MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC COVER SHEET PG 1

			1 Filer ID	2 Total pages filed:
Th	e MPAC Instruction (Guide explains how to complete this form.	(Ethics Commission Filers) 00015750	39
3	COMMITTEE NAME	for Home Care and Hospice Inc Texas F		OFFICE USE ONLY
	State	ior nome care and hospice inc Texas F	nome Care and Hospice PAC -	Date Received
				ELECTRONICALLY FILED
				10/06/2025
4	COMMITTEE	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP	1
	ADDRESS	9390 Research Blvd., Bldg. 1 Suite 300		
		Austin, TX 78759		Date Hand-delivered or Date Postmarked
5	CAMPAIGN	MS / MRS / MR FIRST	MI	Date Hand-delivered of Date Fostmarked
-	TREASURER	Ms. Rachel		Receipt # Amount
	NAME	100		
				Date Processed
		NICKNAME LAST	SUFFIX	
		Hammon		Date Imaged
6	CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #; CITY; ST.	ATE; ZIP CODE
	TREASURER STREET	9390 Research Blvd., Bldg. 1 Suite 300		
	ADDRESS			
	(Residence or Business)	Austin, TX 78759		
7	CAMPAIGN TREASURER	STREET ADDRESS OR PO BOX;	APT / SUITE #; CITY; ST	ATE; ZIP CODE
	MAILING			
	ADDRESS			
8	CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION	
	TREASURER PHONE	(512) 338-9293		
	FILONE			
9	REPORT TYPE	[V] Monthly	10th day after campaign	This colution (Attach PAC-DR)
		X Monthly	treasurer termination	Dissolution (Attach PAC-DR)
10	MONTHLY REPORT FILING	January 5 April	5 July 5	X October 5
	DEADLINE		<u> </u>	
		February 5 May	5 August 5	November 5
		March 5 June	5 September 5	December 5
11	. PERIOD	Month Day Year	Month	Day Year
	COVERED	T 08/26/2025	THROUGH 09/25/2	
_				
		GO T	O PAGE 2	

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 File	er ID	(Ethics Commission Filers)
	Home Care and Hospice	Inc Texas Home Care and Hos	spice 000	15750	
4 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			
	2. Measures (Describe by date and location	A. Supported			
	of election and nature of issue.)	B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
5 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	POLITICAL CONTRIBUTIONS (OTF DR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold		\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLEI	L CONTRIBUTIONS OGES, LOANS, OR GUARANTEES O	F LOANS)	\$	7,161.93
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES			
	4. TOTAL POLITICA	EXPENDITURES		\$	179.31
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTING	ONTRIBUTIONS MAINTAINED AS C PERIOD	OF THE LAST DAY	\$	145,362.68
OUTSTANDING LOAN TOTALS		MOUNT OF ALL OUTSTANDING LC	DANS AS OF THE	\$	0.00
6 AFFIDAVIT					
		I swear, or affirm, under true and correct and inc under Title 15, Election	cludes all information		
			Ms. Rachel Han	nmon	
		Si	gnature of Campaigr		er
AFFIX NOTAR	Y STAMP / SEAL ABOVE				
					day
of	, 20, to certify \	hich, witness my hand and seal of off	fice.		
Signature of officer a	dministering oath	Printed name of officer administering	oath Titl	e of office	er administering oath

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

				3 of 39		
17 COMMITT Texas As	EE NAME sociation for Home Care and Hospice Inc Texas Home Care and Hospice	18 Filer ID 00015750	(Ethics Comm	ission Filers)		
	E SUBTOTALS SCHEDULE		SUBTOT	AL AMOUNT		
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	6,239.65		
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$			
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$			
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOURGANIZATION	OR	\$			
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPOR 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.	\$					
9.	9. SCHEDULE E: LOANS					
10. X	10. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS					
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	\$			

	MONEI	ARY POLITICAL (CONTRIBUTION	JNS		SCHEDULE	A1	
	The Instru	ction Guide explains hov	v to complete this f	orm.	1	Total pages Schedule A1: Sch: 1/18 Rpt: 4/39		
2	FILER NAME Texas Assoc	ciation for Home Care and Ho	spice Inc Texas Hor	ne Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	Filers)	
4	Date 09/10/2025	5 Full name of contributor Andrews, Suzanne (Ms.)6 Contributor address; City; S			7	Amount of Contribution (\$)	\$50.00	
		Pearland, TX 77581						
8	Principal occu	pation / Job title (See Instructions	5)	9 Employer (See Instructions	s)			
	Occupationa	l Therapist		RiverKids Pediatric Hon	ne	Health		
	Date 09/04/2025	Full name of contributor Avery, Amy (Ms.) Contributor address; City; S	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$20.00	
		Tyler, TX 75701						
		pation / Job title (See Instructions	5)	Employer (See Instructions				
	Physical Therapist			Paradigm Rehab & Nurs	sin	g LP		
	Date 09/23/2025	Full name of contributor Avery, Amy (Ms.) Contributor address; City; S	out-of-state PAC (ID#:_)	•	Amount of Contribution (\$)	\$30.00	
		Tyler, TX 75701						
		pation / Job title (See Instructions	5)	Employer (See Instructions				
	Physical The	erapist		Paradigm Rehab & Nursing LP				
	Date 09/10/2025	Full name of contributor Bass, Micaul (Mr.) Contributor address; City; S Houston, TX 77027)		Amount of Contribution (\$)	\$10.00	
	Principal occu Account Rep	pation / Job title (See Instructions presentative	5)	Employer (See Instructions Nicular Health	5)			
	Date 09/04/2025	Full name of contributor Brooks , Courtney (Ms.) Contributor address; City; S Bullard, TX 75757	out-of-state PAC (ID#:_		•	Amount of Contribution (\$)	\$20.00	
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	5)			
	Regional Dir	ector of Operations		Paradigm Rehab & Nurs	sin	g LP		
				,				

