$5.00
		Greenville, TX 75402					
		pation / Job title (See Instruction	s)	Employer (See Instructions	5)		
	Speech Thei	rapy Asst.		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Barnes, Myra (Ms.) Contributor address; City; S	out-of-state PAC (ID#:_ tate; Zip Code			Amount of Contribution (\$)	\$5.00
		Greenville, TX 75402					
	Principal occu	pation / Job title (See Instruction	s)	Employer (See Instructions	5)		
	Speech Their	rapy Asst.		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Barnes, Myra (Ms.) Contributor address; City; S Greenville, TX 75402	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$5.00
	Principal occu Speech Ther	pation / Job title (See Instruction rapy Asst.	s)	Employer (See Instructions Therapy 2000 Inc.	5)		
	Date 04/15/2025	Full name of contributor Barnes, Myra (Ms.) Contributor address; City; S Greenville, TX 75402	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$5.00
	Principal occu	pation / Job title (See Instruction	s)	Employer (See Instructions	()		
	Speech The	rapy Asst.		Therapy 2000 Inc.			

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 11/116 Rpt: 14/128	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	ciation for Home Care and Ho	spice Inc Texas Home	e Care and Hospice PAC -		00015750	
4	Date 04/15/2025	5 Full name of contributor Barone, Catherine (Ms.)6 Contributor address; City; St	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$3.00
		Tyler, TX 75701					
8		pation / Job title (See Instructions	s) <u> </u>	9 Employer (See Instructions	5)		
	Occupationa	l Therapist		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Barone, Catherine (Ms.) Contributor address; City; Si	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$3.00
		Tyler, TX 75701					
		pation / Job title (See Instructions	3)	Employer (See Instructions	()		
	Occupationa	l Therapist		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Barone, Catherine (Ms.) Contributor address; City; Si	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$3.00
		Tyler, TX 75701					
	Principal occu	pation / Job title (See Instructions	3)	Employer (See Instructions	<u> </u>		
	Occupationa			Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Barone, Catherine (Ms.) Contributor address; City; St	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$3.00
	Principal occu Occupationa	pation / Job title (See Instructions Il Therapist	s)	Employer (See Instructions Therapy 2000 Inc.	5)		
	Date 04/15/2025	Full name of contributor Barone, Catherine (Ms.) Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$3.00
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions)		
	Occupationa	l Therapist		Therapy 2000 Inc.			
			<u>'</u>				

	MONEI	ARY POLITICAL (CONTRIBUTIO	INS		SCHEDULE	■ A1
	The Instruc	ction Guide explains hov	v to complete this fo	orm.	1	Total pages Schedule A1: Sch: 12/116 Rpt: 15/128	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
		ciation for Home Care and Ho	<u> </u>	e Care and Hospice PAC -		00015750	
4	Date 04/15/2025	5 Full name of contributor Barone, Catherine (Ms.)6 Contributor address; City; S	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$3.00
		Tyler, TX 75701					
8		pation / Job title (See Instructions	5)	9 Employer (See Instructions	()		
	Occupationa	l Therapist		Therapy 2000 Inc.			
	Date 04/14/2025	Full name of contributor Bass, Micaul (Mr.) Contributor address; City; S Houston, TX 77027	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions	3)	Employer (See Instructions	<u>.</u>		
	Account Rep		-,	Nicular Health	,		
	Date 04/15/2025	Full name of contributor Bihl, Amelia (Ms.) Contributor address; City; S	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$3.00
		McGregor, TX 76657					
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions)		
	Social Worke	er Case Manager		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Bihl, Amelia (Ms.) Contributor address; City; S McGregor, TX 76657	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$3.00
	•	pation / Job title (See Instructions er Case Manager	s)	Employer (See Instructions Therapy 2000 Inc.	5)		
	Date 04/15/2025	Full name of contributor Bihl, Amelia (Ms.) Contributor address; City; S McGregor, TX 76657	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$3.00
	•	pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	Social Worke	er Case Manager		Therapy 2000 Inc.			

	MONEI	ARY POLITICAL (CONTRIBUTIO	INS		SCHEDULE	A1
	The Instru	ction Guide explains hov	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 13/116 Rpt: 16/128	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	ciation for Home Care and Ho	spice Inc Texas Hom	e Care and Hospice PAC -		00015750	
4	Date 04/15/2025	5 Full name of contributor Bihl, Amelia (Ms.)6 Contributor address; City; S	out-of-state PAC (ID#:_ tate; Zip Code		7	Amount of Contribution (\$)	\$3.00
		McGregor, TX 76657					
8	Principal occu	pation / Job title (See Instructions	s)	9 Employer (See Instructions	5)		
	Social Work	er Case Manager		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Bihl, Amelia (Ms.) Contributor address; City; S	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$3.00
		McGregor, TX 76657					
		pation / Job title (See Instructions	s)	Employer (See Instructions	5)		
	Social Worke	er Case Manager		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Bihl, Amelia (Ms.) Contributor address; City; S	out-of-state PAC (ID#:_ tate; Zip Code)		Amount of Contribution (\$)	\$3.00
		McGregor, TX 76657					
	Principal occu	pation / Job title (See Instruction:	s)	Employer (See Instructions	<u></u>		
	Social Worke	er Case Manager		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Bostick, Lindsey (Ms.) Contributor address; City; S Eustace, TX 75124	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$3.00
	Principal occu	pation / Job title (See Instruction:	s)	Employer (See Instructions	5)		
	Speech Lang	guage Pathologist		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Bostick, Lindsey (Ms.) Contributor address; City; S Eustace, TX 75124	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$3.00
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	Speech Lang	guage Pathologist		Therapy 2000 Inc.			

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 14/116 Rpt: 17/128	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	iation for Home Care and Hos	spice Inc Texas Hom	e Care and Hospice PAC -		00015750	
4	Date 04/15/2025	5 Full name of contributor Bostick, Lindsey (Ms.)6 Contributor address; City; St.	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$3.00
		Eustace, TX 75124					
8		pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Speech Lanç	guage Pathologist		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Bostick, Lindsey (Ms.) Contributor address; City; St.	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$3.00
		Eustace, TX 75124					
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Speech Lan	guage Pathologist		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Bostick, Lindsey (Ms.) Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$3.00
		Eustace, TX 75124					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Speech Lang	guage Pathologist		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Bostick, Lindsey (Ms.) Contributor address; City; St. Eustace, TX 75124	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$3.00
	•	pation / Job title (See Instructions guage Pathologist		Employer (See Instructions Therapy 2000 Inc.	s)		
	Date 04/14/2025	Full name of contributor Brooks , Courtney (Ms.) Contributor address; City; St. Bullard, TX 75757	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$20.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Regional Dir	ector of Operations		Paradigm Rehab & Nurs	sin	g LP	

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 15/116 Rpt: 18/128	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	ciation for Home Care and Hos	pice Inc Texas Home	Care and Hospice PAC -		00015750	
4	Date 04/25/2025	 Full name of contributor Brooks , Courtney (Ms.) Contributor address; City; Sta 	out-of-state PAC (ID#: tte; Zip Code		7	Amount of Contribution (\$)	\$20.00
		Bullard, TX 75757					
8		pation / Job title (See Instructions)	9	Employer (See Instructions			
	Regional Dir	ector of Operations		Paradigm Rehab & Nurs	sinç	J LP	
	Date 04/15/2025	Full name of contributor Brown, Ciara Ann (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$5.00
		Missouri City, TX 77459					
		pation / Job title (See Instructions)		Employer (See Instructions	()		
	Speech The	rapy Asst.		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Brown, Ciara Ann (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code)		Amount of Contribution (\$)	\$5.00
		Missouri City, TX 77459					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Speech The	rapy Asst.		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Brown, Ciara Ann (Ms.) Contributor address; City; Sta Missouri City, TX 77459	out-of-state PAC (ID#: tte; Zip Code			Amount of Contribution (\$)	\$5.00
	•	pation / Job title (See Instructions)		Employer (See Instructions	()		
	Speech The	rapy Asst.		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Brown, Ciara Ann (Ms.) Contributor address; City; Sta Missouri City, TX 77459	out-of-state PAC (ID#: tte; Zip Code			Amount of Contribution (\$)	\$5.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Speech The	rapy Asst.		Therapy 2000 Inc.			

	MONEI	ARY POLITICAL CO	ONTRIBUTION	15		SCHEDULE	A1
	The Instru	ction Guide explains how to	o complete this for	m.	1	Total pages Schedule A1: Sch: 16/116 Rpt: 19/128	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	iation for Home Care and Hospi	ice Inc Texas Home	Care and Hospice PAC -		00015750	
4	Date 04/15/2025	5 Full name of contributor Brown, Ciara Ann (Ms.)6 Contributor address; City; State	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$5.00
		Missouri City, TX 77459					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions)		
	Speech The	rapy Asst.		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Brown, Ciara Ann (Ms.) Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$5.00
		Missouri City, TX 77459	į				
		pation / Job title (See Instructions)		Employer (See Instructions)		
	Speech The	rapy Asst.		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Brylak, Bronson Wallace (Mi Contributor address; City; State	······)		Amount of Contribution (\$)	\$5.00
		Kyle, TX 78640					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
		guage Pathologist		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Brylak, Bronson Wallace (Mi Contributor address; City; State Kyle, TX 78640				Amount of Contribution (\$)	\$5.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Speech Lang	guage Pathologist		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Brylak, Bronson Wallace (Mi Contributor address; City; State Kyle, TX 78640				Amount of Contribution (\$)	\$5.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Speech Lang	guage Pathologist		Therapy 2000 Inc.			

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDULE	A1
	The Instruc	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 17/116 Rpt: 20/128	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	ciation for Home Care and Ho	spice Inc Texas Hom	e Care and Hospice PAC -		00015750	
4	Date 04/15/2025	 Full name of contributor Brylak, Bronson Wallace Contributor address; City; St 			7	Amount of Contribution (\$)	\$5.00
		Kyle, TX 78640					
8	Principal occu	pation / Job title (See Instructions	5)	9 Employer (See Instructions	5)		
	Speech Lang	guage Pathologist		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Brylak, Bronson Wallace Contributor address; City; S				Amount of Contribution (\$)	\$5.00
		Kyle, TX 78640					
		pation / Job title (See Instructions	3)	Employer (See Instructions	5)		
	Speech Lanç	guage Pathologist		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Brylak, Bronson Wallace Contributor address; City; S)		Amount of Contribution (\$)	\$5.00
		Kyle, TX 78640					
	Principal occu	pation / Job title (See Instructions	3)	Employer (See Instructions	5)		
	Speech Lang	guage Pathologist		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Burgess, Rebecca (Ms.) Contributor address; City; S Kaufman, TX 75142	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$5.00
	Principal occu HR Generali	pation / Job title (See Instructions st	5)	Employer (See Instructions Therapy 2000 Inc.	5)		
	Date 04/15/2025	Full name of contributor Burgess, Rebecca (Ms.) Contributor address; City; S Kaufman, TX 75142	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$5.00
	Principal occu HR Generali	pation / Job title (See Instructions st	s)	Employer (See Instructions Therapy 2000 Inc.	5)		

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 18/116 Rpt: 21/128	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	ciation for Home Care and Ho	spice Inc Texas Home	e Care and Hospice PAC -		00015750	
4	Date 04/15/2025	 Full name of contributor Burgess, Rebecca (Ms.) Contributor address; City; St 	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$5.00
		Kaufman, TX 75142					
8	Principal occu HR Generali	pation / Job title (See Instructions st	s) <u> </u>	Employer (See Instructions Therapy 2000 Inc.	i)		
	Date 04/15/2025	Full name of contributor Burgess, Rebecca (Ms.) Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
	Principal occu	pation / Job title (See Instructions	9)	Employer (See Instructions	<u>.</u>		
	HR Generali		,	Therapy 2000 Inc.	')		
	Date 04/15/2025	Full name of contributor Burgess, Rebecca (Ms.) Contributor address; City; Si	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
		Kaufman, TX 75142					
	Principal occu HR Generali	pation / Job title (See Instructions st	s) 	Employer (See Instructions Therapy 2000 Inc.	;)		
	Date 04/15/2025	Full name of contributor Burgess, Rebecca (Ms.) Contributor address; City; Si Kaufman, TX 75142	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
	Principal occu HR Generali	pation / Job title (See Instructions st	s)	Employer (See Instructions Therapy 2000 Inc.)		
	Date 04/15/2025	Full name of contributor Cavanaugh, Alexandra (M Contributor address; City; Si San Antonio, TX 78229				Amount of Contribution (\$)	\$5.00
		pation / Job title (See Instructions guage Pathologist	s)	Employer (See Instructions Therapy 2000 Inc.)		
			1				

	MONEI	ARY POLITICAL CONTRIBUT	HON	NS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete thi	is for	m.	1	Total pages Schedule A1: Sch: 19/116 Rpt: 22/128	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	iation for Home Care and Hospice Inc Texas I	Home	Care and Hospice PAC -		00015750	
4	Date 04/15/2025	 Full name of contributor out-of-state PAC (I Cavanaugh, Alexandra (Ms.) Contributor address; City; State; Zip Code 	ID#:)	7	Amount of Contribution (\$)	\$5.00
		San Antonio, TX 78229					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Speech Lang	guage Pathologist		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor	ID#:			Amount of Contribution (\$)	\$5.00
		San Antonio, TX 78229					
		pation / Job title (See Instructions)		Employer (See Instructions	()		
	Speech Lan	guage Pathologist		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor out-of-state PAC (I Cavanaugh, Alexandra (Ms.) Contributor address; City; State; Zip Code	ID#:			Amount of Contribution (\$)	\$5.00
		San Antonio, TX 78229					
		pation / Job title (See Instructions)		Employer (See Instructions	i)		
	Speecn Lan	guage Pathologist		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor out-of-state PAC (I Cavanaugh, Alexandra (Ms.) Contributor address; City; State; Zip Code San Antonio, TX 78229	ID#:			Amount of Contribution (\$)	\$5.00
	•	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Speech Lan	guage Pathologist		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor out-of-state PAC (I Cavanaugh, Alexandra (Ms.) Contributor address; City; State; Zip Code San Antonio, TX 78229	ID#:			Amount of Contribution (\$)	\$5.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Speech Lang	guage Pathologist		Therapy 2000 Inc.			

	MONET	ARY POLITICAL CONTRIBUT	TIONS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete th	is form.	1	Total pages Schedule A1: Sch: 20/116 Rpt: 23/128	
2	FILER NAME Texas Assoc	ciation for Home Care and Hospice Inc Texas	Home Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	Filers)
4	Date 04/15/2025	 5 Full name of contributor out-of-state PAC (In Chance, Lisa (Ms.) 6 Contributor address; City; State; Zip Code 	D#:)	7	Amount of Contribution (\$)	\$10.00
_	<u> </u>	Santa Rosa Beach, FL 32459		<u></u>		
8	•	pation / Job title (See Instructions) ervices Clinical Exec.	9 Employer (See Instructions Therapy 2000 Inc.	5)		
	Date 04/15/2025	Full name of contributor out-of-state PAC (In Chance, Lisa (Ms.) Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$10.00
	Princinal occu	Santa Rosa Beach, FL 32459 pation / Job title (See Instructions)	Employer (See Instructions	:) 		
	·	ervices Clinical Exec.	Therapy 2000 Inc.	,,		
	Date 04/15/2025	Full name of contributor out-of-state PAC (In Chance, Lisa (Ms.) Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$10.00
	5	Santa Rosa Beach, FL 32459	-	<u></u>		
		pation / Job title (See Instructions) ervices Clinical Exec.	Employer (See Instructions Therapy 2000 Inc.	5)		
	Date 04/15/2025	Full name of contributor out-of-state PAC (In Chance, Lisa (Ms.) Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$10.00
		Santa Rosa Beach, FL 32459				
	•	pation / Job title (See Instructions) ervices Clinical Exec.	Employer (See Instructions Therapy 2000 Inc.	5)		
	Date 04/15/2025	Full name of contributor out-of-state PAC (Inches Chance, Lisa (Ms.) Contributor address; City; State; Zip Code Santa Rosa Beach, FL 32459	D#:)		Amount of Contribution (\$)	\$10.00
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	VP Client Se	ervices Clinical Exec.	Therapy 2000 Inc.			

	MONEI	ARY POLITICAL CO	ONTRIBUTION	NS		SCHEDULE	A1
	The Instruc	ction Guide explains how to	o complete this for	m.	1	Total pages Schedule A1: Sch: 21/116 Rpt: 24/128	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	ciation for Home Care and Hospi	ce Inc Texas Home	Care and Hospice PAC -		00015750	
4	Date 04/15/2025	5 Full name of contributor Chance, Lisa (Ms.)6 Contributor address; City; State	out-of-state PAC (ID#: e; Zip Code		7	Amount of Contribution (\$)	\$10.00
		Santa Rosa Beach, FL 3245	9				
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions)		
	VP Client Se	rvices Clinical Exec.		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Charles, Alysha Marie (Ms.) Contributor address; City; State	out-of-state PAC (ID#: e; Zip Code)		Amount of Contribution (\$)	\$2.50
	5	Austin, TX 78735					
	Principal occu Physical The	pation / Job title (See Instructions)		Employer (See Instructions Therapy 2000 Inc.)		
		•		тпетару 2000 птс.			
	Date 04/15/2025	Full name of contributor Charles, Alysha Marie (Ms.) Contributor address; City; State	out-of-state PAC (ID#: e; Zip Code			Amount of Contribution (\$)	\$2.50
		Austin, TX 78735					
		pation / Job title (See Instructions)		Employer (See Instructions)		
	Physical The	erapist		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Charles, Alysha Marie (Ms.) Contributor address; City; State Austin, TX 78735	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$2.50
	Principal occu Physical The	pation / Job title (See Instructions) rapist		Employer (See Instructions Therapy 2000 Inc.)		
	Date 04/15/2025	Full name of contributor Charles, Alysha Marie (Ms.) Contributor address; City; State Austin, TX 78735	out-of-state PAC (ID#:e; Zip Code)		Amount of Contribution (\$)	\$2.50
	Principal occu Physical The	pation / Job title (See Instructions) erapist		Employer (See Instructions Therapy 2000 Inc.)		

	MONEI	ARY POLITICAL CO	ONTRIBUTION	NS		SCHEDULE	A1
	The Instruc	ction Guide explains how t	o complete this for	m.	1	Total pages Schedule A1: Sch: 22/116 Rpt: 25/128	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	ciation for Home Care and Hosp	pice Inc Texas Home	Care and Hospice PAC -		00015750	
4	Date 04/15/2025	5 Full name of contributor Charles, Alysha Marie (Ms.)6 Contributor address; City; Stat	·		7	Amount of Contribution (\$)	\$2.50
		Austin, TX 78735					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	()		
	Physical The	erapist		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Charles, Alysha Marie (Ms.) Contributor address; City; Stat	•			Amount of Contribution (\$)	\$2.50
		Austin, TX 78735			_		
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Physical The	•		Therapy 2000 Inc.			
	Date 04/23/2025	Full name of contributor Church Gutierrez, Amber (N)		Amount of Contribution (\$)	\$5.00
		Cypress, TX 77429					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Nurse			Angels of Care			
	Date 04/25/2025	Full name of contributor Colston, Maureen (Ms.) Contributor address; City; Stat Tyler, TX 75702	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	()		
	Associate Co	ontroller		Paradigm Rehab & Nurs	sing	J LP	
	Date 04/15/2025	Full name of contributor Cooprider, Melissa (Ms.) Contributor address; City; Stat Rockwall, TX 75032	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$4.50
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Clinical Mana	ager		Therapy 2000 Inc.			
			·				

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 23/116 Rpt: 26/128	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	ciation for Home Care and Ho	spice Inc Texas Home	e Care and Hospice PAC -		00015750	
4	Date 04/15/2025	 Full name of contributor Cooprider, Melissa (Ms.) Contributor address; City; St 	out-of-state PAC (ID#: ate; Zip Code		7	Amount of Contribution (\$)	\$4.50
		Rockwall, TX 75032					
8	Principal occu Clinical Man	pation / Job title (See Instructions ager	s) <u> </u>	Employer (See Instructions Therapy 2000 Inc.)		
	Date 04/15/2025	Full name of contributor Cooprider, Melissa (Ms.) Contributor address; City; S Rockwall, TX 75032	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$4.50
	Principal occu	pation / Job title (See Instructions	<u>.)</u>	Employer (See Instructions)		
	Clinical Man		,	Therapy 2000 Inc.	,		
	Date 04/15/2025	Full name of contributor Cooprider, Melissa (Ms.) Contributor address; City; S	out-of-state PAC (ID#: ate; Zip Code			Amount of Contribution (\$)	\$4.50
		Rockwall, TX 75032					
	Principal occu Clinical Man	pation / Job title (See Instructions ager	5)	Employer (See Instructions Therapy 2000 Inc.)		
	Date 04/15/2025	Full name of contributor Cooprider, Melissa (Ms.) Contributor address; City; Si Rockwall, TX 75032	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$4.50
	Principal occu Clinical Man	pation / Job title (See Instructions ager	(3)	Employer (See Instructions Therapy 2000 Inc.)		
	Date 04/15/2025	Full name of contributor Cooprider, Melissa (Ms.) Contributor address; City; S Rockwall, TX 75032	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$4.50
	Principal occu Clinical Mana	pation / Job title (See Instructions ager	s)	Employer (See Instructions Therapy 2000 Inc.)		
			·				

	MONEI	ARY POLITICAL (CONTRIBUTION	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 24/116 Rpt: 27/128	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	ciation for Home Care and Ho	spice Inc Texas Home	e Care and Hospice PAC -		00015750	
4	Date 04/15/2025	5 Full name of contributor Cooprider, Melissa (Ms.)6 Contributor address; City; St	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$0.25
		Rockwall, TX 75032					
8	Principal occu Clinical Man	pation / Job title (See Instructions ager	9	Employer (See Instructions Therapy 2000 Inc.)		
	Date 04/15/2025	Full name of contributor Cooprider, Melissa (Ms.) Contributor address; City; Si	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$0.25
	Principal occu	pation / Job title (See Instructions	3)	Employer (See Instructions)		
	Clinical Man		"	Therapy 2000 Inc.	,		
	Date 04/15/2025	Full name of contributor Cooprider, Melissa (Ms.) Contributor address; City; Si	out-of-state PAC (ID#: ate; Zip Code)		Amount of Contribution (\$)	\$0.25
		Rockwall, TX 75032					
	Principal occu Clinical Man	pation / Job title (See Instructions ager	5)	Employer (See Instructions Therapy 2000 Inc.)		
	Date 04/15/2025	Full name of contributor Cooprider, Melissa (Ms.) Contributor address; City; St	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$0.25
	Principal occu Clinical Man	pation / Job title (See Instructions ager	(5)	Employer (See Instructions Therapy 2000 Inc.)		
	Date 04/15/2025	Full name of contributor Cooprider, Melissa (Ms.) Contributor address; City; Si	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$0.25
	Principal occu Clinical Mana	pation / Job title (See Instructions ager	s)	Employer (See Instructions Therapy 2000 Inc.)		
			<u>.</u>				

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 25/116 Rpt: 28/128	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	ciation for Home Care and Hos	pice Inc Texas Home	e Care and Hospice PAC -		00015750	
4	Date 04/15/2025	 5 Full name of contributor Cooprider, Melissa (Ms.) 6 Contributor address; City; Sta 	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$0.25
		Rockwall, TX 75032					
8	Principal occu Clinical Man	pation / Job title (See Instructions) ager	9	P Employer (See Instructions Therapy 2000 Inc.)		
	Date 04/15/2025	Full name of contributor Cornett, Valerie (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#: atte; Zip Code			Amount of Contribution (\$)	\$40.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	COSI	,		MAC Legacy			
	Date 04/15/2025	Full name of contributor Cox , Kim (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$2.00
		Tyler, TX 75707					
	Principal occu Occupationa	pation / Job title (See Instructions) I Therapist		Employer (See Instructions Therapy 2000 Inc.)		
	Date 04/15/2025	Full name of contributor Cox , Kim (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$2.00
	Principal occu Occupationa	pation / Job title (See Instructions) I Therapist		Employer (See Instructions Therapy 2000 Inc.)		
	Date 04/15/2025	Full name of contributor Cox , Kim (Ms.) Contributor address; City; Sta Tyler, TX 75707	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$2.00
	Principal occu Occupationa	pation / Job title (See Instructions) I Therapist		Employer (See Instructions Therapy 2000 Inc.)		

