

# MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC  
COVER SHEET PG 1

The MPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00015750		2 Total pages filed: 21	
3 COMMITTEE NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC - State				OFFICE USE ONLY Date Received ELECTRONICALLY FILED 09/05/2025 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	
4 COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP 9390 Research Blvd., Bldg. 1 Suite 300 Austin, TX 78759				
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Ms. Rachel NICKNAME LAST SUFFIX Hammon				
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 9390 Research Blvd., Bldg. 1 Suite 300 Austin, TX 78759				
7 CAMPAIGN TREASURER MAILING ADDRESS	STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE				
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 338-9293				
9 REPORT TYPE	<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Dissolution (Attach PAC-DR)				
10 MONTHLY REPORT FILING DEADLINE	<input type="checkbox"/> January 5 <input type="checkbox"/> April 5 <input type="checkbox"/> July 5 <input type="checkbox"/> October 5 <input type="checkbox"/> February 5 <input type="checkbox"/> May 5 <input type="checkbox"/> August 5 <input type="checkbox"/> November 5 <input type="checkbox"/> March 5 <input type="checkbox"/> June 5 <input checked="" type="checkbox"/> September 5 <input type="checkbox"/> December 5				
11 PERIOD COVERED	Month Day Year    THROUGH    Month Day Year 07/26/2025    08/25/2025				

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# MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

## FORM MPAC COVER SHEET PG 2

<b>12 COMMITTEE NAME</b> Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice		<b>13 Filer ID</b> (Ethics Commission Filers) 00015750
<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	
	<b>15 CONTRIBUTION TOTALS</b>	<b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b> <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold
	<b>2. TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 10,597.83
EXPENDITURE TOTALS	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 289.34
CONTRIBUTION BALANCE	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 139,281.34
OUTSTANDING LOAN TOTALS	<b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 0.00

<b>16 AFFIDAVIT</b>		
<p>I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.</p>		
<p>Ms. Rachel Hammon</p> <p>_____ Signature of Campaign Treasurer</p>		
<p>AFFIX NOTARY STAMP / SEAL ABOVE</p>		
<p>Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.</p>		
<p>_____ Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath</p>		

**SUBTOTALS - MPAC****FORM MPAC**  
**COVER SHEET PG 3**  
3 of 21

<b>17 COMMITTEE NAME</b> Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice		<b>18 Filer ID</b> (Ethics Commission Filers) 00015750
<b>19 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 9,675.55
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input checked="" type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$ 922.28
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 289.34
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/7 Rpt: 4/21
<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 08/11/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bass, Micaul (Mr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77027	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Account Representative		<b>9</b> Employer (See Instructions) Nicular Health
Date 08/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brooks , Courtney (Ms.) <hr/> Contributor address; City; State; Zip Code  Bullard, TX 75757	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Regional Director of Operations		Employer (See Instructions) Paradigm Rehab & Nursing LP
Date 08/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Combs, Marcyllie A. (Ms.) <hr/> Contributor address; City; State; Zip Code  Argyle, TX 76226	Amount of Contribution (\$)  \$2,000.00
Principal occupation / Job title (See Instructions) President/Owner		Employer (See Instructions) Mac Legacy
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cornett, Valerie (Ms.) <hr/> Contributor address; City; State; Zip Code  Keller, TX 76244	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions) COSI		Employer (See Instructions) MAC Legacy
Date 07/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis , Sheila (Ms.) <hr/> Contributor address; City; State; Zip Code  Wichita Falls, TX 76310	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) CHCE; COS-C		Employer (See Instructions) Always Best Care Senior Services

