MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC COVER SHEET PG 1

Th	ne MPAC Instruction	Guide explains how to complete this form. 1 Filer ID (Ethics Commission Filers) 00015750	2 Total pages filed: 272
3	COMMITTEE NAME	·	OFFICE USE ONLY
	Texas Association	for Home Care and Hospice Inc Texas Home Care and Hospice PAC -	Date Received
	State		ELECTRONICALLY FILED 11/05/2025
4	COMMITTEE	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP	
	ADDRESS	9390 Research Blvd., Bldg. 1 Suite 300	
		Austin, TX 78759	Date Hand-delivered or Date Postmarked
5	CAMPAIGN	MS / MRS / MR FIRST MI	Date Figure delivered of Date Feedmands
ľ	TREASURER	Ms. Rachel	Receipt # Amount
	NAME	NIS. RACHEI	Date Processed
l		NICKNAME LAST SUFFIX	Date 1 10003300
		Hammon	Date Imaged
		Hallimon	Date imaged
6	CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STA	TE; ZIP CODE
ľ	TREASURER		ATE, ZIF CODE
l	STREET	9390 Research Blvd., Bldg. 1 Suite 300	
	ADDRESS (Residence or Business)	Austin, TX 78759	
7	CAMPAIGN	STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STA	ATE; ZIP CODE
	TREASURER MAILING ADDRESS		
8	CAMPAIGN	AREA CODE PHONE NUMBER EXTENSION	
	TREASURER PHONE	(512) 338-9293	
9	REPORT TYPE	X Monthly 10th day after campaign treasurer termination	Dissolution (Attach PAC-DR)
10	MONTHLY REPORT FILING	January 5 April 5 July 5	October 5
	DEADLINE		<u> </u>
		February 5 May 5 August 5	X November 5
		March 5 June 5 September 5	December 5
11	. PERIOD	Month Day Year Month	Day Year
	COVERED	09/26/2025 THROUGH 10/25/2	025
┢			
		GO TO PAGE 2	
		GO TO PAGE 2	

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

2 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Texas Association fo	or Home Care and Hospic	e Inc Texas Home Care and Hospice	00015750	
4 COMMITTEE ACTIVITY	1. Candidates	A. Supported		
ACTIVITY	(Identify by name or, if applicable, classify by party.)			
(Attach lists on plain paper to complete this		B. Opposed		
report if necessary.)				
	2. Measures	A. Supported		
	(Describe by date and location of election and nature of issue.)			
	or election and nature or issue.)			
		B. Opposed		
	3. Officeholders Assisted			
	(Identify by name or, if			
	applicable, classify by party.)			
5 CONTRIBUTION		D POLITICAL CONTRIBUTIONS (OTHER THAN		
TOTALS		OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY)	\$	0.00
	I	qualifies for the higher itemization threshold		
	2. TOTAL POLITICA	AL CONTRIBUTIONS	\$	0.016.22
	(OTHER THAN PLE	DGES, LOANS, OR GUARANTEES OF LOANS)	ľ	9,816.22
EXPENDITURE	3. TOTAL UNITEMIZE	D POLITICAL EXPENDITURES	\$	0.00
TOTALS			*	0.00
	4. TOTAL POLITICA	AL EXPENDITURES	s	
				7,587.24
CONTRIBUTION	5. TOTAL POLITICAL	CONTRIBUTIONS MAINTAINED AS OF THE LAST	DAY	
BALANCE	OF THE REPORTIN	G PERIOD	\$	146,716.29
OUTSTANDING	6. TOTAL PRINCIPAL	AMOUNT OF ALL OUTSTANDING LOANS AS OF 1		
LOAN TOTALS	LAST DAY OF THE	REPORTING PERIOD	\$	0.00
C AFFIDAV/IT				
6 AFFIDAVIT				
		I swear, or affirm, under penalty of pe	riury, that the	accompanying report is
		true and correct and includes all infor	mation require	d to be reported by me
		under Title 15, Election Code.		
		Ms Rache	el Hammon	
		Signature of Cal		ırer
		2.9		
AFFIX NOTA	RY STAMP / SEAL ABOVE			
Sworn to and subscrib	hed hefore me, by the said	, t	nis the	day
		which, witness my hand and seal of office.		aay
	,, 23.6.7	, ,		
Signature of officer	r administering oath	Printed name of officer administering oath	Title of offi	cer administering oath
_ 3 2 3. 3001			0. 0	3.5

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

3 of 272

	301272								
17 COMMITT Texas As	EE NAME sociation for Home Care and Hospice Inc Texas Home Care and Hospice	18 Filer ID 00015750	(Ethics Commission Filers)						
	E SUBTOTALS		1						
	SCHEDULE		SUBTOTAL AMOUNT						
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 8,893.94						
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$						
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$						
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOURGANIZATION)R	\$						
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORAL LABOR ORGANIZATION	ATION OR	\$						
6. X	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$ 922.28						
7.	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$						
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (ORGANIZATION	\$						
9.	SCHEDULE E: LOANS		\$						
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$ 7,587.24						
11.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$						
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$						
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$						
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$						
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$						

	MONET	ARY POLITICAL CO	MIKIBUTIOI	NS		SCHEDULE	A1
	The Instru	ction Guide explains how to	complete this for	rm.	1	Total pages Schedule A1: Sch: 1/254 Rpt: 4/272	
2	FILER NAME Texas Assoc	ciation for Home Care and Hospi	ce Inc Texas Home	Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	Filers)
4	Date 10/01/2025	5 Full name of contributor			7	Amount of Contribution (\$)	\$3.00
		Tyler, TX 75701					
8	Principal occu Authorization	pation / Job title (See Instructions) n Specialist	9	Employer (See Instructions Therapy 2000 Inc.)		
	Date 10/01/2025	Full name of contributor Aguilar, Maria (Ms.) Contributor address; City; State Tyler, TX 75701	out-of-state PAC (ID#: ;; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Authorization			Therapy 2000 Inc.	•		
	Date 10/01/2025	Full name of contributor Aguilar, Maria (Ms.) Contributor address; City; State	out-of-state PAC (ID#: ; Zip Code			Amount of Contribution (\$)	\$3.00
	Dringing oggu	Tyler, TX 75701 pation / Job title (See Instructions)		Employer (See Instructions			
	Authorization			Therapy 2000 Inc.	,		
Date 10/01/2025		Full name of contributor Aguilar, Maria (Ms.) Contributor address; City; State				Amount of Contribution (\$)	\$3.00
		Tyler, TX 75701					
	Principal occu Authorization	pation / Job title (See Instructions) n Specialist		Employer (See Instructions Therapy 2000 Inc.)		
	Date 10/01/2025	Full name of contributor Aguilar, Maria (Ms.) Contributor address; City; State Tyler, TX 75701	out-of-state PAC (ID#: ;; Zip Code			Amount of Contribution (\$)	\$3.00
		pation / Job title (See Instructions)		Employer (See Instructions)		
	Authorization	n Specialist		Therapy 2000 Inc.			

	MONET	ARY POLITICAL CO	MIKIBUTIO	V 5		SCHEDULE	A1
	The Instru	ction Guide explains how to	o complete this for	m.	1	Total pages Schedule A1: Sch: 2/254 Rpt: 5/272	
2	FILER NAME Texas Assoc	ciation for Home Care and Hospi	ce Inc Texas Home	Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	Filers)
4	Date 10/01/2025	5 Full name of contributor Aguilar, Maria (Ms.)6 Contributor address; City; State)	7	Amount of Contribution (\$)	\$3.00
		Tyler, TX 75701	1				
8	Principal occu Authorization	pation / Job title (See Instructions) Specialist	9	Employer (See Instructions) Therapy 2000 Inc.)		
	Date 10/01/2025	Full name of contributor Aguilar, Maria (Ms.) Contributor address; City; State Tyler, TX 75701	out-of-state PAC (ID#: e; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Authorization			Therapy 2000 Inc.	,		
	Date 10/01/2025	Full name of contributor Aguilar, Maria (Ms.) Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$3.00
	Dringing oggu	Tyler, TX 75701	-	Employer (See Instructions			
	Authorization	pation / Job title (See Instructions) n Specialist		Employer (See Instructions) Therapy 2000 Inc.)		
Date 10/01/2025		Full name of contributor Aguilar, Maria (Ms.) Contributor address; City; State				Amount of Contribution (\$)	\$3.00
		Tyler, TX 75701					
	Principal occu Authorization	pation / Job title (See Instructions) n Specialist		Employer (See Instructions Therapy 2000 Inc.)		
	Date 10/01/2025	Full name of contributor Aguilar, Maria (Ms.) Contributor address; City; State Tyler, TX 75701	out-of-state PAC (ID#: e; Zip Code			Amount of Contribution (\$)	\$3.00
		pation / Job title (See Instructions)		Employer (See Instructions)		
	Authorization	n Specialist		Therapy 2000 Inc.			

	MONEI	ONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instru	ction Guide explains hov	v to complete this fo	orm.	1	Total pages Schedule A1: Sch: 3/254 Rpt: 6/272		
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)	
	Texas Assoc	ciation for Home Care and Ho	spice Inc Texas Hom	e Care and Hospice PAC -		00015750		
4	Date 10/01/2025	5 Full name of contributor Aguilar, Maria (Ms.)6 Contributor address; City; S	out-of-state PAC (ID#:_		7	Amount of Contribution (\$)	\$3.00	
		Tyler, TX 75701						
8	Principal occu	pation / Job title (See Instruction:	5)	9 Employer (See Instructions	()			
	Authorization	n Specialist		Therapy 2000 Inc.				
	Date 10/01/2025	Full name of contributor Aguilar, Maria (Ms.) Contributor address; City; S	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$3.00	
		Tyler, TX 75701						
	Principal occupation / Job title (See Instructions)		5)	Employer (See Instructions	()			
	Authorization	1 Specialist		Therapy 2000 Inc.				
	Date 10/02/2025	Full name of contributor Alldredge, Arden (Ms.) Contributor address; City; S	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$2.00	
		Freeport, TX 77541						
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	()			
	Speech Lan	guage Pathologist		Therapy 2000 Inc.				
	Date 10/02/2025	Full name of contributor Alldredge, Arden (Ms.) Contributor address; City; S Freeport, TX 77541	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$2.00	
	•	pation / Job title (See Instructions	5)	Employer (See Instructions	5)			
	Speech Lan	guage Pathologist		Therapy 2000 Inc.				
	Date 10/02/2025	Full name of contributor Alldredge, Arden (Ms.) Contributor address; City; S Freeport, TX 77541	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$2.00	
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions)			
	Speech Lang	guage Pathologist		Therapy 2000 Inc.				

	MONET	ARY POLITICAL CON	IRIBUTIONS		SCHEDULE	A1
	The Instru	ction Guide explains how to co	mplete this form.	1	Total pages Schedule A1: Sch: 4/254 Rpt: 7/272	
2	FILER NAME Texas Assoc	ciation for Home Care and Hospice In	c Texas Home Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	Filers)
4	Date 10/02/2025	 5 Full name of contributor out-out-out-out-out-out-out-out-out-out-	of-state PAC (ID#:) Code	7	Amount of Contribution (\$)	\$2.00
		Freeport, TX 77541	1			
8	•	pation / Job title (See Instructions) guage Pathologist	9 Employer (See Instructions Therapy 2000 Inc.	s)		
	Date 10/02/2025	Alldredge, Arden (Ms.) Contributor address; City; State; Zip	of-state PAC (ID#:) Code		Amount of Contribution (\$)	\$2.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	Speech Language Pathologist		Therapy 2000 Inc.	•		
	Date 10/02/2025	Alldredge, Arden (Ms.) Contributor address; City; State; Zip	of-state PAC (ID#:) Code	•	Amount of Contribution (\$)	\$2.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
		guage Pathologist	Therapy 2000 Inc.	•		
Date 10/02/2025		Alldredge, Arden (Ms.)	of-state PAC (ID#:) Code		Amount of Contribution (\$)	\$2.00
		Freeport, TX 77541		Ĺ		
	•	pation / Job title (See Instructions) guage Pathologist	Employer (See Instructions Therapy 2000 Inc.	5)		
	Date 10/02/2025	Alldredge, Arden (Ms.)	of-state PAC (ID#:) Code		Amount of Contribution (\$)	\$2.00
	•	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Speech Lan(guage Pathologist	Therapy 2000 Inc.			

	MONEI	ARY POLITICAL CON	IRIBUTIONS		SCHEDULE	A1
	The Instruc	ction Guide explains how to co	mplete this form.	1	Total pages Schedule A1: Sch: 5/254 Rpt: 8/272	
2	FILER NAME Texas Assoc	ciation for Home Care and Hospice In	c Texas Home Care and Hospice F	PAC -	Filer ID (Ethics Commission 00015750	Filers)
4	Date 10/02/2025	 5 Full name of contributor out- Alldredge, Arden (Ms.) 6 Contributor address; City; State; Zip 	of-state PAC (ID#:	7	Amount of Contribution (\$)	\$2.00
		Freeport, TX 77541				
8		pation / Job title (See Instructions) guage Pathologist	9 Employer (See Instru Therapy 2000 Inc.	ıctions)		
	Date 10/02/2025	Alldredge, Arden (Ms.) Contributor address; City; State; Zip	of-state PAC (ID#:	_)	Amount of Contribution (\$)	\$2.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instru	uctions)		
	Speech Language Pathologist		Therapy 2000 Inc.	,		
	Date 10/02/2025	Alldredge, Arden (Ms.) Contributor address; City; State; Zip	of-state PAC (ID#:		Amount of Contribution (\$)	\$2.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instru	ıctions)		
		guage Pathologist	Therapy 2000 Inc.	,		
Date 10/01/2025		Alldredge, Arden (Ms.)	of-state PAC (ID#:	_)	Amount of Contribution (\$)	\$2.00
	Dringing! aggs	Freeport, TX 77541	Employer (Coo Instru	uotiono)		
	•	pation / Job title (See Instructions) guage Pathologist	Employer (See Instru Therapy 2000 Inc.	ictions)		
	Date 10/01/2025	Amaya, Nelly Conchita (Ms.)	of-state PAC (ID#:		Amount of Contribution (\$)	\$2.00
	•	pation / Job title (See Instructions)	Employer (See Instru	ıctions)		
	Occupationa	ll Therapy Assistant	Therapy 2000 Inc.			

	MONEI	ARY POLITICAL CONTRIBUT	IONS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete this	s form.	1	Total pages Schedule A1: Sch: 6/254 Rpt: 9/272	
2	FILER NAME Texas Assoc	ciation for Home Care and Hospice Inc Texas H	Home Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	Filers)
4	Date 10/01/2025	 Full name of contributor out-of-state PAC (IE Amaya, Nelly Conchita (Ms.) Contributor address; City; State; Zip Code)#:)	7	Amount of Contribution (\$)	\$2.00
		Houston, TX 77084				
8		pation / Job title (See Instructions) Il Therapy Assistant	9 Employer (See Instructions Therapy 2000 Inc.	s)		
	Date 10/01/2025	Full name of contributor out-of-state PAC (IE Amaya, Nelly Conchita (Ms.) Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$2.00
	Principal occu	Houston, TX 77084 pation / Job title (See Instructions)	Employer (See Instructions	 - S)		
	•	ll Therapy Assistant	Therapy 2000 Inc.	,		
	Date 10/01/2025	Full name of contributor out-of-state PAC (IE Amaya, Nelly Conchita (Ms.) Contributor address; City; State; Zip Code	#:)	•	Amount of Contribution (\$)	\$2.00
	Drincinal occu	Pation / Job title (See Instructions)	Employer (See Instructions	=, 		
		Il Therapy Assistant	Therapy 2000 Inc.	3)		
	Date 10/01/2025	Full name of contributor out-of-state PAC (IE Amaya, Nelly Conchita (Ms.) Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$2.00
		Houston, TX 77084				
	•	pation / Job title (See Instructions) Il Therapy Assistant	Employer (See Instructions Therapy 2000 Inc.	s) 		
	Date 10/01/2025	Full name of contributor out-of-state PAC (IE Amaya, Nelly Conchita (Ms.) Contributor address; City; State; Zip Code Houston, TX 77084		•	Amount of Contribution (\$)	\$2.00
	•	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Occupationa	ll Therapy Assistant	Therapy 2000 Inc.			

	MONEI	ARY POLITICAL C	ONTRIBUTIO	IN 5		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 7/254 Rpt: 10/272	
2	FILER NAME Texas Assoc	ciation for Home Care and Hos	pice Inc Texas Hom	e Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	n Filers)
4	Date 10/01/2025	 5 Full name of contributor Amaya, Nelly Conchita (M 6 Contributor address; City; Sta)	7	Amount of Contribution (\$)	\$2.00
		Houston, TX 77084					
8	•	pation / Job title (See Instructions) Il Therapy Assistant		9 Employer (See Instructions Therapy 2000 Inc.	5)		
	Date 10/21/2025	Full name of contributor Anderson , Jackson (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#:_ atte; Zip Code			Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions Sanctum Health Partner		LC	
	Date 10/01/2025	Full name of contributor Apodaca, Lauren Marie (N Contributor address; City; Sta)		Amount of Contribution (\$)	\$2.25
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions Therapy 2000 Inc.	<u> </u>		
	Date 10/01/2025	Full name of contributor Apodaca, Lauren Marie (M Contributor address; City; Sta)		Amount of Contribution (\$)	\$2.25
	Principal occu Clinical Man	pation / Job title (See Instructions) ager		Employer (See Instructions Therapy 2000 Inc.	5)		
	Date 10/01/2025	Full name of contributor Apodaca, Lauren Marie (N Contributor address; City; Sta Dallas, TX 75214)		Amount of Contribution (\$)	\$2.25
	Principal occu Clinical Man	pation / Job title (See Instructions) ager		Employer (See Instructions Therapy 2000 Inc.	5)		

	MONEI	ARY POLITICAL CONTRII	BUTION	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to comple	te this for	m.	1	Total pages Schedule A1: Sch: 8/254 Rpt: 11/272	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	iation for Home Care and Hospice Inc To	exas Home	Care and Hospice PAC -		00015750	
4	Date 10/01/2025	 Full name of contributor out-of-state Apodaca, Lauren Marie (Ms.) Contributor address; City; State; Zip Code 	PAC (ID#:		7	Amount of Contribution (\$)	\$2.25
		Dallas, TX 75214					
8	Principal occu Clinical Mana	pation / Job title (See Instructions) ager	9	Employer (See Instructions Therapy 2000 Inc.)		
	Date 10/01/2025	Full name of contributor out-of-state Apodaca, Lauren Marie (Ms.) Contributor address; City; State; Zip Code	PAC (ID#:)		Amount of Contribution (\$)	\$2.25
	Dringing con	Dallas, TX 75214		Employer (See Instructions			
	Clinical Mana	pation / Job title (See Instructions) ager		Therapy 2000 Inc.)		
	Date 10/01/2025	Full name of contributor out-of-state Apodaca, Lauren Marie (Ms.) Contributor address; City; State; Zip Code	PAC (ID#:)		Amount of Contribution (\$)	\$2.25
		Dallas, TX 75214					
	Principal occu Clinical Mana	pation / Job title (See Instructions) ager		Employer (See Instructions Therapy 2000 Inc.)		
	Date 10/01/2025	Full name of contributor out-of-state Apodaca, Lauren Marie (Ms.) Contributor address; City; State; Zip Code Dallas, TX 75214	PAC (ID#:			Amount of Contribution (\$)	\$2.25
	Principal occu Clinical Mana	pation / Job title (See Instructions) ager		Employer (See Instructions Therapy 2000 Inc.)		
	Date 10/01/2025	Full name of contributor out-of-state Apodaca, Lauren Marie (Ms.) Contributor address; City; State; Zip Code Dallas, TX 75214	PAC (ID#:			Amount of Contribution (\$)	\$2.25
	Principal occu Clinical Mana	pation / Job title (See Instructions) ager		Employer (See Instructions Therapy 2000 Inc.)		
			•				