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 26/116 Rpt: 29/128	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	ciation for Home Care and Ho	spice Inc Texas Hom	e Care and Hospice PAC -		00015750	
4	Date 04/15/2025	5 Full name of contributor Cox , Kim (Ms.)6 Contributor address; City; St	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$2.00
		Tyler, TX 75707					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Occupationa	l Therapist		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Cox , Kim (Ms.) Contributor address; City; St	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$2.00
		Tyler, TX 75707					
		pation / Job title (See Instructions)	Employer (See Instructions)		
	Occupationa	ı rnerapist		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Cox , Kim (Ms.) Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code			Amount of Contribution (\$)	\$2.00
		Tyler, TX 75707					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Occupationa	l Therapist		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Creech, Amanda Michele Contributor address; City; St Tyler, TX 75703)		Amount of Contribution (\$)	\$1.00
		pation / Job title (See Instructions)	Employer (See Instructions)		
	Occupationa	l Therapy Asst.		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Creech, Amanda Michele Contributor address; City; St Tyler, TX 75703				Amount of Contribution (\$)	\$1.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Occupationa	l Therapy Asst.		Therapy 2000 Inc.			

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 27/116 Rpt: 30/128	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	ciation for Home Care and Ho	spice Inc Texas Home	e Care and Hospice PAC -		00015750	
4	Date 04/15/2025	5 Full name of contributor Creech, Amanda Michele6 Contributor address; City; St			7	Amount of Contribution (\$)	\$1.00
		Tyler, TX 75703					
8	Principal occu	pation / Job title (See Instructions	s) <u></u> 9	Employer (See Instructions	()		
	Occupationa	l Therapy Asst.		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Creech, Amanda Michele Contributor address; City; St)		Amount of Contribution (\$)	\$1.00
		Tyler, TX 75703					
		pation / Job title (See Instructions	5)	Employer (See Instructions	()		
	Occupationa	l Therapy Asst.		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Creech, Amanda Michele Contributor address; City; St)		Amount of Contribution (\$)	\$1.00
		Tyler, TX 75703					
	Principal occu	pation / Job title (See Instructions	3)	Employer (See Instructions	()		
	Occupationa	l Therapy Asst.		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Creech, Amanda Michele Contributor address; City; St Tyler, TX 75703)		Amount of Contribution (\$)	\$1.00
	•	pation / Job title (See Instructions I Therapy Asst.	(3)	Employer (See Instructions Therapy 2000 Inc.	i)		
	Date 04/15/2025	Full name of contributor Davis, Lauren (Ms.) Contributor address; City; St Lindale, TX 75771	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$5.00
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	·)		
	Regional Ma	rketing Manager		Therapy 2000 Inc.			
			•				

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains hov	v to complete this fo	orm.	1	Total pages Schedule A1: Sch: 28/116 Rpt: 31/128	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	ciation for Home Care and Ho	spice Inc Texas Hom	e Care and Hospice PAC -		00015750	
4	Date 04/15/2025	5 Full name of contributor Davis, Lauren (Ms.)6 Contributor address; City; S	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$5.00
		Lindale, TX 75771					
8	Principal occu	pation / Job title (See Instruction:	s)	9 Employer (See Instructions	5)		
	Regional Ma	rketing Manager		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Davis, Lauren (Ms.) Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
		Lindale, TX 75771	<u>, </u>				
		pation / Job title (See Instruction	5)	Employer (See Instructions	()		
	Regional Marketing Manager			Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Davis, Lauren (Ms.) Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
		Lindale, TX 75771					
	Principal occu	pation / Job title (See Instruction:	s)	Employer (See Instructions	()		
	Regional Ma	rketing Manager		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Davis, Lauren (Ms.) Contributor address; City; S Lindale, TX 75771	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
	•	pation / Job title (See Instruction: rketing Manager	5)	Employer (See Instructions Therapy 2000 Inc.	5)		
	Date 04/15/2025	Full name of contributor Davis, Lauren (Ms.) Contributor address; City; S Lindale, TX 75771	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$5.00
	Principal occu	pation / Job title (See Instruction:	5)	Employer (See Instructions)		
	Regional Ma	rketing Manager		Therapy 2000 Inc.			

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDULE	■ A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 29/116 Rpt: 32/128	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	ciation for Home Care and Ho	spice Inc Texas Hom	e Care and Hospice PAC -		00015750	
4	Date 03/31/2025	5 Full name of contributor Davis , Sheila (Ms.)6 Contributor address; City; St	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$12.50
		Wichita Falls, TX 76310					
8		pation / Job title (See Instructions	s)	9 Employer (See Instructions			
	CHCE; COS	-C		Always Best Care Senio	or S	Services	
	Date 04/15/2025	Full name of contributor Delgado, Melissa (Ms.) Contributor address; City; Si	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$1.00
		San Antonio, TX 78258	<u>, </u>				
		pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	Speech The	rapy Asst.		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Delgado, Melissa (Ms.) Contributor address; City; Si	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$1.00
		San Antonio, TX 78258					
		pation / Job title (See Instructions	3)	Employer (See Instructions	5)		
	Speech The	rapy Asst.		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Delgado, Melissa (Ms.) Contributor address; City; Si San Antonio, TX 78258	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$1.00
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	Speech The	rapy Asst.		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Delgado, Melissa (Ms.) Contributor address; City; Si San Antonio, TX 78258	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$1.00
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	5)		
	Speech The	rapy Asst.		Therapy 2000 Inc.			
			,				

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDULE	A1
	The Instruc	ction Guide explains how	<i>t</i> to complete this fo	rm.	1	Total pages Schedule A1: Sch: 30/116 Rpt: 33/128	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	ciation for Home Care and Ho	spice Inc Texas Home	e Care and Hospice PAC -		00015750	
4	Date 04/15/2025	5 Full name of contributor Delgado, Melissa (Ms.)6 Contributor address; City; S	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$1.00
		San Antonio, TX 78258					
8	Principal occu	pation / Job title (See Instructions	s) !	9 Employer (See Instructions	()		
	Speech The	rapy Asst.		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Delgado, Melissa (Ms.) Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$1.00
		San Antonio, TX 78258					
		pation / Job title (See Instructions	5)	Employer (See Instructions	()		
	Speech The	apy Asst.		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Dillehay, Mary Ann (Ms.) Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
		Friendswood, TX 77546					
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions)		
	Speech Their	rapy Asst.		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Dillehay, Mary Ann (Ms.) Contributor address; City; S Friendswood, TX 77546	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
	•	pation / Job title (See Instructions	5)	Employer (See Instructions	()		
	Speech Thei	rapy Asst.		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Dillehay, Mary Ann (Ms.) Contributor address; City; S Friendswood, TX 77546	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$5.00
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions)		
	Speech Their	rapy Asst.		Therapy 2000 Inc.			

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 31/116 Rpt: 34/128	
2	FILER NAME				3	`	Filers)
	Texas Assoc	ciation for Home Care and Ho	spice Inc Texas Home	e Care and Hospice PAC -		00015750	
4	Date 04/15/2025	5 Full name of contributor Dillehay, Mary Ann (Ms.)6 Contributor address; City; S	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$5.00
		Friendswood, TX 77546					
8	Principal occu	pation / Job title (See Instructions	5)	9 Employer (See Instructions	5)		
	Speech Their	rapy Asst.		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Dillehay, Mary Ann (Ms.) Contributor address; City; S	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$5.00
		Friendswood, TX 77546					
		pation / Job title (See Instructions	5)	Employer (See Instructions	s)		
	Speech Thei	rapy Asst.		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Dillehay, Mary Ann (Ms.) Contributor address; City; S	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$5.00
		Friendswood, TX 77546					
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	5)		
	Speech Their	rapy Asst.		Therapy 2000 Inc.			
	Date 03/31/2025	Full name of contributor Dilleshaw, Brittany (Ms.) Contributor address; City; S Danbury, TX 77534	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	Vice Preside	ent of Home Therapy Services	;	MedCare Pediatric Nurs	sinç)	
	Date 04/15/2025	Full name of contributor Dillon, Joni R. (Ms.) Contributor address; City; S Georgetown, TX 78628	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	Divisional Di	rector		Therapy 2000 Inc.			

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDULE	A1
	The Instruc	ction Guide explains hov	v to complete this fo	rm.	1	Total pages Schedule A1: Sch: 32/116 Rpt: 35/128	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	ciation for Home Care and Ho	spice Inc Texas Home	e Care and Hospice PAC -		00015750	
4	Date 04/15/2025	5 Full name of contributorDillon, Joni R. (Ms.)6 Contributor address; City; S	out-of-state PAC (ID#: tate; Zip Code)	7	Amount of Contribution (\$)	\$5.00
		Georgetown, TX 78628					
8	Principal occu	pation / Job title (See Instruction:	s)	Employer (See Instructions	<u> </u>		
	Divisional Di	rector		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Dillon, Joni R. (Ms.) Contributor address; City; S	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$5.00
		Georgetown, TX 78628					
		pation / Job title (See Instruction:	s)	Employer (See Instructions	5)		
	Divisional Di	rector		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Dillon, Joni R. (Ms.) Contributor address; City; S	out-of-state PAC (ID#: tate; Zip Code)		Amount of Contribution (\$)	\$5.00
		Georgetown, TX 78628					
	Principal occu	pation / Job title (See Instruction	s)	Employer (See Instructions	5)		
	Divisional Di	rector		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Dillon, Joni R. (Ms.) Contributor address; City; S Georgetown, TX 78628	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
	Principal occu Divisional Di	pation / Job title (See Instruction: rector	s)	Employer (See Instructions Therapy 2000 Inc.)		
	Date 04/15/2025	Full name of contributor Dillon, Joni R. (Ms.) Contributor address; City; S Georgetown, TX 78628	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
	Principal occu Divisional Di	pation / Job title (See Instruction: rector	s)	Employer (See Instructions Therapy 2000 Inc.	·)		

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDULI	■ A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 33/116 Rpt: 36/128	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	ciation for Home Care and Ho	spice Inc Texas Home	e Care and Hospice PAC -		00015750	
4	Date 04/15/2025	 5 Full name of contributor Dubberly, Katherine Mary 6 Contributor address; City; St)	7	Amount of Contribution (\$)	\$10.00
		Denton, TX 76210					
8	Principal occu	pation / Job title (See Instructions	9	Employer (See Instructions	()		
	Occupationa	l Therapist		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Dubberly, Katherine Mary Contributor address; City; St				Amount of Contribution (\$)	\$10.00
		Denton, TX 76210					
		pation / Job title (See Instructions	(1)	Employer (See Instructions	i)		
	Occupationa	I Therapist		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Dubberly, Katherine Mary Contributor address; City; St)		Amount of Contribution (\$)	\$10.00
		Denton, TX 76210					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	()		
	Occupationa	l Therapist		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Dubberly, Katherine Mary Contributor address; City; St Denton, TX 76210				Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	()		
	Occupationa	l Therapist		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Dubberly, Katherine Mary Contributor address; City; St Denton, TX 76210				Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Occupationa	l Therapist		Therapy 2000 Inc.			
			<u> </u>				

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDULI	A1
	The Instruc	ction Guide explains hov	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 34/116 Rpt: 37/128	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
		ciation for Home Care and Ho	<u> </u>	e Care and Hospice PAC -		00015750	
4	Date 04/15/2025	5 Full name of contributorDubberly, Katherine Mary6 Contributor address; City; S)	7	Amount of Contribution (\$)	\$10.00
		Denton, TX 76210					
8	Principal occu	pation / Job title (See Instructions	5)	9 Employer (See Instructions	5)		
	Occupationa	l Therapist		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Evans, Sharon (Ms.) Contributor address; City; S	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
	Dringing con	Madisonville, TX 77864	N	Employer (See Instructions	·/		
	Divisonal Dir	pation / Job title (See Instructions rector	o) 	Therapy 2000 Inc.)		
				тнегару 2000 пте.			
	Date 04/15/2025	Full name of contributor Evans, Sharon (Ms.) Contributor address; City; S	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
		Madisonville, TX 77864					
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	;)		
	Divisonal Dir	ector		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Evans, Sharon (Ms.) Contributor address; City; S Madisonville, TX 77864	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00
	Principal occu Divisonal Dir	pation / Job title (See Instructions ector	s)	Employer (See Instructions Therapy 2000 Inc.	5)		
	Date 04/15/2025	Full name of contributor Evans, Sharon (Ms.) Contributor address; City; S Madisonville, TX 77864	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00
	Principal occu Divisonal Dir	pation / Job title (See Instructions rector	5)	Employer (See Instructions Therapy 2000 Inc.	<u> </u>		

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDULI	■ A1
	The Instru	ction Guide explains hov	v to complete this fo	rm.	1	Total pages Schedule A1: Sch: 35/116 Rpt: 38/128	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	ciation for Home Care and Ho	spice Inc Texas Home	e Care and Hospice PAC -		00015750	
4	Date 04/15/2025	5 Full name of contributor Evans, Sharon (Ms.)6 Contributor address; City; S	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$10.00
		Madisonville, TX 77864					
8	Principal occu Divisonal Dir	pation / Job title (See Instructions rector	(5)	Employer (See Instructions Therapy 2000 Inc.)		
	Date 04/15/2025	Full name of contributor Evans, Sharon (Ms.) Contributor address; City; S Madisonville, TX 77864	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions)		
	Divisonal Dir	ector		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Ewing, Andrea L. (Ms.) Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$3.00
		Amarillo, TX 79121					
		pation / Job title (See Instructions Relations Representative	5)	Employer (See Instructions Therapy 2000 Inc.)		
	Date 04/15/2025	Full name of contributor Ewing, Andrea L. (Ms.) Contributor address; City; S Amarillo, TX 79121	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$3.00
	•	pation / Job title (See Instructions Relations Representative	5)	Employer (See Instructions Therapy 2000 Inc.)		
	Date 04/15/2025	Full name of contributor Ewing, Andrea L. (Ms.) Contributor address; City; S Amarillo, TX 79121	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$3.00
		pation / Job title (See Instructions Relations Representative	5)	Employer (See Instructions Therapy 2000 Inc.)		

	MONEI	ARY POLITICAL (CONTRIBUTIO	INS		SCHEDULE	A1
	The Instruc	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 36/116 Rpt: 39/128	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	ciation for Home Care and Ho	spice Inc Texas Hom	e Care and Hospice PAC -		00015750	
4	Date 04/15/2025	5 Full name of contributor Ewing, Andrea L. (Ms.)6 Contributor address; City; St	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$3.00
		Amarillo, TX 79121					
8	Principal occu	pation / Job title (See Instructions	5)	9 Employer (See Instructions	5)		
	Community F	Relations Representative		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Ewing, Andrea L. (Ms.) Contributor address; City; S	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$3.00
		Amarillo, TX 79121					
	•	pation / Job title (See Instructions	5)	Employer (See Instructions	()		
	Community F	Relations Representative		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Ewing, Andrea L. (Ms.) Contributor address; City; S	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$3.00
		Amarillo, TX 79121					
	Principal occu	pation / Job title (See Instructions	3)	Employer (See Instructions	()		
	Community F	Relations Representative		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Fagnan, Marc (Mr.) Contributor address; City; S Dallas, TX 75240	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$7.00
	•	pation / Job title (See Instructions	3)	Employer (See Instructions	5)		
	Speech Lan	guage Pathologist		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Fagnan, Marc (Mr.) Contributor address; City; S Dallas, TX 75240	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$7.00
	Principal occu	pation / Job title (See Instructions	6)	Employer (See Instructions)		
	Speech Lang	guage Pathologist		Therapy 2000 Inc.			

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains hov	v to complete this fo	orm.	1	Total pages Schedule A1: Sch: 37/116 Rpt: 40/128	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	ciation for Home Care and Ho	spice Inc Texas Hom	e Care and Hospice PAC -		00015750	
4	Date 04/15/2025	5 Full name of contributor Fagnan, Marc (Mr.)6 Contributor address; City; S	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$7.00
		Dallas, TX 75240					
8	Principal occu	pation / Job title (See Instructions	5)	9 Employer (See Instructions)		
	Speech Lang	guage Pathologist		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Fagnan, Marc (Mr.) Contributor address; City; S	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$7.00
		Dallas, TX 75240					
		pation / Job title (See Instructions	5)	Employer (See Instructions)		
	Speech Lang	guage Pathologist		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Fagnan, Marc (Mr.) Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$7.00
		Dallas, TX 75240					
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions)		
	Speech Lang	guage Pathologist		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Fagnan, Marc (Mr.) Contributor address; City; S Dallas, TX 75240	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$7.00
	•	pation / Job title (See Instructions guage Pathologist	5)	Employer (See Instructions Therapy 2000 Inc.)		
	Date 04/15/2025	Full name of contributor Ferguson, Tonya (Ms.) Contributor address; City; S Fort Worth, TX 76112	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$5.00
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions)		
	Speech Lang	guage Pathologist		Therapy 2000 Inc.			

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains hov	v to complete this fo	orm.	1	Total pages Schedule A1: Sch: 38/116 Rpt: 41/128	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	ciation for Home Care and Ho	spice Inc Texas Hom	e Care and Hospice PAC -		00015750	
4	Date 04/15/2025	5 Full name of contributor Ferguson, Tonya (Ms.)6 Contributor address; City; S	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$5.00
		Fort Worth, TX 76112					
8	Principal occu	pation / Job title (See Instruction:	5)	9 Employer (See Instructions	()		
	Speech Lang	guage Pathologist		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Ferguson, Tonya (Ms.) Contributor address; City; S	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$5.00
		Fort Worth, TX 76112					
	•	pation / Job title (See Instructions	5)	Employer (See Instructions	()		
	Speech Lang	guage Pathologist		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Ferguson, Tonya (Ms.) Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
		Fort Worth, TX 76112					
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions)		
	Speech Lang	guage Pathologist		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Ferguson, Tonya (Ms.) Contributor address; City; S Fort Worth, TX 76112	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$5.00
	•	pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	Speech Lanç	guage Pathologist		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Ferguson, Tonya (Ms.) Contributor address; City; S Fort Worth, TX 76112	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$5.00
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	<u>.</u>		
	Speech Lang	guage Pathologist		Therapy 2000 Inc.			

