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	35
3	COMMITTEE NAME			OFFICE USE ONLY
		for Home Care and Hospice Inc Texas F	Home Care and Hospice PAC -	Date Received
	State			ELECTRONICALLY FILED
				08/05/2025
4	COMMITTEE	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP	┪
	ADDRESS	9390 Research Blvd., Bldg. 1 Suite 300	- ,	
		Austin, TX 78759		Date Hand delivered or Date Deatmorked
5	CAMPAIGN	MS / MRS / MR FIRST	MI	Date Hand-delivered or Date Postmarked
ľ	TREASURER	Ms. Rachel	1411	Receipt # Amount
	NAME	Racilei		
				Date Processed
		NICKNAME LAST	SUFFI	×
		Hammon		Date Imaged
6	CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #; CITY; ST	TATE; 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; S	TATE; ZIP CODE
	TREASURER MAILING			
	ADDRESS			
╠	CAMPAICN	ADEA CODE DUONE NUMBER	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			— treasurer termination	
10	MONTHLY REPORT FILING	January 5 April	5 July 5	October 5
	DEADLINE		<u>-</u>	
		February 5 May	5 X August 5	November 5
		March 5 June	5 September 5	December 5
11	. PERIOD	Month Day Year	Month	Day Year
	COVERED	06/26/2025	THROUGH 07/25	
_		00/20/2020	01723	2020
		GO T	TO PAGE 2	

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Texas Association for	r Home Care and Hospic	e Inc Texas Home Care and Hospice	0001575	0
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)	\$	4,020.07
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	D POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	105.08
CONTRIBUTION BALANCE	5. TOTAL POLITICAL (OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	129,895.11
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT	•		<u> </u>	
		I swear, or affirm, under penalty of per true and correct and includes all inform under Title 15, Election Code.	rjury, that the mation requir	e accompanying report is ed to be reported by me
		Ms. Rache	el Hammon	
		Signature of Car	npaign Treas	surer
AFFIX NOTA	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 of	ficer administering oath

SUBTOTALS - MPAC

FORM MPAC **COVER SHEET PG 3**

				3 of 35
17 COMMIT	FEE NAME ssociation for Home Care and Hospice Inc Texas Home Care and Hospice	18 Filer ID 00015750	(Ethics Co	ommission Filers)
	LE SUBTOTALS - SCHEDULE	•	SUB	TOTAL AMOUNT
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	3,097.79
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	DR	\$	
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORAL LABOR ORGANIZATION	ATION OR	\$	
6. X	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	SANIZATION	\$	922.28
7.	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	2	\$	
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR	ORGANIZATION	\$	
9.	\$			
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	IS	\$	105.08
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 CONTRIBUTI	ONS	\$	
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

		ONTRIBUTIO			SCHEDULE	E A1
The Instruc	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A1: Sch: 1/14 Rpt: 4/35	
FILER NAME Texas Assoc	siation for Home Care and Hos	spice Inc Texas Hon	ne Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	Filers)
Date 06/26/2025	5 Full name of contributor Anderson , Stephanie (M6 Contributor address; City; St			7	Amount of Contribution (\$)	\$25.00
	Mansfield, TX 76063					
Principal occup	pation / Job title (See Instructions ector)	9 Employer (See Instructions Angels of Care	s)		
Date 07/22/2025	Full name of contributor Avery, Amy (Ms.) Contributor address; City; St	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$20.00
Principal occur	Tyler, TX 75701 oation / Job title (See Instructions) Employer (See Instruction			;) 		
Physical Therapist			Paradigm Rehab & Nurs		g LP	
Date 07/23/2025	Full name of contributor Bass, Micaul (Mr.) Contributor address; City; St	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$10.00
	Houston, TX 77027					
Principal occu Account Rep	pation / Job title (See Instructions presentative		Employer (See Instructions Nicular Health	5)		
06/26/2025 Bobbitt, Susan (Ms.))		Amount of Contribution (\$)	\$30.00
Principal occu Nurse	Wichita Falls, TX 76310 pation / Job title (See Instructions)	Employer (See Instructions Angels of Care	<u> </u> 5)		
Date 07/22/2025	Contributor address; City; St	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$20.00
Principal occu	Bullard, TX 75757 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
Regional Dire	actor of Operations		Paradigm Rehab & Nurs	sin	n I D	

