# MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

# FORM MPAC COVER SHEET PG 1

			1 Filer ID	2 Total pages filed:
Th	ne MPAC Instruction	Guide explains how to complete this form.	(Ethics Commission Filers) 00015750	24
3	COMMITTEE NAME		00013730	OFFICE USE ONLY
		for Home Care and Hospice Inc Texas F	Home Care and Hospice PAC -	Date Received
	State			ELECTRONICALLY FILED
				06/05/2025
4	COMMITTEE	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP	00/03/2023
4	ADDRESS	9390 Research Blvd., Bldg. 1 Suite 300	CITT, STATE, ZIF	
l		19390 Research Biva., Blug. 1 Suite 300		
l		Austin, TX 78759		
Ļ	CAMBAICN		NAI.	Date Hand-delivered or Date Postmarked
5	CAMPAIGN TREASURER	MS / MRS / MR FIRST	MI	Receipt # Amount
l	NAME	Ms. Rachel		Receipt # Amount
l				Date Processed
l		NICKNAME LAST	SUFFI	
l		Hammon		Date Imaged
l				
6	CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #; CITY; ST	ATE; ZIP CODE
l	TREASURER	9390 Research Blvd., Bldg. 1 Suite 300		
l	STREET ADDRESS	_		
	(Residence or Business)	Austin, TX 78759		
7	CAMPAIGN	STREET ADDRESS OR PO BOX;	APT / SUITE #; CITY; S	TATE; ZIP CODE
l	TREASURER MAILING	3737 Executive Center Dr., Ste. 268		
l	ADDRESS			
l		Austin, TX 78731		
Ļ	CAMBAICN		EVTENCION	
8	CAMPAIGN TREASURER	AREA CODE PHONE NUMBER	EXTENSION	
l	PHONE	(512) 338-9293		
┡	REPORT TYPE			
ľ	KLFOKT TIFE	X Monthly	10th day after campaign treasurer termination	Dissolution (Attach PAC-DR)
Ļ		_	— treasurer termination	
10	MONTHLY REPORT FILING	January 5 April	5 July 5	October 5
l	DEADLINE		<u>_</u>	
l		February 5 May	5 August 5	November 5
		March 5 X June	5 September 5	December 5
11	. PERIOD	Month Day Year	Month	Day Year
l	COVERED	04/26/2025	THROUGH 05/25/	
Н				
		GO I	TO PAGE 2	
		00 1	JI AUL L	

## MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

## FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME	COMMITTEE NAME 13					
Texas Association for	Home Care and Hospice	e Inc Texas Home Care and Hospice	00015750			
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	POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00		
	2. TOTAL POLITICA (OTHER THAN PLEI	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	4,505.02		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00		
	4. TOTAL POLITICA	L EXPENDITURES	\$	112.36		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL ( OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	124,092.48		
OUTSTANDING LOAN TOTALS	•	AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00		
16 AFFIDAVIT	<u> </u>		<u>'</u>			
		I swear, or affirm, under penalty of per true and correct and includes all inform under Title 15, Election Code.	rjury, that th nation requi	ne accompanying report is ired to be reported by me		
		Ms. Rache	el Hammor	า		
		Signature of Car	mpaign Trea	asurer		
AFFIX NOTA	RY STAMP / SEAL ABOVE					
Sworn to and subscrib	ed before me, by the said	, th	nis the	day		
of	, 20, to certify \	which, witness my hand and seal of office.				
Signature of officer	administering oath	Drinted name of officer administering ceth	Title of a	officer administering oath		
Signature of officer	auministenny vätn	Printed name of officer administering oath	riue of C	onicer auministening Oath		