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDULE	A1
	The Instruc	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 39/116 Rpt: 42/128	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	ciation for Home Care and Hos	pice Inc Texas Hom	e Care and Hospice PAC -		00015750	
4	Date 04/25/2025	5 Full name of contributor Flores, Sonia (Ms.)6 Contributor address; City; Sta	out-of-state PAC (ID#:_ ate; Zip Code		7	Amount of Contribution (\$)	\$3.00
		Amarillo, TX 79109					
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions	5)		
	Certified Nur	sing Assistant		Goodcare Health Servic	es		
	Date 04/25/2025	Full name of contributor Flores, Sonia (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$3.00
		Amarillo, TX 79109					
		pation / Job title (See Instructions)		Employer (See Instructions			
	Certified Nur	rsing Assistant		Goodcare Health Servic	es		
	Date 04/25/2025	Full name of contributor Flores, Sonia (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$3.00
		Amarillo, TX 79109					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Certified Nur	sing Assistant		Goodcare Health Servic	es		
	Date 04/15/2025	Full name of contributor Floyd, Macy Lynn (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$1.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Speech Lang	guage Pathologist		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Floyd, Macy Lynn (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$1.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Speech Lang	guage Pathologist		Therapy 2000 Inc.			

	MONEI	ARY POLITICAL CO	VIRIBUTIONS			SCHEDULE	A1
	The Instru	ction Guide explains how to o	complete this form		1	Total pages Schedule A1: Sch: 40/116 Rpt: 43/128	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	iation for Home Care and Hospice	Inc Texas Home C	are and Hospice PAC -		00015750	
4	Date 04/15/2025	 Full name of contributor or Floyd, Macy Lynn (Ms.) Contributor address; City; State; Z 	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$1.00
		Kilgore, TX 75662					
8		pation / Job title (See Instructions)		Employer (See Instructions))		
	Speech Lan	guage Pathologist	-	herapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor of contributor of contributor address; City; State; Z	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$1.00
		Kilgore, TX 75662					
		pation / Job title (See Instructions)		Employer (See Instructions))		
	Speech Lan	guage Pathologist		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor	out-of-state PAC (ID#: Zip Code			Amount of Contribution (\$)	\$1.00
		Kilgore, TX 75662					
	Principal occu	pation / Job title (See Instructions)	E	Employer (See Instructions))		
	Speech Lang	guage Pathologist	-	herapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor of Floyd, Macy Lynn (Ms.) Contributor address; City; State; Z	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$1.00
	Principal occu	pation / Job title (See Instructions)	E	Employer (See Instructions))		
	Speech Lang	guage Pathologist	-	herapy 2000 Inc.			
	Date 04/25/2025	Full name of contributor of contributor of contributor address; City; State; Zity; Whitehouse, TX 75791	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$20.00
	Principal occu	pation / Job title (See Instructions)	E	Employer (See Instructions))		
	Physical The		1	Paradigm Rehab & Nurs	inç	J LP	
			'				

	MONEI	ARY POLITICAL CO	NIRIBUTION	S		SCHEDULE	A1
	The Instru	ction Guide explains how to	complete this for	n.	1	Total pages Schedule A1: Sch: 41/116 Rpt: 44/128	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	ciation for Home Care and Hospic	ce Inc Texas Home	Care and Hospice PAC -		00015750	
4	Date 04/15/2025	 Full name of contributor Freeman, Laura Lynn (Ms.) Contributor address; City; State; 	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$10.00
		Lubbock, TX 79423					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions)		
	VP of Public	Affairs		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Freeman, Laura Lynn (Ms.) Contributor address; City; State;	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00
		Lubbock, TX 79423					
		pation / Job title (See Instructions)		Employer (See Instructions)		
	VP of Public	Affairs		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00
		Lubbock, TX 79423					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	VP of Public	Affairs		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Freeman, Laura Lynn (Ms.) Contributor address; City; State; Lubbock, TX 79423	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00
	Principal occu VP of Public	pation / Job title (See Instructions) Affairs		Employer (See Instructions Therapy 2000 Inc.)		
	Date 04/15/2025	Full name of contributor Freeman, Laura Lynn (Ms.) Contributor address; City; State; Lubbock, TX 79423	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00
	Principal occu VP of Public	pation / Job title (See Instructions) Affairs		Employer (See Instructions Therapy 2000 Inc.)		

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDULE	■ A1
	The Instruc	ction Guide explains hov	v to complete this fo	rm.	1	Total pages Schedule A1: Sch: 42/116 Rpt: 45/128	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	ciation for Home Care and Ho	spice Inc Texas Home	e Care and Hospice PAC -		00015750	
4	Date 04/15/2025	5 Full name of contributor Freeman, Laura Lynn (Ms6 Contributor address; City; S)	7	Amount of Contribution (\$)	\$10.00
		Lubbock, TX 79423					
8	Principal occu	pation / Job title (See Instructions	5)	9 Employer (See Instructions	5)		
	VP of Public	Affairs		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Garcia , Brittany (Ms.) Contributor address; City; S	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$5.00
		San Antonio, TX 78222	,		_		
		pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	Physical The			Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Garcia , Brittany (Ms.) Contributor address; City; S	out-of-state PAC (ID#: tate; Zip Code			Amount of Contribution (\$)	\$5.00
		San Antonio, TX 78222	,		_		
		pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	Physical The	•		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Garcia , Brittany (Ms.) Contributor address; City; S San Antonio, TX 78222	out-of-state PAC (ID#: tate; Zip Code			Amount of Contribution (\$)	\$5.00
	Principal occu Physical The	pation / Job title (See Instructions erapist	s)	Employer (See Instructions Therapy 2000 Inc.	<u>,</u>		
	Date 04/15/2025	Full name of contributor Garcia , Brittany (Ms.) Contributor address; City; S San Antonio, TX 78222	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
	Principal occu Physical The	pation / Job title (See Instructions erapist	5)	Employer (See Instructions Therapy 2000 Inc.)		

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instruc	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 43/116 Rpt: 46/128	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Texas Assoc	ciation for Home Care and Ho	spice Inc Texas Home	e Care and Hospice PAC -		00015750	
4	Date 04/15/2025	5 Full name of contributor Garcia , Brittany (Ms.)6 Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)	7	Amount of Contribution (\$)	\$5.00
		San Antonio, TX 78222					
8	Principal occu	pation / Job title (See Instructions	s) !	9 Employer (See Instructions	()		
	Physical The	erapist		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Garcia , Brittany (Ms.) Contributor address; City; Si	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$5.00
	D	San Antonio, TX 78222	` I	-	Ĺ		
	Principal occu Physical The	pation / Job title (See Instructions	5)	Employer (See Instructions Therapy 2000 Inc.	5)		
				тпетару 2000 птс.			
	Date 04/14/2025	Full name of contributor Goolsby, Sharon (Ms.) Contributor address; City; Si	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$125.00
		Jefferson, TX 75657					
	•	pation / Job title (See Instructions	3)	Employer (See Instructions			
	Administrato	r		First in Pediatrics Home	He	ealth Care, Inc.	
	Date 04/15/2025	Full name of contributor Gorr, Nina Audrey (Ms.) Contributor address; City; St Austin, TX 78746	out-of-state PAC (ID#: ate; Zip Code			Amount of Contribution (\$)	\$5.00
	•	pation / Job title (See Instructions guage Pathologist	5)	Employer (See Instructions Therapy 2000 Inc.	;)		
	Date 04/15/2025	Full name of contributor Gorr, Nina Audrey (Ms.) Contributor address; City; St	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$5.00
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions)		
	Speech Lang	guage Pathologist		Therapy 2000 Inc.			

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 44/116 Rpt: 47/128	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	ciation for Home Care and Ho	spice Inc Texas Hom	e Care and Hospice PAC -		00015750	
4	Date 04/15/2025	5 Full name of contributor Gorr, Nina Audrey (Ms.)6 Contributor address; City; St	out-of-state PAC (ID#:_		7	Amount of Contribution (\$)	\$5.00
		Austin, TX 78746					
8		pation / Job title (See Instructions	3)	Employer (See Instructions	5)		
	Speech Lan	guage Pathologist		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Gorr, Nina Audrey (Ms.) Contributor address; City; St	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$5.00
		Austin, TX 78746					
		pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	Speech Lan	guage Pathologist		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Gorr, Nina Audrey (Ms.) Contributor address; City; Si	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
		Austin, TX 78746					
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	Speech Lang	guage Pathologist		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Gorr, Nina Audrey (Ms.) Contributor address; City; St Austin, TX 78746	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$5.00
	Principal occu	pation / Job title (See Instructions	3)	Employer (See Instructions	5)		
	Speech Lan	guage Pathologist		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Grant, Darla (Ms.) Contributor address; City; Si Pittsburg, TX 75686	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	5)		
	Chief Operat	ting Officer		Therapy 2000 Inc.			

	MONEI	ARY POLITICAL (CONTRIBUTIO	INS		SCHEDULI	E A1
	The Instru	ction Guide explains hov	v to complete this fo	orm.	1	Total pages Schedule A1: Sch: 45/116 Rpt: 48/128	
2	FILER NAME				3	Filer ID (Ethics Commission	r Filers)
	Texas Assoc	ciation for Home Care and Ho	spice Inc Texas Hom	e Care and Hospice PAC -		00015750	
4	Date 04/15/2025	5 Full name of contributor Grant, Darla (Ms.)6 Contributor address; City; S	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$10.00
		Pittsburg, TX 75686					
8	Principal occu	pation / Job title (See Instruction	s)	9 Employer (See Instructions	<u></u>		
	Chief Operat	ting Officer		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Grant, Darla (Ms.) Contributor address; City; S	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$20.00
		Pittsburg, TX 75686					
		pation / Job title (See Instruction	s)	Employer (See Instructions	5)		
	Chief Operat	ting Officer		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Grant, Darla (Ms.) Contributor address; City; S	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$20.00
		Pittsburg, TX 75686					
	Principal occu	pation / Job title (See Instruction	s)	Employer (See Instructions	<u>L</u> 5)		
	Chief Operat	ting Officer		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Grant, Darla (Ms.) Contributor address; City; S Pittsburg, TX 75686	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$20.00
	•	pation / Job title (See Instruction	s)	Employer (See Instructions	5)		
	Chief Operat	ting Officer		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Grant, Darla (Ms.) Contributor address; City; S Pittsburg, TX 75686	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$20.00
		pation / Job title (See Instruction	s)	Employer (See Instructions	5)		
	Chief Operat	ting Officer		Therapy 2000 Inc.			

	MONEI	ARY POLITICAL C	CONTRIBUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 46/116 Rpt: 49/128	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	ciation for Home Care and Hos		e Care and Hospice PAC -		00015750	
4	Date 04/15/2025	5 Full name of contributor Green, Quetta Ann (Ms.)6 Contributor address; City; St.	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$10.00
		Amarillo, TX 79110					
8		pation / Job title (See Instructions)	Employer (See Instructions	()		
	Occupationa	l Therapy Assistant		Therapy 2000, Inc.			
	Date 04/15/2025	Full name of contributor Green, Quetta Ann (Ms.) Contributor address; City; St.	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
		Amarillo, TX 79110	_				
		pation / Job title (See Instructions)	Employer (See Instructions	()		
	Occupationa	l Therapy Assistant		Therapy 2000, Inc.			
	Date 04/15/2025	Full name of contributor Green, Quetta Ann (Ms.) Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00
		Amarillo, TX 79110					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Occupationa	l Therapy Assistant		Therapy 2000, Inc.			
	Date 04/15/2025	Full name of contributor Green, Quetta Ann (Ms.) Contributor address; City; St. Amarillo, TX 79110	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	()		
	Occupationa	l Therapy Assistant		Therapy 2000, Inc.			
	Date 04/15/2025	Full name of contributor Green, Quetta Ann (Ms.) Contributor address; City; St. Amarillo, TX 79110	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	()		
	Occupationa	l Therapy Assistant		Therapy 2000, Inc.			

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDULE	■ A1
	The Instruc	ction Guide explains hov	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 47/116 Rpt: 50/128	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	ciation for Home Care and Ho	spice Inc Texas Hom	e Care and Hospice PAC -		00015750	
4	Date 04/15/2025	5 Full name of contributor Green, Quetta Ann (Ms.)6 Contributor address; City; S	out-of-state PAC (ID#:_		7	Amount of Contribution (\$)	\$10.00
		Amarillo, TX 79110					
8		pation / Job title (See Instructions	5)	9 Employer (See Instructions	5)		
	Occupationa	l Therapy Assistant		Therapy 2000, Inc.			
	Date 04/15/2025	Full name of contributor Gruver, Emily (Ms.) Contributor address; City; S	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$5.00
		Dallas, TX 75254					
		pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	Speech Lan	guage Pathologist		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Gruver, Emily (Ms.) Contributor address; City; S	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$5.00
		Dallas, TX 75254					
	Principal occu	pation / Job title (See Instructions	6)	Employer (See Instructions	5)		
	Speech Lang	guage Pathologist		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Gruver, Emily (Ms.) Contributor address; City; S Dallas, TX 75254	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$5.00
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	Speech Lang	guage Pathologist		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Gruver, Emily (Ms.) Contributor address; City; S Dallas, TX 75254	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$5.00
	Principal occu	nation / Job title (See Instructions	s)	Employer (See Instructions	5)		
		guage Pathologist		Therapy 2000 Inc.			

	MONEI	ARY POLITICAL (CONTRIBUTIO	INS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 48/116 Rpt: 51/128	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	ciation for Home Care and Ho	spice Inc Texas Hom	e Care and Hospice PAC -		00015750	
4	Date 04/15/2025	5 Full name of contributor Gruver, Emily (Ms.)6 Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code		7	Amount of Contribution (\$)	\$5.00
		Dallas, TX 75254					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	;) [
-		guage Pathologist	,	Therapy 2000 Inc.	,		
	Date	Full name of contributor	out-of-state PAC (ID#:_	.,	Г	Amount of Contribution (\$)	
	04/15/2025	Gruver, Emily (Ms.)	Unit-of-state 1 AC (ID#			7 tillount of Contribution (¢)	\$5.00
	0-11012020	Contributor address; City; St	ate; Zip Code				Ψ0.00
		Dallas, TX 75254					
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	5)		
	Speech Lang	guage Pathologist		Therapy 2000 Inc.			
	Date Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)		
	04/15/2025	Hale, Kati (Ms.)					\$60.00
		Contributor address; City; St Denton, TX 76208	ate; Zip Code				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	COO	(,	MAC Legacy	,		
	Date	Full name of contributor	out-of-state PAC (ID#:)	Π	Amount of Contribution (\$)	
	03/27/2025	Hammon, Rachel (Ms.) Contributor address; City; St				· ,	\$21.00
		Austin, TX 78732	,		Ĺ		
		pation / Job title (See Instructions	(i)	Employer (See Instructions		o O Haaniaa Ina	
	Executive Di			Texas Assn. for Home C	-ar	·	
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	***
	04/15/2025	Hancock, Beth (Ms.)					\$20.00
		Contributor address; City; Si Houston, TX 77044	ate; Zip Code				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Divisional Di	rector		Therapy 2000 Inc.			

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 49/116 Rpt: 52/128	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	ciation for Home Care and Ho	spice Inc Texas Home	e Care and Hospice PAC -		00015750	
4	Date 04/15/2025	5 Full name of contributor Hancock, Beth (Ms.)6 Contributor address; City; S	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$20.00
		Houston, TX 77044					
8	Principal occu	pation / Job title (See Instructions	s) <u></u>	Employer (See Instructions	()		
	Divisional Di	rector		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Hancock, Beth (Ms.) Contributor address; City; S Houston, TX 77044	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$20.00
	Principal occu	pation / Job title (See Instructions	9	Employer (See Instructions	.) 		
	Divisional Di)	Therapy 2000 Inc.	')		
	Date	Full name of contributor	out-of-state PAC (ID#:	, , , , , , , , , , , , , , , , , , ,		Amount of Contribution (\$)	
	04/15/2025	Hancock, Beth (Ms.) Contributor address; City; S				Yanoun of Contribution (c)	\$20.00
		Houston, TX 77044					
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	()		
	Divisional Di	rector		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Hancock, Beth (Ms.) Contributor address; City; S Houston, TX 77044	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$20.00
	Principal occu Divisional Di	pation / Job title (See Instructions rector	s)	Employer (See Instructions Therapy 2000 Inc.)		
	Date 04/15/2025	Full name of contributor Hancock, Beth (Ms.) Contributor address; City; S Houston, TX 77044	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$20.00
	Principal occu Divisional Di	pation / Job title (See Instructions rector	5)	Employer (See Instructions Therapy 2000 Inc.	5)		

	MONEI	ARY POLITICAL (CONTRIBUTIO	INS		SCHEDULE	A1
	The Instruc	ction Guide explains hov	v to complete this fo	orm.	1	Total pages Schedule A1: Sch: 50/116 Rpt: 53/128	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	ciation for Home Care and Ho	spice Inc Texas Hom	e Care and Hospice PAC -		00015750	
4	Date 04/15/2025	5 Full name of contributor Herrera, Jose (Mr.)6 Contributor address; City; S	out-of-state PAC (ID#:_ tate; Zip Code		7	Amount of Contribution (\$)	\$3.00
		Longview, TX 75604					
8	Principal occu	pation / Job title (See Instruction	s)	9 Employer (See Instructions	<u>L</u>		
	Physical The	erapist Asst.		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Herrera, Jose (Mr.) Contributor address; City; S	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$3.00
		Longview, TX 75604					
		pation / Job title (See Instruction	s)	Employer (See Instructions	5)		
	Physical The			Therapy 2000 Inc.	_		
	Date 04/15/2025	Full name of contributor Herrera, Jose (Mr.) Contributor address; City; S	out-of-state PAC (ID#:_ tate; Zip Code			Amount of Contribution (\$)	\$3.00
		Longview, TX 75604					
		pation / Job title (See Instruction	s)	Employer (See Instructions	5)		
	Physical The	erapist Asst.		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Herrera, Jose (Mr.) Contributor address; City; S Longview, TX 75604	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$3.00
	Principal occu Physical The	pation / Job title (See Instruction erapist Asst.	s)	Employer (See Instructions Therapy 2000 Inc.	5)		
	Date 04/15/2025	Full name of contributor Herrera, Jose (Mr.) Contributor address; City; S Longview, TX 75604	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$3.00
	Principal occu	pation / Job title (See Instruction	s)	Employer (See Instructions	5)		
	Physical The	erapist Asst.		Therapy 2000 Inc.			

	MONEI	ARY POLITICAL CO	NIRIBUTION	NS		SCHEDULE	A1
	The Instruc	ction Guide explains how to	o complete this for	m.	1	Total pages Schedule A1: Sch: 51/116 Rpt: 54/128	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	ciation for Home Care and Hospi	ce Inc Texas Home	Care and Hospice PAC -		00015750	
4	Date 04/15/2025	5 Full name of contributor Herrera, Jose (Mr.)6 Contributor address; City; State	out-of-state PAC (ID#: ; Zip Code		7	Amount of Contribution (\$)	\$3.00
		Longview, TX 75604					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions)		
	Physical The	erapist Asst.		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Homan-Harris, Samantha Jo Contributor address; City; State)		Amount of Contribution (\$)	\$4.50
		El Paso, TX 79935					
		pation / Job title (See Instructions)		Employer (See Instructions)		
	Clinical Mana	ager 		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Homan-Harris, Samantha Jo Contributor address; City; State				Amount of Contribution (\$)	\$4.50
		El Paso, TX 79935					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Clinical Mana	ager		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Homan-Harris, Samantha Jo Contributor address; City; State El Paso, TX 79935)		Amount of Contribution (\$)	\$4.50
	Principal occu Clinical Mana	pation / Job title (See Instructions) ager		Employer (See Instructions Therapy 2000 Inc.)		
	Date 04/15/2025	Full name of contributor Homan-Harris, Samantha Jo Contributor address; City; State El Paso, TX 79935				Amount of Contribution (\$)	\$4.50
	Principal occu Clinical Mana	pation / Job title (See Instructions) ager		Employer (See Instructions Therapy 2000 Inc.)		

	MONEI	ARY POLITICAL CO	NIRIBUTION	S		SCHEDULE	A1
	The Instru	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 52/116 Rpt: 55/128	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	ciation for Home Care and Hospi	ce Inc Texas Home (Care and Hospice PAC -		00015750	
4	Date 04/15/2025	Full name of contributor Homan-Harris, Samantha JoContributor address; City; State)	7	Amount of Contribution (\$)	\$4.50
		El Paso, TX 79935					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions)		
	Clinical Mana	ager		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Homan-Harris, Samantha Jo Contributor address; City; State)		Amount of Contribution (\$)	\$4.50
		El Paso, TX 79935					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Clinical Mana	ager		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Homan-Harris, Samantha Jo Contributor address; City; State				Amount of Contribution (\$)	\$0.50
		El Paso, TX 79935					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Clinical Mana	ager		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Homan-Harris, Samantha Jo Contributor address; City; State El Paso, TX 79935				Amount of Contribution (\$)	\$0.50
	Principal occu Clinical Mana	pation / Job title (See Instructions) ager		Employer (See Instructions Therapy 2000 Inc.)		
	Date 04/15/2025	Full name of contributor Homan-Harris, Samantha Jo Contributor address; City; State El Paso, TX 79935)		Amount of Contribution (\$)	\$0.50
	Principal occu Clinical Mana	pation / Job title (See Instructions) ager		Employer (See Instructions Therapy 2000 Inc.)		