	MONET	ARY POLITICAL (CONTRIBUTION	JNS	SCHEDULE	A1
	The Instru	ction Guide explains hov	v to complete this f	orm.	1 Total pages Schedule A1: Sch: 2/14 Rpt: 5/35	
2	FILER NAME Texas Assoc	ciation for Home Care and Ho	spice Inc Texas Hon	ne Care and Hospice PAC -	3 Filer ID (Ethics Commission I 00015750	Filers)
4	Date 07/23/2025	5 Full name of contributor Brooks , Courtney (Ms.)6 Contributor address; City; S	out-of-state PAC (ID#:_		7 Amount of Contribution (\$)	\$20.00
		Bullard, TX 75757				
8		pation / Job title (See Instructions ector of Operations	5)	9 Employer (See Instructions Paradigm Rehab & Nurs		
	Date 07/22/2025	Full name of contributor Colston, Maureen (Ms.) Contributor address; City; S	out-of-state PAC (ID#:_		Amount of Contribution (\$)	\$10.00
	Principal occu	Tyler, TX 75702 pation / Job title (See Instructions	5)	Employer (See Instructions	<u> </u> 	
	Associate Controller			Paradigm Rehab & Nurs		
	Date 07/09/2025	Full name of contributor Cornett, Valerie (Ms.) Contributor address; City; S	out-of-state PAC (ID#:_		Amount of Contribution (\$)	\$60.00
		Keller, TX 76244				
	Principal occu COSI	pation / Job title (See Instructions	5)	Employer (See Instructions MAC Legacy	s)	
	Date 06/26/2025	Full name of contributor Davis , Sheila (Ms.) Contributor address; City; S Wichita Falls, TX 76310	out-of-state PAC (ID#:_		Amount of Contribution (\$)	\$12.50
	Principal occu CHCE; COS	pation / Job title (See Instructions -C	5)	Employer (See Instructions Always Best Care Senio		
	Date 06/26/2025	Full name of contributor Delgado , Monica (Ms.) Contributor address; City; S Floresville, TX 78114	out-of-state PAC (ID#:_		Amount of Contribution (\$)	\$10.00
	Principal occu Supervisor	pation / Job title (See Instructions	5)	Employer (See Instructions Angels of Care	;)	

	MONEI	ARY POLITICAL C	ONTRIBUTIO	N5		SCHEDULI	E A1
	The Instru	ction Guide explains how	to complete this fo	orm.	l	l pages Schedule A1: : 3/14 Rpt: 6/35	
2	FILER NAME Texas Assoc	ciation for Home Care and Hosp	pice Inc Texas Hom	e Care and Hospice PAC -	3 Filer 000	ID (Ethics Commission	ı Filers)
4	Date 07/23/2025	5 Full name of contributor Delgado , Monica (Ms.)6 Contributor address; City; Star	out-of-state PAC (ID#: te; Zip Code		7 Amo	ount of Contribution (\$)	\$10.00
		Floresville, TX 78114					
8	Principal occu Supervisor	pation / Job title (See Instructions)		9 Employer (See Instructions Angels of Care	5)		
	Date 06/26/2025	Full name of contributor Dilleshaw, Brittany (Ms.) Contributor address; City; Star	out-of-state PAC (ID#: te; Zip Code		Amo	ount of Contribution (\$)	\$25.00
	Principal occu	Danbury, TX 77534 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	Vice President of Home Therapy Services			MedCare Pediatric Nurs	sing		
	Date 06/26/2025	Full name of contributor Elberson, Kathleen (Ms.) Contributor address; City; Star	out-of-state PAC (ID#:		Amo	ount of Contribution (\$)	\$2.00
		Sadler, TX 76264	1				
		pation / Job title (See Instructions) gration Specialist		Employer (See Instructions) Angels of Care			
Date 07/22/2025		Full name of contributor [Fox , Eric (Mr.) Contributor address; City; Star			Amo	ount of Contribution (\$)	\$20.00
	Whitehouse, TX 75791 Principal occupation / Job title (See Instructions) Employer (See Instructions)			Employer (See Instructions	:)		
	Physical The			Paradigm Rehab & Nurs	•		
	Date 07/23/2025	Full name of contributor Gill, Tayler Contributor address; City; State Kyle, TX 78640	out-of-state PAC (ID#:		Amo	ount of Contribution (\$)	\$25.00
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Administrato	.		Bridgeway Hospice			

	MONEI	ARY POLITICAL (CONTRIBUTIO	JNS	SCHEDULE	A1
	The Instru	ction Guide explains hov	v to complete this f	orm.	1 Total pages Schedule A1: Sch: 4/14 Rpt: 7/35	
2	FILER NAME Texas Assoc	iation for Home Care and Ho	spice Inc Texas Hon	ne Care and Hospice PAC -	3 Filer ID (Ethics Commission F 00015750	ilers)
4	Date 07/23/2025	5 Full name of contributor Goolsby, Sharon (Ms.)6 Contributor address; City; S	out-of-state PAC (ID#:_		7 Amount of Contribution (\$)	\$125.00
		Jefferson, TX 75657				
8	Principal occu Administrato	pation / Job title (See Instruction: r	S)	Employer (See Instructions First in Pediatrics Home	Health Care, Inc.	
	Date 07/23/2025	Full name of contributor Graves Valdez, Julie (Ms Contributor address; City; S)	Amount of Contribution (\$)	\$20.00
	Principal occu	Floresville, TX 78114 pation / Job title (See Instruction:	5)	Employer (See Instructions	<u> </u> 	
	Administrator			Caprock Home Health		
	Date 07/09/2025	Full name of contributor Hale, Kati (Ms.) Contributor address; City; S	out-of-state PAC (ID#:_)	Amount of Contribution (\$)	\$90.00
		Denton, TX 76208				
	Principal occu	pation / Job title (See Instruction:	5)	Employer (See Instructions MAC Legacy)	
	Date 06/26/2025	Full name of contributor Hammon, Rachel (Ms.) Contributor address; City; S Austin, TX 78732	out-of-state PAC (ID#:_)	Amount of Contribution (\$)	\$21.00
	Principal occu Executive Di	pation / Job title (See Instruction: rector	5)	Employer (See Instructions Texas Assn. for Home C		
	Date 06/26/2025	Full name of contributor Hays, Victoria (Ms.) Contributor address; City; S Caddo, OK 74729	out-of-state PAC (ID#:_		Amount of Contribution (\$)	\$1.00
	Principal occu Benefits Tea	pation / Job title (See Instruction m	5)	Employer (See Instructions Angels of Care	· :)	