## **SUBTOTALS - MPAC**

## FORM MPAC **COVER SHEET PG 3**

					3 of 24
		EE NAME sociation for Home Care and Hospice Inc Texas Home Care and Hospice	<b>18</b> Filer ID 00015750	(Ethics	Commission Filers)
		E SUBTOTALS SCHEDULE		SI	UBTOTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	3,582.74
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.			\$		
4.		DR	\$		
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$	
6.	Х	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$	922.28
7.		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	!	\$	
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (	ORGANIZATION	\$	
9.	9. SCHEDULE E: LOANS				
10.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$	112.36
11.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
13.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL CO	INTRIBUTION	15	SCHEDULE	<b>A1</b>		
	The Instru	ction Guide explains how to	complete this for	m.	1 Total pages Schedule A1: Sch: 1/10 Rpt: 4/24			
2	FILER NAME Texas Assoc	ciation for Home Care and Hospic	e Inc Texas Home	Care and Hospice PAC -	3 Filer ID (Ethics Commission File 00015750	lers)		
4	Date 05/16/2025	<ul><li>5 Full name of contributor Avery, Amy (Ms.)</li><li>6 Contributor address; City; State;</li></ul>	out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	\$20.00		
		Tyler, TX 75701	ļ					
8	-	pation / Job title (See Instructions)	9	Employer (See Instructions				
	Physical The			Paradigm Rehab & Nurs				
	Date 05/23/2025	Bass, Micaul (Mr.)  Contributor address; City; State;	out-of-state PAC (ID#:	)	Amount of Contribution (\$)	\$10.00		
		Houston, TX 77027						
		pation / Job title (See Instructions)		Employer (See Instructions	)			
	Account Rep	oresentative •		Nicular Health				
	Date 05/16/2025	Full name of contributor  Brooks , Courtney (Ms.)  Contributor address; City; State;  Bullard, TX 75757	out-of-state PAC (ID#:	)	Amount of Contribution (\$)	\$20.00		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)			
		ector of Operations		Paradigm Rehab & Nurs				
	Date 05/23/2025	Brooks , Courtney (Ms.)			Amount of Contribution (\$)	\$20.00		
	•	pation / Job title (See Instructions)		Employer (See Instructions				
	Regional Dir	ector of Operations		Paradigm Rehab & Nurs	sing LP			
	Date 05/23/2025	Full name of contributor Church Gutierrez, Amber (Ms Contributor address; City; State; Cypress, TX 77429			Amount of Contribution (\$)	\$5.00		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)			
	Nurse			Angels of Care				

	MONEI	ARY POLITICAL C	CONTRIBUTIO	NS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 2/10 Rpt: 5/24	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Texas Assoc	ciation for Home Care and Hos	spice Inc Texas Home	e Care and Hospice PAC -	⊢	00015750	
4	Date 05/16/2025	<ul><li>5 Full name of contributor Colston, Maureen (Ms.)</li><li>6 Contributor address; City; St</li></ul>	out-of-state PAC (ID#: ate; Zip Code	)	7	Amount of Contribution (\$)	\$10.00
		Tyler, TX 75702					
8		pation / Job title (See Instructions	)	9 Employer (See Instructions			
	Associate Co	ontroller		Paradigm Rehab & Nurs	sin	g LP	
	Date 05/16/2025	Full name of contributor Cornett, Valerie (Ms.) Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code	)	•	Amount of Contribution (\$)	\$40.00
		Keller, TX 76244	, I		Ĺ		
		pation / Job title (See Instructions	)	Employer (See Instructions	5)		
	COSI			MAC Legacy			
	Date 04/28/2025	Full name of contributor  Davis , Sheila (Ms.)  Contributor address; City; St	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$12.50
		Wichita Falls, TX 76310					
	Principal occu	pation / Job title (See Instructions	)	Employer (See Instructions	<u>.                                    </u>		
	CHCE; COS	-C		Always Best Care Senior Services			
	Date 04/28/2025	Full name of contributor Dilleshaw, Brittany (Ms.) Contributor address; City; St Danbury, TX 77534	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions	)	Employer (See Instructions	5)		
	Vice Preside	nt of Home Therapy Services		MedCare Pediatric Nurs	sinç	1	
	Date 05/07/2025	Full name of contributor Everett, Chrystal (Ms.)  Contributor address; City; St  Wichita Falls, TX 76308	out-of-state PAC (ID#:		-	Amount of Contribution (\$)	\$250.00
	Principal occu	nation / Job title (See Instructions	)	Employer (See Instructions	5)		
	Administrato			Wichita Home Health Se		ices Inc.	