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDULE	A1
	The Instruc	ction Guide explains hov	v to complete this fo	rm.	1	Total pages Schedule A1: Sch: 53/116 Rpt: 56/128	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	ciation for Home Care and Ho	spice Inc Texas Home	e Care and Hospice PAC -		00015750	
4	Date 04/15/2025	5 Full name of contributor Homan-Harris, Samantha6 Contributor address; City; S			7	Amount of Contribution (\$)	\$0.50
		El Paso, TX 79935					
8	Principal occu	pation / Job title (See Instructions	5)	9 Employer (See Instructions	<u>. </u>		
	Clinical Man		<i></i>	Therapy 2000 Inc.			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/15/2025	Homan-Harris, Samantha	—	/		7 mileant of Continuation (4)	\$0.50
		Contributor address; City; S					,,,,,
		El Paso, TX 79935					
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	()		
	Clinical Mana	ager		Therapy 2000 Inc.			
	Date Full name of contributor out-of-state PAC (ID#:				Amount of Contribution (\$)	\$0.50	
		El Paso, TX 79935					
		pation / Job title (See Instructions	S)	Employer (See Instructions	i)		
	Clinical Man			Therapy 2000 Inc.			
	Date 04/14/2025	Full name of contributor Hosley, Dennis (Mr.) Contributor address; City; S Dallas, TX 75214	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instruction:	5)	Employer (See Instructions)		
	President CO	00		Pediatric Home Healthc	are		
	Date 04/14/2025	Full name of contributor Howard, Jesse (Mr.) Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00
		McGregor, TX 76657					
	Principal occu Healthcare	pation / Job title (See Instructions	5)	Employer (See Instructions Girling Community Care			
				Zg SSdility Suite			

	MONEI	ARY POLITICAL C	ONTRIBUTION	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this for	rm.	1	Total pages Schedule A1: Sch: 54/116 Rpt: 57/128	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	ciation for Home Care and Hos	pice Inc Texas Home	Care and Hospice PAC -		00015750	
4	Date 04/15/2025	 5 Full name of contributor Hudman, Molly Sue (Ms.) 6 Contributor address; City; Sta 	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$5.00
		Quitman, TX 75783					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	()		
	Occupationa	l Therapy Asst.		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Hudman, Molly Sue (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$5.00
		Quitman, TX 75783					
		pation / Job title (See Instructions))	Employer (See Instructions	()		
	Occupationa	l Therapy Asst.		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Hudman, Molly Sue (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
		Quitman, TX 75783					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	()		
	Occupationa	l Therapy Asst.		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Hudman, Molly Sue (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$5.00
	Principal occu	pation / Job title (See Instructions))	Employer (See Instructions	()		
	Occupationa	l Therapy Asst.		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Hudman, Molly Sue (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#: ate; Zip Code			Amount of Contribution (\$)	\$5.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Occupationa	l Therapy Asst.		Therapy 2000 Inc.			
			<u> </u>				

	MONEI	ARY POLITICAL (SCHEDUL	E A1		
	The Instruc	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 55/116 Rpt: 58/128	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Texas Assoc	ciation for Home Care and Ho	spice Inc Texas Hom	e Care and Hospice PAC -		00015750	
4	Date 04/15/2025	5 Full name of contributor Hudman, Molly Sue (Ms.)6 Contributor address; City; S			7	Amount of Contribution (\$)	\$5.00
		Quitman, TX 75783					
8		pation / Job title (See Instructions	5)	9 Employer (See Instructions	s)		
	Occupationa	l Therapy Asst.		Therapy 2000 Inc.			
	Date 04/14/2025	Full name of contributor Hunt, Dean (Mr.) Contributor address; City; S Houston, TX 77007	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$5,000.00
	Principal occu	pation / Job title (See Instructions	3)	Employer (See Instructions	5)		
	Owner, Pres	ident		Astrocare Home Healtho	car	e	
	Date 04/25/2025	Full name of contributor Hurst, Robyn (Ms.) Contributor address; City; S	out-of-state PAC (ID#:_ tate; Zip Code)		Amount of Contribution (\$)	\$10.00
		Temple, TX 76502	,		Ĺ		
	Executive Di	pation / Job title (See Instructions	5)	Employer (See Instructions Paradigm Rehab & Nurs		N I D	
				Faradigiii Keliab & Nuis	SII IÇ		
	Date 04/25/2025	Full name of contributor Jenkins , Jinny (Ms.) Contributor address; City; S Crowley, TX 76036	out-of-state PAC (ID#:_ itate; Zip Code)		Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	Executive Di	rector		Paradigm Rehab & Nurs	sin	J LP	
	Date 04/15/2025	Full name of contributor Keel, Harmony Lee (Ms.) Contributor address; City; S Sealy, TX 77474	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$5.00
	Principal occu	pation / Job title (See Instructions	6)	Employer (See Instructions	5)		
	Speech Lang	guage Pathologist		Therapy 2000 Inc.			

	MONEI	ARY POLITICAL CO	NIRIBUTION	5		SCHEDULE	A1
	The Instru	ction Guide explains how to	complete this form	1.	1	Total pages Schedule A1: Sch: 56/116 Rpt: 59/128	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	iation for Home Care and Hospic	e Inc Texas Home C	are and Hospice PAC -		00015750	
4	Date 04/15/2025	Keel, Harmony Lee (Ms.) 6 Contributor address; City; State;	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$5.00
		Sealy, TX 77474					
8		pation / Job title (See Instructions)		Employer (See Instructions))		
	Speech Lan	guage Pathologist		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Keel, Harmony Lee (Ms.) Contributor address; City; State;	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$5.00
		Sealy, TX 77474					
	•	pation / Job title (See Instructions)		Employer (See Instructions))		
	Speech Lan	guage Pathologist		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Keel, Harmony Lee (Ms.) Contributor address; City; State;	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$5.00
		Sealy, TX 77474					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions))		
	Speech Lang	guage Pathologist		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Keel, Harmony Lee (Ms.) Contributor address; City; State; Sealy, TX 77474	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$5.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions))		
	Speech Lang	guage Pathologist		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Keel, Harmony Lee (Ms.) Contributor address; City; State; Sealy, TX 77474	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions))		
	Speech Lang	guage Pathologist		Therapy 2000 Inc.			
			,				

	MONEI	ARY POLITICAL (CONTRIBUTIO	INS		SCHEDULE	A1
	The Instru	ction Guide explains hov	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 57/116 Rpt: 60/128	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	ciation for Home Care and Ho	spice Inc Texas Hom	e Care and Hospice PAC -		00015750	
4	Date 04/15/2025	5 Full name of contributor Kwami, Bridget (Ms.)6 Contributor address; City; S	out-of-state PAC (ID#:_		7	Amount of Contribution (\$)	\$5.00
		Humble, TX 77346					
8	Principal occu	pation / Job title (See Instructions	5)	9 Employer (See Instructions	()		
	Occupationa	l Therapist		Therapy 2000, Inc.			
	Date 04/15/2025	Full name of contributor Kwami, Bridget (Ms.) Contributor address; City; S	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$5.00
		Humble, TX 77346					
		pation / Job title (See Instructions	s)	Employer (See Instructions	()		
	Occupationa	I Therapist		Therapy 2000, Inc.			
	Date 04/15/2025	Full name of contributor Kwami, Bridget (Ms.) Contributor address; City; S	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$5.00
		Humble, TX 77346					
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	()		
	Occupationa	l Therapist		Therapy 2000, Inc.			
	Date 04/15/2025	Full name of contributor Kwami, Bridget (Ms.) Contributor address; City; S Humble, TX 77346	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$5.00
	Principal occu Occupationa	pation / Job title (See Instructions Il Therapist	s)	Employer (See Instructions Therapy 2000, Inc.	5)		
	Date 04/15/2025	Full name of contributor Kwami, Bridget (Ms.) Contributor address; City; S Humble, TX 77346	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$5.00
	•	pation / Job title (See Instruction:	5)	Employer (See Instructions	()		
	Occupationa	l Therapist		Therapy 2000, Inc.			

	MONEI	ARY POLITICAL CONTRIL	BUTION	15		SCHEDULE	A1
	The Instru	ction Guide explains how to comple	te this for	m.	1	Total pages Schedule A1: Sch: 58/116 Rpt: 61/128	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	tiation for Home Care and Hospice Inc Te	exas Home	Care and Hospice PAC -		00015750	
4	Date 04/15/2025	 Full name of contributor	PAC (ID#:		7	Amount of Contribution (\$)	\$5.00
		Humble, TX 77346					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions)		
	Occupationa	l Therapist		Therapy 2000, Inc.			
	Date 04/15/2025	Full name of contributor out-of-state Lamonica, Rosemarie (Ms.) Contributor address; City; State; Zip Code	PAC (ID#:			Amount of Contribution (\$)	\$2.50
		San Antonio, TX 78209					
		pation / Job title (See Instructions)		Employer (See Instructions)		
	Clinical Feed	ling Specialist		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor	PAC (ID#:)		Amount of Contribution (\$)	\$2.50
		San Antonio, TX 78209					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Clinical Feed	ling Specialist		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor out-of-state Lamonica, Rosemarie (Ms.) Contributor address; City; State; Zip Code San Antonio, TX 78209	PAC (ID#:			Amount of Contribution (\$)	\$2.50
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Clinical Feed	ling Specialist		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor out-of-state Lamonica, Rosemarie (Ms.) Contributor address; City; State; Zip Code San Antonio, TX 78209	PAC (ID#:			Amount of Contribution (\$)	\$2.50
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Clinical Feed	ling Specialist		Therapy 2000 Inc.			
			•				

	MONEI	ARY POLITICAL CONTRIBUT	IONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete th	is form.	1	Total pages Schedule A1: Sch: 59/116 Rpt: 62/128	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	iation for Home Care and Hospice Inc Texas I	Home Care and Hospice PAC -	⊢	00015750	
4	Date 04/15/2025	 Full name of contributor out-of-state PAC (I Lamonica, Rosemarie (Ms.) Contributor address; City; State; Zip Code 	D#:)	7	Amount of Contribution (\$)	\$2.50
		San Antonio, TX 78209				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Clinical Feed	ling Specialist	Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor out-of-state PAC (I Lamonica, Rosemarie (Ms.) Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$2.50
		San Antonio, TX 78209		Ĺ		
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Cillical Feet	ling Specialist	Therapy 2000 Inc.	_		
	Date 04/15/2025	Full name of contributor out-of-state PAC (I Lamonica, Rosemarie (Ms.) Contributor address; City; State; Zip Code	D#:)	•	Amount of Contribution (\$)	\$2.50
		San Antonio, TX 78209				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Clinical Feed	ling Specialist	Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor out-of-state PAC (I Lamonica, Rosemarie (Ms.) Contributor address; City; State; Zip Code San Antonio, TX 78209	D#:)		Amount of Contribution (\$)	\$2.50
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Clinical Feed	ling Specialist	Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor out-of-state PAC (I Lamonica, Rosemarie (Ms.) Contributor address; City; State; Zip Code San Antonio, TX 78209	D#:)	•	Amount of Contribution (\$)	\$2.50
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Clinical Feed	ling Specialist	Therapy 2000 Inc.			

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDULE	A1
	The Instruc	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 60/116 Rpt: 63/128	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
		ciation for Home Care and Ho	spice Inc Texas Hom	e Care and Hospice PAC -		00015750	
4	Date 04/15/2025	 5 Full name of contributor Lamonica, Rosemarie (M 6 Contributor address; City; S)	7	Amount of Contribution (\$)	\$2.50
		San Antonio, TX 78209					
8	Principal occu	pation / Job title (See Instructions	s)	9 Employer (See Instructions	()		
	Clinical Feed	ling Specialist		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Lamonica, Rosemarie (M Contributor address; City; S				Amount of Contribution (\$)	\$2.50
	5	San Antonio, TX 78209	,		Ĺ		
		pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
		ling Specialist		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Lamonica, Rosemarie (M Contributor address; City; S	······)		Amount of Contribution (\$)	\$2.50
		San Antonio, TX 78209					
		pation / Job title (See Instructions	5)	Employer (See Instructions	()		
	Clinical Feed	ling Specialist		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Lawson, Jennifer (Ms.) Contributor address; City; S Cincinnati, OH 45208	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$4.00
	Principal occu Director/OTF	pation / Job title (See Instructions	s)	Employer (See Instructions Therapy 2000 Inc.	<u>,</u>		
	Date 04/15/2025	Full name of contributor Lawson, Jennifer (Ms.) Contributor address; City; S Cincinnati, OH 45208	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$4.00
	Principal occu Director/OTF	pation / Job title (See Instructions	5)	Employer (See Instructions Therapy 2000 Inc.)		

	MONEI	ARY POLITICAL C	ONTRIBUTION	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how t	to complete this for	m.	1	Total pages Schedule A1: Sch: 61/116 Rpt: 64/128	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	iation for Home Care and Hosp	oice Inc Texas Home	Care and Hospice PAC -		00015750	
4	Date 04/15/2025	5 Full name of contributor Lawson, Jennifer (Ms.)6 Contributor address; City; State	out-of-state PAC (ID#: te; Zip Code		7	Amount of Contribution (\$)	\$4.00
		Cincinnati, OH 45208					
8	Principal occur Director/OTF	pation / Job title (See Instructions)	9	Employer (See Instructions Therapy 2000 Inc.)		
	Date	Full name of contributor	Tout of state BAC (ID#:	· · ·		Amount of Contribution (\$)	
	04/15/2025	Lawson, Jennifer (Ms.) Contributor address; City; Stat	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$4.00
		Cincinnati, OH 45208					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Director/OTF	2		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor [Lawson, Jennifer (Ms.) Contributor address; City; Stat	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$4.00
		Cincinnati, OH 45208					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Director/OTF	2		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Lawson, Jennifer (Ms.) Contributor address; City; Stat Cincinnati, OH 45208	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$4.00
	Principal occu Director/OTF	pation / Job title (See Instructions)		Employer (See Instructions Therapy 2000 Inc.)		
	Date 04/25/2025	Full name of contributor Lawson, Kimberly (Ms.) Contributor address; City; State Bridgeport, TX 76426	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions			
	Area Directo	r of Sales		Paradigm Rehab & Nurs	sinç	J LP	

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDULE	■ A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 62/116 Rpt: 65/128	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	ciation for Home Care and Ho	spice Inc Texas Home	e Care and Hospice PAC -		00015750	
4	Date 04/14/2025	5 Full name of contributor Learst, Renea (Ms.)6 Contributor address; City; St	out-of-state PAC (ID#: cate; Zip Code)	7	Amount of Contribution (\$)	\$10.00
		Wichita Falls, TX 76310					
8	Principal occu Nurse	pation / Job title (See Instructions	5)	Employer (See Instructions Angels of Care	5)		
	Date 04/15/2025	Full name of contributor Lee, Natalie (Ms.) Contributor address; City; Si	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
	Principal occu	Boerne, TX 78066 pation / Job title (See Instructions		Employer (See Instructions	.)		
		guage Pathologist)	Therapy 2000 Inc.	')		
	Date 04/15/2025	Full name of contributor Lee, Natalie (Ms.) Contributor address; City; Si	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$5.00
		Boerne, TX 78066					
		pation / Job title (See Instructions guage Pathologist	s)	Employer (See Instructions Therapy 2000 Inc.	5)		
	Date 04/15/2025	Full name of contributor Lee, Natalie (Ms.) Contributor address; City; Si Boerne, TX 78066	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
	•	pation / Job title (See Instructions guage Pathologist	(3)	Employer (See Instructions Therapy 2000 Inc.)		
	Date 04/15/2025	Full name of contributor Lee, Natalie (Ms.) Contributor address; City; St Boerne, TX 78066	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$5.00
		pation / Job title (See Instructions guage Pathologist	(3)	Employer (See Instructions Therapy 2000 Inc.)		
			<u> </u>				

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDULE	A1
	The Instruc	ction Guide explains how	v to complete this fo	orm.	1	Total pages Schedule A1: Sch: 63/116 Rpt: 66/128	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	ciation for Home Care and Ho	spice Inc Texas Hom	e Care and Hospice PAC -		00015750	
4	Date 04/15/2025	5 Full name of contributor Lee, Natalie (Ms.)6 Contributor address; City; S			7	Amount of Contribution (\$)	\$5.00
		Boerne, TX 78066					
8	Principal occu	pation / Job title (See Instruction	s)	9 Employer (See Instructions)		
	Speech Lang	guage Pathologist		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Lee, Natalie (Ms.) Contributor address; City; S	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$5.00
		Boerne, TX 78066					
		pation / Job title (See Instruction	s)	Employer (See Instructions)		
	Speech Lan	guage Pathologist		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Lloyd , Melody (Ms.) Contributor address; City; S	out-of-state PAC (ID#: tate; Zip Code)		Amount of Contribution (\$)	\$5.00
		Pittsburg, TX 75685					
	Principal occu	pation / Job title (See Instruction	s)	Employer (See Instructions)		
	Occupationa	l Therapy Asst.		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Lloyd , Melody (Ms.) Contributor address; City; S Pittsburg, TX 75685	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
	•	pation / Job title (See Instruction I Therapy Asst.	s)	Employer (See Instructions Therapy 2000 Inc.)		
	Date 04/15/2025	Full name of contributor Lloyd , Melody (Ms.) Contributor address; City; S Pittsburg, TX 75685	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$5.00
	Principal occu	pation / Job title (See Instruction	s)	Employer (See Instructions)		
	Occupationa	l Therapy Asst.		Therapy 2000 Inc.			

	MONEI	ARY POLITICAL (CONTRIBUTIO	INS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 64/116 Rpt: 67/128	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	ciation for Home Care and Hos	spice Inc Texas Hom	e Care and Hospice PAC -		00015750	
4	Date 04/15/2025	5 Full name of contributor Lloyd , Melody (Ms.)6 Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code		7	Amount of Contribution (\$)	\$5.00
		Pittsburg, TX 75685					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Occupationa	l Therapy Asst.		Therapy 2000 Inc.			
	Date 04/25/2025	Full name of contributor Lloyd, Mitzi (Ms.) Contributor address; City; St	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$10.00
		Tyler, TX 75703					
		pation / Job title (See Instructions)	Employer (See Instructions		- I D	
	Human Resc	ources Manager •		Paradigm Rehab & Nurs	sin		
	Date 04/15/2025	Full name of contributor Louvier, Meghann (Ms.) Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code			Amount of Contribution (\$)	\$5.40
	Dringing con	Gladewater, TX 75647	, i	Employer (Co.) Instructions	<u></u>		
	Clinical Man	pation / Job title (See Instructions)	Employer (See Instructions Therapy 2000 Inc.)		
				, Therapy 2000 inc.		Associated Contribution (A)	
	Date 04/15/2025	Full name of contributor Louvier, Meghann (Ms.) Contributor address; City; St Gladewater, TX 75647	out-of-state PAC (ID#:_ ate; Zip Code			Amount of Contribution (\$)	\$5.40
	Principal occu Clinical Mana	pation / Job title (See Instructions ager)	Employer (See Instructions Therapy 2000 Inc.	5)		
	Date 04/15/2025	Full name of contributor Louvier, Meghann (Ms.) Contributor address; City; St Gladewater, TX 75647	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$5.40
	Principal occu Clinical Mana	pation / Job title (See Instructions ager)	Employer (See Instructions Therapy 2000 Inc.	5)		

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 65/116 Rpt: 68/128	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	ciation for Home Care and Ho	spice Inc Texas Home	e Care and Hospice PAC -		00015750	
4	Date 04/15/2025	5 Full name of contributor Louvier, Meghann (Ms.)6 Contributor address; City; S	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$5.40
		Gladewater, TX 75647					
8	Principal occu Clinical Man	pation / Job title (See Instructions	s) <u> </u>	9 Employer (See Instructions Therapy 2000 Inc.	5)		
						Λ	
	Date 04/15/2025	Full name of contributor Louvier, Meghann (Ms.) Contributor address; City; S	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$5.40
	Delicate at a con-	Gladewater, TX 75647	<u>. </u>	Farada a va (O a a la atau ati a a	<u></u>		
	Clinical Man	pation / Job title (See Instructions	5)	Employer (See Instructions Therapy 2000 Inc.	5)		
				тпетару 2000 птс.			
	Date 04/15/2025	Full name of contributor Louvier, Meghann (Ms.) Contributor address; City; S	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$5.40
		Gladewater, TX 75647					
		pation / Job title (See Instructions	3)	Employer (See Instructions	()		
	Clinical Man	ager		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Louvier, Meghann (Ms.) Contributor address; City; S Gladewater, TX 75647	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$0.40
	Principal occu Clinical Mana	pation / Job title (See Instructions ager	s)	Employer (See Instructions Therapy 2000 Inc.)		
	Date 04/15/2025	Full name of contributor Louvier, Meghann (Ms.) Contributor address; City; S Gladewater, TX 75647	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$0.40
	Principal occu Clinical Mana	pation / Job title (See Instructions ager	(3)	Employer (See Instructions Therapy 2000 Inc.)		