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instruc	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 5/14 Rpt: 8/35		
2	FILER NAME Texas Assoc	ciation for Home Care and Hos	spice Inc Texas Hon	ne Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	Filers)	
4	Date 07/23/2025	5 Full name of contributor Hays, Victoria (Ms.)6 Contributor address; City; St			7	Amount of Contribution (\$)	\$1.00	
_		Caddo, OK 74729						
8	Principal occu Benefits Tea	pation / Job title (See Instructions)	9 Employer (See Instructions Angels of Care	i) 			
	Date 06/26/2025	Full name of contributor Hicks, Eric (Mr.) Contributor address; City; St	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$1.00	
	Principal occu	Gilmer, TX 75645 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)			
	Respiratory Therapist			Angels of Care				
	Date 07/23/2025	Full name of contributor Hicks, Eric (Mr.) Contributor address; City; St	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$1.00	
	5	Gilmer, TX 75645		5 1 (0 1 : ::	Ĺ			
	Respiratory	pation / Job title (See Instructions Therapist)	Employer (See Instructions) Angels of Care				
	Date 07/23/2025	Full name of contributor Hosley, Dennis (Mr.) Contributor address; City; St				Amount of Contribution (\$)	\$50.00	
	Principal occu President CO	Dallas, TX 75214 pation / Job title (See Instructions)	Employer (See Instructions Pediatric Home Healthc		;		
	Date 06/26/2025	Full name of contributor Howard, Jesse (Mr.) Contributor address; City; St McGregor, TX 76657	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$25.00	
	Principal occu Healthcare	pation / Job title (See Instructions)	Employer (See Instructions Girling Community Care				

	MONEI	ARY POLITICAL CONTRI	BUTION	15		SCHEDULE	■ A1
	The Instru	ction Guide explains how to comple	ete this for	m.	1	Total pages Schedule A1: Sch: 6/14 Rpt: 9/35	
2	FILER NAME Texas Assoc	siation for Home Care and Hospice Inc T	exas Home	Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	ı Filers)
4	Date 07/23/2025	Howard, Jesse (Mr.)			7	Amount of Contribution (\$)	\$25.00
		McGregor, TX 76657					
8	Principal occu Healthcare	pation / Job title (See Instructions)	9	Employer (See Instructions Girling Community Care			
	Date 07/22/2025	Full name of contributor out-of-state Hurst, Robyn (Ms.) Contributor address; City; State; Zip Code Temple, TX 76502	e PAC (ID#:			Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>.</u>		
	Executive Director			Paradigm Rehab & Nurs	sin	g LP	
	Date 07/22/2025	Jenkins , Jinny (Ms.) Contributor address; City; State; Zip Code	e PAC (ID#:)		Amount of Contribution (\$)	\$50.00
	Dringing occur	pation / Job title (See Instructions)	<u> </u>	Employer (See Instructions			
	Executive Di			Paradigm Rehab & Nurs		g LP	
Date 07/22/2025		Full name of contributor out-of-state Lawson, Kimberly (Ms.) Contributor address; City; State; Zip Code	e PAC (ID#:			Amount of Contribution (\$)	\$10.00
		Bridgeport, TX 76426					
	Principal occu Area Directo	pation / Job title (See Instructions) r of Sales		Employer (See Instructions Paradigm Rehab & Nurs		g LP	
	Date 06/26/2025	Full name of contributor out-of-state Lawton Staggs, Jenna (Ms.) Contributor address; City; State; Zip Code Longview, TX 75605				Amount of Contribution (\$)	\$25.00
	•	pation / Job title (See Instructions)		Employer (See Instructions	()		
	Office			Angels of Care			