	MONEI	ARY POLITICAL CO	NIKIBUTIO	<b>V</b> 5	SCHEDULE A	1	
	The Instru	ction Guide explains how to	complete this fo	m.	1 Total pages Schedule A1: Sch: 3/10 Rpt: 6/24		
2	FILER NAME Texas Assoc	ciation for Home Care and Hospice	e Inc Texas Home	Care and Hospice PAC -	3 Filer ID (Ethics Commission Filer 00015750	s)	
4	Date 05/16/2025	Fox , Eric (Mr.)	out-of-state PAC (ID#: Zip Code		7 Amount of Contribution (\$) \$2	20.00	
		Whitehouse, TX 75791					
8	·	pation / Job title (See Instructions)	9	Employer (See Instructions			
	Physical The Date 05/07/2025			Paradigm Rehab & Nurs	Amount of Contribution (\$)	25.00	
_	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Administrator			Bridgeway Hospice			
	Date 05/07/2025	Full name of contributor Goolsby, Sharon (Ms.)  Contributor address; City; State; 2  Jefferson, TX 75657	out-of-state PAC (ID#:		Amount of Contribution (\$)	50.00	
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Administrato			First in Pediatrics Home Health Care, Inc.			
	Date Full name of contributor 05/07/2025 Goolsby, Sharon (Ms.)				Amount of Contribution (\$) \$12	25.00	
	Principal occu Administrato	Jefferson, TX 75657 pation / Job title (See Instructions) r		Employer (See Instructions First in Pediatrics Home			
	Date 05/16/2025	Hale, Kati (Ms.)	out-of-state PAC (ID#:	)	Amount of Contribution (\$)	60.00	
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	COO			MAC Legacy			

	MONEI	ARY POLITICAL (	CONTRIBUTIO	ONS		SCHEDULI	<b>■ A1</b>
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 4/10 Rpt: 7/24	
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 04/28/2025	<ul><li>5 Full name of contributor Hammon, Rachel (Ms.)</li><li>6 Contributor address; City; St</li></ul>	out-of-state PAC (ID#:_		7	Amount of Contribution (\$)	\$21.00
		Austin, TX 78732					
8	Principal occu	pation / Job title (See Instructions	)	9 Employer (See Instructions			
	Executive Di	rector		Texas Assn. for Home C	Car	e & Hospice Inc.	
	Date 05/08/2025	Full name of contributor Hosley, Dennis (Mr.) Contributor address; City; St	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	\$50.00
		Dallas, TX 75214					
		pation / Job title (See Instructions	)	Employer (See Instructions			
	President CO	00		Pediatric Home Healthc	are		
	Date 04/28/2025	Full name of contributor Howard, Jesse (Mr.) Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code	)		Amount of Contribution (\$)	\$25.00
		McGregor, TX 76657					
	Principal occu	pation / Job title (See Instructions	)	Employer (See Instructions	5)		
	Healthcare			Girling Community Care	;		
	Date Full name of contributor out-of-state PAC (ID#:)  05/23/2025 Howard, Jesse (Mr.)  Contributor address; City; State; Zip Code  McGregor, TX 76657			Amount of Contribution (\$)	\$25.00		
	Principal occu Healthcare	pation / Job title (See Instructions	)	Employer (See Instructions Girling Community Care			
	Date 05/16/2025	Full name of contributor Hurst, Robyn (Ms.) Contributor address; City; St Temple, TX 76502	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions	)	Employer (See Instructions	5)		
	Executive Di	rector		Paradigm Rehab & Nurs	sin	J LP	