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/7 Rpt: 5/21
<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 07/28/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Debalso, Ellen (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Bluffton, SC 29910	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Director		<b>9</b> Employer (See Instructions) AOC TX LLC
Date 07/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dilleshaw, Brittany (Ms.) <hr/> Contributor address; City; State; Zip Code  Danbury, TX 77534	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Vice President of Home Therapy Services		Employer (See Instructions) MedCare Pediatric Nursing
Date 07/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elbertson, Kathleen (Ms.) <hr/> Contributor address; City; State; Zip Code  Sadler, TX 76264	Amount of Contribution (\$)  \$2.00
Principal occupation / Job title (See Instructions) Training Integration Specialist		Employer (See Instructions) Angels of Care
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gill, Tayler <hr/> Contributor address; City; State; Zip Code  Kyle, TX 78640	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Administrator		Employer (See Instructions) Bridgeway Hospice
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goolsby, Sharon (Ms.) <hr/> Contributor address; City; State; Zip Code  Jefferson, TX 75657	Amount of Contribution (\$)  \$125.00
Principal occupation / Job title (See Instructions) Administrator		Employer (See Instructions) First in Pediatrics Home Health Care, Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/7 Rpt: 6/21
<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 08/11/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haight, Jerri <hr/> <b>6</b> Contributor address; City; State; Zip Code  Irvine, CA 92614	<b>7</b> Amount of Contribution (\$) \$1,000.00
<b>8</b> Principal occupation / Job title (See Instructions) Partner Healthcare		<b>9</b> Employer (See Instructions) WIPFLI
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hale, Kati (Ms.) <hr/> Contributor address; City; State; Zip Code  Denton, TX 76208	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) COO		Employer (See Instructions) MAC Legacy
Date 07/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hammon, Rachel (Ms.) <hr/> Contributor address; City; State; Zip Code  Austin, TX 78732	Amount of Contribution (\$) \$21.00
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) Texas Assn. for Home Care & Hospice Inc.
Date 08/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hosley, Dennis (Mr.) <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75214	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) President COO		Employer (See Instructions) Pediatric Home Healthcare
Date 08/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hunt, Dean (Mr.) <hr/> Contributor address; City; State; Zip Code  Houston, TX 77007	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Owner, President		Employer (See Instructions) Astrocare Home Healthcare

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/7 Rpt: 7/21
<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 07/28/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson Klamo, Kathy (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Corpus Christi, TX 78414	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Nurse		<b>9</b> Employer (See Instructions) Angels of Care
Date 07/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lalime, Valoree (Ms.) <hr/> Contributor address; City; State; Zip Code  Houston, TX 77070	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Therapist		Employer (See Instructions) Angels of Care
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leonard, Robyn (Ms.) <hr/> Contributor address; City; State; Zip Code  Burleson, TX 76028	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Therapist		Employer (See Instructions) Angels of Care
Date 07/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez , Zehida (Ms.) <hr/> Contributor address; City; State; Zip Code  Springtown, TX 76082	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Nurse		Employer (See Instructions) Angels of Care
Date 08/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Luna, Norma (Ms.) <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78260	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions) Hospice Administrator		Employer (See Instructions) Gentle Partners In Hospice LLC

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/7 Rpt: 8/21
<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 08/07/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCarty, Conrad (Mr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Boulder, CO 80303	<b>7</b> Amount of Contribution (\$)  \$300.00
<b>8</b> Principal occupation / Job title (See Instructions) Partner Commercialization Specialist		<b>9</b> Employer (See Instructions) nVoq
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McClammy, Lisa (Ms.) <hr/> Contributor address; City; State; Zip Code  Whitney, TX 76692	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) RN Consultant		Employer (See Instructions) MAC Legacy
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meekin, Amanda (Ms.) <hr/> Contributor address; City; State; Zip Code  Montreal Quebec H2W1Z3 Canada	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Event Manager		Employer (See Instructions) AlayaCare
Date 08/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montrgomery, Lance (Mr.) <hr/> Contributor address; City; State; Zip Code  Pearland, TX 77581	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Administrator/Owner		Employer (See Instructions) RiverKids Pediatric Home Health
Date 08/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Naranjo, Mary Ann (Ms.) <hr/> Contributor address; City; State; Zip Code  Lufkin, TX 75902	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Owner Alt Admin		Employer (See Instructions) A Piney Woods Home Health Care



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/7 Rpt: 9/21
<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 07/28/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olguin, Christie (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78254	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Therapist		<b>9</b> Employer (See Instructions) Angels of Care
Date 08/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Palmer, Lee (Mr.) <hr/> Contributor address; City; State; Zip Code  Richmond, TX 77406	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Administrator		Employer (See Instructions) Consolidated Home Health
Date 08/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramon , Rodrigo (Mr.) <hr/> Contributor address; City; State; Zip Code  Robstown, TX 78380	Amount of Contribution (\$)  \$2,000.00
Principal occupation / Job title (See Instructions) COO Director of Operations		Employer (See Instructions) Saint Benedict's Home Health Inc.
Date 08/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rash, Rose (Ms.) <hr/> Contributor address; City; State; Zip Code  Corsicana, TX 75109	Amount of Contribution (\$)  \$119.05
Principal occupation / Job title (See Instructions) Owner/Director of Nursing		Employer (See Instructions) Angels At Home, Inc.
Date 08/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robison, Kristen (Ms.) <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78209	Amount of Contribution (\$)  \$125.00
Principal occupation / Job title (See Instructions) RN, VP Govt. Affairs, CCO		Employer (See Instructions) Angels of Care Pediatric Home Health