	MONEI	ARY POLITICAL	CONTRIBUTIO	JNS		SCHEDULE	■ A1
	The Instru	ction Guide explains ho	w to complete this f	orm.	1	Fotal pages Schedule A1: Sch: 7/14 Rpt: 10/35	
2	FILER NAME Texas Assoc	ciation for Home Care and Ho	ospice Inc Texas Hon	ne Care and Hospice PAC -	ı	Filer ID (Ethics Commission 00015750	Filers)
4	Date 06/26/2025	5 Full name of contributor Leonard, Robyn (Ms.)6 Contributor address; City; S)	7 /	Amount of Contribution (\$)	\$5.00
		Burleson, TX 76028					
8	Principal occu Therapist	pation / Job title (See Instruction	s)	Employer (See Instructions Angels of Care	s)		
	Date 07/22/2025	Full name of contributor Lloyd, Mitzi (Ms.) Contributor address; City; S	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$10.00
	Principal occu	Tyler, TX 75703 pation / Job title (See Instruction	ns)	Employer (See Instructions	<u> </u> s)		
	Human Resources Manager			Paradigm Rehab & Nurs	sing	LP	
	Date 07/23/2025	Full name of contributor Luna, Norma (Ms.) Contributor address; City; S	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$75.00
_	Principal occu	San Antonio, TX 78260 pation / Job title (See Instruction	(s)	Employer (See Instructions	<u> </u>		
	Hospice Adn			Gentle Partners In Hospice LLC			
	Date 06/26/2025	Full name of contributor Malone, Sally (Ms.) Contributor address; City; S	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$30.00
	Principal occu Sr. Exec. As	Van Alstyne, TX 75495 pation / Job title (See Instruction st.	s)	Employer (See Instructions Angels of Care	<u> </u> s)		
	Date 07/23/2025	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 RN Consulta	pation / Job title (See Instruction nt	s)	Employer (See Instructions MAC Legacy	s)		

	MONET	ARY POLITICAL CONTR	RIBUTION	V 5	SCHEDULE	■ A1
	The Instru	ction Guide explains how to com	plete this for	m.	1 Total pages Schedule A1: Sch: 8/14 Rpt: 11/35	
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 07/22/2025	 Full name of contributor out-of-s McGraw, Joseph (Mr.) Contributor address; City; State; Zip Co 			7 Amount of Contribution (\$)	\$20.00
		Tyler, TX 75703				
8	•	pation / Job title (See Instructions)	9	Employer (See Instructions	s)	
	Business De	evelopment		Paradigm Rehab & Nurs	rsing LP	
	Date 07/23/2025	Full name of contributor out-of-s Meave, Adan and Monica (Mr.) Contributor address; City; State; Zip Co Weslaco, TX 78599	state PAC (ID#:		Amount of Contribution (\$)	\$150.00
_	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	S)	
	Homecare			El Rey Primary Health C		
	Date 06/26/2025	Full name of contributor out-of-s Meekin, Amanda (Ms.) Contributor address; City; State; Zip Co Montreal Quebec H2W1Z3 Canada			Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	IS)	
	Event Manag	ger		AlayaCare		
	Date 07/23/2025	Mills , Sara (Ms.)			Amount of Contribution (\$)	\$100.00
		pation / Job title (See Instructions) rernment Affairs & Advocacy		Employer (See Instructions Angels of Care	is)	
	Date 06/26/2025	Montemayor, Tina (Ms.)	state PAC (ID#:		Amount of Contribution (\$)	\$40.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	S)	
	Nurse			Angels of Care		

	WONEI	ARY POLITICAL CONTR	KIBU I IU			SCHEDULE	■ A1
	The Instru	ction Guide explains how to comp	olete this fo	rm.	ı	Total pages Schedule A1: Sch: 9/14 Rpt: 12/35	
2	FILER NAME Texas Assoc	ciation for Home Care and Hospice Inc	- Texas Home	e Care and Hospice PAC -	ı	Filer ID (Ethics Commission 00015750	Filers)
4	Date 06/26/2025	Morales, Carlos (Mr.))	7	Amount of Contribution (\$)	\$50.00
		Lubbock, TX 79424					
8		pation / Job title (See Instructions)	9	Employer (See Instructions		iono Ino	
	Executive vi	ce President		Caprock Home Health S	_		
	Date 07/23/2025	Morales, Carlos (Mr.) Contributor address; City; State; Zip Cod)		Amount of Contribution (\$)	\$50.00
	Lubbock, TX 79424						
	•	pation / Job title (See Instructions)		Employer (See Instructions		iono Ino	
				Caprock Home Health S	_		
	Date 06/26/2025	Moullette, Britney (Ms.) Contributor address; City; State; Zip Cod	tate PAC (ID#: de			Amount of Contribution (\$)	\$5.00
		Colorado Springs, CO 80927			<u> </u>		
	Principal occu Nurse	pation / Job title (See Instructions)		Employer (See Instructions Angels of Care	S)		
	Date 07/23/2025	Full name of contributor out-of-st Moullette, Britney (Ms.) Contributor address; City; State; Zip Cod Colorado Springs, CO 80927	tate PAC (ID#: de			Amount of Contribution (\$)	\$5.00
	Principal occu Nurse	pation / Job title (See Instructions)		Employer (See Instructions Angels of Care	5)		
	Date 06/26/2025	Murphy, Maryann (Ms.)				Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions Lee HealthCare	5)		