	MONEI	ARY POLITICAL (	CONTRIBUTIO	INS		SCHEDUL	E <b>A1</b>	
	The Instruc	ction Guide explains hov	v to complete this fo	orm.	1	Total pages Schedule A1: Sch: 5/10 Rpt: 8/24		
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 05/07/2025	<ul><li>5 Full name of contributor James , Natasha (Ms.)</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$250.00	
		Moody, TX 76557						
8	Principal occu RN	pation / Job title (See Instructions	5)	9 Employer (See Instructions PALS Home Health	5)			
	Date 05/16/2025	Full name of contributor Jenkins , Jinny (Ms.) Contributor address; City; S	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	\$50.00	
	Dringing conu	Crowley, TX 76036	2)	Employer (See Instructions	·/-			
	Executive Di	pation / Job title (See Instruction: rector	o)	Paradigm Rehab & Nurs		n I P		
	Date Full name of contributor out-of-state PAC (ID#:		D and of state DAC (ID)	T dradigiii r tonas a r tare	, <u>,</u>	Amount of Contribution (\$)		
Date Full name of contributor out-of-state PAC (ID#:  05/16/2025 Lawson, Kimberly (Ms.)  Contributor address; City; State; Zip Code				y anount of containation (c)	\$10.00			
		Bridgeport, TX 76426						
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	<u>L</u>			
	Area Directo	r of Sales		Paradigm Rehab & Nurs	,			
	Date 05/16/2025	Full name of contributor Lloyd, Mitzi (Ms.) Contributor address; City; S Tyler, TX 75703	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	\$10.00	
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	5)			
	Human Reso	ources Manager		Paradigm Rehab & Nurs	sin	J LP		
	Date 05/23/2025	Full name of contributor Luna, Norma (Ms.) Contributor address; City; S San Antonio, TX 78260	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	\$75.00	
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	5)			
	Hospice Adn	ninistrator		Gentle Partners In Hosp	ice	LLC		

	MONEI	ARY POLITICAL (	CONTRIBUTIO	INS		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains hov	v to complete this fo	orm.	1	Total pages Schedule A1: Sch: 6/10 Rpt: 9/24	
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 05/16/2025	<ul><li>5 Full name of contributor Martinez, Rebecca (Ms.)</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	\$5.00
		Amarillo, TX 79110					
8		pation / Job title (See Instructions	5)	9 Employer (See Instructions			
	Certified Nur	sing Assistant		Goodcare Health Servic	es		
	Date 05/07/2025	Full name of contributor McClammy, Lisa (Ms.) Contributor address; City; S Whitney, TX 76692	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instruction:	s)	Employer (See Instructions	5)		
	RN Consultant			MAC Legacy			
	Date 05/16/2025	Full name of contributor McGraw, Joseph (Mr.) Contributor address; City; S	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	\$20.00
		Tyler, TX 75703					
		pation / Job title (See Instructions	s)	Employer (See Instructions			
	Business De	velopment		Paradigm Rehab & Nurs	sınç	) LP 	
	Date  O5/23/2025  Full name of contributor out-of-state PAC (ID#:				Amount of Contribution (\$)	\$150.00	
	Principal occu Homecare	pation / Job title (See Instructions	s)	Employer (See Instructions El Rey Primary Health C		e, LLC	
	Date 05/07/2025	Full name of contributor Mora, Eric (Mr.) Contributor address; City; S Houston, TX 77055	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	\$125.00
	Principal occu President	pation / Job title (See Instruction:	5)	Employer (See Instructions St.Jude Home Care	5)		

	MONEI	ARY POLITICAL CON	IRIBUTION	5		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to co	mplete this forn	n.	1	Total pages Schedule A1: Sch: 7/10 Rpt: 10/24	
2	FILER NAME Texas Assoc	ciation for Home Care and Hospice In	nc Texas Home C	Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	n Filers)
4	Date 05/07/2025	Mora, Eric (Mr.)			7	Amount of Contribution (\$)	\$125.00
		Houston, TX 77055					
8	Principal occu President	pation / Job title (See Instructions)		Employer (See Instructions St.Jude Home Care	5)		
	Date 05/23/2025	Full name of contributor out-out-out-out-out-out-out-out-out-out-	of-state PAC (ID#: Code	)		Amount of Contribution (\$)	\$50.00
	Principal occu	Lubbock, TX 79424 pation / Job title (See Instructions)		Employer (See Instructions	·)		
	Executive Vice President			Caprock Home Health S		vices, Inc.	
	Date 05/23/2025	Full name of contributor out-out-out-out-out-out-out-out-out-out-	of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
		Early, TX 76802					
	Principal occu RN	pation / Job title (See Instructions)		Employer (See Instructions)  Lee HealthCare			
Date 05/16/2025		Nawaz, Kelly (Ms.)				Amount of Contribution (\$)	\$50.00
	Principal occu Quality Assu	Canton, TX 75103  pation / Job title (See Instructions)  irance RN		Employer (See Instructions Paradigm Rehab & Nurs		g LP	
	Date 05/23/2025		of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
		pation / Job title (See Instructions)		Employer (See Instructions	)		
	CEO/Social	Services		Helping Restore Ability			