	MONET	ARY POLITICAL CON	ITRIBUTIONS		SCHEDULE	A1
	The Instru	ction Guide explains how to c	omplete this form.	1	Total pages Schedule A1: Sch: 9/254 Rpt: 12/272	
2	FILER NAME Texas Assoc	ciation for Home Care and Hospice	Inc Texas Home Care and Ho	spice PAC -	Filer ID (Ethics Commission 00015750	Filers)
4	Date 10/01/2025	 5 Full name of contributor o	ut-of-state PAC (ID#: p Code	7	Amount of Contribution (\$)	\$2.25
_	Dringing agg	Dallas, TX 75214	0 Employer (C	as Instructions)		
8	Clinical Man	pation / Job title (See Instructions) ager	9 Employer (S Therapy 20			
	Date 10/01/2025	Full name of contributor o o Apodaca, Lauren Marie (Ms.) Contributor address; City; State; Z	p Code)	Amount of Contribution (\$)	\$2.25
	Dringing agg	Dallas, TX 75214	Employor (S	oo Instructions)		
	Clinical Man	pation / Job title (See Instructions) ager	Therapy 20	ee Instructions) 100 Inc.		
	Date 10/01/2025	Apodaca, Lauren Marie (Ms.) Contributor address; City; State; Z	rt-of-state PAC (ID#:		Amount of Contribution (\$)	\$2.25
	Principal occu	Dallas, TX 75214 pation / Job title (See Instructions)	Employer (S	ee Instructions)		
	Clinical Man	,	Therapy 20			
	Date 10/01/2025	Apodaca, Lauren Marie (Ms.)	ut-of-state PAC (ID#:		Amount of Contribution (\$)	\$2.25
	Principal occu	Dallas, TX 75214 pation / Job title (See Instructions) ager	Employer (S Therapy 20	ee Instructions)		
	Date 10/01/2025	Full name of contributor of Apodaca, Lauren Marie (Ms.)	ut-of-state PAC (ID#:		Amount of Contribution (\$)	\$2.25
	Principal occu Clinical Man	pation / Job title (See Instructions)	Employer (S Therapy 20	ee Instructions)		
	Simour Wall	~g~.	тпетару 20			

	MONET	ARY POLITICAL CON	I I KIBU I IONS			SCHEDULE	A1
	The Instru	ction Guide explains how to c	complete this form.		1	Total pages Schedule A1: Sch: 10/254 Rpt: 13/272	
2	FILER NAME Texas Assoc	siation for Home Care and Hospice	Inc Texas Home Care		3	Filer ID (Ethics Commission 00015750	Filers)
4	Date 10/01/2025	 Full name of contributor	ut-of-state PAC (ID#:ip Code	,	7	Amount of Contribution (\$)	\$2.25
8	Dringing agg	Dallas, TX 75214 pation / Job title (See Instructions)	lo Em	ployer (See Instructions)			
0	Clinical Man	,		erapy 2000 Inc.)		
	Date 10/01/2025	Full name of contributor o o Apodaca, Lauren Marie (Ms.) Contributor address; City; State; Z	ut-of-state PAC (ID#:ip Code)		Amount of Contribution (\$)	\$2.25
	Dringing agg	Dallas, TX 75214	l em	player (Can Instructions)			
	Clinical Man	pation / Job title (See Instructions) ager		ployer (See Instructions) erapy 2000 Inc.)		
	Date 10/01/2025	Apodaca, Lauren Marie (Ms.) Contributor address; City; State; Z	ut-of-state PAC (ID#:ip Code			Amount of Contribution (\$)	\$2.25
	Principal occu	Dallas, TX 75214 pation / Job title (See Instructions)	Em	ployer (See Instructions))		
	Clinical Man	,		erapy 2000 Inc.			
	Date 10/01/2025	Full name of contributor)		Amount of Contribution (\$)	\$2.25
	Principal occu Clinical Man	pation / Job title (See Instructions) ager		ployer (See Instructions) erapy 2000 Inc.)		
	Date 10/01/2025		ut-of-state PAC (ID#:)		Amount of Contribution (\$)	\$2.25
	Principal occu Clinical Man	pation / Job title (See Instructions)		ployer (See Instructions) erapy 2000 Inc.)		
	Cimilcai Mall	<u>αθ</u>	1116	лару 2000 IIIC.			

	MONET	ARY POLITICAL CON	NIRIBUTION	5		SCHEDULE	A1
	The Instru	ction Guide explains how to c	complete this form	1.	1	Total pages Schedule A1: Sch: 11/254 Rpt: 14/272	
2	FILER NAME Texas Assoc	ciation for Home Care and Hospice	Inc Texas Home C	are and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	Filers)
4	Date 10/01/2025	 Full name of contributor			7	Amount of Contribution (\$)	\$2.25
	Dringing agg	Dallas, TX 75214	lo.	Employer (See Instructions			
8	Clinical Man	pation / Job title (See Instructions) ager		Employer (See Instructions Therapy 2000 Inc.)		
	Date 10/01/2025	Full name of contributor on Apodaca, Lauren Marie (Ms.) Contributor address; City; State; Z	ut-of-state PAC (ID#:ip Code)		Amount of Contribution (\$)	\$2.25
	Dringing agg	Dallas, TX 75214		Employer (See Instructions			
	Clinical Man	pation / Job title (See Instructions) ager		Employer (See Instructions Therapy 2000 Inc.)		
	Date 10/01/2025	Apodaca, Lauren Marie (Ms.) Contributor address; City; State; Z	ut-of-state PAC (ID#:			Amount of Contribution (\$)	\$0.25
	Principal occu	Dallas, TX 75214 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Clinical Man			Therapy 2000 Inc.	,		
	Date 10/01/2025	Full name of contributor on Apodaca, Lauren Marie (Ms.) Contributor address; City; State; Z)		Amount of Contribution (\$)	\$0.25
		Dallas, TX 75214					
	Principal occu Clinical Man	pation / Job title (See Instructions) ager		Employer (See Instructions Therapy 2000 Inc.)		
	Date 10/01/2025	Full name of contributor on the contributor of contributor and contributor address; City; State; Zing Dallas, TX 75214)		Amount of Contribution (\$)	\$0.25
	Principal occu Clinical Man	pation / Job title (See Instructions)		Employer (See Instructions Therapy 2000 Inc.)		
	Similean Math	uyoi		THETAPY 2000 IIIC.			

	MONET	ARY POLITICAL CO	MIRIBUTION	NS		SCHEDULE	A1
	The Instru	ction Guide explains how to	complete this for	m.	1	Total pages Schedule A1: Sch: 12/254 Rpt: 15/272	
2	FILER NAME Texas Assoc	ciation for Home Care and Hospic	ce Inc Texas Home	Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	Filers)
4	Date 10/01/2025	5 Full name of contributor Apodaca, Lauren Marie (Ms.)6 Contributor address; City; State;			7	Amount of Contribution (\$)	\$0.25
8	Dringinal occu	Dallas, TX 75214 pation / Job title (See Instructions)	ام	Employer (See Instructions	_		
0	Clinical Man	·	j	Therapy 2000 Inc.)		
	Date 10/01/2025	Full name of contributor Apodaca, Lauren Marie (Ms.) Contributor address; City; State;				Amount of Contribution (\$)	\$0.25
	Dringing aggr	Dallas, TX 75214		Employer (Coo Instructions	_		
	Clinical Man	pation / Job title (See Instructions) ager		Employer (See Instructions Therapy 2000 Inc.)		
	Date 10/01/2025	Apodaca, Lauren Marie (Ms.) Contributor address; City; State;)		Amount of Contribution (\$)	\$0.25
	Principal occu	Dallas, TX 75214 pation / Job title (See Instructions)		Employer (See Instructions)		
	Clinical Man	·		Therapy 2000 Inc.	,		
	Date 10/01/2025	Full name of contributor Apodaca, Lauren Marie (Ms.) Contributor address; City; State;				Amount of Contribution (\$)	\$0.25
		Dallas, TX 75214	- -				
	Principal occu Clinical Man	pation / Job title (See Instructions) ager		Employer (See Instructions Therapy 2000 Inc.)		
	Date 10/01/2025	Full name of contributor Apodaca, Lauren Marie (Ms.) Contributor address; City; State; Dallas, TX 75214				Amount of Contribution (\$)	\$0.25
	•	pation / Job title (See Instructions)		Employer (See Instructions)		
	Clinical Man	aytı		Therapy 2000 Inc.			

	MONET	ARY POLITICAL CO	NIRIBUTIONS)		SCHEDULE	A1
	The Instru	ction Guide explains how to	complete this form.		1	Total pages Schedule A1: Sch: 13/254 Rpt: 16/272	
2	FILER NAME Texas Assoc	ciation for Home Care and Hospice	e Inc Texas Home Ca	re and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	Filers)
4	Date 10/01/2025	 5 Full name of contributor	out-of-state PAC (ID#: Zip Code)	7	Amount of Contribution (\$)	\$0.25
_	Deinsinal assu	Dallas, TX 75214	lo -	and a var (Can Instructions			
8	Clinical Man	pation / Job title (See Instructions) ager		mployer (See Instructions herapy 2000 Inc.)		
	Date 10/01/2025	Full name of contributor Apodaca, Lauren Marie (Ms.) Contributor address; City; State;	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$0.25
	Principal occu	Dallas, TX 75214 pation / Job title (See Instructions)		mployer (See Instructions			
	Clinical Man			herapy 2000 Inc.)		
	Date 10/01/2025	Apodaca, Lauren Marie (Ms.) Contributor address; City; State;	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$0.25
	Principal occu	Dallas, TX 75214 pation / Job title (See Instructions)	l e	mployer (See Instructions	<u> </u>		
	Clinical Man	,		herapy 2000 Inc.	,		
	Date 10/01/2025	Full name of contributor Apodaca, Lauren Marie (Ms.) Contributor address; City; State;				Amount of Contribution (\$)	\$0.25
		Dallas, TX 75214					
	Principal occu Clinical Man	pation / Job title (See Instructions) ager		mployer (See Instructions herapy 2000 Inc.)		
	Date 10/01/2025	Full name of contributor Apodaca, Lauren Marie (Ms.) Contributor address; City; State;				Amount of Contribution (\$)	\$0.25
	Principal occu Clinical Man	pation / Job title (See Instructions)		mployer (See Instructions herapy 2000 Inc.)		
	Similean IVIAITI	ugo:		тогиру 2000 пто.			

	MONET	ARY POLITICAL CO	I I KIBU I IONS		SCHI	EDULE A1
	The Instru	ction Guide explains how to c	omplete this form.	<u>:</u>	Total pages Schedule Sch: 14/254 Rpt: 17	
2	FILER NAME Texas Assoc	siation for Home Care and Hospice	Inc Texas Home Care a		3 Filer ID (Ethics Com	nmission Filers)
4	Date 10/01/2025	 5 Full name of contributor o	ut-of-state PAC (ID#: ip Code	,	7 Amount of Contributio	s \$0.25
_	Dringing aggr	Dallas, TX 75214	0 Emplo	wor (Can Instructions)		
8	Clinical Man	pation / Job title (See Instructions) ager		yer (See Instructions) apy 2000 Inc.		
	Date 10/01/2025	Full name of contributor of Apodaca, Lauren Marie (Ms.) Contributor address; City; State; Z	ut-of-state PAC (ID#:i)	Amount of Contributio	s \$0.25
	Principal occu	Dallas, TX 75214 pation / Job title (See Instructions)	Emplo	yer (See Instructions)		
	Clinical Man		· · · · · · · · · · · · · · · · · · ·	apy 2000 Inc.		
	Date 10/01/2025	Apodaca, Lauren Marie (Ms.) Contributor address; City; State; 2	ut-of-state PAC (ID#:ip Code		Amount of Contributio	n (\$) \$0.25
	Principal occu	Dallas, TX 75214 pation / Job title (See Instructions)	Emplo	yer (See Instructions)		
	Clinical Man	,		apy 2000 Inc.		
	Date 10/01/2025	Full name of contributor o o Apodaca, Lauren Marie (Ms.) Contributor address; City; State; Z			Amount of Contributio	n (\$) \$0.25
		Dallas, TX 75214				
	Principal occu Clinical Man	pation / Job title (See Instructions) ager		yer (See Instructions) apy 2000 Inc.		
	Date 10/01/2025	Apodaca, Lauren Marie (Ms.)	ut-of-state PAC (ID#: ip Code		Amount of Contributio	n (\$) \$0.25
	Principal occu Clinical Man	pation / Job title (See Instructions)		oyer (See Instructions) apy 2000 Inc.		
	Similean Math	uyoi	i i i i i i i i i i i i i i i i i i i	ду 2000 IIIC.		

	MONET	ARY POLITICAL CO	NIKIBUTION	5		SCHEDULE	A1
	The Instru	ction Guide explains how to	complete this forn	n.	1	Total pages Schedule A1: Sch: 15/254 Rpt: 18/272	
2	FILER NAME Texas Assoc	ciation for Home Care and Hospice	e Inc Texas Home (Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	Filers)
4	Date 10/01/2025	5 Full name of contributor Apodaca, Lauren Marie (Ms.)6 Contributor address; City; State;)	7	Amount of Contribution (\$)	\$0.25
_	Deire die alle acces	Dallas, TX 75214		Frankrije (Ostalia distribution)			
8	Clinical Man	pation / Job title (See Instructions) ager		Employer (See Instructions Therapy 2000 Inc.)		
	Date 10/01/2025	Full name of contributor Apodaca, Lauren Marie (Ms.) Contributor address; City; State;	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$0.25
	Principal occu	Dallas, TX 75214 pation / Job title (See Instructions)		Employer (See Instructions			
	Clinical Man			Therapy 2000 Inc.	,		
	Date 10/01/2025	Apodaca, Lauren Marie (Ms.) Contributor address; City; State;	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$0.25
	Principal occu	Dallas, TX 75214 pation / Job title (See Instructions)		Employer (See Instructions			
	Clinical Man	,		Therapy 2000 Inc.	,		
	Date 10/01/2025	Full name of contributor Apodaca, Lauren Marie (Ms.) Contributor address; City; State;				Amount of Contribution (\$)	\$0.25
		Dallas, TX 75214					
	Principal occu Clinical Man	pation / Job title (See Instructions) ager		Employer (See Instructions) Therapy 2000 Inc.)		
	Date 10/01/2025	Full name of contributor Apodaca, Lauren Marie (Ms.) Contributor address; City; State; Dallas, TX 75214				Amount of Contribution (\$)	\$0.25
	Principal occu Clinical Man	pation / Job title (See Instructions)		Employer (See Instructions Therapy 2000 Inc.)		
	SIodi Mali						

	MONET	ARY POLITICAL CO	MIRIBUTION	NS		SCHEDULE	A1
	The Instru	ction Guide explains how to	complete this for	m.	1	Total pages Schedule A1: Sch: 16/254 Rpt: 19/272	
2	FILER NAME Texas Assoc	ciation for Home Care and Hospic	ce Inc Texas Home	Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	Filers)
4	Date 10/01/2025	5 Full name of contributor			7	Amount of Contribution (\$)	\$0.25
_	Deinsinal assu	Dallas, TX 75214	lo.	Franks on (Cas Instructions	_		
8	Clinical Man	pation / Job title (See Instructions) ager	9	Employer (See Instructions Therapy 2000 Inc.	5)		
	Date 10/01/2025	Full name of contributor Apodaca, Lauren Marie (Ms.) Contributor address; City; State;)		Amount of Contribution (\$)	\$2.26
	Principal occu	Dallas, TX 75214 pation / Job title (See Instructions)		Employer (See Instructions	<u>, </u>		
	Clinical Man			Therapy 2000 Inc.	')		
	Date 10/01/2025	Full name of contributor Apodaca, Lauren Marie (Ms.) Contributor address; City; State;)		Amount of Contribution (\$)	\$2.26
	Principal occu	Dallas, TX 75214 pation / Job title (See Instructions)		Employer (See Instructions	<u>)</u>		
	Clinical Man	,		Therapy 2000 Inc.	,		
	Date 10/01/2025	Full name of contributor Apodaca, Lauren Marie (Ms.) Contributor address; City; State;)		Amount of Contribution (\$)	\$2.24
	Principal occu	Dallas, TX 75214 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Clinical Man	ager		Therapy 2000 Inc.			
	Date 10/01/2025	Full name of contributor Apodaca, Lauren Marie (Ms.) Contributor address; City; State; Dallas, TX 75214				Amount of Contribution (\$)	\$2.24
	•	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Clinical Man	ayeı		Therapy 2000 Inc.			

	MONET	ARY POLITICAL CO	DNTRIBUTIO	N2		SCHEDULE	A1
	The Instru	ction Guide explains how to	o complete this fo	rm.	1	Total pages Schedule A1: Sch: 17/254 Rpt: 20/272	
2	FILER NAME Texas Assoc	ciation for Home Care and Hospi	ce Inc Texas Home	e Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	Filers)
4	Date 10/01/2025	Full name of contributor Aragon, Rachel (Ms.) Contributor address; City; State			7	Amount of Contribution (\$)	\$5.00
		Arlington, TX 76006					
8	•	pation / Job title (See Instructions) erapy Assistant	9	Employer (See Instructions Therapy 2000 Inc.	<u> </u>		
	Date 10/01/2025	Full name of contributor Aragon, Rachel (Ms.) Contributor address; City; State Arlington, TX 76006	out-of-state PAC (ID#: e; Zip Code			Amount of Contribution (\$)	\$5.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)		
	Physical The	erapy Assistant		Therapy 2000 Inc.			
	Date 10/01/2025	Full name of contributor Aragon, Rachel (Ms.) Contributor address; City; State	out-of-state PAC (ID#: e; Zip Code			Amount of Contribution (\$)	\$5.00
	Principal occu	Arlington, TX 76006 pation / Job title (See Instructions)		Employer (See Instructions	.) 		
		erapy Assistant		Therapy 2000 Inc.	,		
	Date 10/01/2025	Full name of contributor Aragon, Rachel (Ms.) Contributor address; City; State				Amount of Contribution (\$)	\$5.00
	•	Arlington, TX 76006 pation / Job title (See Instructions)		Employer (See Instructions	5)		
		erapy Assistant Full name of contributor	1	Therapy 2000 Inc.		A secure to the Countries which (Φ)	
	Date 10/01/2025	Aragon, Rachel (Ms.)	out-of-state PAC (ID#: e; Zip Code			Amount of Contribution (\$)	\$5.00
		pation / Job title (See Instructions)		Employer (See Instructions	()		
	Physical The	erapy Assistant		Therapy 2000 Inc.			

	MONEI	ARY POLITICAL CO	DNTRIBUTIO	N2		SCHEDULE	A1
	The Instru	ction Guide explains how to	o complete this fo	rm.	1	Total pages Schedule A1: Sch: 18/254 Rpt: 21/272	
2	FILER NAME Texas Assoc	ciation for Home Care and Hospi	ce Inc Texas Home	e Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	Filers)
4	Date 10/01/2025	Full name of contributor Aragon, Rachel (Ms.) Contributor address; City; State			7	Amount of Contribution (\$)	\$5.00
		Arlington, TX 76006					
8	•	pation / Job title (See Instructions) erapy Assistant	9	Employer (See Instructions Therapy 2000 Inc.	<u></u>		
	Date 10/01/2025	Full name of contributor Aragon, Rachel (Ms.) Contributor address; City; State	out-of-state PAC (ID#: e; Zip Code			Amount of Contribution (\$)	\$5.00
	Principal occu	Arlington, TX 76006 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)		
	Physical The	erapy Assistant		Therapy 2000 Inc.			
	Date 10/01/2025	Full name of contributor Aragon, Rachel (Ms.) Contributor address; City; State	out-of-state PAC (ID#: e; Zip Code			Amount of Contribution (\$)	\$5.00
	Principal occu	Arlington, TX 76006 upation / Job title (See Instructions)		Employer (See Instructions	, 		
		erapy Assistant		Therapy 2000 Inc.	')		
Date 10/01/202		Full name of contributor Aragon, Rachel (Ms.) Contributor address; City; State)		Amount of Contribution (\$)	\$5.00
	Principal occu	Arlington, TX 76006 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Physical The	erapy Assistant		Therapy 2000 Inc.			
	Date 10/01/2025	Full name of contributor Aragon, Rachel (Ms.) Contributor address; City; State Arlington, TX 76006	out-of-state PAC (ID#: e; Zip Code			Amount of Contribution (\$)	\$5.00
		pation / Job title (See Instructions)		Employer (See Instructions)		
	Physical The	erapy Assistant		Therapy 2000 Inc.			

	MONEI	ARY POLITICAL CONTR	(IBUTION	NS		SCHEDULE	A1
	The Instru	ction Guide explains how to comp	olete this for	m.	1	Total pages Schedule A1: Sch: 19/254 Rpt: 22/272	
2	FILER NAME Texas Assoc	ciation for Home Care and Hospice Inc.	- Texas Home	Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	Filers)
4	Date 10/01/2025	Aragon, Rachel (Ms.)			7	Amount of Contribution (\$)	\$5.00
		Arlington, TX 76006					
8	•	pation / Job title (See Instructions) erapy Assistant	9	Employer (See Instructions Therapy 2000 Inc.)		
	Date 10/01/2025	Aragon, Rachel (Ms.) Contributor address; City; State; Zip Con	tate PAC (ID#:)		Amount of Contribution (\$)	\$5.00
	Principal occu	Arlington, TX 76006 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	•	erapy Assistant		Therapy 2000 Inc.	,		
	Date 10/01/2025	Arline, Victoria M. (Ms.) Contributor address; City; State; Zip Cod	tate PAC (ID#:)		Amount of Contribution (\$)	\$5.00
	Principal occu	Pearland, TX 77584 pation / Job title (See Instructions)		Employer (See Instructions			
	Occupation -			Therapy 2000, Inc.	,		
	Date 10/01/2025	Arline, Victoria M. (Ms.)				Amount of Contribution (\$)	\$5.00
		Pearland, TX 77584					
	Principal occu Occupation	pation / Job title (See Instructions) Therapist		Employer (See Instructions Therapy 2000, Inc.)		
	Date 10/01/2025	Full name of contributor out-of-st Arline, Victoria M. (Ms.) Contributor address; City; State; Zip Cod Pearland, TX 77584				Amount of Contribution (\$)	\$5.00
		pation / Job title (See Instructions)		Employer (See Instructions)		
	Occupation ⁻	merapist		Therapy 2000, Inc.			