	MONET	ARY POLITICAL C	ONTRIBUTIO	ONO		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A1: Sch: 2/18 Rpt: 5/39	
	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	n Filers)
	Date 09/10/2025	5 Full name of contributor Brooks , Courtney (Ms.)6 Contributor address; City; St			7	Amount of Contribution (\$)	\$20.00
		Bullard, TX 75757					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Regional Dir	ector of Operations		Paradigm Rehab & Nurs	sin	g LP	
	Date 09/23/2025	Full name of contributor Brooks , Courtney (Ms.) Contributor address; City; St	out-of-state PAC (ID#:_)	•	Amount of Contribution (\$)	\$30.00
		Bullard, TX 75757	-		<u></u>		
	•	pation / Job title (See Instructions)	Employer (See Instructions		- I D	
	Regional Dir	ector of Operations		Paradigm Rehab & Nurs	sın		
	Date 09/10/2025	Full name of contributor Bullock, Melissa (Ms.) Contributor address; City; St Sherman, TX 75090	out-of-state PAC (ID#:_ ate; Zip Code)	•	Amount of Contribution (\$)	\$300.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;) 		
	Chief Operat		,	Childrens Home Health		е	
	Date 09/10/2025	Full name of contributor Bullock, Melissa (Ms.)			-	Amount of Contribution (\$)	\$200.00
	Principal occu Chief Operat	pation / Job title (See Instructions ting Officer)	Employer (See Instructions Childrens Home Health		e	
	Date 09/04/2025	Full name of contributor Colston, Maureen (Ms.) Contributor address; City; St Tyler, TX 75702	out-of-state PAC (ID#:_)	•	Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Associate Co	ontroller		Paradigm Rehab & Nurs	sin	g LP	

MONE	TARY POLITICAL CO	MIKIBUTIOI	V 3		SCHEDULI	E A1
The Instru	uction Guide explains how to	complete this for	rm.	1	Total pages Schedule A1: Sch: 3/18 Rpt: 6/39	
2 FILER NAMI Texas Asso	E ociation for Home Care and Hospic	ce Inc Texas Home	Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	ı Filers)
4 Date 09/23/2025	_ _			7	Amount of Contribution (\$)	\$15.00
	Tyler, TX 75702					
8 Principal occ	cupation / Job title (See Instructions)	9	Employer (See Instructions	s)		
Associate (Controller		Paradigm Rehab & Nurs	sin	g LP	
Date 09/10/2025	_ _	out-of-state PAC (ID#: ; Zip Code)		Amount of Contribution (\$)	\$40.00
	Keller, TX 76244					
Principal occ	cupation / Job title (See Instructions)		Employer (See Instructions	s)		
COSI			MAC Legacy			
Date 09/10/2025	Costello, Marjorie (Ms.)	out-of-state PAC (ID#:; Zip Code)	•	Amount of Contribution (\$)	\$50.00
	San Marcos, TX 78666					
Principal occ	cupation / Job title (See Instructions)		Employer (See Instructions	<u></u>		
CAO			Disability Services of the	e S	outhwest/Lifespan	
Date 09/10/2025				•	Amount of Contribution (\$)	\$120.00
	San Marcos, TX 78666					
Principal occ CAO	cupation / Job title (See Instructions)		Employer (See Instructions) Disability Services of the Southwest/Lifespan			
Date 09/10/2025	Davis , Sheila (Ms.)	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$12.50
	Wichita Falls, TX 76310					
Principal occ	cupation / Job title (See Instructions)		Employer (See Instructions	5)		
CHCE; CO	S-C		Always Best Care Senio	or S	Services	
·	cupation / Job title (See Instructions)		, , ,		Services	

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NNS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 4/18 Rpt: 7/39	
2	FILER NAME Texas Assoc	ciation for Home Care and Ho	spice Inc Texas Hom	e Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	n Filers)
4	Date 09/10/2025	5 Full name of contributorDelgado , Monica (Ms.)6 Contributor address; City; St)	7	Amount 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 09/10/2025	Full name of contributor Dilleshaw, Brittany (Ms.) Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code)		Amount of Contribution (\$)	\$25.00
	Dringing Lagor	Danbury, TX 77534	<u>, </u>	Franks on (Cas Instructions	<u></u>		
	•	pation / Job title (See Instructions ent of Home Therapy Services	´ I	Employer (See Instructions MedCare Pediatric Nurs		9	
	Date 09/10/2025	Full name of contributor Dishman, Cerhisa (Ms.) Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code		•	Amount of Contribution (\$)	\$25.00
		Bowie, TX 76230					
	Principal occu Executive Li	pation / Job title (See Instructions aison	·)	Employer (See Instructions Wichita Home Health Se		ice	
	Date 09/10/2025	Full name of contributor Elberson, Kathleen (Ms.) Contributor address; City; St Sadler, TX 76264)		Amount of Contribution (\$)	\$2.00
		pation / Job title (See Instructions)	Employer (See Instructions Angels of Care	<u> </u> s)		
	Date 09/10/2025	Full name of contributor Everett, Chrystal (Ms.) Contributor address; City; St Wichita Falls, TX 76308	out-of-state PAC (ID#:_		-	Amount of Contribution (\$)	\$125.00
		pation / Job title (See Instructions)	Employer (See Instructions		icos Inc	
	Administrato		, 	Wichita Home Health Se		ices Inc.	

	WONEI	ARY POLITICAL (CONTRIBUTIO		SCHEDULE	A1		
	The Instru	ction Guide explains how	v to complete this f	orm.	1 Total pages Schedule A1: Sch: 5/18 Rpt: 8/39			
2	FILER NAME Texas Assoc	ciation for Home Care and Ho	ospice Inc Texas Hon	ne Care and Hospice PAC -	3 Filer ID (Ethics Commission 00015750	Filers)		
4	Date 09/04/2025	5 Full name of contributor Fox , Eric (Mr.)6 Contributor address; City; S			7 Amount of Contribution (\$)	\$20.00		
	Deimainal	Whitehouse, TX 75791	2)	D. Franks or (Coal Instruction				
8	Principal occu Physical The	pation / Job title (See Instruction Prapist	S)	9 Employer (See Instructions Paradigm Rehab & Nurs				
	Date 09/23/2025	Full name of contributor Fox , Eric (Mr.) Contributor address; City; S	out-of-state PAC (ID#:_		Amount of Contribution (\$)	\$30.00		
	Principal occu	Whitehouse, TX 75791 pation / Job title (See Instruction	s)	Employer (See Instructions	<u> </u> 			
	Physical Therapist			Paradigm Rehab & Nurs				
	Date 09/10/2025	Full name of contributor Gill, Tayler Contributor address; City; S	out-of-state PAC (ID#:_		Amount of Contribution (\$)	\$25.00		
		Kyle, TX 78640						
	Principal occu Administrato	pation / Job title (See Instruction r	s)	Employer (See Instructions) Bridgeway Hospice				
	Date 09/10/2025	Full name of contributor Goolsby, Sharon (Ms.) Contributor address; City; S Jefferson, TX 75657			Amount of Contribution (\$)	\$125.00		
	Principal occu Administrato	pation / Job title (See Instruction r	s)	Employer (See Instructions First in Pediatrics Home				
	Date 09/10/2025	Full name of contributor Hale, Kati (Ms.) Contributor address; City; S Denton, TX 76208	out-of-state PAC (ID#:_		Amount of Contribution (\$)	\$60.00		
	Principal occu	pation / Job title (See Instruction	s)	Employer (See Instructions MAC Legacy	(3)			