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 66/116 Rpt: 69/128	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	ciation for Home Care and Ho	spice Inc Texas Home	e Care and Hospice PAC -		00015750	
4	Date 04/15/2025	5 Full name of contributor Louvier, Meghann (Ms.)6 Contributor address; City; St	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$0.40
		Gladewater, TX 75647					
8	Principal occu Clinical Man	pation / Job title (See Instructions ager	s) <u> </u>	Employer (See Instructions Therapy 2000 Inc.	i)		
	Date 04/15/2025	Full name of contributor Louvier, Meghann (Ms.) Contributor address; City; Si Gladewater, TX 75647	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$0.40
	Principal occu	nation / Job title (See Instructions	s)	Employer (See Instructions	<u> </u>		
	Clinical Man	ager		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Louvier, Meghann (Ms.) Contributor address; City; S	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$0.40
		Gladewater, TX 75647					
	Principal occu Clinical Man	pation / Job title (See Instructions ager	5)	Employer (See Instructions Therapy 2000 Inc.	<u> </u>		
	Date 04/15/2025	Full name of contributor Louvier, Meghann (Ms.) Contributor address; City; S Gladewater, TX 75647	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$0.40
	Principal occu Clinical Mana	pation / Job title (See Instructions ager	s)	Employer (See Instructions Therapy 2000 Inc.	()		
	Date 04/15/2025	Full name of contributor Loyola, Jacqueline (Ms.) Contributor address; City; Si Jacksonville, TX 75766	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$3.00
	·	pation / Job title (See Instructions Il Therapy Asst.	5)	Employer (See Instructions Therapy 2000 Inc.	()		
			1				

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 67/116 Rpt: 70/128	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	ciation for Home Care and Ho	spice Inc Texas Home	e Care and Hospice PAC -		00015750	
4	Date 04/15/2025	5 Full name of contributor Loyola, Jacqueline (Ms.)6 Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code		7	Amount of Contribution (\$)	\$3.00
		Jacksonville, TX 75766					
8	Principal occu	pation / Job title (See Instructions	9	Employer (See Instructions	5)		
	Occupationa	l Therapy Asst.		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Loyola, Jacqueline (Ms.) Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$3.00
		Jacksonville, TX 75766					
		pation / Job title (See Instructions	(i)	Employer (See Instructions	5)		
	Occupationa	l Therapy Asst.		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Loyola, Jacqueline (Ms.) Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$3.00
		Jacksonville, TX 75766					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Occupationa	l Therapy Asst.		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Loyola, Jacqueline (Ms.) Contributor address; City; St Jacksonville, TX 75766	out-of-state PAC (ID#: ate; Zip Code)		Amount of Contribution (\$)	\$3.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Occupationa	l Therapy Asst.		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Loyola, Jacqueline (Ms.) Contributor address; City; St Jacksonville, TX 75766	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$3.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Occupationa	l Therapy Asst.		Therapy 2000 Inc.			
			•				

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains hov	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 68/116 Rpt: 71/128	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	ciation for Home Care and Ho	spice Inc Texas Hom	e Care and Hospice PAC -		00015750	
4	Date 04/15/2025	5 Full name of contributor Lucena, Luis (Mr.)6 Contributor address; City; S	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$4.00
		Tyler, TX 75701					
8	Principal occu	pation / Job title (See Instructions	s)	9 Employer (See Instructions	()		
	Physical The	erapy Asst.		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Lucena, Luis (Mr.) Contributor address; City; S Tyler, TX 75701	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$4.00
	Principal occu	pation / Job title (See Instructions	9	Employer (See Instructions	.) 		
	Physical The		5)	Therapy 2000 Inc.	')		
	Date	Full name of contributor	out-of-state PAC (ID#:			Amount of Contribution (\$)	
	04/15/2025	Lucena, Luis (Mr.) Contributor address; City; S				, and a continue (4)	\$4.00
		Tyler, TX 75701					
	•	pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	Physical The	erapy Asst.		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Lucena, Luis (Mr.) Contributor address; City; S Tyler, TX 75701	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$4.00
	Principal occu Physical The	pation / Job title (See Instructions rapy Asst.	s)	Employer (See Instructions Therapy 2000 Inc.	<u>,</u>		
	Date 04/15/2025	Full name of contributor Lucena, Luis (Mr.) Contributor address; City; S Tyler, TX 75701	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$4.00
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	()		
	Physical The	erapy Asst.		Therapy 2000 Inc.			

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDULE	A1
	The Instruc	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 69/116 Rpt: 72/128	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	ciation for Home Care and Ho	spice Inc Texas Hom	e Care and Hospice PAC -		00015750	
4	Date 04/15/2025	5 Full name of contributor Lucena, Luis (Mr.)6 Contributor address; City; St	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	\$4.00
		Tyler, TX 75701					
8	Principal occu	pation / Job title (See Instructions	s)	9 Employer (See Instructions	5)		
	Physical The	erapy Asst.		Therapy 2000 Inc.			
	Date 04/14/2025	Full name of contributor Luna, Norma (Ms.) Contributor address; City; S	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$75.00
		San Antonio, TX 78260					
		pation / Job title (See Instructions	5)	Employer (See Instructions			
	Hospice Adn	ninistrator		Gentle Partners In Hosp	ice	LLC	
	Date 04/15/2025	Full name of contributor Martinez , Araceli (Ms.) Contributor address; City; S	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$10.00
		Dallas, TX 75249					
	Principal occu	pation / Job title (See Instructions	3)	Employer (See Instructions	5)		
	Physical The	erapist		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Martinez , Araceli (Ms.) Contributor address; City; S Dallas, TX 75249	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$10.00
	Principal occu Physical The	pation / Job title (See Instructions erapist	5)	Employer (See Instructions Therapy 2000 Inc.	5)		
	Date 04/15/2025	Full name of contributor Martinez , Araceli (Ms.) Contributor address; City; Si Dallas, TX 75249	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$10.00
	Principal occu Physical The	pation / Job title (See Instructions erapist	s)	Employer (See Instructions Therapy 2000 Inc.	5)		

	MONEI	ARY POLITICAL C	ONTRIBUTION	NS		SCHEDULE	■ A1
	The Instru	ction Guide explains how	to complete this for	rm.	1	Total pages Schedule A1: Sch: 70/116 Rpt: 73/128	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	ciation for Home Care and Hos	spice Inc Texas Home	Care and Hospice PAC -		00015750	
4	Date 04/15/2025	 Full name of contributor Martinez , Araceli (Ms.) Contributor address; City; St. 	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$10.00
		Dallas, TX 75249					
8	Principal occu	pation / Job title (See Instructions) 9	Employer (See Instructions	5)		
	Physical The	erapist		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Martinez , Araceli (Ms.) Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00
	5	Dallas, TX 75249	<u> </u>		Ĺ		
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physical The	•		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Martinez , Araceli (Ms.) Contributor address; City; St	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
		Dallas, TX 75249					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	()		
	Physical The	erapist		Therapy 2000 Inc.			
	Date 04/25/2025	Full name of contributor Martinez, Rebecca (Ms.) Contributor address; City; St Amarillo, TX 79110	out-of-state PAC (ID#: ate; Zip Code			Amount of Contribution (\$)	\$5.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	()		
	Certified Nur	sing Assistant		Goodcare Health Servic	es		
	Date 04/25/2025	Full name of contributor Martinez, Rebecca (Ms.) Contributor address; City; St. Amarillo, TX 79110	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Certified Nur	sing Assistant		Goodcare Health Servic	es		
			,				

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 71/116 Rpt: 74/128	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	ciation for Home Care and Hos	spice Inc Texas Home	e Care and Hospice PAC -		00015750	
4	Date 04/25/2025	 Full name of contributor Martinez, Rebecca (Ms.) Contributor address; City; St 	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$5.00
		Amarillo, TX 79110					
8		pation / Job title (See Instructions)	9 Employer (See Instructions			
	Certified Nur	rsing Assistant		Goodcare Health Servic	es		
	Date 04/15/2025	Full name of contributor McCarthy, Paige Raylynn Contributor address; City; St				Amount of Contribution (\$)	\$5.00
		Euless, TX 76099					
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Speech The	rapy Asst.		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor McCarthy, Paige Raylynn Contributor address; City; St)		Amount of Contribution (\$)	\$5.00
		Euless, TX 76099					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Speech Their	rapy Asst.		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor McCarthy, Paige Raylynn Contributor address; City; St Euless, TX 76099)		Amount of Contribution (\$)	\$5.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Speech Their	rapy Asst.		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor McCarthy, Paige Raylynn Contributor address; City; St Euless, TX 76099				Amount of Contribution (\$)	\$5.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Speech Their			Therapy 2000 Inc.			

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDULE	A1
	The Instruc	ction Guide explains hov	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 72/116 Rpt: 75/128	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	ciation for Home Care and Ho	spice Inc Texas Hom	e Care and Hospice PAC -		00015750	
4	Date 04/15/2025	5 Full name of contributor McCarthy, Paige Raylynn6 Contributor address; City; S)	7	Amount of Contribution (\$)	\$5.00
		Euless, TX 76099					
8	Principal occu	pation / Job title (See Instructions	3)	9 Employer (See Instructions	;) [
-	Speech Their		-7	Therapy 2000 Inc.	,		
	Date	Full name of contributor	out-of-state PAC (ID#:	.,	Г	Amount of Contribution (\$)	
	04/15/2025	McCarthy, Paige Raylynn	_			γιπουπι οι Continbution (φ)	\$5.00
	0-1/10/2020	Contributor address; City; S					Ψ0.00
		Euless, TX 76099					
	Princinal occu	pation / Job title (See Instructions	3)	Employer (See Instructions	:) 		
	Speech Their		,,	Therapy 2000 Inc.	''		
	Date	Full name of contributor		, , , , , , ,	<u> </u>	Amount of Contribution (\$)	
	04/14/2025	McClammy, Lisa (Ms.)	out-of-state PAC (ID#:)		Amount of Continuation (\$)	\$25.00
	0 1/2 1/2020	Contributor address; City; S	tate; Zip Code				ΨΞ0.00
		Whitney, TX 76692					
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	RN Consulta	ınt		MAC Legacy			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/25/2025	McGraw, Joseph (Mr.) Contributor address; City; S	tate; Zip Code				\$20.00
		Tyler, TX 75703					
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	Business De	velopment		Paradigm Rehab & Nurs	sin	J LP	
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/15/2025	McKee , Allison (Ms.)	_				\$1.00
		Contributor address; City; S	tate; Zip Code				
		Spring, TX 77389					
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	Physical The	erapist		Therapy 2000 Inc.			

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 73/116 Rpt: 76/128	
2	FILER NAME Texas Assoc	ciation for Home Care and Hos	spice Inc Texas Hom	e Care and Hospice PAC -	3	Filer ID (Ethics Commission I 00015750	Filers)
4	Date 04/15/2025	Full name of contributor McKee , Allison (Ms.) Contributor address; City; St	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$1.00
		Spring, TX 77389					
8	Principal occu Physical The	pation / Job title (See Instructions erapist	9	9 Employer (See Instructions Therapy 2000 Inc.	i)		
	Date 04/15/2025	Full name of contributor McKee , Allison (Ms.) Contributor address; City; St	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$1.00
<u> </u>	Principal occu	Spring, TX 77389 upation / Job title (See Instructions	s)	Employer (See Instructions	<u> </u>		
	Physical The	erapist		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor McKee , Allison (Ms.) Contributor address; City; St	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$1.00
		Spring, TX 77389					
	Principal occu Physical The	ıpation / Job title (See Instructions erapist	.)	Employer (See Instructions Therapy 2000 Inc.	i)		
	Date 04/15/2025	Full name of contributor McKee , Allison (Ms.) Contributor address; City; St Spring, TX 77389	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$1.00
	Principal occu Physical The	ipation / Job title (See Instructions erapist	;)	Employer (See Instructions Therapy 2000 Inc.	()		
	Date 04/15/2025	Full name of contributor McKee , Allison (Ms.) Contributor address; City; St Spring, TX 77389	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$1.00
	Principal occu Physical The	ipation / Job title (See Instructions erapist	-)	Employer (See Instructions Therapy 2000 Inc.)		

	MONEI	NETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1	
	The Instruc	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 74/116 Rpt: 77/128	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Texas Assoc	ciation for Home Care and Hos	spice Inc Texas Home	Care and Hospice PAC -		00015750	
4	Date 04/23/2025	5 Full name of contributor Meave, Adan (Mr.)6 Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)	7	Amount of Contribution (\$)	\$150.00
		Weslaco, TX 78599					
8	Principal occu	pation / Job title (See Instructions) 9	Employer (See Instructions	<u></u>		
	Homecare			El Rey Primary Health C	Car	e, LLC	
	Date 04/15/2025	Full name of contributor Mendoza, Johnny (Mr.) Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)		Amount of Contribution (\$)	\$5.00
		El Paso, TX 79938					
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Speech The	rapy Asst.		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Mendoza, Johnny (Mr.) Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)		Amount of Contribution (\$)	\$5.00
		El Paso, TX 79938					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Speech The	rapy Asst.		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Mendoza, Johnny (Mr.) Contributor address; City; St El Paso, TX 79938	out-of-state PAC (ID#: ate; Zip Code			Amount of Contribution (\$)	\$5.00
	Principal occu Speech Thei	pation / Job title (See Instructions rapy Asst.)	Employer (See Instructions Therapy 2000 Inc.	s)		
	Date 04/15/2025	Full name of contributor Mendoza, Johnny (Mr.) Contributor address; City; St El Paso, TX 79938	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$5.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Speech The	rapy Asst.		Therapy 2000 Inc.			

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDULE	A1
	The Instruc	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 75/116 Rpt: 78/128	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	ciation for Home Care and Ho	spice Inc Texas Hom	e Care and Hospice PAC -		00015750	
4	Date 04/15/2025	5 Full name of contributor Mendoza, Johnny (Mr.)6 Contributor address; City; Si	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$5.00
		El Paso, TX 79938					
8		pation / Job title (See Instructions	5)	9 Employer (See Instructions	5)		
	Speech Thei	rapy Asst.		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Mendoza, Johnny (Mr.) Contributor address; City; S	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$5.00
		El Paso, TX 79938					
		pation / Job title (See Instructions	s)	Employer (See Instructions	5)		
	Speech Thei	rapy Asst.		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Mirise, Amanda K. (Ms.) Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
		Kaufman, TX 75142					
	Principal occu	pation / Job title (See Instructions	3)	Employer (See Instructions	5)		
	Physical The	erapist		Therapy 2000, Inc.			
	Date 04/15/2025	Full name of contributor Mirise, Amanda K. (Ms.) Contributor address; City; S Kaufman, TX 75142	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$5.00
	Principal occu Physical The	pation / Job title (See Instructions erapist	5)	Employer (See Instructions Therapy 2000, Inc.	s)		
	Date 04/15/2025	Full name of contributor Mirise, Amanda K. (Ms.) Contributor address; City; S Kaufman, TX 75142	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$5.00
	Principal occu Physical The	pation / Job title (See Instructions erapist	s)	Employer (See Instructions Therapy 2000, Inc.	5)		

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 76/116 Rpt: 79/128	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	ciation for Home Care and Ho	spice Inc Texas Hom	e Care and Hospice PAC -		00015750	
4	Date 04/15/2025	5 Full name of contributor Mirise, Amanda K. (Ms.)6 Contributor address; City; S	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$5.00
		Kaufman, TX 75142					
8		pation / Job title (See Instructions	5)	9 Employer (See Instructions	()		
	Physical The	erapist		Therapy 2000, Inc.			
	Date 04/15/2025	Full name of contributor Mojarro, Allison (Ms.) Contributor address; City; S	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$5.00
		Tyler, TX 75701			<u></u>		
		pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	Patient Servi	ices Specialist		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Mojarro, Allison (Ms.) Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
		Tyler, TX 75701					
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	<u>. </u>		
	Patient Servi	ices Specialist		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Mojarro, Allison (Ms.) Contributor address; City; S Tyler, TX 75701	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$5.00
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	()		
	Patient Servi	ices Specialist		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Mojarro, Allison (Ms.) Contributor address; City; S Tyler, TX 75701	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$5.00
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	()		
	Patient Servi	ices Specialist		Therapy 2000 Inc.			

	MONEI	ARY POLITICAL C	ONTRIBUTION	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this for	rm.	1	Total pages Schedule A1: Sch: 77/116 Rpt: 80/128	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	ciation for Home Care and Hos	pice Inc Texas Home	Care and Hospice PAC -		00015750	
4	Date 04/15/2025	 Full name of contributor Mojarro, Allison (Ms.) Contributor address; City; Sta 	out-of-state PAC (ID#: atte; Zip Code		7	Amount of Contribution (\$)	\$5.00
		Tyler, TX 75701					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	()		
	Patient Servi	ces Specialist		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Mojarro, Allison (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#: atte; Zip Code			Amount of Contribution (\$)	\$5.00
		Tyler, TX 75701					
		pation / Job title (See Instructions)		Employer (See Instructions	()		
	Patient Servi	ces Specialist		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Monterrosa, Lisbeth (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$2.00
		San Antonio, TX 78247					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Speech Lan	guage Pathologist		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Monterrosa, Lisbeth (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#: atte; Zip Code			Amount of Contribution (\$)	\$2.00
	•	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Speech Lan	guage Pathologist		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Monterrosa, Lisbeth (Ms.) Contributor address; City; Sta San Antonio, TX 78247	out-of-state PAC (ID#: ate; Zip Code			Amount of Contribution (\$)	\$2.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Speech Lang	guage Pathologist		Therapy 2000 Inc.			

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDULE	A1
	The Instruc	ction Guide explains hov	v to complete this fo	rm.	1	Total pages Schedule A1: Sch: 78/116 Rpt: 81/128	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	ciation for Home Care and Ho	spice Inc Texas Home	e Care and Hospice PAC -		00015750	
4	Date 04/15/2025	5 Full name of contributor Monterrosa, Lisbeth (Ms.6 Contributor address; City; S	•)	7	Amount of Contribution (\$)	\$2.00
		San Antonio, TX 78247					
8		pation / Job title (See Instruction	s) !	9 Employer (See Instructions	()		
	Speech Lan	guage Pathologist		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Monterrosa, Lisbeth (Ms. Contributor address; City; S	•			Amount of Contribution (\$)	\$2.00
		San Antonio, TX 78247					
		pation / Job title (See Instruction	5)	Employer (See Instructions	()		
	Speech Lan	guage Pathologist		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Monterrosa, Lisbeth (Ms. Contributor address; City; S	•)		Amount of Contribution (\$)	\$2.00
		San Antonio, TX 78247					
		pation / Job title (See Instruction	s)	Employer (See Instructions	()		
	Speech Lang	guage Pathologist		Therapy 2000 Inc.			
	Date 04/23/2025	Full name of contributor Morales, Carlos (Mr.) Contributor address; City; S Lubbock, TX 79424	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instruction	5)	Employer (See Instructions			
	Executive Vi	ce President		Caprock Home Health S	Ser	vices, Inc.	
	Date 04/23/2025	Full name of contributor Murphy, Maryann (Ms.) Contributor address; City; S Early, TX 76802	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
	Principal occu RN	pation / Job title (See Instruction	5)	Employer (See Instructions Lee HealthCare	()		

	MONEI	ARY POLITICAL C	CONTRIBUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 79/116 Rpt: 82/128	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	ciation for Home Care and Hos	spice Inc Texas Hom	e Care and Hospice PAC -		00015750	
4	Date 04/15/2025	5 Full name of contributor Myers, Tamara (Ms.)6 Contributor address; City; St	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$5.00
		Highland Village, TX 7507	7				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>		
	Assistant Sp	eech Language Pathologist		Therapy 2000 Inc.			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/15/2025	Myers, Tamara (Ms.)	out of state 1710 (IB#	<i>/</i>		7 mileant of Continuation (4)	\$5.00
	0 1/120/2020	Contributor address; City; St	ate; Zip Code				40.00
		Highland Village, TX 7507	7				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	()		
	Assistant Sp	eech Language Pathologist		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Myers, Tamara (Ms.) Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$5.00
		Highland Village, TX 7507					
		pation / Job title (See Instructions)	Employer (See Instructions	()		
	Assistant Sp	eech Language Pathologist		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Myers, Tamara (Ms.) Contributor address; City; St Highland Village, TX 7507				Amount of Contribution (\$)	\$5.00
		pation / Job title (See Instructions)	Employer (See Instructions	i)		
	Assistant Sp	eech Language Pathologist		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Myers, Tamara (Ms.) Contributor address; City; St)		Amount of Contribution (\$)	\$5.00
	Deimaie - L	Highland Village, TX 7507		Employer (Cook tracture)	_		
		pation / Job title (See Instructions eech Language Pathologist)	Employer (See Instructions Therapy 2000 Inc.)		

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 80/116 Rpt: 83/128	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	ciation for Home Care and Hos	pice Inc Texas Hom	e Care and Hospice PAC -		00015750	
4	Date 04/15/2025	5 Full name of contributor Myers, Tamara (Ms.)6 Contributor address; City; States	out-of-state PAC (ID#:_		7	Amount of Contribution (\$)	\$5.00
		Highland Village, TX 7507	7				
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions	<u>. </u>		
	Assistant Sp	eech Language Pathologist		Therapy 2000 Inc.			
	Date	Full name of contributor	out-of-state PAC (ID#:)	Π	Amount of Contribution (\$)	
	04/25/2025	Nawaz, Kelly (Ms.)				(1)	\$50.00
		Contributor address; City; Sta	ate; Zip Code				
		Canton, TX 75103					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions			
	Quality Assu	rance RN		Paradigm Rehab & Nurs	sin	J LP	
	Date 04/15/2025	Full name of contributor Nino Lagos, Olga Patricia Contributor address; City; Sta)		Amount of Contribution (\$)	\$5.00
		Rowlett, TX 75089					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Occupationa	l Therapy Assistant		Therapy 2000, Inc.			
	Date 04/15/2025	Full name of contributor Nino Lagos, Olga Patricia Contributor address; City; Sta)		Amount of Contribution (\$)	\$5.00
		pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Occupationa	l Therapy Assistant		Therapy 2000, Inc.			
	Date 04/15/2025	Full name of contributor Nino Lagos, Olga Patricia Contributor address; City; Sta				Amount of Contribution (\$)	\$5.00
	Principal occu	nation / Job title (See Instructions)		Employer (See Instructions	<u>. </u>		
		l Therapy Assistant		Therapy 2000, Inc.			