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 7/7 Rpt: 10/21
<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 08/19/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith , Joni (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  McKinney, TX 75070	<b>7</b> Amount of Contribution (\$)  \$200.00
<b>8</b> Principal occupation / Job title (See Instructions) VP, RN		<b>9</b> Employer (See Instructions) Amity Hospice
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith , Linda (Ms.) <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78248	Amount of Contribution (\$)  \$210.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) En Su Casa Caregivers
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilbanks, Kelly (Ms.) <hr/> Contributor address; City; State; Zip Code  Larue, TX 75770	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) RN		Employer (See Instructions) Paradigm Home Care
Date 08/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) van den Bent, Jerre (Mr.) <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75208	Amount of Contribution (\$)  \$1,680.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Therapy 2000 Inc.

# MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE **C3**

**The Instruction Guide explains how to complete this form.**

**1** Total pages Schedule C3:  
Sch: 1/1 Rpt: 11/21

**2** FILER NAME

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

**3** Filer ID (Ethics Commission Filers)  
00015750

**4** Date

08/01/2025

**5** Corporation / Labor Organization name

Texas Association for Home Care & Hospice, Inc.

**6** Amount (\$)

922.28

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/10 Rpt: 12/21	<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas	<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 07/26/2025	<b>5</b> Payee name PayPal	
<b>6</b> Amount (\$) \$0.68  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 2211 N. First St.  San Jose, CA 95131	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/28/2025	Candidate/Officeholder name	Office sought
Payee name PayPal	Office held	
Amount (\$) \$0.84  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2211 N. First St.  San Jose, CA 95131	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/28/2025	Candidate/Officeholder name	Office sought
Payee name PayPal	Office held	
Amount (\$) \$0.52  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2211 N. First St.  San Jose, CA 95131	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/28/2025	Candidate/Officeholder name	Office sought
Payee name PayPal	Office held	
Amount (\$) \$0.52  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2211 N. First St.  San Jose, CA 95131	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 2/10 Rpt: 13/21	<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas	<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 07/28/2025	<b>5</b> Payee name PayPal	
<b>6</b> Amount (\$) \$1.36  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 2211 N. First St.  San Jose, CA 95131	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/28/2025	Candidate/Officeholder name	Office sought
Payee name PayPal	Office held	
Amount (\$) \$2.24  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2211 N. First St.  San Jose, CA 95131	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/28/2025	Candidate/Officeholder name	Office sought
Payee name PayPal	Office held	
Amount (\$) \$0.56  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2211 N. First St.  San Jose, CA 95131	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/28/2025	Candidate/Officeholder name	Office sought
Payee name PayPal	Office held	
Amount (\$) \$0.56  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2211 N. First St.  San Jose, CA 95131	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 3/10 Rpt: 14/21	<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas	<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 07/28/2025	<b>5</b> Payee name PayPal	
<b>6</b> Amount (\$) \$1.36  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 2211 N. First St.  San Jose, CA 95131	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/28/2025	Payee name PayPal	
Amount (\$) \$2.24  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2211 N. First St.  San Jose, CA 95131	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/07/2025	Payee name PayPal	
Amount (\$) \$1.59  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2211 N. First St.  San Jose, CA 95131	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 4/10 Rpt: 15/21	<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas	<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 08/07/2025	<b>5</b> Payee name PayPal	
<b>6</b> Amount (\$) \$0.59  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 2211 N. First St.  San Jose, CA 95131	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/07/2025	Candidate/Officeholder name	Office sought
Payee name PayPal	Office held	
Amount (\$) \$1.13  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2211 N. First St.  San Jose, CA 95131	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/07/2025	Candidate/Officeholder name	Office sought
Payee name PayPal	Office held	
Amount (\$) \$1.36  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2211 N. First St.  San Jose, CA 95131	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/07/2025	Candidate/Officeholder name	Office sought
Payee name PayPal	Office held	
Amount (\$) \$1.36  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2211 N. First St.  San Jose, CA 95131	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 5/10 Rpt: 16/21	<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas	<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 08/07/2025	<b>5</b> Payee name PayPal	