	MONET	ARY POLITICAL CONT	RIBUTIONS		SCHEDULE	A1		
	The Instru	ction Guide explains how to cor	mplete this form.		1 Total pages Schedule A1: Sch: 6/18 Rpt: 9/39			
2	FILER NAME Texas Assoc	ciation for Home Care and Hospice Inc	c Texas Home Car	e and Hospice PAC -	3 Filer ID (Ethics Commission 00015750	Filers)		
4	Date 09/10/2025	 5 Full name of contributor out-out-out-out-out-out-out-out-out-out-	of-state PAC (ID#:		7 Amount of Contribution (\$)	\$21.00		
		Austin, TX 78732						
8		pation / Job title (See Instructions)		nployer (See Instructions)				
	Executive Di	rector	Te	xas Assn. for Home C	Care & Hospice Inc.			
	Date 09/10/2025	Full name of contributor out-o Hays, Victoria (Ms.) Contributor address; City; State; Zip o Caddo, OK 74729	of-state PAC (ID#:)	Amount of Contribution (\$)	\$1.00		
	Principal occu	pation / Job title (See Instructions)	En)			
	Benefits Team			igels of Care				
	Date 09/10/2025	Full name of contributor out-o Hicks, Eric (Mr.) Contributor address; City; State; Zip (Gilmer, TX 75645	of-state PAC (ID#:)	Amount of Contribution (\$)	\$1.00		
	Principal occu	pation / Job title (See Instructions)	En)			
	Respiratory			ngels of Care	,			
Date Full name of contributor out-of-state 09/10/2025 Hosley, Dennis (Mr.))	Amount of Contribution (\$)	\$50.00			
	Principal occu President CO	Dallas, TX 75214 pation / Job title (See Instructions)						
	Date 09/10/2025	Howard, Jesse (Mr.)	of-state PAC (ID#:)	Amount of Contribution (\$)	\$100.00		
	Principal occu	pation / Job title (See Instructions)	En	nployer (See Instructions))			
	Healthcare		Gi	rling Community Care				

	MONEI	ARY POLITICAL CONTRIBU	HOI	N 5		SCHEDULE	A1
	The Instru	ction Guide explains how to complete t	his fo	rm.	1	Total pages Schedule A1: Sch: 7/18 Rpt: 10/39	
2	FILER NAME Texas Assoc	ciation for Home Care and Hospice Inc Texas	s Home	Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	Filers)
4	Date 09/04/2025	 5 Full name of contributor out-of-state PAC Hurst, Robyn (Ms.) 6 Contributor address; City; State; Zip Code 	`)	7	Amount of Contribution (\$)	\$10.00
		Temple, TX 76502					
8		pation / Job title (See Instructions)	9	Employer (See Instructions			
	Executive Di	irector Paradigm Rehab & Nursi			sın		
	Date 09/23/2025	Full name of contributor out-of-state PAC Hurst, Robyn (Ms.) Contributor address; City; State; Zip Code Temple, TX 76502	C (ID#:)		Amount of Contribution (\$)	\$15.00
_	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	;) 		
	Executive Director			Paradigm Rehab & Nurs			
	Date 09/10/2025	Full name of contributor out-of-state PAC Jackson Klamo, Kathy (Ms.) Contributor address; City; State; Zip Code Corpus Christi, TX 78414	(ID#:)		Amount of Contribution (\$)	\$10.00
	Principal occu	upation / Job title (See Instructions) Employer (See Instructions		<u> </u> :)			
	Nurse	pane, 000 and (000 mendene)		Angels of Care	,		
Date 09/04/2025		Full name of contributor out-of-state PAC (ID#:) Jenkins , Jinny (Ms.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00	
	Dringing oggu	pation / Job title (See Instructions)		Employer (See Instructions	·/		
	Executive Di			Paradigm Rehab & Nurs		j LP	
	Date 09/23/2025	Full name of contributor out-of-state PAC Jenkins , Jinny (Ms.) Contributor address; City; State; Zip Code Crowley, TX 76036)		Amount of Contribution (\$)	\$75.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Executive Di	rector		Paradigm Rehab & Nurs	sin	g LP	

WONET	ARY POLITICAL (ZONTRIBUTIO	ONO		SCHEDULE	E A1
The Instru	ction Guide explains how	to complete this	form.	1	Total pages Schedule A1: Sch: 8/18 Rpt: 11/39	
2 FILER NAME Texas Assoc	ciation for Home Care and Ho	spice Inc Texas Hor	ne Care and Hospice PAC -	1	Filer ID (Ethics Commission 00015750	Filers)
4 Date 09/04/2025	5 Full name of contributor Lawson, Kimberly (Ms.)6 Contributor address; City; St)	7	Amount of Contribution (\$)	\$10.00
	Bridgeport, TX 76426					
8 Principal occu	pation / Job title (See Instructions	5)	9 Employer (See Instructions	s)		
Area Directo	r of Sales		Paradigm Rehab & Nurs	sing	LP	
Date 09/23/2025	Full name of contributor Lawson, Kimberly (Ms.) Contributor address; City; St	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$15.00
	Bridgeport, TX 76426					
Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	s)		
Area Directo	Area Director of Sales		Paradigm Rehab & Nurs	sing	sing LP	
Date 09/10/2025	Full name of contributor Leonard, Robyn (Ms.) Contributor address; City; Si	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$5.00
	Burleson, TX 76028					
Principal occu Therapist	pation / Job title (See Instructions	5)	Employer (See Instructions Angels of Care	s)		
Date 09/04/2025	Full name of contributor out-of-state PAC (ID#:)			Amount of Contribution (\$)	\$10.00	
	Tyler, TX 75703					
·	pation / Job title (See Instructions purces Manager	5)	Employer (See Instructions) Paradigm Rehab & Nursing LP			
Date 09/23/2025	Full name of contributor Lloyd, Mitzi (Ms.) Contributor address; City; Si	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$15.00
	Tyler, TX 75703					
	pation / Job title (See Instructions ources Manager	5)	Employer (See Instructions Paradigm Rehab & Nurs		LP	