	MONEI	ARY POLITICAL CONTRIB	BUTION	NS		SCHEDULE	A1
	The Instru	ction Guide explains how to complet	te this for	m.	1	Total pages Schedule A1: Sch: 20/254 Rpt: 23/272	
2	FILER NAME Texas Assoc	siation for Home Care and Hospice Inc Te	exas Home	Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	Filers)
4	Date 10/01/2025	 Full name of contributor)	7	Amount of Contribution (\$)	\$5.00
		Pearland, TX 77584					
8	Principal occu Occupation	pation / Job title (See Instructions) Therapist	9	Employer (See Instructions Therapy 2000, Inc.)		
	Date 10/01/2025	Full name of contributor out-of-state Arline, Victoria M. (Ms.) Contributor address; City; State; Zip Code	PAC (ID#:			Amount of Contribution (\$)	\$5.00
	Dringinal occu	Pearland, TX 77584 pation / Job title (See Instructions)		Employer (See Instructions	_		
	Occupation -			Therapy 2000, Inc.)		
	Date 10/01/2025	Full name of contributor out-of-state Arline, Victoria M. (Ms.) Contributor address; City; State; Zip Code	PAC (ID#:			Amount of Contribution (\$)	\$5.00
		Pearland, TX 77584					
	Occupation -	pation / Job title (See Instructions) Therapist		Employer (See Instructions Therapy 2000, Inc.)		
	Date 10/01/2025	Full name of contributor out-of-state Arline, Victoria M. (Ms.) Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$5.00
	Dringing aggr	Pearland, TX 77584 pation / Job title (See Instructions)		Employer (See Instructions			
	Occupation -	. ,		Employer (See Instructions Therapy 2000, Inc.)		
	Date 10/01/2025	Full name of contributor out-of-state Arline, Victoria M. (Ms.) Contributor address; City; State; Zip Code Pearland, TX 77584				Amount of Contribution (\$)	\$5.00
		pation / Job title (See Instructions)		Employer (See Instructions)		
	Occupation ⁻	merapist		Therapy 2000, Inc.			

	MONET	ARY POLITICAL CONTR	KIBUTION	15		SCHEDULE	A1
	The Instru	ction Guide explains how to com	plete this for	m.	1	Total pages Schedule A1: Sch: 21/254 Rpt: 24/272	
2	FILER NAME Texas Assoc	ciation for Home Care and Hospice Inc.	- Texas Home	Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	Filers)
4	Date 10/01/2025	 5 Full name of contributor out-of-s Arline, Victoria M. (Ms.) 6 Contributor address; City; State; Zip Co)	7	Amount of Contribution (\$)	\$5.00
		Pearland, TX 77584	-				
8	Principal occu Occupation	pation / Job title (See Instructions) Therapist	9	Employer (See Instructions) Therapy 2000, Inc.)		
	Date 10/01/2025	Full name of contributor	state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
	Dringinal occu	Pearland, TX 77584		Employer (See Instructions	_		
	Occupation ⁻	pation / Job title (See Instructions) Therapist		Employer (See Instructions Therapy 2000, Inc.)		
	Date 10/01/2025	Full name of contributor out-of-s Arline, Victoria M. (Ms.) Contributor address; City; State; Zip Co	state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
		Pearland, TX 77584	1				
	Principal occu Occupation	pation / Job title (See Instructions) Therapist		Employer (See Instructions) Therapy 2000, Inc.)		
	Date 10/01/2025	Arline, Victoria M. (Ms.))		Amount of Contribution (\$)	\$5.00
	Principal occu	Pearland, TX 77584 pation / Job title (See Instructions)		Employer (See Instructions)		
	Occupation ⁻	Therapist		Therapy 2000, Inc.			
	Date 10/01/2025	Arzoin, Sarah (Ms.)	state PAC (ID#: orde			Amount of Contribution (\$)	\$2.00
		pation / Job title (See Instructions)		Employer (See Instructions)		
	Occupationa	ıı merapist		Therapy 2000, Inc.			

	MONET	ARY POLITICAL C	ONTRIBUTIO	JNS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 22/254 Rpt: 25/272	
2	FILER NAME Texas Assoc	iation for Home Care and Hos	spice Inc Texas Hom	ne Care and Hospice PAC -	3	Filer ID (Ethics Commission F 00015750	-ilers)
4	Date 10/01/2025	5 Full name of contributor Arzoin, Sarah (Ms.)6 Contributor address; City; St			7	Amount of Contribution (\$)	\$2.00
		Houston, TX 77071					
8	Principal occu Occupationa	pation / Job title (See Instructions I Therapist)	9 Employer (See Instructions Therapy 2000, Inc.			
	Date 10/01/2025	Full name of contributor Arzoin, Sarah (Ms.) Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code)		Amount of Contribution (\$)	\$2.00
	Principal occu	Houston, TX 77071 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)		
	Occupationa	l Therapist		Therapy 2000, Inc.			
	Date 10/01/2025	Full name of contributor Arzoin, Sarah (Ms.) Contributor address; City; St	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$2.00
	Dringinal occu	Houston, TX 77071 pation / Job title (See Instructions)	Employer (See Instructions	·/ 		
	Occupationa		,	Therapy 2000, Inc.	')		
	Date 10/01/2025	Full name of contributor Arzoin, Sarah (Ms.) Contributor address; City; St Houston, TX 77071				Amount of Contribution (\$)	\$2.00
	Principal occu Occupationa	pation / Job title (See Instructions)	Employer (See Instructions Therapy 2000, Inc.	<u>l</u> 5)		
	Date 10/01/2025	Full name of contributor Arzoin, Sarah (Ms.) Contributor address; City; St Houston, TX 77071	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$2.00
	Principal occu Occupationa	pation / Job title (See Instructions I Therapist)	Employer (See Instructions Therapy 2000, Inc.	;)		
	Societationa	. тытары					

	MONET	ARY POLITICAL (ONTRIBUTIO	JIN 5		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 23/254 Rpt: 26/272	
2	FILER NAME Texas Assoc	ciation for Home Care and Ho	spice Inc Texas Hom	ne Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	Filers)
4	Date 10/01/2025	5 Full name of contributor Arzoin, Sarah (Ms.)6 Contributor address; City; St			7	Amount of Contribution (\$)	\$2.00
		Houston, TX 77071					
8	Principal occu Occupationa	pation / Job title (See Instructions I Therapist	s) 	9 Employer (See Instructions Therapy 2000, Inc.	s) 		
	Date 10/01/2025	Full name of contributor Arzoin, Sarah (Ms.) Contributor address; City; St	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$2.00
	Principal occu	Houston, TX 77071 pation / Job title (See Instructions	s)	Employer (See Instructions	<u> </u> ;)		
	Occupationa	l Therapist		Therapy 2000, Inc.			
	Date 10/01/2025	Full name of contributor Arzoin, Sarah (Ms.) Contributor address; City; St	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$2.00
	Principal occu	Houston, TX 77071 pation / Job title (See Instructions	5)	Employer (See Instructions	<u> </u> 		
	Occupationa		,	Therapy 2000, Inc.	,		
	Date 10/01/2025	Full name of contributor Arzoin, Sarah (Ms.) Contributor address; City; St Houston, TX 77071)		Amount of Contribution (\$)	\$2.00
	Principal occu Occupationa	pation / Job title (See Instructions	;)	Employer (See Instructions Therapy 2000, Inc.	<u> </u> 5)		
	Date 10/23/2025	Full name of contributor Avery, Amy (Ms.) Contributor address; City; St Tyler, TX 75701	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$20.00
	Principal occu Physical The	pation / Job title (See Instructions erapist	5)	Employer (See Instructions Paradigm Rehab & Nurs		g LP	
	, 2.23			g		-	

	MONET	ARY POLITICAL C	ONTRIBUTIO	NS .		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 24/254 Rpt: 27/272	
2	FILER NAME Texas Assoc	ciation for Home Care and Hos	oice Inc Texas Hom	e Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	Filers)
4	Date 10/21/2025	5 Full name of contributor [Barker, Jana (Ms.)6 Contributor address; City; Sta)	7	Amount of Contribution (\$)	\$50.00
		Plano, TX 75024					
8	VP Talent Ad	pation / Job title (See Instructions) cquistion & BD		Employer (See Instructions Angels of Care)		
	Date 10/01/2025	Full name of contributor [Barnes, Myra (Ms.) Contributor address; City; Sta Greenville, TX 75402	out-of-state PAC (ID#:_ te; Zip Code)		Amount of Contribution (\$)	\$5.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Speech The	rapy Asst.		Therapy 2000 Inc.			
	Date 10/01/2025	Full name of contributor Barnes, Myra (Ms.) Contributor address; City; Sta Greenville, TX 75402	out-of-state PAC (ID#:_ te; Zip Code			Amount of Contribution (\$)	\$5.00
	Principal occu	pation / Job title (See Instructions)	1	Employer (See Instructions	<u> </u> :)		
	Speech The			Therapy 2000 Inc.	,		
	Date 10/01/2025	Full name of contributor [Barnes, Myra (Ms.) Contributor address; City; Sta				Amount of Contribution (\$)	\$5.00
		Greenville, TX 75402					
	Principal occu Speech The	pation / Job title (See Instructions) rapy Asst.		Employer (See Instructions Therapy 2000 Inc.	i)		
	Date 10/01/2025	Full name of contributor Barnes, Myra (Ms.) Contributor address; City; Sta Greenville, TX 75402	out-of-state PAC (ID#:_ te; Zip Code)		Amount of Contribution (\$)	\$5.00
		pation / Job title (See Instructions)		Employer (See Instructions)		
	Speech The	rapy Asst.		Therapy 2000 Inc.			

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDULE	A1
	The Instruc	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 25/254 Rpt: 28/272	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	iation for Home Care and Hos	pice Inc Texas Home	Care and Hospice PAC -		00015750	
4	Date 10/01/2025	5 Full name of contributor [Barnes, Myra (Ms.)6 Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code		7	Amount of Contribution (\$)	\$5.00
		Greenville, TX 75402					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions)		
	Speech The	apy Asst.		Therapy 2000 Inc.			
	Date 10/01/2025	Full name of contributor [Barnes, Myra (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$5.00
		Greenville, TX 75402					
		pation / Job title (See Instructions)		Employer (See Instructions)		
	Speech Thei	apy Asst.		Therapy 2000 Inc.			
	Date 10/01/2025	Full name of contributor [Barnes, Myra (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$5.00
		Greenville, TX 75402					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Speech Their	apy Asst.		Therapy 2000 Inc.			
	Date 10/01/2025	Full name of contributor Barnes, Myra (Ms.) Contributor address; City; Sta Greenville, TX 75402	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$5.00
	Principal occu Speech Ther	pation / Job title (See Instructions) rapy Asst.		Employer (See Instructions Therapy 2000 Inc.)		
	Date 10/01/2025	Full name of contributor [Barnes, Myra (Ms.) Contributor address; City; Sta Greenville, TX 75402	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$5.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Speech The	apy Asst.		Therapy 2000 Inc.			

	MONEI	ARY POLITICAL CONTRI	BUTIO	V 5		SCHEDULE	A1
	The Instru	ction Guide explains how to comple	ete this foi	m.	1	Total pages Schedule A1: Sch: 26/254 Rpt: 29/272	
2	FILER NAME Texas Assoc	siation for Home Care and Hospice Inc 1	Texas Home	Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	Filers)
4	Date 10/01/2025	Barnes, Myra (Ms.)			7	Amount of Contribution (\$)	\$5.00
		Greenville, TX 75402					
8	Principal occu Speech Thei	pation / Job title (See Instructions) rapy Asst.	9	Employer (See Instructions Therapy 2000 Inc.	<u> </u>		
	Date 10/01/2025	Barnes, Myra (Ms.) Contributor address; City; State; Zip Code	te PAC (ID#:			Amount of Contribution (\$)	\$5.00
	Principal occu	Greenville, TX 75402 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)		
	Speech Their	rapy Asst.		Therapy 2000 Inc.			
	Date 10/01/2025	Barnes, Myra (Ms.) Contributor address; City; State; Zip Code	te PAC (ID#:			Amount of Contribution (\$)	\$5.00
	Dringinal occu	pation / Job title (See Instructions)		Employer (See Instructions	·/		
	Speech The			Therapy 2000 Inc.	')		
	Date 10/01/2025	Barone, Catherine (Ms.))		Amount of Contribution (\$)	\$3.00
		Tyler, TX 75701					
	Principal occu Occupationa	pation / Job title (See Instructions) Il Therapist		Employer (See Instructions Therapy 2000 Inc.	i)		
	Date 10/01/2025	Full name of contributor out-of-state Barone, Catherine (Ms.) Contributor address; City; State; Zip Code Tyler, TX 75701)		Amount of Contribution (\$)	\$3.00
		pation / Job title (See Instructions)		Employer (See Instructions	()		
	Occupationa	ii merapist	<u>l</u>	Therapy 2000 Inc.			

	MONEI	ARY POLITICAL CONTR	RIBUTION	V 5		SCHEDULE	A1
	The Instru	ction Guide explains how to comp	plete this for	m.	1	Total pages Schedule A1: Sch: 27/254 Rpt: 30/272	
2	FILER NAME Texas Assoc	ciation for Home Care and Hospice Inc.	- Texas Home	Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	Filers)
4	Date 10/01/2025	 5 Full name of contributor out-of-s Barone, Catherine (Ms.) 6 Contributor address; City; State; Zip Co 	state PAC (ID#:		7	Amount of Contribution (\$)	\$3.00
		Tyler, TX 75701					
8	Principal occu Occupationa	pation / Job title (See Instructions) Il Therapist	9	Employer (See Instructions Therapy 2000 Inc.)		
	Date 10/01/2025	Full name of contributor out-of-s Barone, Catherine (Ms.) Contributor address; City; State; Zip Co	state PAC (ID#:)		Amount of Contribution (\$)	\$3.00
		Tyler, TX 75701					
	Occupationa	pation / Job title (See Instructions) Il Therapist		Employer (See Instructions Therapy 2000 Inc.)		
	Date 10/01/2025	Full name of contributor out-of-s Barone, Catherine (Ms.) Contributor address; City; State; Zip Co	state PAC (ID#:)		Amount of Contribution (\$)	\$3.00
	Data dis al acces	Tyler, TX 75701		Formula and (Constructions			
	Occupationa	pation / Job title (See Instructions) Il Therapist		Employer (See Instructions Therapy 2000 Inc.)		
	Date 10/01/2025	Barone, Catherine (Ms.)				Amount of Contribution (\$)	\$3.00
		Tyler, TX 75701					
	Principal occu Occupationa	pation / Job title (See Instructions) Il Therapist		Employer (See Instructions Therapy 2000 Inc.)		
	Date 10/01/2025	Full name of contributor out-of-s Barone, Catherine (Ms.) Contributor address; City; State; Zip Co)		Amount of Contribution (\$)	\$3.00
		pation / Job title (See Instructions)		Employer (See Instructions)		
	Occupationa	ii merapist		Therapy 2000 Inc.			

	MONEI	ARY POLITICAL CONTR	IBUTION	V 5		SCHEDULE	A1
	The Instruc	ction Guide explains how to compl	lete this for	m.	1	Total pages Schedule A1: Sch: 28/254 Rpt: 31/272	
2	FILER NAME Texas Assoc	ciation for Home Care and Hospice Inc	Texas Home	Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	Filers)
4	Date 10/01/2025	 5 Full name of contributor out-of-star out-of-	ate PAC (ID#:)	7	Amount of Contribution (\$)	\$3.00
		Tyler, TX 75701					
8	Principal occu Occupationa	pation / Job title (See Instructions) Il Therapist	9	Employer (See Instructions Therapy 2000 Inc.	5)		
	Date 10/01/2025	Full name of contributor out-of-sta Barone, Catherine (Ms.) Contributor address; City; State; Zip Code	ate PAC (ID#:			Amount of Contribution (\$)	\$3.00
	Daine die al access	Tyler, TX 75701		Faralas and (Oara Instructions	_		
	Occupationa	pation / Job title (See Instructions) Il Therapist		Employer (See Instructions Therapy 2000 Inc.	5)		
	Date 10/01/2025	Full name of contributor out-of-sta Barone, Catherine (Ms.) Contributor address; City; State; Zip Code	ate PAC (ID#:			Amount of Contribution (\$)	\$3.00
		Tyler, TX 75701					
	Occupationa	pation / Job title (See Instructions) Il Therapist		Employer (See Instructions Therapy 2000 Inc.	5)		
	Date 10/01/2025	Barone, Catherine (Ms.))		Amount of Contribution (\$)	\$3.00
	Dringing Lagra	Tyler, TX 75701		Franks or (Cook last wations	_		
	Occupationa	pation / Job title (See Instructions) Il Therapist		Employer (See Instructions Therapy 2000 Inc.	5)		
	Date 10/01/2025	Full name of contributor out-of-star Barone, Catherine (Ms.) Contributor address; City; State; Zip Code Tyler, TX 75701				Amount of Contribution (\$)	\$3.00
		pation / Job title (See Instructions)		Employer (See Instructions	()		
	Occupationa	ι πειαμισι		Therapy 2000 Inc.			

	MONEI	ARY POLITICAL CON	I KIBU HUNS			SCHEDULE	A1
	The Instruc	ction Guide explains how to co	mplete this form.		1	Total pages Schedule A1: Sch: 29/254 Rpt: 32/272	
2	FILER NAME Texas Assoc	iation for Home Care and Hospice II	nc Texas Home Care ar		3	Filer ID (Ethics Commission 00015750	Filers)
4	Date 10/01/2025	 5 Full name of contributor out Barrera, Alison (Ms.) 6 Contributor address; City; State; Zip 	of-state PAC (ID#:	,	7	Amount of Contribution (\$)	\$5.00
		Corpus Christi, TX 78414					
8		pation / Job title (See Instructions) guage Pathologist		ver (See Instructions) oy 2000 Inc.)		
	Date 10/01/2025	Barrera, Alison (Ms.) Contributor address; City; State; Zip	of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
	Dringinal occu	Corpus Christi, TX 78414 pation / Job title (See Instructions)	Employ	/er (See Instructions)			
	•	guage Pathologist		py 2000 Inc.	,		
	Date 10/01/2025	Barrera, Alison (Ms.) Contributor address; City; State; Zip	of-state PAC (ID#:			Amount of Contribution (\$)	\$5.00
	Principal occu	Corpus Christi, TX 78414 pation / Job title (See Instructions)	Employ	/er (See Instructions))		
		guage Pathologist		py 2000 Inc.			
	Date 10/01/2025	Barrera, Alison (Ms.)	of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
		Corpus Christi, TX 78414					
	•	pation / Job title (See Instructions) guage Pathologist		ver (See Instructions) py 2000 Inc.)		
	Date 10/01/2025	Barrera, Alison (Ms.)	of-state PAC (ID#:			Amount of Contribution (\$)	\$5.00
	•	pation / Job title (See Instructions)		/er (See Instructions))		
	Speech Lan(guage Pathologist	Inera	oy 2000 Inc.			

	MONET	ARY POLITICAL CON	IRIBUTIONS		SCHEDULE	A1
	The Instru	ction Guide explains how to co	mplete this form.	1	Total pages Schedule A1: Sch: 30/254 Rpt: 33/272	
2	FILER NAME Texas Assoc	ciation for Home Care and Hospice Ir	nc Texas Home Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	Filers)
4	Date 10/01/2025	 5 Full name of contributor out- Barrera, Alison (Ms.) 6 Contributor address; City; State; Zip 	of-state PAC (ID#:) Code	7	Amount of Contribution (\$)	\$5.00
		Corpus Christi, TX 78414	1			
8	•	pation / Job title (See Instructions) guage Pathologist	9 Employer (See Instructions Therapy 2000 Inc.	s)		
	Date 10/01/2025	Barrera, Alison (Ms.) Contributor address; City; State; Zip	of-state PAC (ID#:) Code		Amount of Contribution (\$)	\$5.00
	Principal occu	Corpus Christi, TX 78414 pation / Job title (See Instructions)	Employer (See Instructions	s)		
	•	guage Pathologist	Therapy 2000 Inc.	٥,		
	Date 10/01/2025	Barrera, Alison (Ms.) Contributor address; City; State; Zip	of-state PAC (ID#:) Code		Amount of Contribution (\$)	\$5.00
	Principal occu	Corpus Christi, TX 78414 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
		guage Pathologist	Therapy 2000 Inc.	-,		
	Date 10/01/2025	Barrera, Alison (Ms.)	of-state PAC (ID#:) Code		Amount of Contribution (\$)	\$5.00
		Corpus Christi, TX 78414				
	•	pation / Job title (See Instructions) guage Pathologist	Employer (See Instructions Therapy 2000 Inc.	s)		
	Date 10/01/2025	Barron, Alicia (Ms.)	of-state PAC (ID#:) Code		Amount of Contribution (\$)	\$5.00
	•	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Occupationa	ll Therapy Assistant	Therapy 2000 Inc.			