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains hov	v to complete this fo	orm.	1	Total pages Schedule A1: Sch: 81/116 Rpt: 84/128	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	ciation for Home Care and Ho	spice Inc Texas Hom	e Care and Hospice PAC -		00015750	
4	Date 04/15/2025	5 Full name of contributor Nino Lagos, Olga Patricia6 Contributor address; City; S)	7	Amount of Contribution (\$)	\$5.00
		Rowlett, TX 75089					
8	Principal occu	pation / Job title (See Instruction:	s)	9 Employer (See Instructions)		
	Occupationa	l Therapy Assistant		Therapy 2000, Inc.			
	Date 04/15/2025	Full name of contributor Nino Lagos, Olga Patricia Contributor address; City; S)		Amount of Contribution (\$)	\$5.00
		Rowlett, TX 75089	,				
		pation / Job title (See Instruction:	S)	Employer (See Instructions)		
		l Therapy Assistant		Therapy 2000, Inc.			
	Date 04/15/2025	Full name of contributor Nino Lagos, Olga Patricia Contributor address; City; S				Amount of Contribution (\$)	\$5.00
		Rowlett, TX 75089					
		pation / Job title (See Instruction: Il Therapy Assistant	s)	Employer (See Instructions Therapy 2000, Inc.)		
	Date 03/31/2025	Full name of contributor Olguin, Christie (Ms.) Contributor address; City; S San Antonio, TX 78254	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00
	Principal occu Therapist	pation / Job title (See Instruction	s)	Employer (See Instructions Angels of Care)		
	Date 04/15/2025	Full name of contributor Olson, Jess (Ms.) Contributor address; City; S Roanoke, TX 76262	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$4.50
	Principal occu Divisional Di	pation / Job title (See Instruction: rector	s)	Employer (See Instructions Therapy 2000 Inc.)		

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDULE	A1
	The Instruc	ction Guide explains hov	v to complete this fo	orm.	1	Total pages Schedule A1: Sch: 82/116 Rpt: 85/128	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	ciation for Home Care and Ho	spice Inc Texas Hom	e Care and Hospice PAC -		00015750	
4	Date 04/15/2025	5 Full name of contributor Olson, Jess (Ms.)6 Contributor address; City; S			7	Amount of Contribution (\$)	\$4.50
		Roanoke, TX 76262					
8	Principal occu	pation / Job title (See Instruction:	s)	9 Employer (See Instructions	<u>. </u>		
	Divisional Di	rector		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Olson, Jess (Ms.) Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$4.50
		Roanoke, TX 76262			L		
		pation / Job title (See Instruction:	5)	Employer (See Instructions	i)		
	Divisional Di			Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Olson, Jess (Ms.) Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$4.50
		Roanoke, TX 76262					
	Principal occu	pation / Job title (See Instruction	5)	Employer (See Instructions	()		
	Divisional Di	rector		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Olson, Jess (Ms.) Contributor address; City; S Roanoke, TX 76262	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$4.50
	Principal occu Divisional Di	pation / Job title (See Instruction rector	5)	Employer (See Instructions Therapy 2000 Inc.	()		
	Date 04/15/2025	Full name of contributor Olson, Jess (Ms.) Contributor address; City; S Roanoke, TX 76262	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$4.50
	Principal occu Divisional Di	pation / Job title (See Instruction: rector	5)	Employer (See Instructions Therapy 2000 Inc.	<u> </u>		

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDULE	A1
	The Instruc	ction Guide explains hov	v to complete this fo	orm.	1	Total pages Schedule A1: Sch: 83/116 Rpt: 86/128	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	ciation for Home Care and Ho	spice Inc Texas Hom	e Care and Hospice PAC -		00015750	
4	Date 04/15/2025	5 Full name of contributor Olson, Jess (Ms.)6 Contributor address; City; S			7	Amount of Contribution (\$)	\$0.50
		Roanoke, TX 76262					
8	Principal occu	nation / Job title (See Instructions	s)	9 Employer (See Instructions	<u> </u>		
	Divisional Di	rector		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Olson, Jess (Ms.) Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$0.50
		Roanoke, TX 76262			L		
		pation / Job title (See Instructions	5)	Employer (See Instructions	i)		
	Divisional Di			Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Olson, Jess (Ms.) Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$0.50
		Roanoke, TX 76262					
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions)		
	Divisional Di	rector		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Olson, Jess (Ms.) Contributor address; City; S Roanoke, TX 76262	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$0.50
	Principal occu Divisional Di	pation / Job title (See Instructions rector	5)	Employer (See Instructions Therapy 2000 Inc.)		
	Date 04/15/2025	Full name of contributor Olson, Jess (Ms.) Contributor address; City; S Roanoke, TX 76262	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$0.50
	Principal occu Divisional Di	pation / Job title (See Instructions rector	5)	Employer (See Instructions Therapy 2000 Inc.	5)		

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this for	rm.	1	Total pages Schedule A1: Sch: 84/116 Rpt: 87/128	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	ciation for Home Care and Hos	pice Inc Texas Home	Care and Hospice PAC -		00015750	
4	Date 04/15/2025	5 Full name of contributor Olson, Jess (Ms.)6 Contributor address; City; Sta	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$0.50
		Roanoke, TX 76262					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Divisional Di	rector		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Pacheco, Claudia (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#:ate; Zip Code			Amount of Contribution (\$)	\$5.00
		El Paso, TX 79912					
		pation / Job title (See Instructions))	Employer (See Instructions	()		
	Speech Lan	guage Pathologist		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Pacheco, Claudia (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
		El Paso, TX 79912					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Speech Lang	guage Pathologist		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Pacheco, Claudia (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
	•	pation / Job title (See Instructions)		Employer (See Instructions	()		
	Speech Lan	guage Pathologist		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Pacheco, Claudia (Ms.) Contributor address; City; Sta El Paso, TX 79912	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$5.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Speech Lang	guage Pathologist		Therapy 2000 Inc.			

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDULE	A1
	The Instruc	ction Guide explains hov	v to complete this fo	rm.	1	Total pages Schedule A1: Sch: 85/116 Rpt: 88/128	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	ciation for Home Care and Ho	spice Inc Texas Hom	e Care and Hospice PAC -		00015750	
4	Date 04/23/2025	5 Full name of contributor Palmer, Lee (Mr.)6 Contributor address; City; S)	7	Amount of Contribution (\$)	\$50.00
		Richmond, TX 77406					
8	Principal occu	pation / Job title (See Instructions	s)	9 Employer (See Instructions	<u></u>		
	Administrato	r		Consolidated Home Hea	alth	1	
	Date 04/15/2025	Full name of contributor Palmer, Natasha (Ms.) Contributor address; City; S	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$4.00
		White Oak, TX 75693					
		pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	Occupationa	l Therapy Asst.		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Palmer, Natasha (Ms.) Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$4.00
		White Oak, TX 75693					
	Principal occu	pation / Job title (See Instruction:	5)	Employer (See Instructions	5)		
	Occupationa	l Therapy Asst.		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Palmer, Natasha (Ms.) Contributor address; City; S White Oak, TX 75693	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$4.00
	•	pation / Job title (See Instructions Il Therapy Asst.	5)	Employer (See Instructions Therapy 2000 Inc.	5)		
	Date 04/15/2025	Full name of contributor Palmer, Natasha (Ms.) Contributor address; City; S White Oak, TX 75693	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$4.00
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	Occupationa	l Therapy Asst.		Therapy 2000 Inc.			

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fc	orm.	1	Total pages Schedule A1: Sch: 86/116 Rpt: 89/128	
2	FILER NAME Texas Assoc	ciation for Home Care and Hos	spice Inc Texas Hom	e Care and Hospice PAC -	3	Filer ID (Ethics Commission F 00015750	-ilers)
4	Date 04/15/2025	5 Full name of contributorPalmer, Natasha (Ms.)6 Contributor address; City; St	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$4.00
		White Oak, TX 75693					
8		upation / Job title (See Instructions al Therapy Asst.)	9 Employer (See Instructions Therapy 2000 Inc.	;) 		
	Date 04/15/2025	Full name of contributor Palmer, Natasha (Ms.) Contributor address; City; St	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$4.00
	Principal occu	White Oak, TX 75693 upation / Job title (See Instructions	;) [Employer (See Instructions	 3)		
		al Therapy Asst.		Therapy 2000 Inc.	_		
	Date 04/15/2025	Full name of contributor Papetti, Jenna (Ms.) Contributor address; City; St	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$2.00
		Houston, TX 77055					
		upation / Job title (See Instructions arketing Manager)	Employer (See Instructions Therapy 2000 Inc.	;)		
	Date 04/15/2025	Full name of contributor Papetti, Jenna (Ms.) Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$2.00
	•	upation / Job title (See Instructions arketing Manager)	Employer (See Instructions Therapy 2000 Inc.	;)		
	Date 04/15/2025	Full name of contributor Papetti, Jenna (Ms.) Contributor address; City; St	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$2.00
		upation / Job title (See Instructions arketing Manager)	Employer (See Instructions Therapy 2000 Inc.	;)		

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains hov	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 87/116 Rpt: 90/128	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	ciation for Home Care and Ho	spice Inc Texas Hom	e Care and Hospice PAC -		00015750	
4	Date 04/15/2025	5 Full name of contributor Papetti, Jenna (Ms.)6 Contributor address; City; S	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$2.00
		Houston, TX 77055					
8	Principal occu	pation / Job title (See Instructions	s)	9 Employer (See Instructions	5)		
	Regional Ma	rketing Manager		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Papetti, Jenna (Ms.) Contributor address; City; S	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$2.00
	Delevieral	Houston, TX 77055		Formier (Octobrostica)	Ĺ		
		pation / Job title (See Instructions rketing Manager	5)	Employer (See Instructions Therapy 2000 Inc.	5)		
				тпетару 2000 птс.			
	Date 04/15/2025	Full name of contributor Papetti, Jenna (Ms.) Contributor address; City; S	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$2.00
		Houston, TX 77055					
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	()		
	Regional Ma	rketing Manager		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Papetti, Jenna (Ms.) Contributor address; City; S Houston, TX 77055	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$6.00
	•	pation / Job title (See Instructions rketing Manager	5)	Employer (See Instructions Therapy 2000 Inc.	5)		
	Date 04/15/2025	Full name of contributor Papetti, Jenna (Ms.) Contributor address; City; S Houston, TX 77055	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$6.00
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions)		
	Regional Ma	rketing Manager		Therapy 2000 Inc.			

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 88/116 Rpt: 91/128	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	ciation for Home Care and Ho	spice Inc Texas Hom	e Care and Hospice PAC -		00015750	
4	Date 04/15/2025	5 Full name of contributor Papetti, Jenna (Ms.)6 Contributor address; City; S	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$6.00
		Houston, TX 77055					
8	Principal occu	pation / Job title (See Instructions	3)	9 Employer (See Instructions	5)		
	Regional Ma	rketing Manager		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Papetti, Jenna (Ms.) Contributor address; City; S	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$6.00
	Deinsinalassa	Houston, TX 77055		Formier (Octobrostica)	Ĺ		
		pation / Job title (See Instructions rketing Manager	5)	Employer (See Instructions Therapy 2000 Inc.	5)		
				тпетару 2000 птс.			
	Date 04/15/2025	Full name of contributor Papetti, Jenna (Ms.) Contributor address; City; S	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$6.00
		Houston, TX 77055					
		pation / Job title (See Instructions	5)	Employer (See Instructions	()		
	Regional Ma	rketing Manager		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Papetti, Jenna (Ms.) Contributor address; City; S Houston, TX 77055	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$6.00
		pation / Job title (See Instructions rketing Manager	3)	Employer (See Instructions Therapy 2000 Inc.	i)		
	Date 04/15/2025	Full name of contributor Pecson, Samantha (Ms.) Contributor address; City; S Frisco, TX 75034	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$5.00
	Principal occu	pation / Job title (See Instructions	6)	Employer (See Instructions)		
	Occupationa	l Therapy Asst.		Therapy 2000 Inc.			

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 89/116 Rpt: 92/128	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	ciation for Home Care and Ho	spice Inc Texas Home	e Care and Hospice PAC -		00015750	
4	Date 04/15/2025	5 Full name of contributor Pecson, Samantha (Ms.)6 Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)	7	Amount of Contribution (\$)	\$5.00
		Frisco, TX 75034					
8	Principal occu	pation / Job title (See Instructions	(s)	9 Employer (See Instructions	5)		
	Occupationa	l Therapy Asst.		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Pecson, Samantha (Ms.) Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code			Amount of Contribution (\$)	\$5.00
		Frisco, TX 75034					
		pation / Job title (See Instructions	(1)	Employer (See Instructions	5)		
	Occupationa	ll Therapy Asst.		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Pecson, Samantha (Ms.) Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
		Frisco, TX 75034					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	()		
	Occupationa	l Therapy Asst.		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Pecson, Samantha (Ms.) Contributor address; City; St Frisco, TX 75034	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$5.00
		pation / Job title (See Instructions)	Employer (See Instructions	()		
	Occupationa	l Therapy Asst.		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Pecson, Samantha (Ms.) Contributor address; City; St Frisco, TX 75034	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$5.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	i)		
	Occupationa	l Therapy Asst.		Therapy 2000 Inc.			

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDULE	A1
	The Instruc	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 90/116 Rpt: 93/128	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	ciation for Home Care and Hos	pice Inc Texas Home	e Care and Hospice PAC -		00015750	
4	Date 04/15/2025	 Full name of contributor Phillip , Taylor Contributor address; City; States 	out-of-state PAC (ID#: atte; Zip Code		7	Amount of Contribution (\$)	\$3.00
		Garland, TX 75040					
8	Principal occu	pation / Job title (See Instructions)	g	Employer (See Instructions)		
	Physical The	erapist		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Phillip , Taylor Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$3.00
	Dringing coou	Garland, TX 75040		Employer (See Instructions			
	Physical The	pation / Job title (See Instructions) eranist		Therapy 2000 Inc.)		
		•		Therapy 2000 inc.			
	Date 04/15/2025	Full name of contributor Phillip , Taylor Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$3.00
		Garland, TX 75040					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Physical The	erapist		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Phillip , Taylor Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$3.00
	Principal occu Physical The	pation / Job title (See Instructions) erapist		Employer (See Instructions Therapy 2000 Inc.)		
	Date 04/15/2025	Full name of contributor Phillip , Taylor Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$3.00
	Principal occu Physical The	pation / Job title (See Instructions) erapist		Employer (See Instructions Therapy 2000 Inc.)		
			·				

	MONEI	ARY POLITICAL CONT	RIBUTION	IS		SCHEDULI	■ A1
	The Instru	ction Guide explains how to com	nplete this for	m.	1	Total pages Schedule A1: Sch: 91/116 Rpt: 94/128	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	tiation for Home Care and Hospice Inc	Texas Home	Care and Hospice PAC -		00015750	
4	Date 04/15/2025	Phillip , Taylor	-state PAC (ID#:		7	Amount of Contribution (\$)	\$3.00
		Garland, TX 75040					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions)		
	Physical The	erapist		Therapy 2000 Inc.			
	Date 04/15/2025	Pitner, Heather (Ms.) Contributor address; City; State; Zip C	-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00
	Delevieral	North Richland Hills, TX 76182		Frankria (Ostaka da saturationa			
	VP Therapy	pation / Job title (See Instructions)		Employer (See Instructions Therapy 2000 Inc.)		
		<u> </u>		тпетару 2000 птс.			
	Date 04/15/2025	Full name of contributor out-of- Pitner, Heather (Ms.) Contributor address; City; State; Zip C	-state PAC (ID#: ode			Amount of Contribution (\$)	\$10.00
		North Richland Hills, TX 76182					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	VP Therapy	Operations		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor out-of- Pitner, Heather (Ms.) Contributor address; City; State; Zip C	-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	VP Therapy	Operations		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor out-of- Pitner, Heather (Ms.) Contributor address; City; State; Zip C North Richland Hills, TX 76182	-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	VP Therapy	Operations		Therapy 2000 Inc.			

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDULI	E A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 92/116 Rpt: 95/128	
2	FILER NAME				3	Filer ID (Ethics Commission	r Filers)
	Texas Assoc	ciation for Home Care and Ho	spice Inc Texas Home	e Care and Hospice PAC -		00015750	
4	Date 04/15/2025	5 Full name of contributor Pitner, Heather (Ms.)6 Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code		7	Amount of Contribution (\$)	\$10.00
		North Richland Hills, TX 7	6182				
8	Principal occu	pation / Job title (See Instructions	9	9 Employer (See Instructions	<u> </u>		
	VP Therapy	Operations		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Pitner, Heather (Ms.) Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code			Amount of Contribution (\$)	\$10.00
		North Richland Hills, TX 7		5 1 (0 1 : :	_		
		pation / Job title (See Instructions	5)	Employer (See Instructions Thorapy 2000 Inc.	5)		
	VP Therapy	Operations		Therapy 2000 Inc.			
	Date 04/25/2025	Full name of contributor Poynor, Joanne (Ms.) Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$80.00
		Tyler, TX 75701					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	()		
	Executive Di	rector		Paradigm Rehab & Nurs	sin	g LP	
	Date 04/15/2025	Full name of contributor Ramos, Juan Carlos (Mr.) Contributor address; City; St San Antonio, TX 78249				Amount of Contribution (\$)	\$5.00
	'	pation / Job title (See Instructions)	Employer (See Instructions	()		
	Occupationa	l Therapist		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Ramos, Juan Carlos (Mr.) Contributor address; City; St San Antonio, TX 78249)		Amount of Contribution (\$)	\$5.00
	Principal occu	pation / Job title (See Instructions	()	Employer (See Instructions	<u>.</u>		
	Occupationa	l Therapist		Therapy 2000 Inc.			

	MONEI	ARY POLITICAL C	ONTRIBUTION	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this for	rm.	1	Total pages Schedule A1: Sch: 93/116 Rpt: 96/128	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	iation for Home Care and Hosp	oice Inc Texas Home	Care and Hospice PAC -		00015750	
4	Date 04/15/2025	 5 Full name of contributor [Ramos, Juan Carlos (Mr.) 6 Contributor address; City; Star 	out-of-state PAC (ID#: te; Zip Code)	7	Amount of Contribution (\$)	\$5.00
		San Antonio, TX 78249					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions)		
	Occupationa	l Therapist		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Ramos, Juan Carlos (Mr.) Contributor address; City; Star	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$5.00
		San Antonio, TX 78249					
		pation / Job title (See Instructions)		Employer (See Instructions)		
	Occupationa	l Therapist		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor [Ramos, Juan Carlos (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
		San Antonio, TX 78249					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Occupationa	l Therapist		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Ramos, Juan Carlos (Mr.) Contributor address; City; Star San Antonio, TX 78249	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Occupationa	l Therapist		Therapy 2000 Inc.			
	Date 04/25/2025	Full name of contributor [Rangel DeLos Santos, Tere Contributor address; City; Star Amarillo, TX 79108				Amount of Contribution (\$)	\$5.00
	Principal occu LVN	pation / Job title (See Instructions)		Employer (See Instructions Goodcare Health Servic			

	MONEI	ETARY POLITICAL CONTRIBUTIONS				SCHEDUL	E A1
	The Instruc	ction Guide explains how	to complete this for	rm.	1	Total pages Schedule A1: Sch: 94/116 Rpt: 97/128	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Texas Assoc	ciation for Home Care and Hos	spice Inc Texas Home	Care and Hospice PAC -		00015750	
4	Date 04/25/2025	Full name of contributor Rangel DeLos Santos, TeContributor address; City; St			7	Amount of Contribution (\$)	\$5.00
Ω	Principal occu	Amarillo, TX 79108 pation / Job title (See Instructions) To	Employer (See Instructions			
Ü	LVN	pation / Job title (See mandellons	,	Goodcare Health Service			
	Date 04/15/2025	Full name of contributor Rash, Rose (Ms.) Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code			Amount of Contribution (\$)	\$119.05
		Corsicana, TX 75109					
		pation / Job title (See Instructions)	Employer (See Instructions)		
		tor of Nursing		Angels At Home, Inc.			
	Date 04/25/2025	Full name of contributor Reece, Miranda (Ms.) Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$40.00
		Grapevine, TX 76051					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	VP of Opera	tions		Paradigm Rehab & Nurs	sin	J LP	
	Date 04/15/2025	Full name of contributor Riggins, Annalisa Marie (N Contributor address; City; St Lubbock, TX 79424				Amount of Contribution (\$)	\$3.00
	Principal occu Physical The	pation / Job title (See Instructions erapist		Employer (See Instructions Therapy 2000 Inc.)		
	Date 04/15/2025	Full name of contributor Riggins, Annalisa Marie (N Contributor address; City; St Lubbock, TX 79424)		Amount of Contribution (\$)	\$3.00
	Principal occu Physical The	pation / Job title (See Instructions erapist		Employer (See Instructions Therapy 2000 Inc.)		