	MONEI	ARY POLITICAL CONTRIBU	יטוונ	INS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete	this fo	rm.	1	Total pages Schedule A1: Sch: 9/18 Rpt: 12/39	
2	FILER NAME Texas Assoc	ciation for Home Care and Hospice Inc Texa	as Home	e Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	n Filers)
4	Date 09/10/2025	 Full name of contributor)	7	Amount of Contribution (\$)	\$50.00
		Springtown, TX 76082	<u>.</u>				
8	Principal occu Nurse	pation / Job title (See Instructions)	9	Employer (See Instructions Angels of Care	i)		
	Date 09/10/2025	Full name of contributor out-of-state PAG Lovely, Barbara (Ms.) Contributor address; City; State; Zip Code New York, NY 30620	C (ID#:			Amount of Contribution (\$)	\$200.00
	Principal occupation / Job title (See Instructions) Sales Executive			Employer (See Instructions HHAeXchange	<u> </u>		
	Date 09/10/2025	Full name of contributor out-of-state PAG Luna, Norma (Ms.) Contributor address; City; State; Zip Code	C (ID#:)		Amount of Contribution (\$)	\$75.00
	Principal occu	San Antonio, TX 78260 cupation / Job title (See Instructions) Employer (See Instructions)			<u>.</u>		
	Hospice Adr			Gentle Partners In Hospice LLC			
Date 09/10/2025		Full name of contributor out-of-state PAC (ID#:) Madison , Bradley (Mr.) Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$150.00
	Principal occu	Lubbock, TX 79423 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Date 09/04/2025	Full name of contributor out-of-state PAG Martinez, Rebecca (Ms.) Contributor address; City; State; Zip Code Amarillo, TX 79110)		Amount of Contribution (\$)	\$5.00
		pation / Job title (See Instructions) rsing Assistant		Employer (See Instructions Goodcare Health Service			
	2234.141	2 0 12-1		2222333441.33141			

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE	A1	
	The Instruc	ction Guide explains how to complete th	nis fo	rm.	1	Total pages Schedule A1: Sch: 10/18 Rpt: 13/39	
2	FILER NAME Texas Association for Home Care and Hospice Inc Texas Home Care and Hospice PAC -		3	Filer ID (Ethics Commission 00015750	Filers)		
4	Date 09/04/2025	 Full name of contributor out-of-state PAC (Martinez, Rebecca (Ms.) Contributor address; City; State; Zip Code 	(ID#:		7	Amount of Contribution (\$)	\$5.00
_		Amarillo, TX 79110			_		
8	•	pation / Job title (See Instructions)	8	Employer (See Instructions Goodcare Health Service			
	Certified Nursing Assistant Goodcare Health Service Date Full name of contributor out-of-state PAC (ID#:) Martinez, Rebecca (Ms.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5.00		
	Principal occu	Amarillo, TX 79110 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Certified Nursing Assistant Goodcare Health Service						
	Date 09/04/2025	Full name of contributor out-of-state PAC (Martinez, Rebecca (Ms.) Contributor address; City; State; Zip Code Amarillo, TX 79110	(ID#:			Amount of Contribution (\$)	\$5.00
	Principal occu	pation / Job title (See Instructions)	\neg	Employer (See Instructions	<u> </u> -		
		rsing Assistant		Goodcare Health Service			
	Date Full name of contributor out-of-state PAC (ID#:) 09/23/2025 Martinez, Rebecca (Ms.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5.00		
	Deignainal	Amarillo, TX 79110		Franks var (Caa kastu vationa	<u></u>		
	•	pation / Job title (See Instructions) sing Assistant		Employer (See Instructions Goodcare Health Servic			
	Date 09/23/2025	Full name of contributor out-of-state PAC (Martinez, Rebecca (Ms.) Contributor address; City; State; Zip Code Amarillo, TX 79110				Amount of Contribution (\$)	\$5.00
		pation / Job title (See Instructions)		Employer (See Instructions			
	Certified Nur	rsing Assistant		Goodcare Health Servic	es		

	MONEI	ARY POLITICAL (CONTRIBUTION	JNS		SCHEDULE	A1
	The Instru	ction Guide explains hov	v to complete this f	orm.	1	Total pages Schedule A1: Sch: 11/18 Rpt: 14/39	
2	FILER NAME Texas Association for Home Care and Hospice Inc Texas Home Care and Hospice PAC -		3	Filer ID (Ethics Commission 00015750	Filers)		
4	Date 09/23/2025	5 Full name of contributor Martinez, Rebecca (Ms.)6 Contributor address; City; S			7	Amount of Contribution (\$)	\$5.00
		Amarillo, TX 79110					
8	•	pation / Job title (See Instructions	s)	9 Employer (See Instructions			
	Certified Nur	rsing Assistant		Goodcare Health Service	es		
	Date 09/23/2025	Full name of contributor Martinez, Rebecca (Ms.) Contributor address; City; S	out-of-state PAC (ID#:_)	•	Amount of Contribution (\$)	\$5.00
		Amarillo, TX 79110					
	•	pation / Job title (See Instructions	5)	Employer (See Instructions			
	Certified Nur	rsing Assistant		Goodcare Health Service	es		
	Date 09/10/2025	Full name of contributor McClammy, Lisa (Ms.) Contributor address; City; S	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$25.00
		Whitney, TX 76692		1	Ĺ		
	Principal occu RN Consulta	pation / Job title (See Instructions unt	5)	Employer (See Instructions MAC Legacy	5)		
	Date 09/04/2025	Full name of contributor McGraw, Joseph (Mr.) Contributor address; City; S Tyler, TX 75703				Amount of Contribution (\$)	\$20.00
	•	pation / Job title (See Instructions	5)	Employer (See Instructions	•	~ 1.0	
	Business De			Paradigm Rehab & Nurs	sın		
	Date 09/23/2025	Full name of contributor McGraw, Joseph (Mr.) Contributor address; City; S Tyler, TX 75703	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$30.00
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	<u></u>		
	Business De			Paradigm Rehab & Nurs		g LP	
		·		1 3		-	

	MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE	A1	
	The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: Sch: 12/18 Rpt: 15/39		
2	FILER NAME Texas Assoc	FILER NAME Texas Association for Home Care and Hospice Inc Texas Home Care and Hospice PAC -		3 Filer ID (Ethics Commission Fi 00015750	ilers)	
4	Date 09/10/2025	 Full name of contributor Meave, Adan and Monica (M Contributor address; City; State;)	7 Amount of Contribution (\$) \$	\$150.00
_		Weslaco, TX 78599	1-			
8	Homecare	pation / Job title (See Instructions)	9	Employer (See Instructions El Rey Primary Health C	care, LLC	
	Date 09/10/2025	Full name of contributor Morales, Carlos (Mr.) Contributor address; City; State;	out-of-state PAC (ID#:)	Amount of Contribution (\$)	\$50.00
	Principal occu	Lubbock, TX 79424 pation / Job title (See Instructions)	1	Employer (See Instructions)	
	Executive Vice President Caprock Home Health S					
	Date 09/10/2025			Amount of Contribution (\$)	\$5.00	
	Daine in all a con-	Colorado Springs, CO 80927		For all and (Constructions		
	Nurse	pation / Job title (See Instructions)		Employer (See Instructions Angels of Care)	
	Date 09/10/2025			Amount of Contribution (\$)	\$25.00	
	Principal occu	Early, TX 76802 pation / Job title (See Instructions)		Employer (See Instructions Lee HealthCare)	
	Date 09/04/2025	Nawaz, Kelly (Ms.)	out-of-state PAC (ID#:)	Amount of Contribution (\$)	\$50.00
	Principal occu Quality Assu	pation / Job title (See Instructions)		Employer (See Instructions Paradigm Rehab & Nurs		
				- Landeng Torrad & Marc		

	MONETARY POLITICAL CONTRIBUTIONS			SCHEDUL	E A1	
	The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: Sch: 13/18 Rpt: 16/39		
2	FILER NAME Texas Association for Home Care and Hospice Inc Texas Home Care and Hospice PAC -		3 Filer ID (Ethics Commission 00015750	n Filers)		
4	Date 09/23/2025	 5 Full name of contributor	out-of-state PAC (ID#:		7 Amount of Contribution (\$)	\$75.00
		Canton, TX 75103				
8	•	pation / Job title (See Instructions)	9	Employer (See Instructions		
	Quality Assu			Paradigm Rehab & Nurs		
	Date Full name of contributor out-of-state PAC (ID#:) 09/10/2025 Niedermayer, Vicki (Ms.) Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$150.00		
	5: : 1	Arlington, TX 76001				
	Principal occupation / Job title (See Instructions) CEO/Social Services Employer (See Instructions Helping Restore Ability)			
	Date		out-of-state PAC (ID#:	Tresping reduce ribinty	Amount of Contribution (\$)	
	09/10/2025	Olguin, Christie (Ms.) Contributor address; City; State; 2 San Antonio, TX 78254			, and an equation (4)	\$25.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)	
	Therapist	,		Angels of Care	,	
	Date 09/10/2025	Painter, Andrew (Mr.))	Amount of Contribution (\$)	\$1,000.00
	Principal occu President/Ov	pation / Job title (See Instructions) wner		Employer (See Instructions APC Home Health Servi		
	Date 09/19/2025	Palmer, Lee (Mr.)	out-of-state PAC (ID#:		Amount of Contribution (\$)	\$50.00
		pation / Job title (See Instructions)		Employer (See Instructions		
	Administrato	r		Consolidated Home Hea	ulth	

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDUL	OULE A1	
	The Instru	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 14/18 Rpt: 17/39	
2	FILER NAME		_		3	Filer ID (Ethics Commission	n Filers)
	Texas Assoc	ciation for Home Care and Hospice In	ıc Texas Home (Care and Hospice PAC -		00015750	,
4	Date	5 Full name of contributor out-	of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	09/10/2025	Pierre McKelvey, Petria (Ms.) 6 Contributor address; City; State; Zip	Code				\$100.00
		Houston, TX 77070					
8	Principal occu Owner	ipation / Job title (See Instructions)	9	Employer (See Instructions Precision Medical Billing			
	Date	Full name of contributor out-	of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/10/2025	Pierre McKelvey, Petria (Ms.)					\$100.00
		Contributor address; City; State; Zip	Code				
		Houston, TX 77070					
	Principal occupation / Job title (See Instructions) Employer (See Instructions						
L	Owner			Precision Medical Billing			
	Date 09/04/2025	Full name of contributor out-out-out-out-out-out-out-out-out-out-	of-state PAC (ID#: Code)		Amount of Contribution (\$)	\$80.00
		Tyler, TX 75701					
	•	ipation / Job title (See Instructions)		Employer (See Instructions			
	Executive Di	rector		Paradigm Rehab & Nurs	sinç	J LP	
	Date 09/23/2025	Full name of contributor out-out-out-out-out-out-out-out-out-out-	of-state PAC (ID#:)		Amount of Contribution (\$)	\$120.00
		Tyler, TX 75701					
	Principal occu Executive Di	ipation / Job title (See Instructions) irector		Employer (See Instructions Paradigm Rehab & Nurs		j LP	
	Date 09/04/2025	Full name of contributor out-out-out-out-out-out-out-out-out-out-	of-state PAC (ID#:)		Amount of Contribution (\$)	\$119.05
		Contributor address; City; State; Zip Corsicana, TX 75109	Code				
		upation / Job title (See Instructions)		Employer (See Instructions)		
	Owner/Direc	ctor of Nursing	L_	Angels At Home, Inc.			

IVIOINEI	ARY POLITICAL CC	JN I KIBU HUI	CV		SCHEDUL	E A1
The Instru	ction Guide explains how to	o complete this fo	rm.	1	Total pages Schedule A1: Sch: 15/18 Rpt: 18/39	
2 FILER NAME Texas Assoc	2 FILER NAME Texas Association for Home Care and Hospice Inc Texas Home Care and Hospice PAC -		3	Filer ID (Ethics Commission 00015750	n Filers)	
4 Date 09/04/2025	5 Full name of contributor Reece, Miranda (Ms.) 6 Contributor address; City; State)	7	Amount of Contribution (\$)	\$40.00
	Grapevine, TX 76051					
8 Principal occu VP of Opera	upation / Job title (See Instructions)	g	Employer (See Instructions Paradigm Rehab & Nurs		N I D	
Date 09/23/2025	Full name of contributor Reece, Miranda (Ms.) Contributor address; City; State	out-of-state PAC (ID#: e; Zip Code)		Amount of Contribution (\$)	\$60.00
	Grapevine, TX 76051					
	upation / Job title (See Instructions)		Employer (See Instructions		NID.	
VP of Opera			Paradigm Rehab & Nurs	SIN		
Date 09/10/2025	Full name of contributor Robison, Kristen (Ms.) Contributor address; City; State	out-of-state PAC (ID#: e; Zip Code			Amount of Contribution (\$)	\$125.00
	San Antonio, TX 78209					
	upation / Job title (See Instructions) rt. Affairs, CCO		Employer (See Instructions Angels of Care Pediatric		ome Health	
Date 09/10/2025	Full name of contributor Rose, Thomas (Mr.) Contributor address; City; State				Amount of Contribution (\$)	\$50.00
	Bradenton, FL 34203					
Principal occu Consultant	upation / Job title (See Instructions)		Employer (See Instructions 21st Century Consultant	-		
Date 09/10/2025	Contributor address; City; State	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
	Harlingen, TX 78552			<u></u>		
Principal occu Administrato	upation / Job title (See Instructions) or		Employer (See Instructions Texas Visiting Nurse Se		ces Ltd.	