	MONET	ARY POLITICAL CON	IKIBUTION	5		SCHEDULE	A1
	The Instru	ction Guide explains how to co	omplete this form	n.	1	Total pages Schedule A1: Sch: 31/254 Rpt: 34/272	
2	FILER NAME Texas Assoc	ciation for Home Care and Hospice I	nc Texas Home (Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	Filers)
4	Date 10/01/2025	 5 Full name of contributor out Darron, Alicia (Ms.) 6 Contributor address; City; State; Zip 	or-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$5.00
		El Paso, TX 79938					
8	•	pation / Job title (See Instructions) Il Therapy Assistant		Employer (See Instructions) Therapy 2000 Inc.)		
	Date 10/01/2025	Barron, Alicia (Ms.) Contributor address; City; State; Zip	r-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
	Principal occu	El Paso, TX 79938 pation / Job title (See Instructions)		Employer (See Instructions)		
	•	ll Therapy Assistant		Therapy 2000 Inc.	,		
	Date 10/01/2025	Barron, Alicia (Ms.) Contributor address; City; State; Zip	o Code)		Amount of Contribution (\$)	\$5.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions) 		
		l Therapy Assistant		Therapy 2000 Inc.	,		
	Date 10/01/2025	Barron, Alicia (Ms.)				Amount of Contribution (\$)	\$5.00
		El Paso, TX 79938					
	•	pation / Job title (See Instructions) Il Therapy Assistant		Employer (See Instructions Therapy 2000 Inc.)		
	Date 10/01/2025	Barron, Alicia (Ms.)	-of-state PAC (ID#: o Code			Amount of Contribution (\$)	\$5.00
	•	pation / Job title (See Instructions)		Employer (See Instructions)		
	Occupationa	ll Therapy Assistant		Therapy 2000 Inc.			

	MONEI	ARY POLITICAL (CONTRIBUTIO	INS		SCHEDULE	A1
	The Instruc	ction Guide explains hov	v to complete this fo	orm.	1	Total pages Schedule A1: Sch: 32/254 Rpt: 35/272	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	ciation for Home Care and Ho	spice Inc Texas Hom	e Care and Hospice PAC -		00015750	
4	Date 10/01/2025	5 Full name of contributor Barron, Alicia (Ms.)6 Contributor address; City; S	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$5.00
		El Paso, TX 79938					
8	Principal occu	pation / Job title (See Instruction	s)	9 Employer (See Instructions	5)		
	Occupationa	l Therapy Assistant		Therapy 2000 Inc.			
	Date 10/01/2025	Full name of contributor Barron, Alicia (Ms.) Contributor address; City; S	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$5.00
		El Paso, TX 79938					
		pation / Job title (See Instruction	5)	Employer (See Instructions	5)		
	Occupationa	l Therapy Assistant		Therapy 2000 Inc.			
	Date 10/01/2025	Full name of contributor Barron, Alicia (Ms.) Contributor address; City; S	out-of-state PAC (ID#:_ tate; Zip Code)		Amount of Contribution (\$)	\$5.00
		El Paso, TX 79938					
	Principal occu	pation / Job title (See Instruction	s)	Employer (See Instructions	5)		
	Occupationa	l Therapy Assistant		Therapy 2000 Inc.			
	Date 10/01/2025	Full name of contributor Barron, Alicia (Ms.) Contributor address; City; S El Paso, TX 79938	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$5.00
	•	pation / Job title (See Instruction	5)	Employer (See Instructions	5)		
	Occupationa	l Therapy Assistant		Therapy 2000 Inc.			
	Date 10/01/2025	Full name of contributor Barron, Alicia (Ms.) Contributor address; City; S El Paso, TX 79938	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$5.00
	Principal occu	pation / Job title (See Instruction	5)	Employer (See Instructions	5)		
	Occupationa	l Therapy Assistant		Therapy 2000 Inc.			

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 33/254 Rpt: 36/272	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	ciation for Home Care and Hos	spice Inc Texas Hom	e Care and Hospice PAC -		00015750	
4	Date 10/01/2025	5 Full name of contributor Barron, Alicia (Ms.)6 Contributor address; City; St.	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$5.00
		El Paso, TX 79938					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	()		
	Occupationa	l Therapy Assistant		Therapy 2000 Inc.			
	Date 10/01/2025	Full name of contributor Barron, Alicia (Ms.) Contributor address; City; St	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$5.00
		El Paso, TX 79938					
		pation / Job title (See Instructions)	Employer (See Instructions	()		
	Occupationa	l Therapy Assistant		Therapy 2000 Inc.			
	Date 10/22/2025	Full name of contributor Bass, Micaul (Mr.) Contributor address; City; St	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
		Houston, TX 77027					
	•	pation / Job title (See Instructions)	Employer (See Instructions	()		
	Account Rep	resentative		Nicular Health			
	Date 10/01/2025	Full name of contributor Bihl, Amelia (Ms.) Contributor address; City; St. McGregor, TX 76657	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$3.00
	•	pation / Job title (See Instructions er Case Manager)	Employer (See Instructions Therapy 2000 Inc.	i)		
	Date 10/01/2025	Full name of contributor Bihl, Amelia (Ms.) Contributor address; City; St. McGregor, TX 76657	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$3.00
		pation / Job title (See Instructions)	Employer (See Instructions)		
	Social Worke	er Case Manager		Therapy 2000 Inc.			

	MONEI	ARY POLITICAL (SCHEDULE A1				
	The Instruc	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 34/254 Rpt: 37/272	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	ciation for Home Care and Ho	spice Inc Texas Hom	e Care and Hospice PAC -		00015750	
4	Date 10/01/2025	5 Full name of contributor Bihl, Amelia (Ms.)6 Contributor address; City; S	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$3.00
		McGregor, TX 76657					
8	Principal occu	pation / Job title (See Instructions	s)	9 Employer (See Instructions)		
	Social Worke	er Case Manager		Therapy 2000 Inc.			
	Date 10/01/2025	Full name of contributor Bihl, Amelia (Ms.) Contributor address; City; S	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$3.00
		McGregor, TX 76657					
	•	pation / Job title (See Instructions	s)	Employer (See Instructions	5)		
	Social Worker Case Manager			Therapy 2000 Inc.			
	Date 10/01/2025	Full name of contributor Bihl, Amelia (Ms.) Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$3.00
		McGregor, TX 76657					
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions)		
	Social Worke	er Case Manager		Therapy 2000 Inc.			
	Date 10/01/2025	Full name of contributor Bihl, Amelia (Ms.) Contributor address; City; S McGregor, TX 76657	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$3.00
	•	pation / Job title (See Instructions er Case Manager	s)	Employer (See Instructions Therapy 2000 Inc.)		
	Date 10/01/2025	Full name of contributor Bihl, Amelia (Ms.) Contributor address; City; S McGregor, TX 76657	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$3.00
		pation / Job title (See Instructions	5)	Employer (See Instructions)		
	Social Worke	er Case Manager		Therapy 2000 Inc.			

	MONEI	ARY POLITICAL (SCHEDULE	A1		
	The Instruc	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 35/254 Rpt: 38/272	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	ciation for Home Care and Ho	spice Inc Texas Hom	e Care and Hospice PAC -		00015750	
4	Date 10/01/2025	5 Full name of contributor Bihl, Amelia (Ms.)6 Contributor address; City; St	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$3.00
		McGregor, TX 76657					
8	Principal occu	pation / Job title (See Instructions	3)	9 Employer (See Instructions	5)		
	Social Worke	er Case Manager		Therapy 2000 Inc.			
	Date 10/01/2025	Full name of contributor Bihl, Amelia (Ms.) Contributor address; City; S	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$3.00
		McGregor, TX 76657	,				
	•	pation / Job title (See Instructions	3)	Employer (See Instructions	5)		
	Social Worker Case Manager			Therapy 2000 Inc.	_		
	Date 10/01/2025	Full name of contributor Bihl, Amelia (Ms.) Contributor address; City; S	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$3.00
		McGregor, TX 76657					
	Principal occu	pation / Job title (See Instructions	3)	Employer (See Instructions	5)		
	Social Worke	er Case Manager		Therapy 2000 Inc.			
	Date 10/01/2025	Full name of contributor Bihl, Amelia (Ms.) Contributor address; City; S McGregor, TX 76657	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$3.00
	•	pation / Job title (See Instructions er Case Manager	5)	Employer (See Instructions Therapy 2000 Inc.	5)		
	Date 10/01/2025	Full name of contributor Bihl, Amelia (Ms.) Contributor address; City; S McGregor, TX 76657	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$3.00
		pation / Job title (See Instructions	3)	Employer (See Instructions	5)		
	Social Worke	er Case Manager		Therapy 2000 Inc.			

	MONEI	ARY POLITICAL (A1			
	The Instruc	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 36/254 Rpt: 39/272	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	iation for Home Care and Ho	spice Inc Texas Hom	e Care and Hospice PAC -		00015750	
4	Date 10/01/2025	5 Full name of contributor Bostick, Lindsey (Ms.)6 Contributor address; City; St	out-of-state PAC (ID#:_		7	Amount of Contribution (\$)	\$3.00
		Eustace, TX 75124					
8		pation / Job title (See Instructions	5)	9 Employer (See Instructions	5)		
	Speech Lan	guage Pathologist		Therapy 2000 Inc.			
	Date 10/01/2025	Full name of contributor Bostick, Lindsey (Ms.) Contributor address; City; St	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$3.00
		Eustace, TX 75124					
		pation / Job title (See Instructions	5)	Employer (See Instructions	()		
	Speech Language Pathologist		Therapy 2000 Inc.				
	Date 10/01/2025	Full name of contributor Bostick, Lindsey (Ms.) Contributor address; City; St	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$3.00
		Eustace, TX 75124					
	Principal occu	pation / Job title (See Instructions	3)	Employer (See Instructions	()		
	Speech Lang	guage Pathologist		Therapy 2000 Inc.			
	Date 10/01/2025	Full name of contributor Bostick, Lindsey (Ms.) Contributor address; City; St Eustace, TX 75124	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$3.00
	•	pation / Job title (See Instructions	3)	Employer (See Instructions	()		
	Speech Lan	guage Pathologist		Therapy 2000 Inc.			
	Date 10/01/2025	Full name of contributor Bostick, Lindsey (Ms.) Contributor address; City; St Eustace, TX 75124	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$3.00
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions)		
	Speech Lang	guage Pathologist		Therapy 2000 Inc.			

	MONET	ARY POLITICAL CO	NIRIBUTIO	V 5		SCHEDULE	A1
	The Instru	ction Guide explains how to	complete this for	m.	1	Total pages Schedule A1: Sch: 37/254 Rpt: 40/272	
2	FILER NAME Texas Assoc	ciation for Home Care and Hospic	e Inc Texas Home	Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	Filers)
4	Date 10/01/2025	5 Full name of contributor Bostick, Lindsey (Ms.)6 Contributor address; City; State;)	7	Amount of Contribution (\$)	\$3.00
		Eustace, TX 75124	,				
8	•	pation / Job title (See Instructions) guage Pathologist	9	Employer (See Instructions Therapy 2000 Inc.	i)		
	Date 10/01/2025	Full name of contributor Bostick, Lindsey (Ms.) Contributor address; City; State;	out-of-state PAC (ID#: Zip Code)		Amount of Contribution (\$)	\$3.00
	Principal occu	Eustace, TX 75124 pation / Job title (See Instructions)	1	Employer (See Instructions	<u>, </u>		
	•	guage Pathologist		Therapy 2000 Inc.	')		
	Date 10/01/2025	Bostick, Lindsey (Ms.) Contributor address; City; State;	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$3.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
		guage Pathologist		Therapy 2000 Inc.	,		
	Date 10/01/2025	Bostick, Lindsey (Ms.)				Amount of Contribution (\$)	\$3.00
		Eustace, TX 75124					
	•	pation / Job title (See Instructions) guage Pathologist		Employer (See Instructions Therapy 2000 Inc.	i)		
	Date 10/01/2025	Bostick, Lindsey (Ms.)	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$3.00
	•	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Speech Lan(guage Pathologist		Therapy 2000 Inc.			

	MONEI	ARY POLITICAL (CONTRIBUTION	JNS		SCHEDULI	E A1
	The Instru	ction Guide explains hov	v to complete this f	orm.	1	Total pages Schedule A1: Sch: 38/254 Rpt: 41/272	
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	n Filers)
4	Date 10/01/2025	5 Full name of contributor Bostick, Lindsey (Ms.)6 Contributor address; City; S)	7	Amount of Contribution (\$)	\$3.00
		Eustace, TX 75124					
8	Principal occu	pation / Job title (See Instructions	s)	9 Employer (See Instructions	5)		
	Speech Lang	guage Pathologist		Therapy 2000 Inc.			
	Date 10/01/2025	Full name of contributor Bostick, Lindsey (Ms.) Contributor address; City; S	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$3.00
		Eustace, TX 75124		 	L		
	•	pation / Job title (See Instructions	S)	Employer (See Instructions	s)		
	Speech Lan	guage Pathologist		Therapy 2000 Inc.			
	Date 10/21/2025	Full name of contributor Brickner, Joe (Mr.) Contributor address; City; S Boerne, TX 78006	out-of-state PAC (ID#:_)	•	Amount of Contribution (\$)	\$200.00
_	Principal occu	pation / Job title (See Instructions	<u> </u>	Employer (See Instructions	;) 		
		ent Hospice Operations		Vitas Healthcare	·)		
	Date 10/22/2025	Full name of contributor Brooks , Courtney (Ms.) Contributor address; City; S Bullard, TX 75757	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$20.00
	•	pation / Job title (See Instructions ector of Operations	s)	Employer (See Instructions Paradigm Rehab & Nurs		g LP	
	Date 10/23/2025	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	I	s)	Employer (See Instructions	<u>. </u>		
		ector of Operations	,	Paradigm Rehab & Nurs		g LP	

	MONEI	ARY POLITICAL CO		SCHEDULE	JLE A1		
	The Instru	ction Guide explains how t	o complete this for	m.	1	Total pages Schedule A1: Sch: 39/254 Rpt: 42/272	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	iation for Home Care and Hosp	ice Inc Texas Home	Care and Hospice PAC -		00015750	
4	Date 10/01/2025	5 Full name of contributor Brown, Ciara Ann (Ms.)6 Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code		7	Amount of Contribution (\$)	\$5.00
		Missouri City, TX 77459					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions)		
	Speech The	apy Asst.		Therapy 2000 Inc.			
	Date 10/01/2025	Full name of contributor Brown, Ciara Ann (Ms.) Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$5.00
	Deinsinal assu	Missouri City, TX 77459		Franks on (Cas Instructions			
	Speech The	pation / Job title (See Instructions)		Employer (See Instructions Therapy 2000 Inc.)		
				тпетару 2000 птс.			
	Date 10/01/2025	Full name of contributor Brown, Ciara Ann (Ms.) Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$5.00
		Missouri City, TX 77459					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Speech The	apy Asst.		Therapy 2000 Inc.			
	Date 10/01/2025	Full name of contributor Brown, Ciara Ann (Ms.) Contributor address; City; State Missouri City, TX 77459	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$5.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Speech The	apy Asst.		Therapy 2000 Inc.			
	Date 10/01/2025	Full name of contributor Brown, Ciara Ann (Ms.) Contributor address; City; State Missouri City, TX 77459	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$5.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Speech The			Therapy 2000 Inc.			
			-				

	MONEI	ARY POLITICAL C		SCHEDULE	A1		
	The Instru	ction Guide explains how	to complete this for	rm.	1	Total pages Schedule A1: Sch: 40/254 Rpt: 43/272	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	ciation for Home Care and Hos	pice Inc Texas Home	Care and Hospice PAC -		00015750	
4	Date 10/01/2025	5 Full name of contributor Brown, Ciara Ann (Ms.)6 Contributor address; City; Sta	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$5.00
		Missouri City, TX 77459					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	()		
	Speech The	rapy Asst.		Therapy 2000 Inc.			
	Date 10/01/2025	Full name of contributor Brown, Ciara Ann (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#:ate; Zip Code			Amount of Contribution (\$)	\$5.00
		Missouri City, TX 77459					
		pation / Job title (See Instructions))	Employer (See Instructions	5)		
	Speech Therapy Asst.		Therapy 2000 Inc.				
	Date 10/01/2025	Full name of contributor Brown, Ciara Ann (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
		Missouri City, TX 77459					
	Principal occu	pation / Job title (See Instructions))	Employer (See Instructions	()		
	Speech Their	rapy Asst.		Therapy 2000 Inc.			
	Date 10/01/2025	Full name of contributor Brown, Ciara Ann (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$5.00
	Principal occu Speech Ther	pation / Job title (See Instructions) apy Asst.		Employer (See Instructions Therapy 2000 Inc.	5)		
	Date 10/01/2025	Full name of contributor Brown, Ciara Ann (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$5.00
	Principal occu	pation / Job title (See Instructions))	Employer (See Instructions)		
	Speech Their	rapy Asst.		Therapy 2000 Inc.			

	MONEI	ARY POLITICAL CONTI		SCHEDULE	A1	
	The Instru	ction Guide explains how to com	plete this form.	1	Total pages Schedule A1: Sch: 41/254 Rpt: 44/272	
2	FILER NAME Texas Assoc	ciation for Home Care and Hospice Inc.	- Texas Home Care and Hospice PAC	3	Filer ID (Ethics Commission 00015750	Filers)
4	Date 10/01/2025	 5 Full name of contributor out-of-section out-of-section	state PAC (ID#:) ode	7	Amount of Contribution (\$)	\$5.00
		Missouri City, TX 77459				
8	Principal occu Speech Thei	pation / Job title (See Instructions)	9 Employer (See Instruction Therapy 2000 Inc.	ıs)		
	Date 10/01/2025	Full name of contributor out-of- Brown, Ciara Ann (Ms.) Contributor address; City; State; Zip Co	state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
	Dringing con	Missouri City, TX 77459	Employer (See Instruction	-c)		
	Speech The	pation / Job title (See Instructions) rapy Asst.	Employer (See Instruction Therapy 2000 Inc.	15)		
	Date 10/01/2025	Full name of contributor out-of- Brylak, Bronson Wallace (Mr.) Contributor address; City; State; Zip Co	state PAC (ID#:) ode		Amount of Contribution (\$)	\$5.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	<u> </u> s)		
		guage Pathologist	Therapy 2000 Inc.			
	Date 10/01/2025	Brylak, Bronson Wallace (Mr.)	state PAC (ID#:) ode		Amount of Contribution (\$)	\$5.00
		Kyle, TX 78640	1			
		pation / Job title (See Instructions) guage Pathologist	Employer (See Instruction Therapy 2000 Inc.	ıs)		
	Date 10/01/2025	Brylak, Bronson Wallace (Mr.)	state PAC (ID#:) Dde		Amount of Contribution (\$)	\$5.00
	·	pation / Job title (See Instructions)	Employer (See Instruction	ıs)		
	Speech Lang	guage Pathologist	Therapy 2000 Inc.			

	MONEI	ARY POLITICAL CONTRI		SCHEDULE	A1	
	The Instru	ction Guide explains how to comple	ete this form.	1	Total pages Schedule A1: Sch: 42/254 Rpt: 45/272	
2	FILER NAME Texas Assoc	ciation for Home Care and Hospice Inc T	exas Home Care and Hospice PA	C -	Filer ID (Ethics Commission 00015750	Filers)
4	Date 10/01/2025	 5 Full name of contributor	e PAC (ID#:)	7	Amount of Contribution (\$)	\$5.00
_		Kyle, TX 78640	1			
8		pation / Job title (See Instructions) guage Pathologist	9 Employer (See Instruction Therapy 2000 Inc.	ions)		
	Date 10/01/2025	Full name of contributor out-of-state Brylak, Bronson Wallace (Mr.) Contributor address; City; State; Zip Code	PAC (ID#:)		Amount of Contribution (\$)	\$5.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ions)		
	·	guage Pathologist	Therapy 2000 Inc.	10113)		
	Date 10/01/2025	Full name of contributor out-of-state Brylak, Bronson Wallace (Mr.) Contributor address; City; State; Zip Code Kyle, TX 78640	PAC (ID#:)		Amount of Contribution (\$)	\$5.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ions)		
		guage Pathologist	Therapy 2000 Inc.	,		
Date 10/01/2025		Brylak, Bronson Wallace (Mr.)	PAC (ID#:)		Amount of Contribution (\$)	\$5.00
		Kyle, TX 78640				
		pation / Job title (See Instructions) guage Pathologist	Employer (See Instructi Therapy 2000 Inc.	ions)		
	Date 10/01/2025	Brylak, Bronson Wallace (Mr.)	e PAC (ID#:)		Amount of Contribution (\$)	\$5.00
	·	pation / Job title (See Instructions)	Employer (See Instructi	ions)		
	Speech Lang	guage Pathologist	Therapy 2000 Inc.			