<b>6</b> Amount (\$) \$4.85  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 2211 N. First St.  San Jose, CA 95131	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/07/2025	Candidate/Officeholder name	Office sought
Payee name PayPal	Office held	
Amount (\$) \$7.82  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2211 N. First St.  San Jose, CA 95131	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/07/2025	Candidate/Officeholder name	Office sought
Payee name PayPal	Office held	
Amount (\$) \$0.66  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2211 N. First St.  San Jose, CA 95131	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/07/2025	Candidate/Officeholder name	Office sought
Payee name PayPal	Office held	
Amount (\$) \$0.66  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2211 N. First St.  San Jose, CA 95131	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 6/10 Rpt: 17/21	<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas	<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 08/07/2025	<b>5</b> Payee name PayPal	
<b>6</b> Amount (\$) \$8.96  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 2211 N. First St.  San Jose, CA 95131	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/11/2025	Candidate/Officeholder name Office sought Office held	
Payee name PayPal		
Amount (\$) \$14.74  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2211 N. First St.  San Jose, CA 95131	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/11/2025	Candidate/Officeholder name Office sought Office held	
Payee name PayPal		
Amount (\$) \$29.19  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2211 N. First St.  San Jose, CA 95131	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 7/10 Rpt: 18/21	<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas	<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 08/11/2025	<b>5</b> Payee name PayPal	
<b>6</b> Amount (\$) \$8.82  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 2211 N. First St.  San Jose, CA 95131	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/11/2025	Candidate/Officeholder name	Office sought
Payee name PayPal	Office held	
Amount (\$) \$4.85  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2211 N. First St.  San Jose, CA 95131	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/11/2025	Candidate/Officeholder name	Office sought
Payee name PayPal	Office held	
Amount (\$) \$2.24  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2211 N. First St.  San Jose, CA 95131	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/11/2025	Candidate/Officeholder name	Office sought
Payee name PayPal	Office held	
Amount (\$) \$2.24  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2211 N. First St.  San Jose, CA 95131	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 8/10 Rpt: 19/21	<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas	<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 08/11/2025	<b>5</b> Payee name PayPal	
<b>6</b> Amount (\$) \$2.87  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 2211 N. First St.  San Jose, CA 95131	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/11/2025	Candidate/Officeholder name	Office sought
Payee name PayPal	Office held	
Amount (\$) \$1.19  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2211 N. First St.  San Jose, CA 95131	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/11/2025	Candidate/Officeholder name	Office sought
Payee name PayPal	Office held	
Amount (\$) \$0.84  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2211 N. First St.  San Jose, CA 95131	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/11/2025	Candidate/Officeholder name	Office sought
Payee name PayPal	Office held	
Amount (\$) \$0.84  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2211 N. First St.  San Jose, CA 95131	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 9/10 Rpt: 20/21	<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas	<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 08/15/2025	<b>5</b> Payee name PayPal	
<b>6</b> Amount (\$) \$58.09  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 2211 N. First St.  San Jose, CA 95131	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/15/2025	Payee name PayPal	
Amount (\$) \$58.09  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2211 N. First St.  San Jose, CA 95131	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/19/2025	Payee name PayPal	
Amount (\$) \$2.24  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2211 N. First St.  San Jose, CA 95131	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 10/10 Rpt: 21/21	<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas	<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 08/19/2025	<b>5</b> Payee name PayPal	
<b>6</b> Amount (\$) \$48.78  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 2211 N. First St.  San Jose, CA 95131	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/19/2025	Candidate/Officeholder name	Office sought
Payee name PayPal	Office held	
Amount (\$) \$5.90  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2211 N. First St.  San Jose, CA 95131	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/19/2025	Candidate/Officeholder name	Office sought
Payee name PayPal	Office held	
Amount (\$) \$14.74  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2211 N. First St.  San Jose, CA 95131	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/19/2025	Candidate/Officeholder name	Office sought
Payee name PayPal	Office held	
Amount (\$) \$14.74  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2211 N. First St.  San Jose, CA 95131	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		