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDUL	E A1	
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 16/18 Rpt: 19/39		
2	FILER NAME Texas Association for Home Care and Hospice Inc Texas Home Care and Hospice PAC -		3	Filer ID (Ethics Commission 00015750	n Filers)		
4	Date 09/10/2025	Sczepanski, William (Mr.))	7	Amount of Contribution (\$)	\$100.00
		Phoenix, AZ 85054					
8		pation / Job title (See Instructions)	9	Employer (See Instructions			
	VP of Gover	nment Relations		Team Select Home Care	e ==		
	Date Full name of contributor out-of-state PAC (ID#:) 09/10/2025 Smith , Linda (Ms.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$210.00		
	Delevieral	San Antonio, TX 78248		Franks (Co. Jackson House			
	Principal occupation / Job title (See Instructions) CEO Employer (See Instructions Employer (See Instructions))			
	Date 09/10/2025				Amount of Contribution (\$)	\$100.00	
	Dringing coou	Memphis, TN 38119 pation / Job title (See Instructions)		Employer (See Instructions			
	Vendor	pation / Job title (See Instructions)		Employer (See Instructions) Whirks)		
	Date Full name of contributor out-of-state PAC (ID#:) 09/10/2025 Valladares, Lydia (Ms.) Contributor address; City; State; Zip Code McAllen, TX 78501			Amount of Contribution (\$)	\$125.00		
	Principal occu Alternate Ad	pation / Job title (See Instructions) ministrator		Employer (See Instructions Presidente Homecare)		
	Date 09/10/2025	Full name of contributor out-of-state Wilbanks, Kelly (Ms.) Contributor address; City; State; Zip Code Larue, TX 75770				Amount of Contribution (\$)	\$10.00
	•	pation / Job title (See Instructions)		Employer (See Instructions)		
	RN			Paradigm Home Care			

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDUL	E A1	
	The Instruc	ction Guide explains hov	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 17/18 Rpt: 20/39	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Texas Assoc	ciation for Home Care and Ho	spice Inc Texas Hom	ne Care and Hospice PAC -		00015750	
4	Date 09/10/2025			7	Amount of Contribution (\$)	\$10.00	
		Sherman, TX 75092					
8	Principal occu	pation / Job title (See Instructions	3)	9 Employer (See Instructions	5)		
	Office Nurse			Angels Of Care Pediatri	c F	Iome Health	
	Date 09/04/2025	O9/04/2025 Yates, Jennifer (Ms.) Contributor address; City; State; Zip Code		•	Amount of Contribution (\$)	\$19.24	
	Principal occu	Gilmer, TX 75644 pation / Job title (See Instructions	3)	Employer (See Instructions	s) 		
	Executive Director Paradigm Rehab & Nurs			g LP			
	Date 09/23/2025				Amount of Contribution (\$)	\$28.86	
	Principal occu	Gilmer, TX 75644 pation / Job title (See Instructions	3)	Employer (See Instructions	:) 		
	Executive Di	,	"	Paradigm Rehab & Nurs		a LP	
	Date 09/10/2025	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	5)		
	Date 09/10/2025	Full name of contributor van den Bent, Jerre (Mr.) Contributor address; City; S Dallas, TX 75208	out-of-state PAC (ID#:_		•	Amount of Contribution (\$)	\$400.00
	Principal occu CEO	pation / Job title (See Instructions	s) 	Employer (See Instructions Therapy 2000 Inc.	5)		

	MONETARY POLITICAL CONTRIBUTIONS		SCHEDUL	E A1
	The Instruction Guide explains how to complete this form.	1	Total pages Schedule A1: Sch: 18/18 Rpt: 21/39	
2	FILER NAME Texas Association for Home Care and Hospice Inc Texas Home Care and Hospice PAC -		Filer ID (Ethics Commissio 00015750	n Filers)
4	Date 09/10/2025 5 Full name of contributor out-of-state PAC (ID#:) van den Bent, Jerre (Mr.) 6 Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$400.00
	Dallas, TX 75208			
8	Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) CEO Therapy 2000 Inc.	tions)		
	Date Full name of contributor out-of-state PAC (ID#:) van den Bent, Jerre (Mr.) Contributor address; City; State; Zip Code)	Amount of Contribution (\$)	\$80.00
	Dallas, TX 75208 Principal occupation / Job title (See Instructions) Employer (See Instructions)	tions)		
	CEO Therapy 2000 Inc.			

MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C3

	The Instru	ction Guide explains how to complete this form.	1	Total pages Schedule C3: Sch: 1/1 Rpt: 22/39
2	FILER NAME		3	Filer ID (Ethics Commission Filers)
	Texas Assoc	ciation for Home Care and Hospice Inc Texas Home Care and Hospice		00015750
4	Date	5 Corporation / Labor Organization name	6	Amount (\$)
	09/01/2025	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

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: 1/17 Rpt: 23/39	Texas Association for Home Care and Hospice Inc Texas 00015750
4 Date	5 Payee name
09/10/2025	PayPal
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$5.73	2211 N. First St.
Expenditure from	San 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
EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Credit card processing fee
	Ground data processing rec
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
,	
Date	Payee name
09/10/2025	PayPal
Amount (\$)	Payee address; City; State; Zip Code
\$0.66	2211 N. First St.
Expenditure from corporate funds	San Jose, CA 95131
•	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Credit card processing fee
	Ground Sand processing roo
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
09/10/2025	PayPal
Amount (\$)	Payee address; City; State; Zip Code
\$0.66	2211 N. First St.
Expenditure from corporate funds	San Jose, CA 95131
-	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Credit card processing fee
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	y