	MONEI	ARY POLITICAL CONTRIBUT		SCHEDULE A1		
	The Instruc	ction Guide explains how to complete thi	s form.	1	Total pages Schedule A1: Sch: 43/254 Rpt: 46/272	
2	FILER NAME Texas Assoc	siation for Home Care and Hospice Inc Texas F	Home Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	Filers)
4	Date 10/01/2025	 5 Full name of contributor out-of-state PAC (II Brylak, Bronson Wallace (Mr.) 6 Contributor address; City; State; Zip Code 	D#:)	7	Amount of Contribution (\$)	\$5.00
_		Kyle, TX 78640	1	<u> </u>		
8		pation / Job title (See Instructions) guage Pathologist	9 Employer (See Instructions Therapy 2000 Inc.	s)		
	Date 10/01/2025	Full name of contributor out-of-state PAC (II Brylak, Bronson Wallace (Mr.) Contributor address; City; State; Zip Code	D#:)	•	Amount of Contribution (\$)	\$5.00
	Dringing! aggs	Kyle, TX 78640	Employer (Coo Instructions	<u></u>		
	•	pation / Job title (See Instructions) guage Pathologist	Employer (See Instructions Therapy 2000 Inc.	5)		
	Date 10/01/2025	Full name of contributor out-of-state PAC (II Brylak, Bronson Wallace (Mr.) Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$5.00
	Dringing! aggs	Kyle, TX 78640	Employer (Coo Instructions	<u></u>		
		pation / Job title (See Instructions) guage Pathologist	Employer (See Instructions Therapy 2000 Inc.	5)		
Date 10/01/2025		Full name of contributor	D#:)		Amount of Contribution (\$)	\$5.00
		Kyle, TX 78640				
		pation / Job title (See Instructions) guage Pathologist	Employer (See Instructions Therapy 2000 Inc.	s)		
	Date 10/01/2025	Full name of contributor out-of-state PAC (II Burgess, Rebecca (Ms.) Contributor address; City; State; Zip Code Kaufman, TX 75142			Amount of Contribution (\$)	\$5.00
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	HR Generali	51	Therapy 2000 Inc.			

	MONEI	ARY POLITICAL (CONTRIBUTIO	NNS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 44/254 Rpt: 47/272	
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 F 00015750	-ilers)
4	Date 10/01/2025	5 Full name of contributor Burgess, Rebecca (Ms.)6 Contributor address; City; S			7	Amount of Contribution (\$)	\$5.00
		Kaufman, TX 75142					
8	Principal occu HR Generali	pation / Job title (See Instructions st	5)	9 Employer (See Instructions Therapy 2000 Inc.	s)		
	Date 10/01/2025	Full name of contributor Burgess, Rebecca (Ms.) Contributor address; City; S	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$5.00
	Principal occu	Kaufman, TX 75142 pation / Job title (See Instructions	s)	Employer (See Instructions	رة) 		
	HR Generali		,,	Therapy 2000 Inc.	,,		
	Date 10/01/2025	Full name of contributor Burgess, Rebecca (Ms.) Contributor address; City; S	out-of-state PAC (ID#:_		•	Amount of Contribution (\$)	\$5.00
		Kaufman, TX 75142					
	Principal occu HR Generali	pation / Job title (See Instructions st	s) 	Employer (See Instructions Therapy 2000 Inc.	5)		
	Date 10/01/2025	Full name of contributor Burgess, Rebecca (Ms.) Contributor address; City; Si Kaufman, TX 75142	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$5.00
	Principal occu HR Generali	pation / Job title (See Instructions	5)	Employer (See Instructions Therapy 2000 Inc.	<u>I</u> 5)		
	Date 10/01/2025	Full name of contributor Burgess, Rebecca (Ms.) Contributor address; City; S Kaufman, TX 75142	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$5.00
	Principal occu HR Generali	pation / Job title (See Instructions st	5)	Employer (See Instructions Therapy 2000 Inc.	5)		

	MONEI	ARY POLITICAL CONTR		SCHEDULE	SCHEDULE A1	
	The Instru	ction Guide explains how to comp	lete this form.	1	Total pages Schedule A1: Sch: 45/254 Rpt: 48/272	
2	FILER NAME Texas Assoc	siation for Home Care and Hospice Inc	Texas Home Care and Hospice PAC	3	Filer ID (Ethics Commission 00015750	Filers)
4	Date 10/01/2025	 5 Full name of contributor out-of-sta Burgess, Rebecca (Ms.) 6 Contributor address; City; State; Zip Cod 	ate PAC (ID#:)	7	Amount of Contribution (\$)	\$5.00
_		Kaufman, TX 75142	.			
8	Principal occu HR Generali	pation / Job title (See Instructions) st	9 Employer (See Instruction Therapy 2000 Inc.	ons)		
	Date 10/01/2025	Burgess, Rebecca (Ms.) Contributor address; City; State; Zip Cod	ate PAC (ID#:)		Amount of Contribution (\$)	\$5.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ne)		
	HR Generali		Therapy 2000 Inc.	,,,,		
	Date 10/01/2025	Full name of contributor out-of-sta Burgess, Rebecca (Ms.) Contributor address; City; State; Zip Cod	ate PAC (ID#:)		Amount of Contribution (\$)	\$5.00
		Kaufman, TX 75142				
	Principal occu HR Generali	pation / Job title (See Instructions) st	Employer (See Instruction Therapy 2000 Inc.	ns)		
	Date 10/01/2025	Burgess, Rebecca (Ms.)	ate PAC (ID#:)		Amount of Contribution (\$)	\$5.00
	Principal occu	Kaufman, TX 75142 pation / Job title (See Instructions) st	Employer (See Instruction Therapy 2000 Inc.	ons)		
	Date 10/01/2025	Burgess, Rebecca (Ms.)	ate PAC (ID#:)		Amount of Contribution (\$)	\$5.00
	Principal occu HR Generali	pation / Job title (See Instructions)	Employer (See Instruction Therapy 2000 Inc.	ns)		
	THE General		тнегару 2000 птс.			

	MONET	ARY POLITICAL CO	MIRIBUTIONS		SCHEDULE	A1
	The Instru	ction Guide explains how to	complete this form.	1	Total pages Schedule A1: Sch: 46/254 Rpt: 49/272	
2	FILER NAME Texas Assoc	iation for Home Care and Hospic	e Inc Texas Home Care and Hospice PAC -	3	Filer ID (Ethics Commission F 00015750	-ilers)
4	Date 10/01/2025	 Full name of contributor Burgess, Rebecca (Ms.) Contributor address; City; State; 	out-of-state PAC (ID#:) Zip Code	7	Amount of Contribution (\$)	\$5.00
		Kaufman, TX 75142				
8	Principal occu HR Generali	pation / Job title (See Instructions)	9 Employer (See Instructions Therapy 2000 Inc.	5)		
	Date 10/01/2025	Full name of contributor Burns, Tessa Noel (Ms.) Contributor address; City; State;	out-of-state PAC (ID#:) Zip Code	•	Amount of Contribution (\$)	\$1.00
	Principal occu	Austin, TX 78744 pation / Job title (See Instructions)	Employer (See Instructions	 s)		
	·	guage Pathologist	Therapy 2000, Inc.	-,		
	Date 10/01/2025	Full name of contributor Burns, Tessa Noel (Ms.) Contributor address; City; State;	out-of-state PAC (ID#:) Zip Code		Amount of Contribution (\$)	\$1.00
	Principal occu	Austin, TX 78744 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
		guage Pathologist	Therapy 2000, Inc.	•		
	Date 10/01/2025	Full name of contributor Burns, Tessa Noel (Ms.) Contributor address; City; State; Austin, TX 78744	out-of-state PAC (ID#:) Zip Code		Amount of Contribution (\$)	\$1.00
	·	pation / Job title (See Instructions) guage Pathologist	Employer (See Instructions Therapy 2000, Inc.	<u>I</u> S)		
	Date 10/01/2025	Full name of contributor Burns, Tessa Noel (Ms.) Contributor address; City; State; Austin, TX 78744	out-of-state PAC (ID#:) Zip Code		Amount of Contribution (\$)	\$1.00
	·	pation / Job title (See Instructions) guage Pathologist	Employer (See Instructions Therapy 2000, Inc.	5)		
		V	1 12 7 1			

	MONET	ARY POLITICAL CONTRIBUT	IONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this	s form.	1	Total pages Schedule A1: Sch: 47/254 Rpt: 50/272	
2	FILER NAME Texas Assoc	ciation for Home Care and Hospice Inc Texas H	lome Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	Filers)
4	Date 10/01/2025	 5 Full name of contributor out-of-state PAC (ID Burns, Tessa Noel (Ms.) 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$1.00
		Austin, TX 78744				
8	•	pation / Job title (See Instructions) guage Pathologist	9 Employer (See Instructions Therapy 2000, Inc.	5)		
	Date 10/01/2025	Full name of contributor out-of-state PAC (ID Burns, Tessa Noel (Ms.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1.00
	Dringing con	Austin, TX 78744	Employer (See Instructions	<u></u>		
	•	pation / Job title (See Instructions) guage Pathologist	Employer (See Instructions Therapy 2000, Inc.	5)		
	Date 10/01/2025	Full name of contributor out-of-state PAC (ID Burns, Tessa Noel (Ms.) Contributor address; City; State; Zip Code Austin, TX 78744) #:)		Amount of Contribution (\$)	\$1.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>. </u>		
	Speech Lang	guage Pathologist	Therapy 2000, Inc.			
Date 10/01/2025		Full name of contributor out-of-state PAC (ID Cavanaugh, Alexandra (Ms.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$5.00
	•	San Antonio, TX 78229 pation / Job title (See Instructions) guage Pathologist	Employer (See Instructions Therapy 2000 Inc.	<u> </u> ;)		
	Date 10/01/2025	Full name of contributor out-of-state PAC (ID Cavanaugh, Alexandra (Ms.) Contributor address; City; State; Zip Code San Antonio, TX 78229			Amount of Contribution (\$)	\$5.00
	•	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Speech Lang	guage Pathologist	Therapy 2000 Inc.			

	MONET	ARY POLITICAL CONTRIBUT	HUNS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete th	is form.	1	Total pages Schedule A1: Sch: 48/254 Rpt: 51/272	
2	FILER NAME Texas Assoc	iation for Home Care and Hospice Inc Texas	Home Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	Filers)
4	Date 10/01/2025	 Full name of contributor out-of-state PAC (Cavanaugh, Alexandra (Ms.) Contributor address; City; State; Zip Code 	ID#:)		Amount of Contribution (\$)	\$5.00
		San Antonio, TX 78229				
8		pation / Job title (See Instructions) Juage Pathologist	9 Employer (See Instructions Therapy 2000 Inc.	s)		
	Date 10/01/2025	Full name of contributor out-of-state PAC (Chance, Lisa (Ms.) Contributor address; City; State; Zip Code	ID#:)		Amount of Contribution (\$)	\$10.00
	Principal occu	Santa Rosa Beach, FL 32459 pation / Job title (See Instructions)	Employer (See Instructions	 s)		
	VP Client Services Clinical Exec. Therapy 20			-,		
	Date 10/01/2025	Full name of contributor out-of-state PAC (Chance, Lisa (Ms.) Contributor address; City; State; Zip Code	ID#:)		Amount of Contribution (\$)	\$10.00
	Principal occu	Santa Rosa Beach, FL 32459 pation / Job title (See Instructions)	Employer (See Instructions	e)		
		rvices Clinical Exec.	Therapy 2000 Inc.	٥,		
	Date 10/01/2025	Full name of contributor out-of-state PAC (Chance, Lisa (Ms.) Contributor address; City; State; Zip Code Santa Rosa Beach, FL 32459	ID#:)		Amount of Contribution (\$)	\$10.00
	•	pation / Job title (See Instructions) rvices Clinical Exec.	Employer (See Instructions Therapy 2000 Inc.	<u>l</u> s)		
	Date 10/01/2025	Full name of contributor out-of-state PAC (Chance, Lisa (Ms.) Contributor address; City; State; Zip Code Santa Rosa Beach, FL 32459	ID#:)		Amount of Contribution (\$)	\$10.00
	·	pation / Job title (See Instructions) rvices Clinical Exec.	Employer (See Instructions Therapy 2000 Inc.	s)		
	2					

	MONEI	ARY POLITICAL CONTRIBU	HUNS		SCHEDULE	E A1
	The Instru	ction Guide explains how to complete th	his form.	1	Total pages Schedule A1: Sch: 49/254 Rpt: 52/272	
2	FILER NAME Texas Assoc	ciation for Home Care and Hospice Inc Texas	: Home Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	ı Filers)
4	Date 10/01/2025	 Full name of contributor	(ID#:)	7	Amount of Contribution (\$)	\$10.00
		Santa Rosa Beach, FL 32459				
8		pation / Job title (See Instructions) ervices Clinical Exec.	9 Employer (See Instructions Therapy 2000 Inc.	s)		
	Date 10/01/2025	Full name of contributor out-of-state PAC Chance, Lisa (Ms.) Contributor address; City; State; Zip Code	(ID#:)	-	Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	VP Client Services Clinical Exec.		Therapy 2000 Inc.	٥,		
	Date 10/01/2025	Full name of contributor out-of-state PAC Chance, Lisa (Ms.) Contributor address; City; State; Zip Code	(ID#:)		Amount of Contribution (\$)	\$10.00
	5	Santa Rosa Beach, FL 32459		Ĺ		
		pation / Job title (See Instructions) ervices Clinical Exec.	Employer (See Instructions Therapy 2000 Inc.	S)		
	Date 10/01/2025	ate Full name of contributor out-of-state PAC (ID#:)			Amount of Contribution (\$)	\$10.00
		Santa Rosa Beach, FL 32459				
	•	pation / Job title (See Instructions) ervices Clinical Exec.	Employer (See Instructions Therapy 2000 Inc.	s)		
	Date 10/01/2025	Full name of contributor out-of-state PAC Chance, Lisa (Ms.) Contributor address; City; State; Zip Code Santa Rosa Beach, FL 32459	(ID#:)		Amount of Contribution (\$)	\$10.00
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	VP Client Se	ervices Clinical Exec.	Therapy 2000 Inc.			

	MONET	ARY POLITICAL CON	TIRIBUTIONS		SCHEDULE	A1
	The Instru	ction Guide explains how to c	omplete this form.	1	Total pages Schedule A1: Sch: 50/254 Rpt: 53/272	
2	FILER NAME Texas Assoc	iation for Home Care and Hospice	Inc Texas Home Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	Filers)
4	Date 10/01/2025	 Full name of contributor out out Chance, Lisa (Ms.) Contributor address; City; State; Zi 	rt-of-state PAC (ID#:) p Code	7	Amount of Contribution (\$)	\$10.00
_	Dinainalaaa	Santa Rosa Beach, FL 32459	10 Farsham (Oar Instantion)			
8		pation / Job title (See Instructions) rvices Clinical Exec.	9 Employer (See Instructions) Therapy 2000 Inc.	5)		
	Date 10/01/2025	Full name of contributor ou Chance, Lisa (Ms.) Contributor address; City; State; Zi	it-of-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00
	Principal occu	Santa Rosa Beach, FL 32459 pation / Job title (See Instructions)	Employer (See Instructions	;) 		
	•	rvices Clinical Exec.	Therapy 2000 Inc.	,		
	Date 10/01/2025	Chance, Lisa (Ms.) Contributor address; City; State; Zi	p Code	•	Amount of Contribution (\$)	\$10.00
L	Principal occu	Santa Rosa Beach, FL 32459 pation / Job title (See Instructions)	Employer (See Instructions	?) 		
		rvices Clinical Exec.	Therapy 2000 Inc.	-,		
	Date 10/01/2025	Full name of contributor ou Charles, Alysha Marie (Ms.) Contributor address; City; State; Zi	p Code		Amount of Contribution (\$)	\$2.50
	Principal occu Physical The	pation / Job title (See Instructions)	Employer (See Instructions) Therapy 2000 Inc.	<u>l</u> S)		
	Date 10/01/2025	Charles, Alysha Marie (Ms.)	p Code		Amount of Contribution (\$)	\$2.50
	Principal occu Physical The	pation / Job title (See Instructions) rapist	Employer (See Instructions) Therapy 2000 Inc.	5)		

	MONEI	ARY POLITICAL CONTRIBU	JIIOI	V 5		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete	this for	m.	1	Total pages Schedule A1: Sch: 51/254 Rpt: 54/272	
2	FILER NAME Texas Assoc	iation for Home Care and Hospice Inc Texa	as Home	Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	Filers)
4	Date 10/01/2025	 Full name of contributor out-of-state PAG Charles, Alysha Marie (Ms.) Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$2.50
8	Principal occu	Austin, TX 78735 pation / Job title (See Instructions)	ا	Employer (See Instructions			
0	Physical The	,	ا	Therapy 2000 Inc.)		
	Date 10/01/2025	Full name of contributor out-of-state PAG Charles, Alysha Marie (Ms.) Contributor address; City; State; Zip Code	C (ID#:)		Amount of Contribution (\$)	\$2.50
	Dein ein al a a co	Austin, TX 78735		Faralacan (Octobrational			
	Principal occu Physical The	pation / Job title (See Instructions) rapist		Employer (See Instructions Therapy 2000 Inc.)		
	Date 10/01/2025	Full name of contributor out-of-state PAG Charles, Alysha Marie (Ms.) Contributor address; City; State; Zip Code Austin, TX 78735	C (ID#:			Amount of Contribution (\$)	\$2.50
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Physical The	erapist		Therapy 2000 Inc.			
Date 10/01/2025		Full name of contributor out-of-state PAG Charles, Alysha Marie (Ms.) Contributor address; City; State; Zip Code	C (ID#:			Amount of Contribution (\$)	\$2.50
	Principal occu Physical The	Austin, TX 78735 pation / Job title (See Instructions) prapriet		Employer (See Instructions Therapy 2000 Inc.)		
	Date 10/01/2025	Full name of contributor out-of-state PAG Charles, Alysha Marie (Ms.) Contributor address; City; State; Zip Code Austin, TX 78735)		Amount of Contribution (\$)	\$2.50
		pation / Job title (See Instructions)		Employer (See Instructions)		
	Physical The	riapisi		Therapy 2000 Inc.			

	MONEI	ARY POLITICAL CONTRIB		N2		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete	e this fo	rm.	1	Total pages Schedule A1: Sch: 52/254 Rpt: 55/272	
2	FILER NAME Texas Assoc	ciation for Home Care and Hospice Inc Tex	xas Home	e Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	Filers)
4	Date 10/01/2025	 Full name of contributor out-of-state P. Charles, Alysha Marie (Ms.) Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$2.50
8	Dringing! goog	Austin, TX 78735 pation / Job title (See Instructions)	l _o	Employer (See Instructions			
0	Physical The	,	8	Therapy 2000 Inc.	')		
	Date 10/01/2025	Full name of contributor out-of-state P. Charles, Alysha Marie (Ms.) Contributor address; City; State; Zip Code	PAC (ID#:			Amount of Contribution (\$)	\$2.50
	Dringing Lagra	Austin, TX 78735		Franks voy (Coo locky sticke	$\overline{\Gamma}$		
	Principal occupation / Job title (See Instructions) Physical Therapist			Employer (See Instructions Therapy 2000 Inc.	5)		
	Date 10/01/2025	Full name of contributor out-of-state P. Charles, Alysha Marie (Ms.) Contributor address; City; State; Zip Code	PAC (ID#:)		Amount of Contribution (\$)	\$2.50
	Principal occu	Austin, TX 78735 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> :)		
	Physical The	erapist		Therapy 2000 Inc.			
	Date 10/01/2025	Full name of contributor out-of-state P. Charles, Alysha Marie (Ms.) Contributor address; City; State; Zip Code	PAC (ID#:			Amount of Contribution (\$)	\$2.50
	Dringing aggr	Austin, TX 78735 pation / Job title (See Instructions)		Employer (See Instructions	_		
	Physical The	,		Therapy 2000 Inc.	')		
	Date 10/01/2025	Full name of contributor out-of-state P. Charles, Alysha Marie (Ms.) Contributor address; City; State; Zip Code Austin, TX 78735				Amount of Contribution (\$)	\$2.50
		pation / Job title (See Instructions)		Employer (See Instructions	()		
	Physical The	:iapist		Therapy 2000 Inc.			