	MONEI	ARY POLITICAL CONTI	KIBUTION	15	SCHEDULE	<b>A1</b>	
	The Instruc	ction Guide explains how to com	plete this for	m.	1 Total pages Schedule A1: Sch: 8/10 Rpt: 11/24		
2	FILER NAME Texas Assoc	iation for Home Care and Hospice Inc.	Texas Home	Care and Hospice PAC -	3 Filer ID (Ethics Commission F 00015750	-ilers)	
4	Date 05/08/2025	Palmer, Lee (Mr.)		)	7 Amount of Contribution (\$)	\$50.00	
		Richmond, TX 77406					
8	Principal occu Administrato	pation / Job title (See Instructions) r	9	Employer (See Instructions Consolidated Home Hea			
	Date 05/16/2025	Poynor, Joanne (Ms.)  Contributor address; City; State; Zip Co	-state PAC (ID#:	)	Amount of Contribution (\$)	\$80.00	
Principal occu		Tyler, TX 75701 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> :)		
	Executive Director			Paradigm Rehab & Nurs	sing LP		
	Date 05/16/2025	Reece, Miranda (Ms.)  Contributor address; City; State; Zip Co	-state PAC (ID#:	)	Amount of Contribution (\$)	\$40.00	
	Principal occu	Grapevine, TX 76051 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	VP of Opera			Paradigm Rehab & Nursing LP			
Date 05/07/2025		Riley, Jennifer (Ms.)  Contributor address; City; State; Zip Co			Amount of Contribution (\$)	\$500.00	
	Principal occu	Dallas, TX 75218 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	•	nt Bus. Dev. & Accountability		Sage Care Therapy Ser			
	Date 05/23/2025	Robison, Kristen (Ms.)			Amount of Contribution (\$)	\$125.00	
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 		
	RN, VP Gov	t. Affairs, CCO		Angels of Care Pediatric	Home Health		

	MONEI	ARY POLITICAL (	CONTRIBUTIO	NS		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 9/10 Rpt: 12/24	
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 05/23/2025	<ul><li>5 Full name of contributor Sandoval, Vanessa (Ms.)</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	\$25.00
		Harlingen, TX 78552					
8	Principal occu	pation / Job title (See Instructions	s)	9 Employer (See Instructions	5)		
	Administrato	r		Texas Visiting Nurse Se	rvi	ces Ltd.	
	Date 05/07/2025	Full name of contributor Scepanski, Jonathan (Mr. Contributor address; City; S	·	)		Amount of Contribution (\$)	\$150.00
		Edinburg, TX 78540					
		pation / Job title (See Instructions	s)	Employer (See Instructions			
	COO			Apex Primary Care, Inc.			
	Date 05/23/2025	Full name of contributor Shardon, Lisa (Ms.) Contributor address; City; S	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$50.00
		Dallas, TX 75209					
	Principal occu	pation / Job title (See Instructions	3)	Employer (See Instructions	()		
	Administrato	r/Owner		Home Health Companio	ns		
	Administrator/Owner Home Health Com  Date Full name of contributor out-of-state PAC (ID#:  05/07/2025 Six, Angela (Ms.)  Contributor address; City; State; Zip Code  Crawford, TX 76638				Amount of Contribution (\$)	\$100.00	
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	()		
	Director of T	herapy Services		At Home Healthcare			
	Date 05/07/2025	Full name of contributor Smith , Linda (Ms.) Contributor address; City; Si San Antonio, TX 78248	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$210.00
	Principal occu	pation / Job title (See Instructions	3)	Employer (See Instructions	<u> </u>		
	CEO			En Su Casa Caregivers			