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: 2/17 Rpt: 24/39	Texas Association for Home Care and Hospice Inc Texas 00015750
4 Date	5 Payee name
09/10/2025	PayPal
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$0.84	2211 N. First St.
- Evpanditura from	
Expenditure from corporate funds	San Jose, CA 95131
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Credit card processing fee
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
09/10/2025	PayPal
Amount (\$)	Payee address; City; State; Zip Code
\$0.52	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
09/10/2025	PayPal
Amount (\$)	Payee address; City; State; Zip Code
\$11.79	2211 N. First St.
Ψ±1.79	2221010000
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 cord proceeding for
	Credit card processing fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to complete this form.		
1 Total pages Schedule F1: Sch: 3/17 Rpt: 25/39	2 FILER NAME Texas Association for Home Care and Hospice Inc Texas 3 Filer ID (Ethics Commission 00015750)		
4 Date 09/10/2025	5 Payee name PayPal		
6 Amount (\$) \$11.79	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 ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held		
Date 09/10/2025	Payee name PayPal		
Amount (\$) \$2.54	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/O	Candidate/Officeholder name Office sought Office held		
Date 09/10/2025	Payee name PayPal		
Amount (\$) \$29.19	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/O	Candidate/Officeholder name Office sought Office held		

SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expens Gift/Awards/Memorials I Legal Services The Instruction Gu	Expense Prin Sala	_	nse es/Contract Labor	Travel in District Travel Out of Distr OTHER (enter a c	rict ategory not listed above)
1	Total pages Schedule F1:	2 FILER	NAME				3 Filer ID	(Ethics Commission Filers)
	Sch: 4/17 Rpt: 26/39	Texa	s Association for Home	Care and Hos	spice Ir	ıc Texas	00015750	
4	Date	5 Payee	name					
	09/10/2025	PayP	al					
6	Amount (\$)	7 Payee	address; City;	State; Zi	p Code			
	\$8.96	2211	N. First St.					
	Expenditure from corporate funds	San 3	ose, CA 95131					
8	PURPOSE	(a) Categ	Ory (See Categories listed at th	e top of this schedule)) (b) Description		
	OF EXPENDITURE	Acco	unting/Banking				outside of Texas. Comp	
	-					\Box	n, TX, officeholder living	expense
						Cieuii caiu p	rocessing fee	
9	Complete ONLY if direct	Candid	ate/Officeholder name	Office	e sough	t	Office hel	
_	expenditure to benefit C/OF		aco, o mocnoider name	Office		•	Office Hel	<u> </u>
	Date	_	name					
	09/10/2025	PayP	al					
	Amount (\$)	Payee	address; City;	State; Zij	p Code			
	\$4.61	2211	N. First St.					
	- Franciski na f							
	Expenditure from corporate funds	San 3	ose, CA 95131					
	PURPOSE	(a) Categ	Ory (See Categories listed at th	e top of this schedule)) (b) Description		
	OF EXPENDITURE		unting/Banking			ш	outside of Texas. Comp	
						ш	n, TX, officeholder living	expense
						Credit card p	rocessing fee	
	Complete ONLY if direct expenditure to benefit C/OH		ate/Officeholder name	Office	e sough	t	Office hel	d
H	Date	Pavec	name					
	09/10/2025	PayP						
	Amount (\$)	Payee	address; City;	State; Zij	p Code			
	\$5.73		N. First St.	·				
	Expenditure from corporate funds	San S	ose, CA 95131					
	PURPOSE OF		Ory (See Categories listed at th	e top of this schedule)) (b) Description		
	EXPENDITURE	Acco	unting/Banking				outside of Texas. Comp n, TX, officeholder living	
						_	rocessing fee	элрепас
						Si Sait Said p		
	Complete ONLY if direct	Candid	ate/Officeholder name	Office	e sough	<u> </u>	Office hel	d
	expenditure to benefit C/OF			200	9.1		200.1101	

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: 5/17 Rpt: 27/39	Texas Association for Home Care and Hospice Inc Texas 00015750
4 Date	5 Payee name
09/10/2025	PayPal
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$3.18	2211 N. First St.
Expenditure from corporate funds	San Jose, CA 95131
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	Credit card processing fee
	Credit eard processing rec
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·
Data	<u> </u>
Date	Payee name
09/10/2025	PayPal
Amount (\$)	Payee address; City; State; Zip Code
\$7.82	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 1 2 1	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
'	
Date	Payee name
09/10/2025	PayPal
Amount (\$)	Payee address; City; State; Zip Code
\$0.68	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
onponential to belief 0/01	•

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: 6/17 Rpt: 28/39	Texas Association for Home Care and Hospice Inc Texas 00015750
4 Date	5 Payee name
09/10/2025	PayPal
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$4.85	2211 N. First St.
— Forest diture 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
	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
09/10/2025	PayPal
Amount (\$)	Payee address; City; State; Zip Code
\$4.61	2211 N. First St.
¥•	
Expenditure from	Can Jaca CA 05101
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
	Credit card processing fee
Commission ONII V if diment	Condidate/Officeholder name
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/10/2025	PayPal
Amount (\$)	Payee address; City; State; Zip Code
\$1.36	2211 N. First St.
Expenditure from corporate funds	San Jose, CA 95131
·	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description 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
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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: 7/17 Rpt: 29/39	Texas Association for Home Care and Hospice Inc Texas 00015750
4 Date	5 Payee name
09/10/2025	PayPal
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.36	2211 N. First St.
- Evpanditura from	
Expenditure from corporate funds	San Jose, CA 95131
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Credit card processing fee
	a contract of the contract of
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
09/10/2025	PayPal
Amount (\$)	Payee address; City; State; Zip Code
\$1.99	2211 N. First St.
Expenditure from corporate funds	San Jose, CA 95131
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Credit card processing fee
	a contract of the contract of
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
09/10/2025	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.
LA LABITORE	Cradit cord processing for
	Credit card processing fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

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: 8/17 Rpt: 30/39	2 FILER NAME Texas Association for Home Care and Hospice Inc Texas 3 Filer ID (Ethics Commission Filers) 00015750		
4 Date 09/10/2025	5 Payee name PayPal		
6 Amount (\$) \$3.18	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 ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held		
Date 09/10/2025	Payee name PayPal		
Amount (\$) \$3.18	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/O	Candidate/Officeholder name Office sought Office held		
Date 09/10/2025	Payee name PayPal		
Amount (\$) \$1.74	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 H		

SCHEDULE F1

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage
Contributions/ Donations Made By - Gift/Awards/Mer

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
TTHER (order a cotocomy set listed above)