	MONEI	ARY POLITICAL CONTR	RIBUTIONS		SCHEDULI	E A1
	The Instruc	ction Guide explains how to com	plete this form.	1	Total pages Schedule A1: Sch: 95/116 Rpt: 98/128	
2	FILER NAME			3	Filer ID (Ethics Commission	r Filers)
	Texas Assoc	iation for Home Care and Hospice Inc.	- Texas Home Care and Hospice PAC -		00015750	
4	Date 04/15/2025	 Full name of contributor uut-of-se	state PAC (ID#:)de	7	Amount of Contribution (\$)	\$3.00
		Lubbock, TX 79424				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	()		
	Physical The	rapist	Therapy 2000 Inc.			
	Date 04/15/2025	Riggins, Annalisa Marie (Ms.) Contributor address; City; State; Zip Co	state PAC (ID#:)		Amount of Contribution (\$)	\$3.00
		Lubbock, TX 79424		_		
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physical The	·	Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor out-of-s Riggins, Annalisa Marie (Ms.) Contributor address; City; State; Zip Co	ode		Amount of Contribution (\$)	\$3.00
		Lubbock, TX 79424				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	()		
	Physical The	rapist	Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor out-of-s Riggins, Annalisa Marie (Ms.) Contributor address; City; State; Zip Co	otate PAC (ID#:)		Amount of Contribution (\$)	\$3.00
	Principal occu Physical The	pation / Job title (See Instructions) rapist	Employer (See Instructions Therapy 2000 Inc.	5)		
	Date 04/14/2025	Full name of contributor out-of-s Robison, Kristen (Ms.) Contributor address; City; State; Zip Co	otate PAC (ID#:)		Amount of Contribution (\$)	\$125.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	RN, VP Gov	. Affairs, CCO	Angels of Care Pediatric	Н	ome Health	

	MONEI	ARY POLITICAL CONT	RIBUTIONS		SCHEDULE	A1
	The Instru	ction Guide explains how to com	plete this form.	1	Total pages Schedule A1: Sch: 96/116 Rpt: 99/128	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	iation for Home Care and Hospice Inc.	Texas Home Care and Hospice PAC -		00015750	
4	Date 04/15/2025	 5 Full name of contributor out-of-Salinas, Lucy (Ms.) 6 Contributor address; City; State; Zip C 		7	Amount of Contribution (\$)	\$5.00
		Houston, TX 77044				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))		
		juage Pathologsit	Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor out-of-Salinas, Lucy (Ms.) Contributor address; City; State; Zip C	ode		Amount of Contribution (\$)	\$5.00
		Houston, TX 77044				
		pation / Job title (See Instructions)	Employer (See Instructions))		
		juage Pathologsit	Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor out-of- Salinas, Lucy (Ms.) Contributor address; City; State; Zip C	state PAC (ID#:)ode		Amount of Contribution (\$)	\$5.00
		Houston, TX 77044				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))		
	Speech Lang	juage Pathologsit	Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor out-of-Salinas, Lucy (Ms.) Contributor address; City; State; Zip C Houston, TX 77044	ode		Amount of Contribution (\$)	\$5.00
	•	pation / Job title (See Instructions) guage Pathologsit	Employer (See Instructions) Therapy 2000 Inc.)		
	Date 04/15/2025	Full name of contributor out-of-Salinas, Lucy (Ms.) Contributor address; City; State; Zip C	ode		Amount of Contribution (\$)	\$5.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))		
	Speech Lang	juage Pathologsit	Therapy 2000 Inc.			
						

	MONEI	ETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1		
	The Instruc	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 97/116 Rpt: 100/128	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	ciation for Home Care and Hos	spice Inc Texas Home	e Care and Hospice PAC -		00015750	
4	Date 04/15/2025	5 Full name of contributor Salinas, Lucy (Ms.)6 Contributor address; City; St	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$5.00
_	Dringing Lagran	Houston, TX 77044		2. Employer (Cool backwating			
8		pation / Job title (See Instructions guage Pathologsit)	9 Employer (See Instructions Therapy 2000 Inc.	5)		
				тпетару 2000 птс.			
	Date 03/31/2025	Full name of contributor Sandoval, Vanessa (Ms.) Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)		Amount of Contribution (\$)	\$25.00
		Harlingen, TX 78552	<u>, </u>				
		pation / Job title (See Instructions)	Employer (See Instructions			
	Administrato	r 		Texas Visiting Nurse Se	rvi	ces Ltd.	
	Date 04/23/2025	Full name of contributor Sandoval, Vanessa (Ms.) Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)		Amount of Contribution (\$)	\$25.00
		Harlingen, TX 78552					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Administrato		,	Texas Visiting Nurse Se		ces Ltd.	
	Date 04/15/2025	Full name of contributor Sardinea, Estefania (Ms.) Contributor address; City; St Corsicana, TX 75110	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$3.60
	Principal occu Clinical Mana	pation / Job title (See Instructions ager)	Employer (See Instructions Therapy 2000 Inc.	i)		
	Date 04/15/2025	Full name of contributor Sardinea, Estefania (Ms.) Contributor address; City; St Corsicana, TX 75110	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$3.60
	Principal occu Clinical Mana	pation / Job title (See Instructions ager)	Employer (See Instructions Therapy 2000 Inc.)		
							

	MONEI	ARY POLITICAL C	ONTRIBUTION	NS		SCHEDULE	A1
	The Instruc	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 98/116 Rpt: 101/128	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	iation for Home Care and Hos	pice Inc Texas Home	Care and Hospice PAC -		00015750	
4	Date 04/15/2025	5 Full name of contributor Sardinea, Estefania (Ms.)6 Contributor address; City; Sta	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$3.60
		Corsicana, TX 75110					
8		pation / Job title (See Instructions)	9	Employer (See Instructions)		
	Clinical Man	ager 		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Sardinea, Estefania (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code)		Amount of Contribution (\$)	\$3.60
		Corsicana, TX 75110	-				
		pation / Job title (See Instructions)		Employer (See Instructions)		
	Clinical Man			Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Sardinea, Estefania (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$3.60
		Corsicana, TX 75110					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Clinical Mana	ager		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Sardinea, Estefania (Ms.) Contributor address; City; Sta Corsicana, TX 75110	out-of-state PAC (ID#: tte; Zip Code			Amount of Contribution (\$)	\$3.60
	Principal occu Clinical Mana	pation / Job title (See Instructions) ager		Employer (See Instructions Therapy 2000 Inc.)		
	Date 04/15/2025	Full name of contributor Sardinea, Estefania (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$0.40
	Principal occu Clinical Mana	pation / Job title (See Instructions) ager		Employer (See Instructions Therapy 2000 Inc.)		

	MONEI	ARY POLITICAL (CONTRIBUTION	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this for	rm.	1	Total pages Schedule A1: Sch: 99/116 Rpt: 102/128	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	ciation for Home Care and Ho	spice Inc Texas Home	Care and Hospice PAC -		00015750	
4	Date 04/15/2025	5 Full name of contributor Sardinea, Estefania (Ms.)6 Contributor address; City; St	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$0.40
		Corsicana, TX 75110					
8	Principal occu Clinical Man	pation / Job title (See Instructions ager	9	Employer (See Instructions Therapy 2000 Inc.)		
	Date 04/15/2025	Full name of contributor Sardinea, Estefania (Ms.) Contributor address; City; St Corsicana, TX 75110	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$0.40
	Principal occu	pation / Job title (See Instructions	3)	Employer (See Instructions)		
	Clinical Man		,	Therapy 2000 Inc.	,		
	Date 04/15/2025	Full name of contributor Sardinea, Estefania (Ms.) Contributor address; City; St	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$0.40
		Corsicana, TX 75110					
	Principal occu Clinical Man	pation / Job title (See Instructions ager	(5)	Employer (See Instructions Therapy 2000 Inc.)		
	Date 04/15/2025	Full name of contributor Sardinea, Estefania (Ms.) Contributor address; City; St Corsicana, TX 75110	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$0.40
	Principal occu Clinical Mana	pation / Job title (See Instructions ager	s)	Employer (See Instructions Therapy 2000 Inc.)		
	Date 04/15/2025	Full name of contributor Sardinea, Estefania (Ms.) Contributor address; City; St Corsicana, TX 75110	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$0.40
	Principal occu Clinical Mana	pation / Job title (See Instructions ager	s)	Employer (See Instructions Therapy 2000 Inc.)		

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 100/116 Rpt: 103/128	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	ciation for Home Care and Ho	spice Inc Texas Hom	e Care and Hospice PAC -		00015750	
4	Date 04/15/2025	5 Full name of contributor Scull, Courtney (Ms.)6 Contributor address; City; S	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$2.00
		Tenaha, TX 75974					
8	Principal occu	pation / Job title (See Instructions	3)	9 Employer (See Instructions	()		
	Speech Lang	guage Pathologist		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Scull, Courtney (Ms.) Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$2.00
		Tenaha, TX 75974					
		pation / Job title (See Instructions	3)	Employer (See Instructions	()		
	Speech Lan	guage Pathologist		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Scull, Courtney (Ms.) Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$2.00
		Tenaha, TX 75974					
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions)		
	Speech Lang	guage Pathologist		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Scull, Courtney (Ms.) Contributor address; City; S Tenaha, TX 75974	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$2.00
	•	pation / Job title (See Instructions guage Pathologist	3)	Employer (See Instructions Therapy 2000 Inc.	;)		
	Date 04/15/2025	Full name of contributor Scull, Courtney (Ms.) Contributor address; City; S Tenaha, TX 75974	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$2.00
	Principal occu	pation / Job title (See Instructions	6)	Employer (See Instructions)		
	Speech Lang	guage Pathologist		Therapy 2000 Inc.			
_							

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDULE	A1
	The Instruc	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 101/116 Rpt: 104/128	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	ciation for Home Care and Ho	spice Inc Texas Hom	e Care and Hospice PAC -		00015750	
4	Date 04/15/2025	5 Full name of contributor Sibille, Lauren (Ms.)6 Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)	7	Amount of Contribution (\$)	\$5.00
		Fort Worth, TX 76116					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Speech Lang	guage Pathologist		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Sibille, Lauren (Ms.) Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$5.00
		Fort Worth, TX 76116					
		pation / Job title (See Instructions	(i)	Employer (See Instructions)		
	Speech Lang	guage Pathologist		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Sibille, Lauren (Ms.) Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
		Fort Worth, TX 76116					
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions)		
	Speech Lang	guage Pathologist		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Sibille, Lauren (Ms.) Contributor address; City; St Fort Worth, TX 76116	out-of-state PAC (ID#:ate; Zip Code			Amount of Contribution (\$)	\$5.00
	•	pation / Job title (See Instructions guage Pathologist	9)	Employer (See Instructions Therapy 2000 Inc.)		
	Date 04/15/2025	Full name of contributor Sibille, Lauren (Ms.) Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$5.00
		pation / Job title (See Instructions)	Employer (See Instructions)		
	Speech Lang	guage Pathologist		Therapy 2000 Inc.			

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how	v to complete this fo	orm.	1	Total pages Schedule A1: Sch: 102/116 Rpt: 105/12	8
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Texas Assoc	iation for Home Care and Ho	spice Inc Texas Hom	e Care and Hospice PAC -		00015750	
4	Date 04/15/2025	Full name of contributorSibille, Lauren (Ms.)	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$5.00
		6 Contributor address; City; S	tate; Zip Code				
		Fort Worth, TX 76116					
8		pation / Job title (See Instruction	s)	9 Employer (See Instructions	5)		
	Speech Lan	guage Pathologist		Therapy 2000 Inc.			
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	04/14/2025	Smith , Linda (Ms.)					\$210.00
		Contributor address; City; S	tate; Zip Code				
		San Antonio, TX 78248					
		pation / Job title (See Instruction	s)	Employer (See Instructions	()		
	CEO			En Su Casa Caregivers			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/15/2025	Stutts, Kate Dee (Ms.)					\$5.00
		Contributor address; City; S Midlothian, TX 76065	tate; zip Code				
	Principal occu	pation / Job title (See Instruction	s)	Employer (See Instructions	()		
	Speech The	apy Asst.		Therapy 2000 Inc.			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/15/2025	Stutts, Kate Dee (Ms.) Contributor address; City; S	tate; Zip Code				\$5.00
		Midlothian, TX 76065					
	Principal occu Speech Thei	pation / Job title (See Instruction	s)	Employer (See Instructions Therapy 2000 Inc.	()		
				тпетару 2000 птс.	_		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	ΦΕ 00
	04/15/2025	Stutts, Kate Dee (Ms.)					\$5.00
		Contributor address; City; S Midlothian, TX 76065	tate; Zip Code				
	Principal occu	pation / Job title (See Instruction	s)	Employer (See Instructions)		
	Speech The	apy Asst.		Therapy 2000 Inc.			

	MONEI	ARY POLITICAL (CONTRIBUTIO	INS		SCHEDULE	A1
	The Instru	ction Guide explains hov	v to complete this fo	orm.	1	Total pages Schedule A1: Sch: 103/116 Rpt: 106/128	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	ciation for Home Care and Ho	spice Inc Texas Hom	e Care and Hospice PAC -		00015750	
4	Date 04/15/2025	5 Full name of contributor Stutts, Kate Dee (Ms.)6 Contributor address; City; S	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$5.00
		Midlothian, TX 76065					
8	Principal occu	pation / Job title (See Instruction:	s)	9 Employer (See Instructions	;)		
	Speech Their	rapy Asst.		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Stutts, Kate Dee (Ms.) Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
		Midlothian, TX 76065					
	Principal occu	pation / Job title (See Instruction	s)	Employer (See Instructions	i)		
	Speech The	rapy Asst.		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Stutts, Kate Dee (Ms.) Contributor address; City; S	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$5.00
		Midlothian, TX 76065					
	Principal occu	pation / Job title (See Instruction	5)	Employer (See Instructions)		
	Speech Their	rapy Asst.		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Swift , Courtney (Ms.) Contributor address; City; S Round Rock, TX 78665	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$20.00
	Principal occu Exec. Dir. of	pation / Job title (See Instruction: Marketing	5)	Employer (See Instructions Therapy 2000 Inc.	i)		
	Date 04/15/2025	Full name of contributor Swift , Courtney (Ms.) Contributor address; City; S Round Rock, TX 78665	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$20.00
	Principal occu	pation / Job title (See Instruction	5)	Employer (See Instructions)		
	Exec. Dir. of	Marketing		Therapy 2000 Inc.			
_							

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDULE	■ A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 104/116 Rpt: 107/128	3
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	ciation for Home Care and Ho	spice Inc Texas Hom	e Care and Hospice PAC -		00015750	
4	Date 04/15/2025	 5 Full name of contributor Swift , Courtney (Ms.) 6 Contributor address; City; St 	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$20.00
		Round Rock, TX 78665					
8	Principal occu	pation / Job title (See Instructions	3)	9 Employer (See Instructions	5)		
	Exec. Dir. of	Marketing		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Swift , Courtney (Ms.) Contributor address; City; S	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$20.00
		Round Rock, TX 78665					
		pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	Exec. Dir. of	Marketing		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Swift , Courtney (Ms.) Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$20.00
		Round Rock, TX 78665					
	Principal occu	pation / Job title (See Instructions	3)	Employer (See Instructions	5)		
	Exec. Dir. of	Marketing		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Swift , Courtney (Ms.) Contributor address; City; S Round Rock, TX 78665	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$20.00
	Principal occu Exec. Dir. of	pation / Job title (See Instructions Marketing	5)	Employer (See Instructions Therapy 2000 Inc.	5)		
	Date 04/15/2025	Full name of contributor Tally, Jean Ann (Ms.) Contributor address; City; S Arlington, TX 76001	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00
	Principal occu NICU Specia	pation / Job title (See Instructions alist	5)	Employer (See Instructions Therapy 2000 Inc.	5)		

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDULE	A1
	The Instruc	ction Guide explains hov	v to complete this fo	rm.	1	Total pages Schedule A1: Sch: 105/116 Rpt: 108/128	3
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	ciation for Home Care and Ho	spice Inc Texas Home	e Care and Hospice PAC -		00015750	
4	Date 04/15/2025	5 Full name of contributor Tally, Jean Ann (Ms.)6 Contributor address; City; S	out-of-state PAC (ID#: tate; Zip Code)	7	Amount of Contribution (\$)	\$10.00
		Arlington, TX 76001					
8	Principal occu	pation / Job title (See Instruction:	5)	9 Employer (See Instructions	()		
	NICU Specia	alist		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Tally, Jean Ann (Ms.) Contributor address; City; S	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
	Drincinal occu	Arlington, TX 76001 pation / Job title (See Instruction	2)	Employer (See Instructions	, 		
	NICU Specia		5)	Therapy 2000 Inc.	')		
	Date	Full name of contributor	out-of-state PAC (ID#:	, , , , , , , , , , , , , , , , , , ,		Amount of Contribution (\$)	
	04/15/2025	Tally, Jean Ann (Ms.) Contributor address; City; S				, another of Continuous (t)	\$10.00
		Arlington, TX 76001					
	Principal occu	pation / Job title (See Instruction	5)	Employer (See Instructions)		
	NICU Specia	alist		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor Tally, Jean Ann (Ms.) Contributor address; City; S Arlington, TX 76001	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00
	Principal occu NICU Specia	pation / Job title (See Instructionalist	s)	Employer (See Instructions Therapy 2000 Inc.	5)		
	Date 04/15/2025	Full name of contributor Tally, Jean Ann (Ms.) Contributor address; City; S Arlington, TX 76001	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00
	Principal occu NICU Specia	pation / Job title (See Instruction: alist	5)	Employer (See Instructions Therapy 2000 Inc.	<u> </u>		

	MONEI	IONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A		
	The Instruc	ction Guide explains how	v to complete this fo	orm.	1	Total pages Schedule A1: Sch: 106/116 Rpt: 109/128	3	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)	
	Texas Assoc	ciation for Home Care and Ho	spice Inc Texas Home	e Care and Hospice PAC -		00015750		
4	Date 04/15/2025	5 Full name of contributor Tally, Jean Ann (Ms.)6 Contributor address; City; S	out-of-state PAC (ID#: tate; Zip Code)	7	Amount of Contribution (\$)	\$10.00	
		Arlington, TX 76001						
8	Principal occu	pation / Job title (See Instruction	s) !	9 Employer (See Instructions	<u> </u>			
	NICU Specia	alist		Therapy 2000 Inc.				
	Date 04/15/2025	Full name of contributor Tally, Jean Ann (Ms.) Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00	
	Dringing con	Arlington, TX 76001	2)	Employer (See Instructions	<u></u>			
	NICU Specia	pation / Job title (See Instruction	5)	Therapy 2000 Inc.)			
	Date	Full name of contributor		Therapy 2000 mio.		Amount of Contribution (#)		
	04/15/2025	Tally, Jean Ann (Ms.) Contributor address; City; S	out-of-state PAC (ID#: tate; Zip Code)		Amount of Contribution (\$)	\$10.00	
		Arlington, TX 76001						
	Principal occu	pation / Job title (See Instruction	s)	Employer (See Instructions	5)			
	NICU Specia	alist		Therapy 2000 Inc.				
	Date 04/15/2025	Full name of contributor Tally, Jean Ann (Ms.) Contributor address; City; S Arlington, TX 76001	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00	
	Principal occu NICU Specia	pation / Job title (See Instruction alist	s)	Employer (See Instructions Therapy 2000 Inc.	()			
	Date 04/15/2025	Full name of contributor Tally, Jean Ann (Ms.) Contributor address; City; S Arlington, TX 76001	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00	
	Principal occu NICU Specia	pation / Job title (See Instruction alist	s)	Employer (See Instructions Therapy 2000 Inc.	<u> </u>			

	MONEI	IONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A		
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 107/116 Rpt: 110/128	3	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)	
	Texas Assoc	ciation for Home Care and Hos	pice Inc Texas Home	Care and Hospice PAC -		00015750		
4	Date 04/15/2025	5 Full name of contributor Tally, Jean Ann (Ms.)6 Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code		7	Amount of Contribution (\$)	\$10.00	
		Arlington, TX 76001						
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u>			
	NICU Specia			Therapy 2000 Inc.	,			
	Date	Full name of contributor	out-of-state PAC (ID#:	1		Amount of Contribution (\$)		
	04/15/2025	Tare, Prachi	Out-of-state PAC (ID#			Amount of Contribution (4)	\$5.00	
	04/15/2025		to: 7in Codo				Ψ3.00	
		Contributor address; City; Sta	ile, Ζiβ Code					
		Austin, TX 78717						
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)			
	Speech Lang	guage Pathologist		Therapy 2000 Inc.				
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)		
	04/15/2025	Tare, Prachi	_				\$5.00	
		Contributor address; City; Sta	te; Zip Code					
		Austin, TX 78717						
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	()			
	Speech Lang	guage Pathologist		Therapy 2000 Inc.				
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)		
	04/15/2025	Tare, Prachi Contributor address; City; Sta	te; Zip Code				\$5.00	
		Austin, TX 78717						
	•	pation / Job title (See Instructions)		Employer (See Instructions	5)			
	Speech Lang	guage Pathologist		Therapy 2000 Inc.				
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)		
	04/15/2025	Tare, Prachi					\$5.00	
		Contributor address; City; Sta Austin, TX 78717	te; Zip Code					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>			
		guage Pathologist		Therapy 2000 Inc.	,			
			<u> </u>					