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A			
	The Instruction Guide explains how to complete this form.			m.	1	Total pages Schedule A1: Sch: 10/14 Rpt: 13/35		
2	FILER NAME Texas Assoc	FILER NAME Texas Association for Home Care and Hospice Inc Texas Home Care and Hospice PAC		Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	Filers)	
4	Date 07/23/2025	 5 Full name of contributor out-of-s Murphy, Maryann (Ms.) 6 Contributor address; City; State; Zip Co)	7	Amount of Contribution (\$)	\$25.00	
		Early, TX 76802						
8	Principal occu RN	pation / Job title (See Instructions)	9	Employer (See Instructions Lee HealthCare	5)			
	Date 07/22/2025	Full name of contributor out-of-s Nawaz, Kelly (Ms.) Contributor address; City; State; Zip Co	state PAC (ID#:			Amount of Contribution (\$)	\$50.00	
		Employer (See Instructions	<u> </u>					
Quality Assurance RN			Paradigm Rehab & Nurs	sinç	J LP			
	Date 06/26/2025	Full name of contributor	state PAC (ID#:)		Amount of Contribution (\$)	\$20.00	
		Forney, TX 75126			<u> </u>			
	Nurse	pation / Job title (See Instructions)		Employer (See Instructions Angels of Care	5)			
	Date 06/26/2025	Olguin, Christie (Ms.) Contributor address; City; State; Zip Co				Amount of Contribution (\$)	\$25.00	
		Employer (See Instructions Angels of Care	<u> </u> 5)					
	Date 07/23/2025	Palmer, Lee (Mr.)				Amount of Contribution (\$)	\$50.00	
	Principal occu Administrato	pation / Job title (See Instructions) r		Employer (See Instructions Consolidated Home Hea				
			1					

	WONET	ARY POLITICAL C	ONTRIBUTIO	CVIV	SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1 Total pages Schedule A1: Sch: 11/14 Rpt: 14/35	
2	FILER NAME Texas Assoc	ciation for Home Care and Hos	spice Inc Texas Hom	ne Care and Hospice PAC -	3 Filer ID (Ethics Commission 00015750	Filers)
4	Date 07/22/2025	5 Full name of contributor Poynor, Joanne (Ms.)6 Contributor address; City; St)	7 Amount of Contribution (\$)	\$80.00
		Tyler, TX 75701				
8	Executive Di	pation / Job title (See Instructions rector)	9 Employer (See Instructions Paradigm Rehab & Nurs		
	Date 07/22/2025	Full name of contributor Rash, Rose (Ms.) Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code)	Amount of Contribution (\$)	\$119.05
	Principal occu	Corsicana, TX 75109 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 	
	Owner/Direc	tor of Nursing		Angels At Home, Inc.		
	Date 07/22/2025	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				
· · · · · · · · · · · · · · · · · · ·		Employer (See Instructions Paradigm Rehab & Nurs				
	Date 07/23/2025	Full name of contributor Robison, Kristen (Ms.) Contributor address; City; St San Antonio, TX 78209	out-of-state PAC (ID#:_ ate; Zip Code		Amount of Contribution (\$)	\$125.00
		Employer (See Instructions Angels of Care Pediatric				
	Date 06/26/2025	Full name of contributor Sandoval, Vanessa (Ms.) Contributor address; City; St Harlingen, TX 78552	out-of-state PAC (ID#:_)	Amount of Contribution (\$)	\$25.00
	Principal occu Administrato	pation / Job title (See Instructions r)	Employer (See Instructions Texas Visiting Nurse Se		

	MONETARY POLITICAL CONTRIBUTIONS			15	SCHEDUL	E A1
	The Instru	ction Guide explains how to	complete this for	m.	1 Total pages Schedule A1: Sch: 12/14 Rpt: 15/35	
2	FILER NAME Texas Assoc	ciation for Home Care and Hospice	e Inc Texas Home	Care and Hospice PAC -	3 Filer ID (Ethics Commission 00015750	n Filers)
4	Date 07/23/2025	 5 Full name of contributor Sandoval, Vanessa (Ms.) 6 Contributor address; City; State;)	7 Amount of Contribution (\$)	\$25.00
_		Harlingen, TX 78552				
8	Principal occu Administrato	pation / Job title (See Instructions)	9	Employer (See Instructions Texas Visiting Nurse Se	•	
	Date 07/23/2025	Smith , Linda (Ms.) Contributor address; City; State;	out-of-state PAC (ID#: Zip Code)	Amount of Contribution (\$)	\$210.00
	Principal occu	San Antonio, TX 78248 pation / Job title (See Instructions)		Employer (See Instructions)	
	CEO			En Su Casa Caregivers		
	Date 07/23/2025	Full name of contributor Valladares, Lydia (Ms.) Contributor address; City; State;	out-of-state PAC (ID#: Zip Code		Amount of Contribution (\$)	\$125.00
	Dringingless	McAllen, TX 78501	1	Franks var (Caa kastrustiana	Y	
	Alternate Ad	pation / Job title (See Instructions) ministrator		Employer (See Instructions) Presidente Homecare)	
	Date 06/26/2025	Verde, Cindy (Ms.) Contributor address; City; State;)	Amount of Contribution (\$)	\$25.00
Victoria, TX 77904 Principal occupation / Job title (See Instructions) Nurse			Employer (See Instructions Angels of Care)		
	Date 07/23/2025	Full name of contributor Wilbanks, Kelly (Ms.) Contributor address; City; State;			Amount of Contribution (\$)	\$10.00
	Principal occu RN	pation / Job title (See Instructions)		Employer (See Instructions Paradigm Home Care)	