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1	
	The Instru	action Guide explains how to complete this form.			Total pages Schedule A1: Sch: 10/10 Rpt: 13/24	
2	FILER NAME Texas Assoc	ciation for Home Care and Hospice Inc Texas Hon	ne Care and Hospice PAC -	3	Filer ID (Ethics Commissio 00015750	n Filers)
4	Date 05/23/2025	5 Full name of contributor out-of-state PAC (ID#:) Speer, Brandon (Mr.)  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$5.00
_	Deignaignal annu	Spring Branch, TX 78070	In Francisco (Con Instructions			
8	Insurance Bi	pation / Job title (See Instructions) roker	9 Employer (See Instructions USI Insurance Agency	)		
	Date 05/23/2025				Amount of Contribution (\$)	\$125.00
	Principal occu	McAllen, TX 78501  pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Alternate Ad		Presidente Homecare	,		
Date Full name of contributor out-of-state PAC (ID#:)  05/07/2025 Wilbanks, Kelly (Ms.)  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00		
		Larue, TX 75770				
	Principal occu RN	pation / Job title (See Instructions)	Employer (See Instructions Paradigm Home Care	)		
Date Full name of contributor out-of-state PAC (ID#:				Amount of Contribution (\$)	\$19.24	
	Principal occu Executive Di	pation / Job title (See Instructions)	Employer (See Instructions Paradigm Rehab & Nurs		n I D	

# MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C3

	The Instruction Guide explains how to complete this form.			1	Total pages S	Schedule C3: ot: 14/24
2	PILER NAME		3	Filer ID	(Ethics Commission Filers)	
	Texas Association for Home Care and Hospice Inc Texas Home Care and Hospice			00015750		
4	Date	5	Corporation / Labor Organization name	6	Amount (\$)	
	05/01/2025		Texas Association for Home Care & Hospice, Inc.			922.28

### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense

Event Expense 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	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:	
Sch: 1/10 Rpt: 15/24	Texas Association for Home Care and Hospice Inc Texas 00015750
4 Date	5 Payee name
04/28/2025	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.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Credit card processing fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	
5.	
Date	Payee name
04/28/2025	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.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Credit card processing fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
'	
Date	Payee name
04/28/2025	PayPal
Amount (\$)	Payee address; City; State; Zip Code
\$0.68	2211 N. First St.
Evnenditure 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.
LAI LNDITORE	Check if Austin, TX, officeholder living expense
	Credit card processing fee
Commission Chill V II allia	Condidate/Officeholder come
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
,	
Forms provided by Tayas F	thice Commission www.athice state ty us Version V/A 1.0 e02d6221