	MONET	ARY POLITICAL CONTRIBUT	IONS	SCHEDULE A1
	The Instru	ction Guide explains how to complete this	s form.	1 Total pages Schedule A1: Sch: 53/254 Rpt: 56/272
2	FILER NAME Texas Assoc	ciation for Home Care and Hospice Inc Texas H	Home Care and Hospice PAC -	3 Filer ID (Ethics Commission Filers) 00015750
4	Date 10/23/2025	 Full name of contributor out-of-state PAC (ID Colston, Maureen (Ms.) Contributor address; City; State; Zip Code))	7 Amount of Contribution (\$) \$10.00
		Tyler, TX 75702		
8		pation / Job title (See Instructions)	9 Employer (See Instructions	
	Date 10/01/2025	Full name of contributor out-of-state PAC (ID Cooprider, Melissa (Ms.) Contributor address; City; State; Zip Code	Paradigm Rehab & Nur	Amount of Contribution (\$) \$4.50
		Rockwall, TX 75032		
	Principal occu Clinical Man	pation / Job title (See Instructions)	Employer (See Instructions Therapy 2000 Inc.	s)
	Date 10/01/2025	Full name of contributor out-of-state PAC (ID Cooprider, Melissa (Ms.) Contributor address; City; State; Zip Code Rockwall, TX 75032) #:)	Amount of Contribution (\$) . \$4.50
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
	Clinical Man	ager	Therapy 2000 Inc.	
	Date 10/01/2025	Contributor address; City; State; Zip Code) 	Amount of Contribution (\$) \$4.50
	Principal occu Clinical Man	Pation / Job title (See Instructions) ager	Employer (See Instructions Therapy 2000 Inc.	<u> </u> s)
	Date 10/01/2025	Full name of contributor out-of-state PAC (ID Cooprider, Melissa (Ms.) Contributor address; City; State; Zip Code Rockwall, TX 75032		Amount of Contribution (\$) \$4.50
	•	pation / Job title (See Instructions)	Employer (See Instructions	S)
	Clinical Man	ager	Therapy 2000 Inc.	

	MONEI	ETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1		
	The Instruc	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 54/254 Rpt: 57/272	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	ciation for Home Care and Ho	spice Inc Texas Home	e Care and Hospice PAC -		00015750	
4	Date 10/01/2025	5 Full name of contributor Cooprider, Melissa (Ms.)6 Contributor address; City; St	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$4.50
		Rockwall, TX 75032					
8	Principal occu Clinical Mana	pation / Job title (See Instructions ager	s) g	Employer (See Instructions Therapy 2000 Inc.)		
	Date 10/01/2025	Full name of contributor Cooprider, Melissa (Ms.) Contributor address; City; St Rockwall, TX 75032	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$4.50
	Principal occu	pation / Job title (See Instructions	3)	Employer (See Instructions	<u> </u>		
	Clinical Man		,	Therapy 2000 Inc.	,		
	Date 10/01/2025	Full name of contributor Cooprider, Melissa (Ms.) Contributor address; City; Si	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$4.50
		Rockwall, TX 75032					
	Principal occu Clinical Mana	pation / Job title (See Instructions ager	5)	Employer (See Instructions Therapy 2000 Inc.)		
			out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$4.50
	Principal occu Clinical Mana	pation / Job title (See Instructions ager	(3)	Employer (See Instructions Therapy 2000 Inc.)		
	Date 10/01/2025	Full name of contributor Cooprider, Melissa (Ms.) Contributor address; City; Si	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$4.50
	Principal occu Clinical Mana	pation / Job title (See Instructions ager	s)	Employer (See Instructions Therapy 2000 Inc.)		

	MONEI	ETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1		
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 55/254 Rpt: 58/272	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	ciation for Home Care and Ho	spice Inc Texas Home	e Care and Hospice PAC -		00015750	
4	Date 10/01/2025	5 Full name of contributor Cooprider, Melissa (Ms.)6 Contributor address; City; St	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$4.50
		Rockwall, TX 75032					
8	Principal occu Clinical Mana	pation / Job title (See Instructions ager	(5)	9 Employer (See Instructions Therapy 2000 Inc.	i)		
	Date 10/01/2025	Full name of contributor Cooprider, Melissa (Ms.) Contributor address; City; St Rockwall, TX 75032	out-of-state PAC (ID#: ate; Zip Code			Amount of Contribution (\$)	\$4.50
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	<u> </u>		
	Clinical Mana		,	Therapy 2000 Inc.	,		
	Date 10/01/2025	Full name of contributor Cooprider, Melissa (Ms.) Contributor address; City; Si	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$4.50
		Rockwall, TX 75032					
	Principal occu Clinical Mana	pation / Job title (See Instructions ager	5)	Employer (See Instructions Therapy 2000 Inc.	5)		
			out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$0.50
	Principal occu Clinical Mana	pation / Job title (See Instructions ager	s)	Employer (See Instructions Therapy 2000 Inc.)		
	Date 10/01/2025	Full name of contributor Cooprider, Melissa (Ms.) Contributor address; City; Si Rockwall, TX 75032	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$0.50
	Principal occu Clinical Mana	pation / Job title (See Instructions ager	5)	Employer (See Instructions Therapy 2000 Inc.	5)		
			•				

	MONEI	ARY POLITICAL C	ONTRIBUTION	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this for	rm.	1	Total pages Schedule A1: Sch: 56/254 Rpt: 59/272	
2	FILER NAME Texas Assoc	ciation for Home Care and Hos	spice Inc Texas Home	· Care and Hospice PAC -	3	Filer ID (Ethics Commission F 00015750	-ilers)
4	Date 10/01/2025	Full name of contributor Cooprider, Melissa (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$0.50
		Rockwall, TX 75032					
8	Principal occu Clinical Mana	pation / Job title (See Instructions) ager) 9	Employer (See Instructions Therapy 2000 Inc.	5)		
	Date 10/01/2025	Full name of contributor Cooprider, Melissa (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$0.50
	Principal occu	Rockwall, TX 75032	Γ	Employer (See Instructions	.) 		
	Clinical Mana		,	Therapy 2000 Inc.	,		
	Date 10/01/2025	Full name of contributor Cooprider, Melissa (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$0.50
		Rockwall, TX 75032					
	Principal occu Clinical Mana	pation / Job title (See Instructions) ager		Employer (See Instructions Therapy 2000 Inc.	5)		
	Date 10/01/2025	Full name of contributor Cooprider, Melissa (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$0.50
	Principal occu Clinical Mana	I pation / Job title (See Instructions)	Employer (See Instructions Therapy 2000 Inc.	<u>(</u>		
	Date 10/01/2025	Full name of contributor Cooprider, Melissa (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$0.50
	Principal occu Clinical Mana	pation / Job title (See Instructions) ager		Employer (See Instructions Therapy 2000 Inc.	i)		

	MONEI	ETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1		
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 57/254 Rpt: 60/272	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	ciation for Home Care and Ho	spice Inc Texas Home	e Care and Hospice PAC -		00015750	
4	Date 10/01/2025	5 Full name of contributor Cooprider, Melissa (Ms.)6 Contributor address; City; St	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$0.50
		Rockwall, TX 75032					
8	Principal occu Clinical Mana	pation / Job title (See Instructions ager	(5)	Employer (See Instructions Therapy 2000 Inc.	<u>)</u>		
	Date 10/01/2025	Full name of contributor Cooprider, Melissa (Ms.) Contributor address; City; Si Rockwall, TX 75032	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$0.50
	Principal occu	pation / Job title (See Instructions	9	Employer (See Instructions	:) [
	Clinical Man		,	Therapy 2000 Inc.	,		
	Date 10/01/2025	Full name of contributor Cooprider, Melissa (Ms.) Contributor address; City; St	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$0.50
		Rockwall, TX 75032					
	Principal occu Clinical Mana	pation / Job title (See Instructions ager	(3)	Employer (See Instructions Therapy 2000 Inc.	i)		
	Date 10/01/2025	Full name of contributor Cooprider, Melissa (Ms.) Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$0.50
	Principal occu Clinical Mana	pation / Job title (See Instructions ager	s)	Employer (See Instructions Therapy 2000 Inc.)		
	Date 10/01/2025	Full name of contributor Cooprider, Melissa (Ms.) Contributor address; City; Si	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$0.50
	Principal occu Clinical Mana	pation / Job title (See Instructions ager	5)	Employer (See Instructions Therapy 2000 Inc.	()		

	MONEI	ARY POLITICAL (SCHEDULE A1			
	The Instruc	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 58/254 Rpt: 61/272	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	ciation for Home Care and Ho	spice Inc Texas Home	e Care and Hospice PAC -		00015750	
4	Date 10/08/2025	5 Full name of contributor Cornett, Valerie (Ms.)6 Contributor address; City; S	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$40.00
		Keller, TX 76244					
8	Principal occu COSI	pation / Job title (See Instructions	(5)	9 Employer (See Instructions MAC Legacy	<u>I</u> S)		
	Date 10/01/2025	Full name of contributor Cox , Kim (Ms.) Contributor address; City; S Tyler, TX 75707	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$2.00
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	<u> </u>		
	Occupationa		,	Therapy 2000 Inc.	-,		
	Date 10/01/2025	Full name of contributor Cox , Kim (Ms.) Contributor address; City; S	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$2.00
		Tyler, TX 75707					
	Principal occu Occupationa	pation / Job title (See Instructions I Therapist	s)	Employer (See Instructions Therapy 2000 Inc.	5)		
	Date 10/01/2025	Full name of contributor Cox , Kim (Ms.) Contributor address; City; S Tyler, TX 75707	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$2.00
	Principal occu Occupationa	pation / Job title (See Instructions I Therapist	(3)	Employer (See Instructions Therapy 2000 Inc.	5)		
	Date 10/01/2025	Full name of contributor Cox , Kim (Ms.) Contributor address; City; S Tyler, TX 75707	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$2.00
	Principal occu Occupationa	pation / Job title (See Instructions I Therapist	5)	Employer (See Instructions Therapy 2000 Inc.	<u>.</u> S)		

	MONEI	ARY POLITICAL CO	MIRIBUTIO	INS		SCHEDULE	A1
	The Instruc	ction Guide explains how to	o complete this fo	orm.	1	Total pages Schedule A1: Sch: 59/254 Rpt: 62/272	
2	FILER NAME Texas Assoc	ciation for Home Care and Hospi	ce Inc Texas Home	e Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	Filers)
4	Date 10/01/2025	5 Full name of contributor Cox, Kim (Ms.)6 Contributor address; City; State	out-of-state PAC (ID#: ;; Zip Code		7	Amount of Contribution (\$)	\$2.00
_	5	Tyler, TX 75707	1.		Ĺ		
8	Occupationa	pation / Job title (See Instructions) Il Therapist	 	9 Employer (See Instructions Therapy 2000 Inc.	5)		
	Date 10/01/2025	Full name of contributor Cox , Kim (Ms.) Contributor address; City; State	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$2.00
	Principal occu	Tyler, TX 75707 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> :)		
	Occupationa			Therapy 2000 Inc.	,		
	Date 10/01/2025	Full name of contributor Cox , Kim (Ms.) Contributor address; City; State	out-of-state PAC (ID#: ;; Zip Code			Amount of Contribution (\$)	\$2.00
	Deignaland	Tyler, TX 75707	1	Franks var (Caa Instructions	<u></u>		
	Occupationa	pation / Job title (See Instructions) Il Therapist		Employer (See Instructions Therapy 2000 Inc.)		
Date 10/01/2025		Full name of contributor Cox , Kim (Ms.) Contributor address; City; State				Amount of Contribution (\$)	\$2.00
		Tyler, TX 75707					
	Principal occu Occupationa	pation / Job title (See Instructions) Il Therapist		Employer (See Instructions Therapy 2000 Inc.	i)		
	Date 10/01/2025	Full name of contributor Cox , Kim (Ms.) Contributor address; City; State Tyler, TX 75707	out-of-state PAC (ID#: e; Zip Code			Amount of Contribution (\$)	\$2.00
		pation / Job title (See Instructions)		Employer (See Instructions	()		
	Occupationa	и тпегаріѕт		Therapy 2000 Inc.			

	MONEI	ARY POLITICAL (ONTRIBUTIO	JIN 5		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 60/254 Rpt: 63/272	
2	FILER NAME Texas Assoc	ciation for Home Care and Ho	spice Inc Texas Hom	ne Care and Hospice PAC -	3	Filer ID (Ethics Commission F 00015750	-ilers)
4	Date 10/01/2025	5 Full name of contributor Cox , Kim (Ms.)6 Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code		7	Amount of Contribution (\$)	\$2.00
		Tyler, TX 75707					
8	Principal occu Occupationa	pation / Job title (See Instructions I Therapist	·)	9 Employer (See Instructions Therapy 2000 Inc.	5)		
	Date 10/01/2025	Full name of contributor Cox , Kim (Ms.) Contributor address; City; St				Amount of Contribution (\$)	\$2.00
	Principal occu	Tyler, TX 75707 pation / Job title (See Instructions	·)	Employer (See Instructions	<u> </u>		
	Occupationa	l Therapist		Therapy 2000 Inc.			
	Date 10/01/2025	Full name of contributor Cox , Kim (Ms.) Contributor address; City; Si	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$2.00
		Tyler, TX 75707	,		Ĺ		
	Occupationa	pation / Job title (See Instructions I Therapist)	Employer (See Instructions Therapy 2000 Inc.	·)		
	Date 10/01/2025	Full name of contributor Creech, Amanda Michele Contributor address; City; Si Tyler, TX 75703)		Amount of Contribution (\$)	\$1.00
	•	pation / Job title (See Instructions I Therapy Asst.)	Employer (See Instructions Therapy 2000 Inc.)		
	Date 10/01/2025	Full name of contributor Creech, Amanda Michele Contributor address; City; Si Tyler, TX 75703				Amount of Contribution (\$)	\$1.00
		pation / Job title (See Instructions I Therapy Asst.)	Employer (See Instructions Therapy 2000 Inc.	()		
	<u> </u>						

	MONEI	ARY POLITICAL C	SCHEDULE A1		A1		
	The Instru	ction Guide explains how	to complete this for	rm.	1	Total pages Schedule A1: Sch: 61/254 Rpt: 64/272	
2	FILER NAME Texas Assoc	ciation for Home Care and Hos	pice Inc Texas Home	Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	Filers)
4	Date 10/01/2025	5 Full name of contributor [Creech, Amanda Michele (6 Contributor address; City; Sta			7	Amount of Contribution (\$)	\$1.00
		Tyler, TX 75703					
8		pation / Job title (See Instructions) Il Therapy Asst.	9	Employer (See Instructions Therapy 2000 Inc.)		
	Date 10/01/2025	Full name of contributor Creech, Amanda Michele (Contributor address; City; Sta				Amount of Contribution (\$)	\$1.00
	D: : 1	Tyler, TX 75703					
	•	pation / Job title (See Instructions) Il Therapy Asst.		Employer (See Instructions Therapy 2000 Inc.)		
	Date 10/01/2025	Full name of contributor Creech, Amanda Michele (Contributor address; City; Sta Tyler, TX 75703				Amount of Contribution (\$)	\$1.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Occupationa	ll Therapy Asst.		Therapy 2000 Inc.			
	Date 10/01/2025	Full name of contributor Creech, Amanda Michele (Contributor address; City; Sta				Amount of Contribution (\$)	\$1.00
	Principal occu	Tyler, TX 75703 pation / Job title (See Instructions)		Employer (See Instructions)		
	Occupationa	ll Therapy Asst.		Therapy 2000 Inc.			
	Date 10/01/2025	Full name of contributor Creech, Amanda Michele (Contributor address; City; Sta)		Amount of Contribution (\$)	\$1.00
		pation / Job title (See Instructions)		Employer (See Instructions)		
	Occupationa	ll Therapy Asst.		Therapy 2000 Inc.			

	MONEI	ARY POLITICAL C		SCHEDULE A1			
	The Instru	ction Guide explains how	to complete this for	rm.	1	Total pages Schedule A1: Sch: 62/254 Rpt: 65/272	
2	FILER NAME Texas Assoc	ciation for Home Care and Hos	pice Inc Texas Home	Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	Filers)
4	Date 10/01/2025	5 Full name of contributor Creech, Amanda Michele (6 Contributor address; City; Sta			7	Amount of Contribution (\$)	\$1.00
		Tyler, TX 75703					
8		pation / Job title (See Instructions) Il Therapy Asst.	9	Employer (See Instructions Therapy 2000 Inc.)		
	Date 10/01/2025	Full name of contributor Creech, Amanda Michele (Contributor address; City; Sta				Amount of Contribution (\$)	\$1.00
	Delevieral	Tyler, TX 75703		Farada a a (O a a la atau ation a			
	•	pation / Job title (See Instructions) Il Therapy Asst.		Employer (See Instructions Therapy 2000 Inc.)		
	Date 10/01/2025	Full name of contributor Creech, Amanda Michele (Contributor address; City; Sta Tyler, TX 75703				Amount of Contribution (\$)	\$1.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Occupationa	ll Therapy Asst.		Therapy 2000 Inc.			
	Date 10/01/2025	Full name of contributor Creech, Amanda Michele (Contributor address; City; Sta				Amount of Contribution (\$)	\$1.00
	Principal occu	Tyler, TX 75703 pation / Job title (See Instructions)		Employer (See Instructions)		
	Occupationa	l Therapy Asst.		Therapy 2000 Inc.			
	Date 10/01/2025	Full name of contributor Creech, Amanda Michele (Contributor address; City; Sta				Amount of Contribution (\$)	\$1.00
		pation / Job title (See Instructions)		Employer (See Instructions)		
	Occupationa	ll Therapy Asst.		Therapy 2000 Inc.			

	MONEI	ARY POLITICAL C	ONTRIBUTIO	N5		SCHEDULE	A1
	The Instruc	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 63/254 Rpt: 66/272	
2	FILER NAME Texas Assoc	ciation for Home Care and Hos	pice Inc Texas Hom	e Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	Filers)
4	Date 10/01/2025	5 Full name of contributor [Davis, Lauren (Ms.)6 Contributor address; City; Sta			7	Amount of Contribution (\$)	\$5.00
		Lindale, TX 75771					
8		pation / Job title (See Instructions) urketing Manager		9 Employer (See Instructions Therapy 2000 Inc.	5)		
	Date 10/01/2025	Full name of contributor [Davis, Lauren (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$5.00
	Principal occu	Lindale, TX 75771 pation / Job title (See Instructions)		Employer (See Instructions	:) 		
	•	rketing Manager		Therapy 2000 Inc.	,		
	Date 10/01/2025	Full name of contributor Davis, Lauren (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$5.00
	Principal occu	Lindale, TX 75771 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 		
		rketing Manager		Therapy 2000 Inc.	,		
Date 10/01/2025		Full name of contributor Davis, Lauren (Ms.) Contributor address; City; Sta				Amount of Contribution (\$)	\$5.00
		Lindale, TX 75771	1		<u> </u>		
	•	pation / Job title (See Instructions) Irketing Manager		Employer (See Instructions Therapy 2000 Inc.	5)		
	Date 10/01/2025	Full name of contributor Davis, Lauren (Ms.) Contributor address; City; Sta Lindale, TX 75771	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$5.00
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	keylonal Ma	rketing Manager		Therapy 2000 Inc.			

	MONEI	ARY POLITICAL C	ONTRIBUTIO	INS		SCHEDULE	A1
	The Instruc	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 64/254 Rpt: 67/272	
2	FILER NAME Texas Assoc	ciation for Home Care and Hosp	oice Inc Texas Home	e Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	Filers)
4	Date 10/01/2025	5 Full name of contributor [Davis, Lauren (Ms.)6 Contributor address; City; Sta)	7	Amount of Contribution (\$)	\$5.00
		Lindale, TX 75771					
8		pation / Job title (See Instructions) urketing Manager		9 Employer (See Instructions Therapy 2000 Inc.	s) 		
	Date 10/01/2025	Full name of contributor Davis, Lauren (Ms.) Contributor address; City; Sta Lindale, TX 75771	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$5.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Regional Ma	rketing Manager		Therapy 2000 Inc.			
	Date 10/01/2025	Full name of contributor Davis, Lauren (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$5.00
	Principal occu	Lindale, TX 75771 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 		
		urketing Manager		Therapy 2000 Inc.	,		
Date 10/01/2025		Full name of contributor Davis, Lauren (Ms.) Contributor address; City; Sta				Amount of Contribution (\$)	\$5.00
	Dringing aggr	Lindale, TX 75771 pation / Job title (See Instructions)	1	Employer (See Instructions	·/-		
	•	rketing Manager		Employer (See Instructions Therapy 2000 Inc.	•)		
	Date 10/01/2025	Full name of contributor [Davis, Lauren (Ms.) Contributor address; City; Sta Lindale, TX 75771	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$5.00
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	кеуюна Ма	rketing Manager	<u> </u>	Therapy 2000 Inc.			