	MONEI	ARY POLITICAL (CONTRIBUTIO	JNS	SCHEDULE	A1
	The Instruction Guide explains how to complete this form.			orm.	1 Total pages Schedule A1: Sch: 13/14 Rpt: 16/35	
2	FILER NAME Texas Association for Home Care and Hospice Inc Texas Home Care and Hospice PAC		ne Care and Hospice PAC -	3 Filer ID (Ethics Commission 00015750	Filers)	
4	Date 07/23/2025	5 Full name of contributor Willman, Jonathan (Mr.)6 Contributor address; City; S)	7 Amount of Contribution (\$)	\$500.00
		Sugar Land, TX 77479				
8	•	pation / Job title (See Instructions of Operations	5)	Employer (See Instructions Consolidated Home Hea		
	Date 06/26/2025	Full name of contributor Winborne, Julie (Ms.) Contributor address; City; S	out-of-state PAC (ID#:_)	Amount of Contribution (\$)	\$10.00
	Principal occu	Sherman, TX 75092 pation / Job title (See Instructions	s)	Employer (See Instructions	<u> </u> 	
	Office Nurse		,	Angels Of Care Pediatri		
	Date 07/23/2025	Full name of contributor Winborne, Julie (Ms.) Contributor address; City; S)	Amount of Contribution (\$)	\$10.00
	Principal occu	Sherman, TX 75092	<u> </u>	Employer (See Instructions	.)	
Principal occupation / Job title (See Instructions) Office Nurse		Angels Of Care Pediatric Home Health				
	Date 07/22/2025	Full name of contributor Yates, Jennifer (Ms.) Contributor address; City; S Gilmer, TX 75644			Amount of Contribution (\$)	\$19.24
Principal occupation / Job title (See Instructions)		Employer (See Instructions Paradigm Rehab & Nurs				
	Date 06/26/2025	Full name of contributor Yoder, Hannah (Ms.) Contributor address; City; S Jarrell, TX 76537	out-of-state PAC (ID#:_		Amount of Contribution (\$)	\$5.00
	Principal occu Nurse	pation / Job title (See Instructions	5)	Employer (See Instructions Angels of Care	s)	

	MONETARY POLITICAL CO	ONTRIBUTIONS		SCHEDU	JLE A1
	The Instruction Guide explains how t	to complete this form.	1	Total pages Schedule A1: Sch: 14/14 Rpt: 17/35	
2	2 FILER NAME Texas Association for Home Care and Hosp	oice Inc Texas Home Care and Hospice PAC -	1	Filer ID (Ethics Commiss	sion Filers)
4	4 Date 5 Full name of contributor 07/23/2025 Yoder, Hannah (Ms.)	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
8	Jarrell, TX 76537 8 Principal occupation / Job title (See Instructions) Nurse	9 Employer (See Instructions Angels of Care	s)		

MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C3

	The Instruction Guide explains how to complete this form.			1	Total pages Sch: 1/1 Rp	Schedule C3: ot: 18/35
2	2 FILER NAME			3 Filer ID (Ethics Commission Filers)		(Ethics Commission Filers)
	Texas Assoc	ciat	tion for Home Care and Hospice Inc Texas Home Care and Hospice		00015750	
4	Date	5	Corporation / Labor Organization name	6	Amount (\$)	
	07/01/2025		Texas Association for Home Care & Hospice, Inc.			922.28

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
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/Officenolder/Political	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 1/17 Rpt: 19/35	Texas Association for Home Care and Hospice Inc Texas 00015750
4 Date	5 Payee name
06/26/2025	PayPal
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$7.37	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
Date	Payee name
06/26/2025	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
experiente to benefit 6/01	'
Date	Payee name
06/26/2025	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	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 Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense Food/Beverage Expense Polling Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	d 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: 2/17 Rpt: 20/35	Texas Association for Home Care and Hospice Inc Texas 00015750
4 Date	5 Payee name
06/26/2025	PayPal
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.99	2211 N. First St.
Expenditure from	Can Jaco, CA 0E121
corporate funds	San Jose, CA 95131
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Taxas, 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
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
5.	
Date	Payee name
06/26/2025	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	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/O	H
Date	Payee name
06/26/2025	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.
	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
experialitie to beliefft C/OI	

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1: Sch: 3/17 Rpt: 21/35	2 FILER NAME Texas Association for Home Care and Hospice Inc Texas 3 Filer ID (Ethics Commission Filers) 00015750
4 Date	5 Payee name
06/26/2025	PayPal
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$0.84	2211 N. First St.
Expenditure from	San Jasa CA 05121
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
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
06/26/2025	PayPal
	-
Amount (\$)	Payee address; City; State; Zip Code
\$1.54	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
0 1: 0 1 1 1	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Data	
Date	Payee name
06/26/2025	PayPal
Amount (\$)	Payee address; City; State; Zip Code
\$0.66	2211 N. First St.
Expenditure from	Com 1000 OA 05404
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.
LAFLINDITUKE	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 Event Expense