### SCHEDULE F1

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

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

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

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 2/10 Rpt: 16/24	Texas Association for Home Care and Hospice Inc Texas 00015750
4 Date	5 Payee name
05/07/2025	PayPal
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$14.74	2211 N. First St.
- Evpanditura from	
Expenditure from corporate funds	San Jose, CA 95131
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Credit card processing fee
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
05/07/2025	PayPal
Amount (\$)	Payee address; City; State; Zip Code
\$4.63	2211 N. First St.
Expenditure from corporate funds	San Jose, CA 95131
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Credit card processing fee
	Great data processing for
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
05/07/2025	PayPal
Amount (\$)	Payee address; City; State; Zip Code
\$3.98	2211 N. First St.
, 5.00	
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
	Credit card processing ree
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	- (I Committee I	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services  The Instruction Guide explai	Office Overh Polling Expe Printing Expe Salaries/Wag	ense ges/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense
4 Tatal manage Calcadala E4		The mondous of Canalo Carpina		, , , , , , , , , , , , , , , , , , ,	3	Eller ID	(Ethios Commission Eilens)
1 Total pages Schedule F1: Sch: 3/10 Rpt: 17/24		Texas Association for Home Care and Hospice Inc Texas				Filer ID 00015750	(Ethics Commission Filers)
4 Date	5 Payee name				_		
05/07/2025	PayPal						
6 Amount (\$) \$3.76		7 Payee address; City; State; Zip Code 2211 N. First St.					
Expenditure from corporate funds	San Jose, C	A 95131					
8 PURPOSE OF EXPENDITURE	(a) Category (See Accounting/E	e Categories listed at the top of this 3anking	schedule) (I	<u>—</u>	ı, TX,	de of Texas. Comp officeholder living essing fee	
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Offic	eholder name	Office sough	nt		Office he	eld
Date 05/07/2025	Payee name PayPal						
Amount (\$)	Payee addres	s; City; Sta	ate: Zin Code	2			
Amount (\$) Payee address; City; State; Zip Code \$3.76 2211 N. First St.							
Expenditure from corporate funds	San Jose, C	A 95131					
PURPOSE OF EXPENDITURE	(a) Category (See Accounting/E	e Categories listed at the top of this Banking	schedule) (I	<u> </u>	ı, TX,	de of Texas. Comp officeholder living essing fee	
Complete ONLY if direct expenditure to benefit C/O	Candidate/Offic	eholder name	Office sough	nt		Office he	eld
Date 05/07/2025	Payee name PayPal						
Amount (\$) \$8.97	Payee addres 2211 N. Firs		ate; Zip Code	9			
Expenditure from corporate funds	San Jose, C	A 95131					
PURPOSE OF EXPENDITURE	(a) Category (See Accounting/E	e Categories listed at the top of this Banking	schedule) (I		ı, TX,	de of Texas. Comp officeholder living essing fee	
Complete ONLY if direct expenditure to benefit C/O	Candidate/Offic	eholder name	Office sough	nt		Office he	ld

### SCHEDULE F1

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

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

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

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

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 4/10 Rpt: 18/24	Texas Association for Home Care and Hospice Inc Texas 00015750
4 Date	5 Payee name
05/07/2025	PayPal
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.36	2211 N. First St.
Expenditure from corporate funds	San Jose, CA 95131
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	Credit card processing fee
	Credit card processing ree
O Complete CNII V if divers	Candidate/Officeholder name Office cought Office hold
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
,	
Date	Payee name
05/07/2025	PayPal
Amount (\$)	Payee address; City; State; Zip Code
\$9.22	2211 N. First St.
Expenditure from corporate funds	San Jose, CA 95131
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Credit card processing fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
3.,50	
Date	Payee name
05/07/2025	PayPal
Amount (\$)	Payee address; City; State; Zip Code
\$4.85	2211 N. First St.
Expenditure from corporate funds	San Jose, CA 95131
-	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Accounting/Banking  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Credit card processing fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	<b>y</b>

### SCHEDULE F1

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

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

Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	
Sch: 5/10 Rpt: 19/24	Texas Association for Home Care and Hospice Inc Texas 00015750
4 Date	5 Payee name
05/07/2025	PayPal
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$7.82	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
	3 · · · · · · · · · · · · · · · · · · ·
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
5.	
Date	Payee name
05/07/2025	PayPal
Amount (\$)	Payee address; City; State; Zip Code
\$0.60	2211 N. First St.
Expenditure from corporate funds	San Jose, CA 95131
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	Cradit cord processing for
	Credit card processing fee
2 1 2 2 1 1 2 1	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
05/07/2025	PayPal
Amount (\$)	Payee address; City; State; Zip Code
\$1.12	2211 N. First St.
,-:	
Expenditure from corporate funds	San Jose, CA 95131
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Credit card processing fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