	MONEI	ARY POLITICAL CONTRIBO	UTIONS			SCHEDULE	A1
	The Instru	ction Guide explains how to complete	this form.		1	Total pages Schedule A1: Sch: 65/254 Rpt: 68/272	
2	FILER NAME Texas Assoc	ciation for Home Care and Hospice Inc Tex	as Home Care a	nd Hospice PAC -	3	Filer ID (Ethics Commission 00015750	Filers)
4	Date 10/01/2025	 5 Full name of contributor out-of-state PADavis, Lauren (Ms.) 6 Contributor address; City; State; Zip Code 	AC (ID#:)	7	Amount of Contribution (\$)	\$5.00
		Lindale, TX 75771					
8	•	pation / Job title (See Instructions) urketing Manager		yer (See Instructions py 2000 Inc.	5)		
	Date 10/01/2025	Full name of contributor out-of-state PADavis, Lauren (Ms.) Contributor address; City; State; Zip Code	AC (ID#:)	•	Amount of Contribution (\$)	\$5.00
	Principal occu	Lindale, TX 75771 pation / Job title (See Instructions)	Emplo	yer (See Instructions	<u> </u>		
	•	rketing Manager		py 2000 Inc.	,		
	Date 09/30/2025	Full name of contributor out-of-state PADavis , Sheila (Ms.) Contributor address; City; State; Zip Code	AC (ID#:)	•	Amount of Contribution (\$)	\$12.50
	Principal occu	wichita Falls, TX 76310 pation / Job title (See Instructions)	Emplo	yer (See Instructions	s) 		
	CHCE; COS	,		s Best Care Senio		Services	
	Date 10/01/2025	Full name of contributor out-of-state PADeLeon , Maria G. (Ms.) Contributor address; City; State; Zip Code Houston, TX 77009	•			Amount of Contribution (\$)	\$5.00
	•	pation / Job title (See Instructions) erapy Assistant		yer (See Instructions	<u> </u> 5)		
	Date 10/01/2025	Full name of contributor out-of-state PADeLeon, Maria G. (Ms.) Contributor address; City; State; Zip Code Houston, TX 77009			•	Amount of Contribution (\$)	\$5.00
		pation / Job title (See Instructions)		yer (See Instructions	5)		
	Physical The	erapy Assistant	Thera	py 2000 Inc.			

	MONET	ARY POLITICAL CONTRIBO		SCHEDULE A1		
	The Instru	ction Guide explains how to complete	this form.	1	Total pages Schedule A1: Sch: 66/254 Rpt: 69/272	
2	FILER NAME Texas Assoc	ciation for Home Care and Hospice Inc Texa	as Home Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	Filers)
4	Date 10/01/2025	 Full name of contributor	C (ID#:)	7	Amount of Contribution (\$)	\$5.00
_		Houston, TX 77009	T	Ļ		
8	•	pation / Job title (See Instructions) erapy Assistant	9 Employer (See Instructions Therapy 2000 Inc.	s)		
	Date 10/01/2025	Full name of contributor	C (ID#:)		Amount of Contribution (\$)	\$5.00
	Principal occu	Pation / Job title (See Instructions)	Employer (See Instructions	 s)		
	Physical The	erapy Assistant	Therapy 2000 Inc.			
	Date 10/01/2025	Full name of contributor	C (ID#:)		Amount of Contribution (\$)	\$5.00
	Dringinal occu	pation / Job title (See Instructions)	Employer (See Instructions	e)		
	•	erapy Assistant	Therapy 2000 Inc.	3)		
	Date 10/01/2025	Full name of contributor out-of-state PA DeLeon , Maria G. (Ms.) Contributor address; City; State; Zip Code	C (ID#:)		Amount of Contribution (\$)	\$5.00
	Principal occu	Houston, TX 77009 pation / Job title (See Instructions)	Employer (See Instructions	 s)		
	Physical The	erapy Assistant	Therapy 2000 Inc.			
	Date 10/01/2025	Full name of contributor out-of-state PA DeLeon , Maria G. (Ms.) Contributor address; City; State; Zip Code Houston, TX 77009			Amount of Contribution (\$)	\$5.00
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Physical The	erapy Assistant	Therapy 2000 Inc.			

	MONET	ARY POLITICAL CONTRI	BUTIONS		SCHEDULE	A1
	The Instru	ction Guide explains how to comple	ete this form.	1	Total pages Schedule A1: Sch: 67/254 Rpt: 70/272	
2	FILER NAME Texas Assoc	ciation for Home Care and Hospice Inc T	Fexas Home Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	Filers)
4	Date 10/01/2025	 5 Full name of contributor out-of-state DeLeon , Maria G. (Ms.) 6 Contributor address; City; State; Zip Code 	e PAC (ID#:)	7	Amount of Contribution (\$)	\$5.00
_		Houston, TX 77009	1	Ĺ		
8	•	pation / Job title (See Instructions) erapy Assistant	9 Employer (See Instructions Therapy 2000 Inc.	5)		
	Date 10/01/2025	Delgado, Melissa (Ms.) Contributor address; City; State; Zip Code	e PAC (ID#:)		Amount of Contribution (\$)	\$1.00
	Principal occu	San Antonio, TX 78258 pation / Job title (See Instructions)	Employer (See Instructions	;) 		
	Speech The		Therapy 2000 Inc.	>)		
	Date 10/01/2025	Full name of contributor out-of-state Delgado, Melissa (Ms.) Contributor address; City; State; Zip Code	e PAC (ID#:)		Amount of Contribution (\$)	\$1.00
		San Antonio, TX 78258		Ĺ		
	Speech The	pation / Job title (See Instructions) rapy Asst.	Employer (See Instructions Therapy 2000 Inc.	5)		
	Date 10/01/2025	Delgado, Melissa (Ms.)	e PAC (ID#:)	•	Amount of Contribution (\$)	\$1.00
	Principal occu Speech The	San Antonio, TX 78258 pation / Job title (See Instructions) rapy Asst.	Employer (See Instructions Therapy 2000 Inc.	5)		
	Date 10/01/2025	Delgado, Melissa (Ms.)	e PAC (ID#:)		Amount of Contribution (\$)	\$1.00
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Speech The	apy Assi.	Therapy 2000 Inc.			

	MONEI	ARY POLITICAL CONT	RIBUTIONS		SCHEDULE	A1
	The Instruc	ction Guide explains how to con	plete this form.	1	Total pages Schedule A1: Sch: 68/254 Rpt: 71/272	
2	FILER NAME Texas Assoc	ciation for Home Care and Hospice Inc	Texas Home Care and Hosp	oice PAC -	Filer ID (Ethics Commission 00015750	Filers)
4	Date 10/01/2025	 5 Full name of contributor out-of Delgado, Melissa (Ms.) 6 Contributor address; City; State; Zip C 	state PAC (ID#:ode	7	Amount of Contribution (\$)	\$1.00
_		San Antonio, TX 78258	<u> </u>			
8	Principal occu Speech Thei	pation / Job title (See Instructions) rapy Asst.	9 Employer (See Therapy 2000			
	Date 10/01/2025	Delgado, Melissa (Ms.) Contributor address; City; State; Zip C	state PAC (ID#:		Amount of Contribution (\$)	\$1.00
	Principal occu	San Antonio, TX 78258 pation / Job title (See Instructions)	Employer (See	Instructions)		
	Speech The		Therapy 2000			
	Date 10/01/2025	Full name of contributor out-of Delgado, Melissa (Ms.) Contributor address; City; State; Zip C	state PAC (ID#: ode		Amount of Contribution (\$)	\$1.00
	Dein ein al a a co	San Antonio, TX 78258	Faralassa (Occ			
	Speech Thei	pation / Job title (See Instructions) rapy Asst.	Employer (See Therapy 2000			
Date 10/01/2029		Delgado, Melissa (Ms.)	state PAC (ID#: ode		Amount of Contribution (\$)	\$1.00
	Principal occu Speech Thei	San Antonio, TX 78258 pation / Job title (See Instructions) rapy Asst.	Employer (See Therapy 2000			
	Date 10/01/2025	Full name of contributor out-of Delgado, Melissa (Ms.)	state PAC (ID#:		Amount of Contribution (\$)	\$1.00
		pation / Job title (See Instructions)	Employer (See			
	Speech The	ару Азы.	Therapy 2000	THIC.		

	MONET	ARY POLITICAL CONTRIB	301101	N5		SCHEDULE	A1
	The Instru	ction Guide explains how to complet	te this fo	rm.	1	Total pages Schedule A1: Sch: 69/254 Rpt: 72/272	
2	FILER NAME Texas Assoc	ciation for Home Care and Hospice Inc Te	exas Home	e Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	Filers)
4	Date 10/01/2025	 Full name of contributor out-of-state F Delgado, Melissa (Ms.) Contributor address; City; State; Zip Code 	PAC (ID#:)	7	Amount of Contribution (\$)	\$1.00
		San Antonio, TX 78258					
8	Principal occu Speech The	pation / Job title (See Instructions) rapy Asst.	g	Employer (See Instructions Therapy 2000 Inc.)		
	Date 10/01/2025	Full name of contributor out-of-state F Delgado, Melissa (Ms.) Contributor address; City; State; Zip Code	PAC (ID#:)		Amount of Contribution (\$)	\$1.00
	Principal occu	San Antonio, TX 78258 pation / Job title (See Instructions)		Employer (See Instructions)		
	Speech The			Therapy 2000 Inc.	,		
	Date 10/01/2025	Full name of contributor out-of-state F Delgado, Melissa (Ms.) Contributor address; City; State; Zip Code	PAC (ID#:			Amount of Contribution (\$)	\$1.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Speech The			Therapy 2000 Inc.	,		
Date 09/30/2025		Full name of contributor out-of-state F Delgado , Monica (Ms.) Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$10.00
		Floresville, TX 78114					
	Principal occu Supervisor	pation / Job title (See Instructions)		Employer (See Instructions Angels of Care)		
	Date 10/01/2025	Full name of contributor out-of-state Full name of contributor out-of-state Fullehay, Mary Ann (Ms.) Contributor address; City; State; Zip Code Friendswood, TX 77546				Amount of Contribution (\$)	\$5.00
		pation / Job title (See Instructions)		Employer (See Instructions)		
	Occupationa	ι πειαμισι		Therapy 2000 Inc.			

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 70/254 Rpt: 73/272	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	ciation for Home Care and Ho	spice Inc Texas Home	e Care and Hospice PAC -		00015750	
4	Date 10/01/2025	5 Full name of contributor Dillehay, Mary Ann (Ms.)6 Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)	7	Amount of Contribution (\$)	\$5.00
		Friendswood, TX 77546					
8	Principal occu	pation / Job title (See Instructions	()	Employer (See Instructions	5)		
	Occupationa	l Therapist		Therapy 2000 Inc.			
	Date 10/01/2025	Full name of contributor Dillehay, Mary Ann (Ms.) Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code			Amount of Contribution (\$)	\$5.00
		Friendswood, TX 77546					
		pation / Job title (See Instructions	(i)	Employer (See Instructions	s)		
	Occupationa	l Therapist		Therapy 2000 Inc.			
	Date 10/01/2025	Full name of contributor Dillehay, Mary Ann (Ms.) Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)		Amount of Contribution (\$)	\$5.00
		Friendswood, TX 77546					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Occupationa	l Therapist		Therapy 2000 Inc.			
	Date 10/01/2025	Full name of contributor Dillehay, Mary Ann (Ms.) Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Occupationa	l Therapist		Therapy 2000 Inc.			
	Date 10/01/2025	Full name of contributor Dillehay, Mary Ann (Ms.) Contributor address; City; St Friendswood, TX 77546	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$5.00
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	5)		
	Occupationa	l Therapist		Therapy 2000 Inc.			

	MONET	ARY POLITICAL CONTRIBUT	IONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this	s form.	1	Total pages Schedule A1: Sch: 71/254 Rpt: 74/272	
2	FILER NAME Texas Assoc	ciation for Home Care and Hospice Inc Texas H	lome Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	Filers)
4	Date 10/01/2025	 5 Full name of contributor out-of-state PAC (ID Dillehay, Mary Ann (Ms.) 6 Contributor address; City; State; Zip Code)#:)	7	Amount of Contribution (\$)	\$5.00
		Friendswood, TX 77546				
8	Principal occu Occupationa	pation / Job title (See Instructions) Il Therapist	9 Employer (See Instructions Therapy 2000 Inc.	s) 		
	Date 10/01/2025	Full name of contributor)		Amount of Contribution (\$)	\$5.00
	Dringinal occu	Friendswood, TX 77546	Employer (See Instructions	·/_		
	Occupationa	pation / Job title (See Instructions) Il Therapist	Employer (See Instructions Therapy 2000 Inc.)		
	Date 10/01/2025	Full name of contributor out-of-state PAC (ID Dillehay, Mary Ann (Ms.) Contributor address; City; State; Zip Code)#:)		Amount of Contribution (\$)	\$5.00
		Friendswood, TX 77546		Ĺ		
	Occupationa	pation / Job title (See Instructions) Il Therapist	Employer (See Instructions Therapy 2000 Inc.	5)		
	Date 10/01/2025	Full name of contributor out-of-state PAC (ID Dillehay, Mary Ann (Ms.) Contributor address; City; State; Zip Code)#:)		Amount of Contribution (\$)	\$5.00
	Principal occu	Priendswood, TX 77546 pation / Job title (See Instructions)	Employer (See Instructions Therapy 2000 Inc.	 ;)		
	Date 10/01/2025	Full name of contributor out-of-state PAC (ID Dillehay, Mary Ann (Ms.) Contributor address; City; State; Zip Code Friendswood, TX 77546	#:)		Amount of Contribution (\$)	\$5.00
	Principal occu Occupationa	pation / Job title (See Instructions)	Employer (See Instructions Therapy 2000 Inc.	5)		
		,	1,			

	MONET	ARY POLITICAL CON	IKIBUTIONS		SCHEDULE	A1
	The Instru	ction Guide explains how to co	mplete this form.	1	Total pages Schedule A1: Sch: 72/254 Rpt: 75/272	
2	FILER NAME Texas Assoc	ciation for Home Care and Hospice II	nc Texas Home Care and Ho	spice PAC -	Filer ID (Ethics Commission 00015750	Filers)
4	Date 10/01/2025	 5 Full name of contributor out- Dillehay, Mary Ann (Ms.) 6 Contributor address; City; State; Zip 	of-state PAC (ID#:		Amount of Contribution (\$)	\$5.00
		Friendswood, TX 77546				
8	Principal occu Occupationa		9 Employer (So Therapy 20			
	Date 09/30/2025	Dilleshaw, Brittany (Ms.) Contributor address; City; State; Zip	of-state PAC (ID#: Code		Amount of Contribution (\$)	\$25.00
	•	Danbury, TX 77534 pation / Job title (See Instructions)		ee Instructions)		
	Vice Preside	nt of Home Therapy Services	MedCare P	ediatric Nursin		
	Date 10/01/2025	Dillon, Joni R. (Ms.) Contributor address; City; State; Zip	of-state PAC (ID#:		Amount of Contribution (\$)	\$5.00
	Dringinal occu	Georgetown, TX 78628 pation / Job title (See Instructions)	Employor (Sc	ee Instructions)		
	Divisional Di	,	Therapy 20			
Date 10/01/2025		Dillon, Joni R. (Ms.)	of-state PAC (ID#:		Amount of Contribution (\$)	\$5.00
	Principal occu	Georgetown, TX 78628 pation / Job title (See Instructions)	Employer (Se	ee Instructions)		
	Divisional Di	. ,	Therapy 20			
	Date 10/01/2025	Dillon, Joni R. (Ms.)	of-state PAC (ID#:		Amount of Contribution (\$)	\$5.00
	Principal occu Divisional Di	pation / Job title (See Instructions)	Employer (So Therapy 20	ee Instructions)		
	2		1			

	MONEI	ARY POLITICAL C	CONTRIBUTION	NS		SCHEDULE	A1
	The Instruc	ction Guide explains how	to complete this for	rm.	1	Total pages Schedule A1: Sch: 73/254 Rpt: 76/272	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	ciation for Home Care and Hos	spice Inc Texas Home	Care and Hospice PAC -		00015750	
4	Date 10/01/2025	5 Full name of contributor Dillon, Joni R. (Ms.)6 Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code		7	Amount of Contribution (\$)	\$5.00
		Georgetown, TX 78628					
8	Principal occu	pation / Job title (See Instructions) 9	Employer (See Instructions)		
	Divisional Di	rector		Therapy 2000 Inc.			
	Date 10/01/2025	Full name of contributor Dillon, Joni R. (Ms.) Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code			Amount of Contribution (\$)	\$5.00
		Georgetown, TX 78628					
		pation / Job title (See Instructions)	Employer (See Instructions)		
	Divisional Di			Therapy 2000 Inc.			
	Date 10/01/2025	Full name of contributor Dillon, Joni R. (Ms.) Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)		Amount of Contribution (\$)	\$5.00
		Georgetown, TX 78628					
		pation / Job title (See Instructions)	Employer (See Instructions)		
	Divisional Di	rector		Therapy 2000 Inc.			
	Date 10/01/2025	Full name of contributor Dillon, Joni R. (Ms.) Contributor address; City; St Georgetown, TX 78628	out-of-state PAC (ID#: ate; Zip Code)		Amount of Contribution (\$)	\$5.00
	Principal occu Divisional Di	pation / Job title (See Instructions rector)	Employer (See Instructions Therapy 2000 Inc.)		
	Date 10/01/2025	Full name of contributor Dillon, Joni R. (Ms.) Contributor address; City; St Georgetown, TX 78628	out-of-state PAC (ID#:ate; Zip Code			Amount of Contribution (\$)	\$5.00
	Principal occu Divisional Di	pation / Job title (See Instructions rector		Employer (See Instructions Therapy 2000 Inc.)		

	MONET	ARY POLITICAL CO	ONTRIBUTIO	N2		SCHEDULE	A1
	The Instru	ction Guide explains how t	to complete this for	rm.	1	Total pages Schedule A1: Sch: 74/254 Rpt: 77/272	
2	FILER NAME Texas Assoc	ciation for Home Care and Hosp	oice Inc Texas Home	Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	Filers)
4	Date 10/01/2025	5 Full name of contributor Dillon, Joni R. (Ms.)6 Contributor address; City; Stat	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$5.00
		Georgetown, TX 78628	<u>, </u>				
8	Principal occu Divisional Di	pation / Job title (See Instructions) rector	9	Employer (See Instructions Therapy 2000 Inc.)		
	Date 10/01/2025	Full name of contributor Dillon, Joni R. (Ms.) Contributor address; City; Stat Georgetown, TX 78628	out-of-state PAC (ID#: e; Zip Code			Amount of Contribution (\$)	\$5.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Divisional Di	rector		Therapy 2000 Inc.			
	Date 10/01/2025	Full name of contributor Dillon, Joni R. (Ms.) Contributor address; City; Stat	out-of-state PAC (ID#: e; Zip Code			Amount of Contribution (\$)	\$5.00
	Principal occu	Georgetown, TX 78628 pation / Job title (See Instructions)		Employer (See Instructions)		
	Divisional Di			Therapy 2000 Inc.	,		
Date 10/01/2025		Full name of contributor Dillon, Joni R. (Ms.) Contributor address; City; Stat)		Amount of Contribution (\$)	\$5.00
	Principal occu	Georgetown, TX 78628 pation / Job title (See Instructions)		Employer (See Instructions)		
	Divisional Di	rector		Therapy 2000 Inc.			
	Date 10/01/2025	Full name of contributor Dubberly, Katherine Mary (I Contributor address; City; Stat Denton, TX 76210)		Amount of Contribution (\$)	\$10.00
		pation / Job title (See Instructions)		Employer (See Instructions)		
	Occupationa	ll Therapist		Therapy 2000 Inc.			