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)	
oroun out a tymone	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
Sch: 4/17 Rpt: 22/35	Texas Association for Home Care and Hospice Inc Texas 00015750	
4 Date	5 Payee name	
06/26/2025	PayPal	
6 Amount (\$)	7 Payee address; City; State; Zip Code	_
\$0.52	2211 N. First St.	
, , , , ,		
Expenditure from	Con Jose CA 05121	
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/O		
		_
Date	Payee name	
06/26/2025	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.	
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/O	ч	
Date	Payee name	=
06/26/2025	PayPal	
Amount (\$)	Payee address; City; State; Zip Code	_
\$0.84	2211 N. First St.	
40.01		
Expenditure from	Can Jana OA 05404	
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	
	Croak data producting for	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	\dashv
expenditure to benefit C/O		
		4

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	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: 5/17 Rpt: 23/35	Texas Association for Home Care and Hospice Inc Texas 00015750	
4 Date	5 Payee name	
06/26/2025	PayPal	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$0.52	2211 N. First St.	
Evponditure from		
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	
	Greatt data processing fee	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/O		
Data	David and the second se	_
Date	Payee name	
06/26/2025	PayPal	
Amount (\$)	Payee address; City; State; Zip Code	
\$1.54	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	
2 1 2 2 1 2 2 1 2 2		_
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
		_
Date	Payee name	
06/26/2025	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.	
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	
onpondituro to borioni o/or		
		_

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	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: 6/17 Rpt: 24/35	Texas Association for Home Care and Hospice Inc Texas 00015750
4 Date	5 Payee name
06/26/2025	PayPal
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$0.56	2211 N. First St.
Evpanditura from	
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
	a constant processing to
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
06/26/2025	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
	Great data processing for
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
06/26/2025	PayPal
Amount (\$)	Payee address; City; State; Zip Code
\$1.19	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
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

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 Sift/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor

Credit Card Payment	Credit Card Payment The Instruction Guide explains how to complete this form.		
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)		
Sch: 7/17 Rpt: 25/35	Texas Association for Home Care and Hospice Inc Texas 00015750		
4 Date	5 Payee name		
06/26/2025	PayPal		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$0.66	2211 N. First St.		
— Former diture 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			
Data	<u> </u>		
Date 06/26/2025	Payee name PayPal		
	PayPal 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		
	5.55a. 5a. 5a. 5a. 5a. 5a. 5a. 5a. 5a. 5		
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/OI	the state of the s		
Date	Pouse same		
06/26/2025	Payee name PayPal		
	-		
Amount (\$)	Payee address; City; State; Zip Code		
\$1.89	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		
	5.53.1 53.14 p. 55555g		
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
	expenditure to benefit C/OH		

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

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: 8/17 Rpt: 26/35	Texas Association for Home Care and Hospice Inc Texas 00015750	
4 Date	5 Payee name	_
06/26/2025	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	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	
		_
Date	Payee name	
06/26/2025	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 dara processing rec	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/O		
Date	Payee name	_
07/23/2025	PayPal	
		_
Amount (\$) \$4.85	Payee address; City; State; Zip Code 2211 N. First St.	
Ψ4.03	2211 IV. 1 II 30 30.	
Expenditure from	San Jaco CA 05121	
corporate funds	San Jose, CA 95131	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Accounting/Ranking 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	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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	l 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: 9/17 Rpt: 27/35	Texas Association for Home Care and Hospice Inc Texas 00015750		
4 Date	5 Payee name		
07/23/2025	PayPal		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$7.82	2211 N. First St.		
Expenditure from	San Jasa CA 05121		
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/O			
Data	<u> </u>		
Date	Payee name		
07/23/2025	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.		
LA LADITORL	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		
experiorare to benefit C/OI	1		
Date	Payee name		
07/23/2025	PayPal		
Amount (\$)	Payee address; City; State; Zip Code		
\$4.85	2211 N. First St.		
, nee			
Expenditure from	San Jose, CA 95131		
corporate funds			
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Toyas, 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		
	G. Gali, Gali, a p. G. G. Gali, ag. 100		
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held		
	expenditure to benefit C/OH		

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

Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
Sch: 10/17 Rpt: 28/35	Texas Association for Home Care and Hospice Inc Texas 00015750
4 Date	5 Payee name
07/23/2025	PayPal
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2.24	2211 N. First St.
Expenditure from corporate funds	San Jose, CA 95131
8 PURPOSE 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	
Date	Payae name
07/23/2025	Payee name PayPal
	-
Amount (\$)	Payee address; City; State; Zip Code
\$5.73	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
2 1 2 2 2 2 2 2 2 2	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
07/23/2025	PayPal
Amount (\$)	Payee address; City; State; Zip Code
\$0.84	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 LIBITOIL	Check if Austin, TX, officeholder living expense
	Credit card processing fee
Operation Children	Out light 10ff on held on your 10ff on held of the country of the
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
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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/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: 11/17 Rpt: 29/35	Texas Association for Home Care and Hospice Inc Texas 00015750		
4 Date	5 Payee name		
07/23/2025	PayPal		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$1.19	2211 N. First St.		
Expenditure from			
corporate funds	San Jose, CA 95131		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
	Credit card processing fee		
	a contract of the contract of		
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/OI	1		
Date	Payee name		
07/23/2025	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		
	Great data processing for		
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/OI			
Date	Payee name		
07/23/2025	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.		
	Credit card processing foe		
	Credit card processing fee		
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
	expenditure to benefit C/OH		