	MONEI	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instru	ction Guide explains how to	complete this for	m.	1	Total pages Schedule A1: Sch: 108/116 Rpt: 111/128		
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)	
	Texas Assoc	iation for Home Care and Hospic	e Inc Texas Home	Care and Hospice PAC -		00015750		
4	Date 04/15/2025	5 Full name of contributor Tare, Prachi6 Contributor address; City; State;	out-of-state PAC (ID#: Zip Code		7	Amount of Contribution (\$)	\$5.00	
		Austin, TX 78717						
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions)			
	Speech Lang	guage Pathologist		Therapy 2000 Inc.				
	Date 04/15/2025	Full name of contributor Tare, Prachi Contributor address; City; State;	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$5.00	
		Austin, TX 78717						
		pation / Job title (See Instructions)		Employer (See Instructions)			
	Speech Lang	guage Pathologist		Therapy 2000 Inc.				
	Date 04/15/2025	Full name of contributor Till, Marissa (Ms.) Contributor address; City; State;	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$5.00	
		Palestine, TX 75803						
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)			
	Occupationa	l Therapy Assistant		Therapy 2000, Inc.				
	Date 04/15/2025	Full name of contributor Till, Marissa (Ms.) Contributor address; City; State; Palestine, TX 75803	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$5.00	
	•	pation / Job title (See Instructions)		Employer (See Instructions)			
	Occupationa	l Therapy Assistant		Therapy 2000, Inc.				
	Date 04/15/2025	Full name of contributor Till, Marissa (Ms.) Contributor address; City; State; Palestine, TX 75803	out-of-state PAC (ID#: Zip Code)		Amount of Contribution (\$)	\$5.00	
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)			
	Occupationa	l Therapy Assistant		Therapy 2000, Inc.				
			·					

	MONEI	IONETARY POLITICAL CONTRIBUTIONS				SCHEDULE	■ A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 109/116 Rpt: 112/128	3
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	iation for Home Care and Hosp	oice Inc Texas Home	e Care and Hospice PAC -		00015750	
4	Date 04/15/2025	5 Full name of contributor Till, Marissa (Ms.)6 Contributor address; City; Star	out-of-state PAC (ID#: te; Zip Code		7	Amount of Contribution (\$)	\$5.00
		Palestine, TX 75803					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions)		
	Occupationa	l Therapy Assistant		Therapy 2000, Inc.			
	Date 04/15/2025	Full name of contributor Till, Marissa (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$5.00
		Palestine, TX 75803					
		pation / Job title (See Instructions)		Employer (See Instructions)		
	Occupationa	l Therapy Assistant		Therapy 2000, Inc.			
	Date 04/15/2025	Full name of contributor [Till, Marissa (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
		Palestine, TX 75803					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Occupationa	l Therapy Assistant		Therapy 2000, Inc.			
	Date 04/15/2025	Full name of contributor Torres , Glendalis (Ms.) Contributor address; City; Star Dallas, TX 75253	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$5.00
	Principal occu Speech Ther	pation / Job title (See Instructions) rapy Asst,		Employer (See Instructions Therapy 2000 Inc.)		
	Date 04/14/2025	Full name of contributor Valladares, Lydia (Ms.) Contributor address; City; Star McAllen, TX 78501	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$125.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Alternate Ad	ministrator		Presidente Homecare			

	MONEI	ONETARY POLITICAL CONTRIBUTIONS				SCHEDULE	A1	
	The Instru	ction Guide explains hov	v to complete this fo	orm.	1	Total pages Schedule A1: Sch: 110/116 Rpt: 113/128		
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)	
	Texas Assoc	ciation for Home Care and Ho	spice Inc Texas Hom	e Care and Hospice PAC -		00015750		
4	Date 04/15/2025	5 Full name of contributor Vazquez, Karla (Ms.)6 Contributor address; City; S	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$5.00	
		Mesquite, TX 75149						
8	Principal occu	pation / Job title (See Instruction:	s)	9 Employer (See Instructions	5)			
	Authorization	n Specialist		Therapy 2000 Inc.				
	Date 04/15/2025	Full name of contributor Vazquez, Karla (Ms.) Contributor address; City; S	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$5.00	
		Mesquite, TX 75149						
		pation / Job title (See Instructions	S)	Employer (See Instructions	5)			
	Authorization	1 Specialist		Therapy 2000 Inc.				
	Date 04/15/2025	Full name of contributor Vazquez, Karla (Ms.) Contributor address; City; S	out-of-state PAC (ID#:_ tate; Zip Code			Amount of Contribution (\$)	\$5.00	
		Mesquite, TX 75149						
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	5)			
	Authorization	n Specialist		Therapy 2000 Inc.				
	Date 04/15/2025	Full name of contributor Vazquez, Karla (Ms.) Contributor address; City; S Mesquite, TX 75149	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$5.00	
	·	pation / Job title (See Instructions	5)	Employer (See Instructions	5)			
	Authorization	n Specialist		Therapy 2000 Inc.				
	Date 04/15/2025	Full name of contributor Vazquez, Karla (Ms.) Contributor address; City; S Mesquite, TX 75149	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$5.00	
		pation / Job title (See Instruction:	5)	Employer (See Instructions	5)			
	Authorization	n Specialist		Therapy 2000 Inc.				

	MONEI	ONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A		
	The Instru	ction Guide explains hov	v to complete this fo	orm.	1	Total pages Schedule A1: Sch: 111/116 Rpt: 114/128	}	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)	
	Texas Assoc	ciation for Home Care and Ho	spice Inc Texas Hom	e Care and Hospice PAC -		00015750		
4	Date 04/15/2025	5 Full name of contributor Vazquez, Karla (Ms.)6 Contributor address; City; S	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$5.00	
		Mesquite, TX 75149						
8	Principal occu	pation / Job title (See Instruction	s)	Employer (See Instructions	<u> </u>			
	Authorization	n Specialist		Therapy 2000 Inc.				
	Date 04/14/2025	Full name of contributor Wilbanks, Kelly (Ms.) Contributor address; City; S	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00	
		Larue, TX 75770						
		pation / Job title (See Instruction	5)	Employer (See Instructions	()			
	RN			Paradigm Home Care				
	Date 04/15/2025	Full name of contributor Womble, Emma (Ms.) Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$2.00	
		Forney, TX 75126						
	Principal occu	pation / Job title (See Instruction	s)	Employer (See Instructions	()			
	Speech Lang	guage Pathologist		Therapy 2000 Inc.				
	Date 04/15/2025	Full name of contributor Womble, Emma (Ms.) Contributor address; City; S Forney, TX 75126	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$2.00	
	•	pation / Job title (See Instruction guage Pathologist	5)	Employer (See Instructions Therapy 2000 Inc.	i)			
	Date 04/15/2025	Full name of contributor Womble, Emma (Ms.) Contributor address; City; S Forney, TX 75126	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$2.00	
	Principal occu	pation / Job title (See Instruction	5)	Employer (See Instructions	()			
	Speech Lang	guage Pathologist		Therapy 2000 Inc.				

	MONEI	ONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A		
	The Instru	ction Guide explains hov	v to complete this fo	orm.	1	Total pages Schedule A1: Sch: 112/116 Rpt: 115/128		
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)	
	Texas Assoc	ciation for Home Care and Ho	spice Inc Texas Hom	e Care and Hospice PAC -		00015750		
4	Date 04/15/2025	5 Full name of contributor Womble, Emma (Ms.)6 Contributor address; City; S	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$2.00	
		Forney, TX 75126						
8	Principal occu	pation / Job title (See Instructions	5)	9 Employer (See Instructions	()			
	Speech Lang	guage Pathologist		Therapy 2000 Inc.				
	Date 04/15/2025	Full name of contributor Womble, Emma (Ms.) Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$2.00	
		Forney, TX 75126						
	•	pation / Job title (See Instructions	5)	Employer (See Instructions	()			
	Speech Lan	guage Pathologist		Therapy 2000 Inc.				
	Date 04/15/2025	Full name of contributor Womble, Emma (Ms.) Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$2.00	
		Forney, TX 75126						
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	()			
	Speech Lang	guage Pathologist		Therapy 2000 Inc.				
	Date 04/15/2025	Full name of contributor Wooley, Ryan (Mr.) Contributor address; City; S New Braunfels, TX 78132)		Amount of Contribution (\$)	\$5.00	
	·	pation / Job title (See Instructions	5)	Employer (See Instructions)			
	VP Business	Strategy		Therapy 2000 Inc.				
	Date 04/15/2025	Full name of contributor Wooley, Ryan (Mr.) Contributor address; City; S New Braunfels, TX 78132)		Amount of Contribution (\$)	\$5.00	
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions)			
	VP Business	Strategy		Therapy 2000 Inc.				

	MONEI	IONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A		
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 113/116 Rpt: 116/128		
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)	
	Texas Assoc	ciation for Home Care and Ho	spice Inc Texas Home	e Care and Hospice PAC -		00015750		
4	Date 04/15/2025	5 Full name of contributor Wooley, Ryan (Mr.)6 Contributor address; City; St	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$5.00	
		New Braunfels, TX 78132						
8	Principal occu	pation / Job title (See Instructions	S) 9	Employer (See Instructions	<u></u> 5)			
	VP Business	Strategy		Therapy 2000 Inc.				
	Date 04/15/2025	Full name of contributor Wooley, Ryan (Mr.) Contributor address; City; Si	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00	
		New Braunfels, TX 78132						
		pation / Job title (See Instructions	5)	Employer (See Instructions	s)			
	VP Business	Strategy		Therapy 2000 Inc.				
	Date 04/15/2025	Full name of contributor Wooley, Ryan (Mr.) Contributor address; City; Si	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00	
		New Braunfels, TX 78132	!					
		pation / Job title (See Instructions	3)	Employer (See Instructions	s)			
	VP Business	Strategy		Therapy 2000 Inc.				
	Date 04/15/2025	Full name of contributor Wooley, Ryan (Mr.) Contributor address; City; Si New Braunfels, TX 78132			•	Amount of Contribution (\$)	\$5.00	
	Principal occu VP Business	pation / Job title (See Instructions s Strategy	s)	Employer (See Instructions Therapy 2000 Inc.	5)			
	Date 04/25/2025	Full name of contributor Yates, Jennifer (Ms.) Contributor address; City; Si	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$19.24	
	Principal occu	pation / Job title (See Instructions	6)	Employer (See Instructions				
	Executive Di	rector		Paradigm Rehab & Nurs	sin	J LP		

	MONEI	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instru	ction Guide explains hov	v to complete this fo	orm.	1	Total pages Schedule A1: Sch: 114/116 Rpt: 117/128		
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)	
	Texas Assoc	ciation for Home Care and Ho	spice Inc Texas Hom	e Care and Hospice PAC -		00015750		
4	Date 04/15/2025	5 Full name of contributor Yee, Yesenia (Ms.)6 Contributor address; City; S	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$5.00	
		Round Rock, TX 78664						
8	Principal occu	pation / Job title (See Instruction:	s)	9 Employer (See Instructions	<u></u>			
	Speech Lang	guage Pathologist		Therapy 2000 Inc.				
	Date 04/15/2025	Full name of contributor Yee, Yesenia (Ms.) Contributor address; City; S	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$5.00	
		Round Rock, TX 78664						
		pation / Job title (See Instruction	s)	Employer (See Instructions	s)			
	Speech Lang	guage Pathologist		Therapy 2000 Inc.				
	Date 04/15/2025	Full name of contributor Yee, Yesenia (Ms.) Contributor address; City; S	out-of-state PAC (ID#:_ tate; Zip Code)		Amount of Contribution (\$)	\$5.00	
		Round Rock, TX 78664						
	Principal occu	pation / Job title (See Instruction	s)	Employer (See Instructions	5)			
	Speech Lang	guage Pathologist		Therapy 2000 Inc.				
	Date 04/15/2025	Full name of contributor Yee, Yesenia (Ms.) Contributor address; City; S Round Rock, TX 78664	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$5.00	
	•	pation / Job title (See Instruction	s)	Employer (See Instructions	5)			
	Speech Lang	guage Pathologist		Therapy 2000 Inc.				
	Date 04/15/2025	Full name of contributor Yee, Yesenia (Ms.) Contributor address; City; S Round Rock, TX 78664	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$5.00	
	Principal occu	pation / Job title (See Instruction:	s)	Employer (See Instructions	5)			
	Speech Lang	guage Pathologist		Therapy 2000 Inc.				
								

	MONEI	IONETARY POLITICAL CONTRIBUTIONS			SCHEDULE	A1
	The Instruc	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 115/116 Rpt: 118/128	3
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	iation for Home Care and Hospice Inc Texas Ho	ome Care and Hospice PAC -		00015750	
4	Date 04/15/2025	 Full name of contributor out-of-state PAC (ID# Yee, Yesenia (Ms.) Contributor address; City; State; Zip Code 	<u>; </u>	7	Amount of Contribution (\$)	\$5.00
		Round Rock, TX 78664				
8		pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Speech Lan	guage Pathologist	Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor out-of-state PAC (ID# van den Bent, Jerre (Mr.) Contributor address; City; State; Zip Code	#:)		Amount of Contribution (\$)	\$25.00
		Dallas, TX 75208				
		pation / Job title (See Instructions)	Employer (See Instructions)		
	CEO		Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor	<u>; </u>		Amount of Contribution (\$)	\$25.00
		Dallas, TX 75208				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	CEO	,	Therapy 2000 Inc.			
	Date 04/15/2025	Full name of contributor out-of-state PAC (ID# van den Bent, Jerre (Mr.) Contributor address; City; State; Zip Code Dallas, TX 75208	<u>; </u>		Amount of Contribution (\$)	\$25.00
	Principal occu CEO	pation / Job title (See Instructions)	Employer (See Instructions Therapy 2000 Inc.)		
	Date 04/15/2025	Full name of contributor out-of-state PAC (ID# van den Bent, Jerre (Mr.) Contributor address; City; State; Zip Code Dallas, TX 75208	<i>*</i> :)		Amount of Contribution (\$)	\$25.00
	Principal occu CEO	pation / Job title (See Instructions)	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 H	3 Filer ID (Ethics Commission Filers) ospice PAC - 00015750
4		7 Amount of Contribution (\$) \$25.0
	Dallas, TX 75208	
8	Principal occupation / Job title (See Instructions) CEO 9 Employer (S Therapy 2	See Instructions) 000 Inc.
	Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$25.0
	Dallas, TX 75208	
	Principal occupation / Job title (See Instructions) Employer (SCEO Therapy 2	See Instructions) 000 Inc.

MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C3

	The Instru	The Instruction Guide explains how to complete this form.			Total pages Schedule C3: Sch: 1/1 Rpt: 120/128
2	FILER NAME			3	Filer ID (Ethics Commission Filers)
	Texas Assoc	ciat	ion for Home Care and Hospice Inc Texas Home Care and Hospice		00015750
4	Date	5	Corporation / Labor Organization name	6	Amount (\$)
	04/01/2025		Texas Association for Home Care & Hospice, Inc.		922.28

SCHEDULE F1

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	
Sch: 1/8 Rpt: 121/128	Texas Association for Home Care and Hospice Inc Texas 00015750
4 Date	5 Payee name
03/31/2025	PayPal
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.36	2211 N. First St.
Expenditure from corporate funds	San Jose, CA 95131
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Credit card processing fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
Date	Douge name
03/31/2025	Payee name PayPal
	-
Amount (\$)	Payee address; City; State; Zip Code
\$0.84	2211 N. First St.
Expenditure from corporate funds	San Jose, CA 95131
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	Credit card processing fee
	Credit card processing rec
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
03/31/2025	PayPal
Amount (\$)	Payee address; City; State; Zip Code
\$1.36	2211 N. First St.
Expenditure from corporate funds	San Jose, CA 95131
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Credit card processing fee
	Credit eard processing ree
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

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

Candidate/Officeholder/Political Credit Card Payment		
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filer	rs)
Sch: 2/8 Rpt: 122/128	Texas Association for Home Care and Hospice Inc Texas 00015750	
4 Date	5 Payee name	
03/31/2025	PayPal	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$0.68	2211 N. First St.	
Expenditure from corporate funds	San Jose, CA 95131	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Accounting/Banking	
LXI ENDITORE	Check if Austin, TX, officeholder living expense	
	Credit card processing fee	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held H	
Date	Payee name	
04/14/2025	PayPal	
Amount (\$)	Payee address; City; State; Zip Code	
\$0.60	2211 N. First St.	
Ψ0.00		
Expenditure from corporate funds	San Jose, CA 95131	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.	
_,,, _,,,,,,	Check if Austin, TX, officeholder living expense	
	Credit card processing fee	
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held H	
Date	Payee name	
04/14/2025	PayPal	
Amount (\$)	Payee address; City; State; Zip Code	
` ′		
\$4.85	2211 N. First St.	
Expenditure from corporate funds	San Jose, CA 95131	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Check if Austin, TX, officeholder living expense	
	Credit card processing fee	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OF	1	
-		000

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
Sch: 3/8 Rpt: 123/128	Texas Association for Home Care and Hospice Inc Texas 00015750	
4 Date	5 Payee name	
04/14/2025	PayPal	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$1.36	2211 N. First St.	
Expenditure from	Son Jose CA 05121	
corporate funds	San Jose, CA 95131	_
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	Credit card processing fee	
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H	
Date	Payee name	=
04/14/2025	PayPal	
Amount (\$)	Payee address; City; State; Zip Code	-
\$7.82	2211 N. First St.	
Ψ1.02	ZZII W. I II St. St.	
Expenditure from corporate funds	San Jose, CA 95131	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense	
	Credit card processing fee	
Operation ONLY if direct	Our distance (Office Includes many as the Control of the Control o	_
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H	
		_
Date	Payee name	
04/14/2025	PayPal	
Amount (\$)	Payee address; City; State; Zip Code	
\$2.24	2211 N. First St.	
Expenditure from		
corporate funds	San Jose, CA 95131	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.	
LAFLINDITORL	Check if Austin, TX, officeholder living expense	
	Credit card processing fee	
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Printing Expense

Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 4/8 Rpt: 124/128	Texas Association for Home Care and Hospice Inc Texas 00015750
4 Date	5 Payee name
04/14/2025	PayPal
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$4.85	2211 N. First St.
Expenditure from	
corporate funds	San Jose, CA 95131
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Credit card processing fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
04/14/2025	Payee name PayPal
Amount (\$)	Payee address; City; State; Zip Code
\$1.36	2211 N. First St.
Expenditure from corporate funds	San Jose, CA 95131
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
LAFENDITORE	Check if Austin, TX, officeholder living expense
	Credit card processing fee
0 1 0 0 1 1 0 1 1 1 1	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
- p	
Date	Payee name
04/14/2025	PayPal
Amount (\$)	Payee address; City; State; Zip Code
\$144.79	2211 N. First St.
— Foresaditus from	
Expenditure from corporate funds	San Jose, CA 95131
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Credit card processing fee
Complete ONLY if direct	Condidate/Officeholder name Office pought
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarice Magnet/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category pet listed above)

Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	
Sch: 5/8 Rpt: 125/128	Texas Association for Home Care and Hospice Inc Texas 00015750
4 Date	5 Payee name
04/14/2025	PayPal
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.19	2211 N. First St.
Expenditure from corporate funds	San Jose, CA 95131
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Credit card processing fee
	Ground Garage Processing rec
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
5 .	
Date	Payee name
04/14/2025	PayPal
Amount (\$)	Payee address; City; State; Zip Code
\$0.84	2211 N. First St.
Evpanditure from	
Expenditure from corporate funds	San Jose, CA 95131
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	Check if Austin, TX, officeholder living expense
	Credit card processing fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiditure to benefit C/Or	1
Date	Payee name
04/14/2025	PayPal
Amount (\$)	Payee address; City; State; Zip Code
\$0.84	2211 N. First St.
Expenditure from corporate funds	San Jose, CA 95131
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	Check if Austin, TX, officeholder living expense
	Credit card processing fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
Credit Card F dyment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 6/8 Rpt: 126/128	Texas Association for Home Care and Hospice Inc Texas 00015750
4 Date	5 Payee name
04/14/2025	PayPal
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2.87	2211 N. First St.
, -	
Expenditure from	Com 1000 OA 05101
corporate funds	San Jose, CA 95131
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Credit card processing fee
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
04/14/2025	PayPal
	<u> </u>
Amount (\$)	
\$4.61	2211 N. First St.
Expenditure from	
corporate funds	San Jose, CA 95131
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Credit card processing fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payros namo
	Payee name
04/23/2025	PayPal
Amount (\$)	Payee address; City; State; Zip Code
\$2.24	2211 N. First St.
Evnonditure from	
Expenditure from corporate funds	San Jose, CA 95131
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Credit card processing fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	•
_ '' ''	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 7/8 Rpt: 127/128	Texas Association for Home Care and Hospice Inc Texas 00015750
4 Date	5 Payee name
04/23/2025	PayPal
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$5.73	2211 N. First St.
Expenditure from corporate funds	San Jose, CA 95131
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	Credit card processing fee
	Credit card processing ree
Complete CNII V if direct	Candidate/Officeholder name Office cought Office hold
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
04/23/2025	PayPal
Amount (\$)	Payee address; City; State; Zip Code
\$0.66	2211 N. First St.
Expenditure from corporate funds	San Jose, CA 95131
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Credit card processing fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experialitate to better 6/01	'
Date	Payee name
04/23/2025	PayPal
Amount (\$)	Payee address; City; State; Zip Code
\$1.36	2211 N. First St.
Expenditure from corporate funds	San Jose, CA 95131
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Credit card processing fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	•

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 8/8 Rpt: 128/128	Texas Association for Home Care and Hospice Inc Texas 00015750
4	Date	5 Payee name
	04/23/2025	PayPal
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1.36	2211 N. First St.
	Expenditure from corporate funds	San Jose, CA 95131
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Credit card processing fee
		Crount said prosessing les
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
⊨	Data	Davis come
	Date	Payee name
L	04/23/2025	PayPal
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.99	2211 N. First St.
_	T Expenditure from	
┞	corporate funds	San Jose, CA 95131
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Credit card processing fee
		Credit card processing ree
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
┝		