The Instruction Guide explains how to complete this form.
2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Texas Association for Home Care and Hospice Inc Texas 00015750
5 Payee name
PayPal
7 Payee address; City; State; Zip Code
2211 N. First St.
San Jose, CA 95131
(a) Category (See Categories listed at the top of this schedule) (b) Description
Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Credit card processing fee
Orean data prodessing rec
Candidate/Officeholder name Office sought Office held
Office field Office field Office sought Office field
Payee name
PayPal
Payee address; City; State; Zip Code
2211 N. First St.
San Jose, CA 95131
(a) Category (See Categories listed at the top of this schedule) (b) Description
Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
Cradit pard propaging for
Credit card processing fee
Candidate/Officeholder name Office sought Office held OH
Payee name
PayPal
Payee address; City; State; Zip Code
2211 N. First St.
San Jose, CA 95131
(a) Category (See Categories listed at the top of this schedule) (b) Description
Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
Check if Austin, TX, officeholder living expense
Credit card processing fee
Candidate/Officeholder name Office sought Office held
Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

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

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

Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	d Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
<u> </u>	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 10/17 Rpt: 32/39	Texas Association for Home Care and Hospice Inc Texas 00015750
4 Date	5 Payee name
09/10/2025	PayPal
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.36	2211 N. First St.
Expenditure from corporate funds	San Jose, CA 95131
8 PURPOSE	
OF	
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
09/10/2025	PayPal
Amount (\$)	
\$0.56	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 cord proceeding for
	Credit card processing fee
Complete CNU V M allo	Constitute (Office healder no year
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/10/2025	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	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

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
Sch: 11/17 Rpt: 33/39	Texas Association for Home Care and Hospice Inc Texas 00015750	
4 Date	5 Payee name	_
09/10/2025	PayPal	
6 Amount (\$)	7 Payee address; City; State; Zip Code	_
\$0.66	2211 N. First St.	
Expenditure from corporate funds	San Jose, CA 95131	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.	
EXPENDITORE	Check if Austin, TX, officeholder living expense	
	Credit card processing fee	
O Commission ONLL V if direct	Constitute (Office helder no year Office accounts	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H	
		_
Date	Payee name	
09/10/2025	PayPal	
Amount (\$)	Payee address; City; State; Zip Code	
\$2.24	2211 N. First St.	
Expenditure from		
corporate funds	San Jose, CA 95131	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	Credit card processing fee	
	a constant processing to	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/O		
Date	Payee name	_
09/10/2025	PayPal	
Amount (\$)	Payee address; City; State; Zip Code	_
\$6.07	2211 N. First St.	
\$5.01		
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		
		_

SCHEDULE F1

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage
Contributions/ Donations Made Rv - Gift/Awards/Met

Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Frinting Expense Legal Services Salaries/Mages/Contract Labor

EXPENDITURE CATEGORIES FOR BOX 8(a)

Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1: Sch: 12/17 Rpt: 34/39	2 FILER NAME Texas Association for Home Care and Hospice Inc Texas 3 Filer ID (Ethics Commission Filers) 00015750
4 Date	5 Payee name
09/10/2025	PayPal
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$7.52	2211 N. First St.
Expenditure from	San Jose 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/O	Candidate/Officeholder name Office sought Office held H
Date	Payee name
09/10/2025	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 EVEN DE LEE	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
09/10/2025	PayPal
Amount (\$)	Payee address; City; State; Zip Code
\$2.24	2211 N. First St.
Evnonditure free-	
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	

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: 13/17 Rpt: 35/39	Texas Association for Home Care and Hospice Inc Texas 00015750
4 Date	5 Payee name
09/10/2025	PayPal
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2.24	2211 N. First St.
— Foresedit ve from	
Expenditure from corporate funds	San Jose, CA 95131
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Credit card processing fee
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiorure to benefit C/Oi	
Date	Payee name
09/10/2025	PayPal
Amount (\$)	Payee address; City; State; Zip Code
\$4.48	2211 N. First St.
Expenditure from	
corporate funds	San Jose, CA 95131
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	Credit card processing fee
	Credit data processing fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
09/10/2025	PayPal
Amount (\$)	Payee address; City; State; Zip Code
\$6.07	2211 N. First St.
40.0.	
Expenditure from corporate funds	San Jose, CA 95131
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	Credit card processing fee
	Credit card processing ree
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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: 14/17 Rpt: 36/39	Texas Association for Home Care and Hospice Inc Texas 00015750
4 Date	5 Payee name
09/10/2025	PayPal
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$3.18	2211 N. First St.
Expenditure from corporate funds	San Jose, CA 95131
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	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 ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	H
Date	Payee name
09/10/2025	PayPal
Amount (\$)	Payee address; City; State; Zip Code
\$3.98	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/O	Candidate/Officeholder name Office sought Office held
experience to believe eye	
Date	Payee name
09/10/2025	PayPal
Amount (\$)	Payee address; City; State; Zip Code
\$0.60	2211 N. First St.
Expenditure from corporate funds	San Jose, CA 95131
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	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	

SCHEDULE F1

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

Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

Credit Card Payment	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	<u> </u>	_
Sch: 15/17 Rpt: 37/39	Texas Association for Home Care and Hospice Inc Texas 00015750	
4 Date	5 Payee name	_
09/10/2025	PayPal	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$1.12	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	_
09/10/2025	PayPal	
Amount (\$)	Payee address; City; State; Zip Code	_
\$2.87	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	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/OI	₹	
Date	Payee name	_
09/10/2025	PayPal	
Amount (\$)	Payee address; City; State; Zip Code	_
\$4.85	2211 N. First St.	
Expenditure from corporate funds	San Jose, CA 95131	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.	
LAFENDITORE	Check if Austin, TX, officeholder living expense	
	Credit card processing fee	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·	
Fanna and 11.11. T		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Credit Card Payment	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·	_
Sch: 16/17 Rpt: 38/39	Texas Association for Home Care and Hospice Inc Texas 00015750	
4 Date	5 Payee name	
09/10/2025	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/O		
Date	Payee name	_
09/10/2025	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.	
	Check if Austin, TX, officeholder living expense Credit card processing fee	
	Credit card processing fee	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/O		
Data		_
Date 09/10/2025	Payee name PayPal	
	-	
Amount (\$)	Payee address; City; State; Zip Code	
\$0.84	2211 N. First St.	
Expenditure from	0104.05404	
corporate funds	San Jose, CA 95131	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Tayon 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		
		_
Famor manifel (1) To F		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributing Donations Made By Candidate/Officeholder/Politica Credit Card Payment	by - Gift/Awards/Memorials Expense Printing Expense Travel Out of District al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers	s)
	Sch: 17/17 Rpt: 39/39	Texas Association for Home Care and Hospice Inc Texas 00015750	
4	Date	5 Payee name	
	09/19/2025	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	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
		Credit card processing fee	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held OH	