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

Credit Card Payment	The Instruction Guide explains how to complete this form.		
1 Total pages Schedule F1: Sch: 12/17 Rpt: 30/35	2 FILER NAME Texas Association for Home Care and Hospice Inc Texas 3 Filer ID (Ethics Commission Filers) 00015750		
4 Date 07/23/2025	5 Payee name PayPal		
6 Amount (\$) \$0.66	7 Payee address; City; State; Zip Code 2211 N. First St.		
Expenditure from corporate funds	San Jose, CA 95131		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description 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		
Date 07/23/2025	Payee name PayPal		
Amount (\$) \$0.66	Payee address; City; State; Zip Code 2211 N. First St.		
Expenditure from corporate funds	San Jose, CA 95131		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description 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	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH		
Date 07/23/2025	Payee name PayPal		
Amount (\$) \$0.52	Payee address; City; State; Zip Code 2211 N. First St.		
Expenditure from corporate funds	San Jose, CA 95131		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description 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		

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

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: 13/17 Rpt: 31/35	Texas Association for Home Care and Hospice Inc Texas 00015750		
4 Date	5 Payee name	_	
07/23/2025	PayPal		
6 Amount (\$)	7 Payee address; City; State; Zip Code	_	
\$3.98	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.		
EXPENDITURE	Check if Austin, TX, officeholder living expense		
	Credit card processing fee		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H		
<u>'</u>		_	
Date	Payee name		
07/23/2025	PayPal		
Amount (\$)	Payee address; City; State; Zip Code		
\$0.87	\$0.87 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		
	oroan and processing rec		
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_	
expenditure to benefit C/O			
Date	Payee name	_	
07/23/2025	PayPal		
Amount (\$)	Payee address; City; State; Zip Code	_	
\$14.74	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	Check if Austin, TX, officeholder living expense		
	Credit card processing fee		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held		
experiulture to benefit C/O	11		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

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: 14/17 Rpt: 32/35	Texas Association for Home Care and Hospice Inc Texas 00015750
4 Date	5 Payee name
07/23/2025	PayPal
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$0.60	2211 N. First St.
Expenditure from corporate funds	San Jose, CA 95131
8 PURPOSE	1
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
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
07/23/2025	PayPal
Amount (\$)	Payee address; City; State; Zip Code
\$1.12	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	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
Date	Payee name
07/23/2025	PayPal
Amount (\$)	Payee address; City; State; Zip Code
\$2.87	2211 N. First St.
Expenditure from corporate funds	San Jose, CA 95131
PURPOSE	1
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/O	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 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:	<u> </u>	_
Sch: 15/17 Rpt: 33/35	Texas Association for Home Care and Hospice Inc Texas 00015750	
4 Date	5 Payee name	_
07/23/2025	PayPal	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$4.61	2211 N. First St.	
Expenditure from corporate funds	San Jose, CA 95131	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	Credit card processing fee	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI		
Date	Payee name	_
07/23/2025	PayPal PayPal	
Amount (\$)	Payee address; City; State; Zip Code	
\$1.99	2211 N. First St.	
Φ1.99	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.	
	Check if Austin, TX, officeholder living expense Credit card processing fee	
	Cream early processing rec	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI		
Date	Payee name	_
07/23/2025	PayPal	
	-	
Amount (\$) \$1.36	Payee address; City; State; Zip Code 2211 N. First St.	
Φ1.30		
Expenditure from	Con Jose CA 05121	
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 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	1	
		_

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
Expense Event Expense Loan Repayment/Reimbu

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/Wages/Contract Labor

	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: 16/17 Rpt: 34/35	Texas Association for Home Care and Hospice Inc Texas 00015750		
4	Date	5 Payee name		
	07/23/2025	PayPal		
6	Amount (\$)	7 Payee address; City; State; Zip Code		
	\$1.36	2211 N. First St.		
ľ	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.		
	EXPENDITORE	Check if Austin, TX, officeholder living expense		
		Credit card processing fee		
Ļ	Complete ONII V if direct	Condidate Office helder years Office county		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		
F				
	Date	Payee name		
L	07/23/2025	PayPal		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$0.84 2211 N. First St.			
┞	☐ Expenditure from			
Ŀ	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		
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
	expenditure to benefit C/OI	1		
F	Date	Payee name		
	07/23/2025	PayPal		
H	Amount (\$)	Payee address; City; State; Zip Code		
	\$0.52	2211 N. First St.		
lc	Expenditure from corporate funds	San Jose, CA 95131		
F	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		
L				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		
L	experiulture to beliefft C/Of	·		
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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

Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment		ing Expense Travel Out of District ries/Wages/Contract Labor OTHER (enter a category not listed above) o complete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 17/17 Rpt: 35/35	Texas Association for Home Care and Hos	pice Inc Texas 00015750
4 Date	5 Payee name	
07/23/2025	PayPal	
6 Amount (\$)	7 Payee address; City; State; Zip	Code
\$4.08	2211 N. First St.	
Expenditure from	San Jose, CA 95131	
corporate funds		T _n .
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	
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 fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office	sought Office held