### 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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 6/10 Rpt: 20/24	Texas Association for Home Care and Hospice Inc Texas 00015750
4 Date	5 Payee name
05/07/2025	PayPal
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$11.98	2211 N. First St.
- Evpanditura from	
Expenditure from corporate funds	San Jose, CA 95131
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Credit card processing fee
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
05/23/2025	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) (b) Description
EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Credit card processing fee
	a contract of the contract of
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
05/07/2025	PayPal
Amount (\$)	Payee address; City; State; Zip Code
\$1.36	2211 N. First St.
41.00	
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.
	Cradit cord processing for
	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 C

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

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

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: 7/10 Rpt: 21/24	Texas Association for Home Care and Hospice Inc Texas 00015750
4 Date	5 Payee name
05/07/2025	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 OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Credit card processing fee
	a constant processing to
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
05/07/2025	PayPal
Amount (\$)	Payee address; City; State; Zip Code
\$2.87	2211 N. First St.
Expenditure from corporate funds	San Jose, CA 95131
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Credit card processing fee
	Great data processing for
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
05/23/2025	PayPal
Amount (\$)	Payee address; City; State; Zip Code
\$4.61	2211 N. First St.
Expenditure from corporate funds	San Jose, CA 95131
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	Credit card processing foe
	Credit card processing fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gift/Awards/Memorials Expense Printing Expense
Frinting Expense
Salaries/Wangs/Contract Labor

Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 8/10 Rpt: 22/24	Texas Association for Home Care and Hospice Inc Texas 00015750
4 Date	5 Payee name
05/23/2025	PayPal
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$4.85	2211 N. First St.
- Evpanditura from	
Expenditure from corporate funds	San Jose, CA 95131
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Credit card processing fee
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/Oi	
Date	Payee name
05/23/2025	PayPal
Amount (\$)	Payee address; City; State; Zip Code
\$1.19	2211 N. First St.
Expenditure from corporate funds	San Jose, CA 95131
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Credit card processing fee
	Great data processing for
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
05/23/2025	PayPal
Amount (\$)	-
\$0.84	Payee address; City; State; Zip Code  2211 N. First St.
Φ0.04	ZZII N. FIISt St.
Expenditure from corporate funds	San Jose, CA 95131
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Credit card processing fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
5	

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officenolder/Politica 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: 9/10 Rpt: 23/24	Texas Association for Home Care and Hospice Inc Texas 00015750					
4 Date	5 Payee name					
05/23/2025	PayPal					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
\$3.18	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.					
	Cradit cord processing for					
	Credit card processing fee					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
experientare to benefit 6/01	'					
Date	Payee name					
05/23/2025	PayPal					
Amount (\$)	Payee address; City; State; Zip Code					
\$0.43	2211 N. First St.					
Ψ0.10						
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	Payee name					
05/23/2025	PayPal					
	·					
Amount (\$)	Payee address; City; State; Zip Code					
\$1.74	2211 N. First St.					
Expenditure from						
corporate funds	San Jose, CA 95131					
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
OF	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.					
EXPENDITURE	Check if Austin, TX, officeholder living expense					
	Credit card processing fee					
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
expenditure to benefit C/OI	1					

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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: 10/10 Rpt: 24/24	Texas Association for Home Care and Hospice Inc Texas 00015750	
4 Date	5 Payee name	
05/23/2025	PayPal	
6 Amount (\$)	7 Payee address; City; State; Zip Code	_
\$0.66	2211 N. First St.	
Expenditure from corporate funds	San Jose, CA 95131	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
OF	Accounting/Banking  Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Check if Austin, TX, officeholder living expense	
	Credit card processing fee	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
<u> </u>		_
Date	Payee name	
05/23/2025	PayPal	
Amount (\$)	Payee address; City; State; Zip Code	
\$1.36	2211 N. First St.	
Expenditure from		
corporate funds	San Jose, CA 95131	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
	Credit card processing fee	
	Ground data processing too	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/O		
Date	Payee name	_
05/23/2025	PayPal	
Amount (\$)	Payee address; City; State; Zip Code	
\$1.99	2211 N. First St.	
ψ±.55		
Expenditure from corporate funds	San Jose, CA 95131	
·		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Accounting/Banking  (b) Description  Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Check if Austin, TX, officeholder living expense	
	Credit card processing fee	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI	¬	
<u> </u>		