	MONEI	ARY POLITICAL (CONTRIBUTIO	NNS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 75/254 Rpt: 78/272	
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	Filers)
4	Date 10/01/2025	5 Full name of contributor Dubberly, Katherine Mary6 Contributor address; City; St			7	Amount of Contribution (\$)	\$10.00
		Denton, TX 76210					
8	Principal occu Occupationa	pation / Job title (See Instructions I Therapist	s) 	9 Employer (See Instructions Therapy 2000 Inc.	5)		
	Date 10/01/2025	Full name of contributor Dubberly, Katherine Mary Contributor address; City; S)		Amount of Contribution (\$)	\$10.00
	Principal occu	Denton, TX 76210 pation / Job title (See Instructions	s)	Employer (See Instructions	<u> </u> 		
	Occupationa		,	Therapy 2000 Inc.	,		
	Date 10/01/2025	Full name of contributor Dubberly, Katherine Mary Contributor address; City; S				Amount of Contribution (\$)	\$10.00
		Denton, TX 76210					
	Principal occu Occupationa	pation / Job title (See Instructions I Therapist	s) 	Employer (See Instructions Therapy 2000 Inc.	5)		
	Date 10/01/2025	Full name of contributor Dubberly, Katherine Mary Contributor address; City; S Denton, TX 76210				Amount of Contribution (\$)	\$10.00
	Principal occu Occupationa	pation / Job title (See Instructions I Therapist	s)	Employer (See Instructions Therapy 2000 Inc.	5)		
	Date 10/01/2025	Full name of contributor Dubberly, Katherine Mary Contributor address; City; Si Denton, TX 76210)		Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions I Therapist	s)	Employer (See Instructions Therapy 2000 Inc.	5)		
	,	<u> </u>					

	MONEI	ARY POLITICAL (CONTRIBUTIO	NO.		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 76/254 Rpt: 79/272	
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	Filers)
4	Date 10/01/2025	5 Full name of contributor Dubberly, Katherine Mary6 Contributor address; City; St)	7	Amount of Contribution (\$)	\$10.00
		Denton, TX 76210					
8	Principal occu Occupationa	pation / Job title (See Instructions I Therapist	s) 	9 Employer (See Instructions Therapy 2000 Inc.	5)		
	Date 10/01/2025	Full name of contributor Dubberly, Katherine Mary Contributor address; City; S)		Amount of Contribution (\$)	\$10.00
	Principal occu	Denton, TX 76210 pation / Job title (See Instructions	s) [Employer (See Instructions	:)		
	Occupationa		,	Therapy 2000 Inc.	,		
	Date 10/01/2025	Full name of contributor Dubberly, Katherine Mary Contributor address; City; S)		Amount of Contribution (\$)	\$10.00
		Denton, TX 76210					
	Principal occu Occupationa	pation / Job title (See Instructions I Therapist	;) 	Employer (See Instructions Therapy 2000 Inc.	i) 		
	Date 10/01/2025	Full name of contributor Dubberly, Katherine Mary Contributor address; City; S Denton, TX 76210)		Amount of Contribution (\$)	\$10.00
	Principal occu Occupationa	pation / Job title (See Instructions I Therapist	s)	Employer (See Instructions Therapy 2000 Inc.	<u>(</u>		
	Date 10/01/2025	Full name of contributor Dubberly, Katherine Mary Contributor address; City; S Denton, TX 76210)		Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions I Therapist	s)	Employer (See Instructions Therapy 2000 Inc.)		
	,	<u> </u>					

	MONET	ARY POLITICAL CON	I I KIBU HUNS			SCHEDULE	A1
	The Instru	ction Guide explains how to c	omplete this form.			Total pages Schedule A1: Sch: 77/254 Rpt: 80/272	
2	FILER NAME Texas Assoc	ciation for Home Care and Hospice	Inc Texas Home Care			Filer ID (Ethics Commission 00015750	Filers)
4	Date 10/01/2025	 5 Full name of contributor			7	Amount of Contribution (\$)	\$10.00
_		Denton, TX 76210	la s				
8	Occupationa	pation / Job title (See Instructions) Il Therapist		loyer (See Instructions) rapy 2000 Inc.)		
	Date 09/30/2025	Full name of contributor on the contributor of Elberson, Kathleen (Ms.) Contributor address; City; State; Z	ut-of-state PAC (ID#:ip Code)		Amount of Contribution (\$)	\$2.00
	Principal occu	Sadler, TX 76264 pation / Job title (See Instructions)	Emp	loyer (See Instructions)	<u> </u>		
	•	gration Specialist		els of Care	,		
	Date 10/01/2025	Full name of contributor on the contributor of contributor on the contributor of contributor address; City; State; Z	ut-of-state PAC (ID#: ip Code)		Amount of Contribution (\$)	\$10.00
		Madisonville, TX 77864					
	Principal occu Divisonal Dir	pation / Job title (See Instructions) rector		loyer (See Instructions) rapy 2000 Inc.)		
Date 10/01/2025		Evans, Sharon (Ms.) Contributor address; City; State; Z	ut-of-state PAC (ID#:ip Code)		Amount of Contribution (\$)	\$10.00
	Principal occu Divisonal Dir	Madisonville, TX 77864 pation / Job title (See Instructions) rector		loyer (See Instructions))		
	Date 10/01/2025	Evans, Sharon (Ms.)	it-of-state PAC (ID#:iip Code			Amount of Contribution (\$)	\$10.00
	Principal occu Divisonal Dir	pation / Job title (See Instructions)		loyer (See Instructions))		

	MONEI	ARY POLITICAL CO	NIKIBUTION2		SCHEDULI	■ A1
	The Instruc	ction Guide explains how to d	complete this form.	1	Total pages Schedule A1: Sch: 78/254 Rpt: 81/272	
2	FILER NAME Texas Assoc	ciation for Home Care and Hospice	Inc Texas Home Care and	Hospice PAC -	Filer ID (Ethics Commission 00015750	ı Filers)
4	Date 10/01/2025	 5 Full name of contributor	ut-of-state PAC (ID#: ip Code		Amount of Contribution (\$)	\$10.00
_		Madisonville, TX 77864	1			
8	Principal occu Divisonal Dir	pation / Job title (See Instructions) rector		(See Instructions) 2000 Inc.		
	Date 10/01/2025	Full name of contributor	ut-of-state PAC (ID#: ip Code		Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)	Employer	(See Instructions)		
	Divisonal Dir	rector	Therapy	2000 Inc.		
	Date 10/01/2025	Full name of contributor of contributor of contributor address; City; State; Z	ut-of-state PAC (ID#: iip Code		Amount of Contribution (\$)	\$10.00
		Madisonville, TX 77864		(2)		
	Principal occu Divisonal Dir	pation / Job title (See Instructions) rector		(See Instructions) 2000 Inc.		
	Date 10/01/2025	Evans, Sharon (Ms.) Contributor address; City; State; Z	ut-of-state PAC (ID#:)	Amount of Contribution (\$)	\$10.00
	Principal occu Divisonal Dir	Madisonville, TX 77864 pation / Job title (See Instructions) rector	, ,	(See Instructions) 2000 Inc.		
	Date 10/01/2025	Evans, Sharon (Ms.)	ut-of-state PAC (ID#:		Amount of Contribution (\$)	\$10.00
	Principal occu Divisonal Dir	pation / Job title (See Instructions)		(See Instructions) 2000 Inc.		
	Sivisonal Dil		Пстару	2500 1110.		

	MONEI	ARY POLITICAL CON	NIKIBUTION	15		SCHEDULE	A1
	The Instruc	ction Guide explains how to c	complete this for	m.	1	Total pages Schedule A1: Sch: 79/254 Rpt: 82/272	
2	FILER NAME Texas Assoc	ciation for Home Care and Hospice	Inc Texas Home	Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	Filers)
4	Date 10/01/2025	 5 Full name of contributor on Evans, Sharon (Ms.) 6 Contributor address; City; State; Z 	ut-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$10.00
_		Madisonville, TX 77864					
8	Principal occu Divisonal Dir	pation / Job title (See Instructions) rector	9	Employer (See Instructions) Therapy 2000 Inc.)		
	Date 10/01/2025	Full name of contributor on Evans, Sharon (Ms.) Contributor address; City; State; Z Madisonville, TX 77864	ut-of-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Divisonal Dir	rector		Therapy 2000 Inc.			
	Date 10/01/2025	Evans, Sharon (Ms.) Contributor address; City; State; Z	ut-of-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00
	Dringing con	Madisonville, TX 77864		Employer (Coo Instructions			
	Divisonal Dir	pation / Job title (See Instructions) rector		Employer (See Instructions) Therapy 2000 Inc.)		
Date 10/01/2025		Evans, Sharon (Ms.) Contributor address; City; State; Z				Amount of Contribution (\$)	\$10.00
	Principal occu Divisonal Dir	Madisonville, TX 77864 pation / Job title (See Instructions) rector		Employer (See Instructions Therapy 2000 Inc.)		
	Date 10/01/2025	Ewing, Andrea L. (Ms.)	ut-of-state PAC (ID#:			Amount of Contribution (\$)	\$3.00
		pation / Job title (See Instructions)		Employer (See Instructions)		
	Community F	Relations Representative		Therapy 2000 Inc.			

	MONET	ARY POLITICAL CONTR	(IBUTIO	V 5		SCHEDULE	A1
	The Instru	ction Guide explains how to comp	olete this fo	m.	1	Total pages Schedule A1: Sch: 80/254 Rpt: 83/272	
2	FILER NAME Texas Assoc	ciation for Home Care and Hospice Inc	- Texas Home	Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	Filers)
4	Date 10/01/2025	Ewing, Andrea L. (Ms.))	7	Amount of Contribution (\$)	\$3.00
		Amarillo, TX 79121					
8	•	pation / Job title (See Instructions) Relations Representative	9	Employer (See Instructions) Therapy 2000 Inc.)		
	Date 10/01/2025	Ewing, Andrea L. (Ms.) Contributor address; City; State; Zip Cod	ate PAC (ID#:			Amount of Contribution (\$)	\$3.00
	Principal occu	Amarillo, TX 79121 pation / Job title (See Instructions)		Employer (See Instructions)		
	•	Relations Representative		Therapy 2000 Inc.	,		
	Date 10/01/2025	Full name of contributor out-of-st Ewing, Andrea L. (Ms.) Contributor address; City; State; Zip Cod	ate PAC (ID#:)		Amount of Contribution (\$)	\$3.00
	Dringing con	Amarillo, TX 79121		Employer (See Instructions			
		pation / Job title (See Instructions) Relations Representative		Employer (See Instructions) Therapy 2000 Inc.)		
	Date 10/01/2025	Ewing, Andrea L. (Ms.) Contributor address; City; State; Zip Cod)		Amount of Contribution (\$)	\$3.00
	•	Amarillo, TX 79121 pation / Job title (See Instructions) Relations Representative		Employer (See Instructions Therapy 2000 Inc.)		
	Date 10/01/2025	Ewing, Andrea L. (Ms.))		Amount of Contribution (\$)	\$3.00
		pation / Job title (See Instructions) Relations Representative		Employer (See Instructions Therapy 2000 Inc.)		
	Community I	теншин тергезенши че	I	тнетару 2000 птс.			

	MONET	ARY POLITICAL CONTR	KIBUTIO	V 5		SCHEDULE	A1
	The Instru	ction Guide explains how to com	plete this fo	rm.	1	Total pages Schedule A1: Sch: 81/254 Rpt: 84/272	
2	FILER NAME Texas Assoc	ciation for Home Care and Hospice Inc.	- Texas Home	Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	Filers)
4	Date 10/01/2025	 5 Full name of contributor out-of-s Ewing, Andrea L. (Ms.) 6 Contributor address; City; State; Zip Co 			7	Amount of Contribution (\$)	\$3.00
		Amarillo, TX 79121					
8	•	pation / Job title (See Instructions) Relations Representative	9	Employer (See Instructions Therapy 2000 Inc.	i)		
	Date 10/01/2025	Ewing, Andrea L. (Ms.) Contributor address; City; State; Zip Co	state PAC (ID#: ode			Amount of Contribution (\$)	\$3.00
	Principal occu	Amarillo, TX 79121 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> :)		
	•	Relations Representative		Therapy 2000 Inc.	,		
	Date 10/01/2025	Ewing, Andrea L. (Ms.) Contributor address; City; State; Zip Co	state PAC (ID#:)		Amount of Contribution (\$)	\$3.00
	Principal occu	Amarillo, TX 79121 pation / Job title (See Instructions)		Employer (See Instructions	, 		
		Relations Representative		Therapy 2000 Inc.	,		
	Date 10/01/2025	Ewing, Andrea L. (Ms.)				Amount of Contribution (\$)	\$3.00
		Amarillo, TX 79121					
	•	pation / Job title (See Instructions) Relations Representative		Employer (See Instructions Therapy 2000 Inc.	i)		
	Date 10/01/2025	Ewing, Andrea L. (Ms.)				Amount of Contribution (\$)	\$3.00
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Community I	Relations Representative		Therapy 2000 Inc.			

	MONET	ARY POLITICAL (CONTRIBUTIO	JNS		SCHEDULE	A1
	The Instru	ction Guide explains hov	to complete this f	orm.	1	Total pages Schedule A1: Sch: 82/254 Rpt: 85/272	
2	FILER NAME Texas Assoc	ciation for Home Care and Ho	spice Inc Texas Hon	ne Care and Hospice PAC -	3	Filer ID (Ethics Commission F 00015750	-ilers)
4	Date 10/01/2025	5 Full name of contributor Ewing, Andrea L. (Ms.)6 Contributor address; City; S			7	Amount of Contribution (\$)	\$3.00
		Amarillo, TX 79121					
8		pation / Job title (See Instructions Relations Representative	6)	9 Employer (See Instructions Therapy 2000 Inc.	<u>)</u>		
	Date 10/01/2025	Full name of contributor Fagnan, Marc (Mr.) Contributor address; City; S	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$7.00
	Dallas, TX 75240 Principal occupation / Job title (See Instructions) Employer (See Instructions)				<u> </u> ;)		
	Speech Lang	guage Pathologist		Therapy 2000 Inc.			
	Date 10/01/2025	Full name of contributor Fagnan, Marc (Mr.) Contributor address; City; S	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$7.00
	Principal occu	Dallas, TX 75240 pation / Job title (See Instructions	5)	Employer (See Instructions	<u>.</u>		
		guage Pathologist	,	Therapy 2000 Inc.	,		
	Date 10/01/2025	Full name of contributor Fagnan, Marc (Mr.) Contributor address; City; S Dallas, TX 75240				Amount of Contribution (\$)	\$7.00
	·	pation / Job title (See Instructions guage Pathologist	5)	Employer (See Instructions Therapy 2000 Inc.	5)		
	Date 10/01/2025	Full name of contributor Fagnan, Marc (Mr.) Contributor address; City; S Dallas, TX 75240	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$7.00
	·	pation / Job title (See Instructions guage Pathologist	5)	Employer (See Instructions Therapy 2000 Inc.	5)		

	MONET	ARY POLITICAL (CONTRIBUTIO	JIN 5		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 83/254 Rpt: 86/272	
2	FILER NAME Texas Assoc	ciation for Home Care and Ho	spice Inc Texas Hom	ne Care and Hospice PAC -	3	Filer ID (Ethics Commission F 00015750	-ilers)
4	Date 10/01/2025	5 Full name of contributor Fagnan, Marc (Mr.)6 Contributor address; City; St)	7	Amount of Contribution (\$)	\$7.00
		Dallas, TX 75240					
8		pation / Job title (See Instructions guage Pathologist	s)	9 Employer (See Instructions Therapy 2000 Inc.	5)		
	Date 10/01/2025	Full name of contributor Fagnan, Marc (Mr.) Contributor address; City; S	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$7.00
	Principal occu	Principal occupation / Job title (See Instructions) Employer (See Instructions) The result 2000 line.					
	Speech Language Pathologist Therapy 2000 Inc.						
	Date 10/01/2025	Full name of contributor Fagnan, Marc (Mr.) Contributor address; City; Si Dallas, TX 75240	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$7.00
	Principal occu	pation / Job title (See Instructions	3)	Employer (See Instructions	<u> </u>		
		guage Pathologist	,	Therapy 2000 Inc.	,		
	Date 10/01/2025	Full name of contributor Fagnan, Marc (Mr.) Contributor address; City; S Dallas, TX 75240				Amount of Contribution (\$)	\$7.00
	·	pation / Job title (See Instructions guage Pathologist	(5)	Employer (See Instructions Therapy 2000 Inc.	5)		
	Date 10/01/2025	Full name of contributor Fagnan, Marc (Mr.) Contributor address; City; S Dallas, TX 75240	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$7.00
	·	pation / Job title (See Instructions guage Pathologist	(3)	Employer (See Instructions Therapy 2000 Inc.	;)		

	MONET	ARY POLITICAL (ONTRIBUTIO	JIN 5		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A1: Sch: 84/254 Rpt: 87/272	
2	FILER NAME Texas Assoc	iation for Home Care and Ho	spice Inc Texas Hon	ne Care and Hospice PAC -	3	Filer ID (Ethics Commission F 00015750	-ilers)
4	Date 10/01/2025	5 Full name of contributor Fagnan, Marc (Mr.)6 Contributor address; City; Si)	7	Amount of Contribution (\$)	\$7.00
		Dallas, TX 75240					
8		pation / Job title (See Instructions guage Pathologist	5)	9 Employer (See Instructions Therapy 2000 Inc.	5)		
	Date 10/01/2025	Full name of contributor Fagnan, Marc (Mr.) Contributor address; City; S	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$7.00
	Dallas, TX 75240 Principal occupation / Job title (See Instructions) Employer (See Instructions)				 ;)		
	Speech Lang	guage Pathologist		Therapy 2000 Inc.			
	Date 10/01/2025	Full name of contributor Fagnan, Marc (Mr.) Contributor address; City; S	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$7.00
_	Principal occu	Dallas, TX 75240 pation / Job title (See Instructions	3)	Employer (See Instructions	:) 		
		guage Pathologist	,,	Therapy 2000 Inc.	',		
	Date 10/01/2025	Full name of contributor Ferguson, Tonya (Ms.) Contributor address; City; S Fort Worth, TX 76112	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$5.00
	·	pation / Job title (See Instructions guage Pathologist	s)	Employer (See Instructions Therapy 2000 Inc.	<u> </u> 5)		
	Date 10/01/2025	Full name of contributor Ferguson, Tonya (Ms.) Contributor address; City; S Fort Worth, TX 76112	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$5.00
	·	pation / Job title (See Instructions guage Pathologist	s)	Employer (See Instructions Therapy 2000 Inc.	5)		
		·					

	MONEI	ARY POLITICAL C	ONTRIBUTIO	ons		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 85/254 Rpt: 88/272	
2	FILER NAME Texas Assoc	ciation for Home Care and Hos	spice Inc Texas Hom	e Care and Hospice PAC -	3	Filer ID (Ethics Commission F 00015750	-ilers)
4	Date 10/01/2025	 5 Full name of contributor Ferguson, Tonya (Ms.) 6 Contributor address; City; St. 	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$5.00
		Fort Worth, TX 76112	,				
8		pation / Job title (See Instructions guage Pathologist)	9 Employer (See Instructions Therapy 2000 Inc.	5)		
	Date 10/01/2025	Full name of contributor Ferguson, Tonya (Ms.) Contributor address; City; St.	out-of-state PAC (ID#:ate; Zip Code			Amount of Contribution (\$)	\$5.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)		
				Therapy 2000 Inc.	,		
	Date 10/01/2025	Full name of contributor Ferguson, Tonya (Ms.) Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code			Amount of Contribution (\$)	\$5.00
		Fort Worth, TX 76112					
	•	pation / Job title (See Instructions guage Pathologist)	Employer (See Instructions Therapy 2000 Inc.	5)		
	Date 10/01/2025	Full name of contributor Ferguson, Tonya (Ms.) Contributor address; City; St. Fort Worth, TX 76112	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$5.00
	•	pation / Job title (See Instructions guage Pathologist)	Employer (See Instructions Therapy 2000 Inc.	5)		
	Date 10/01/2025	Full name of contributor Ferguson, Tonya (Ms.) Contributor address; City; St. Fort Worth, TX 76112	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$5.00
		pation / Job title (See Instructions guage Pathologist)	Employer (See Instructions Therapy 2000 Inc.	5)		

	MONET	ARY POLITICAL CON	TRIBUTIONS		SCHEDULE	A1
	The Instru	ction Guide explains how to co	mplete this form.	1	Total pages Schedule A1: Sch: 86/254 Rpt: 89/272	
2	FILER NAME Texas Assoc	ciation for Home Care and Hospice Ir	nc Texas Home Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	Filers)
4	Date 10/01/2025	 5 Full name of contributor out- Ferguson, Tonya (Ms.) 6 Contributor address; City; State; Zip 	of-state PAC (ID#:) Code	7	Amount of Contribution (\$)	\$5.00
		Fort Worth, TX 76112				
8		pation / Job title (See Instructions) guage Pathologist	9 Employer (See Instructions Therapy 2000 Inc.	s)		
	Date 10/01/2025	Ferguson, Tonya (Ms.) Contributor address; City; State; Zip	of-state PAC (ID#:) Code		Amount of Contribution (\$)	\$5.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Speech Language Pathologist Therapy 2000			٥,		
	Date 10/01/2025	Full name of contributor out- Ferguson, Tonya (Ms.) Contributor address; City; State; Zip	of-state PAC (ID#:) Code		Amount of Contribution (\$)	\$5.00
	Dringing! aggs	Fort Worth, TX 76112	Employer (Coo Instructions	<u></u>		
		pation / Job title (See Instructions) guage Pathologist	Employer (See Instructions Therapy 2000 Inc.	5)		
	Date 10/01/2025	Ferguson, Tonya (Ms.)	of-state PAC (ID#:) Code	-	Amount of Contribution (\$)	\$5.00
	Dringing con	Fort Worth, TX 76112 pation / Job title (See Instructions)	Employer (See Instructions	<u></u>		
		guage Pathologist	Employer (See Instructions Therapy 2000 Inc.	5)		
	Date 10/01/2025	Ferguson, Tonya (Ms.)	of-state PAC (ID#:) Code		Amount of Contribution (\$)	\$5.00
	·	pation / Job title (See Instructions) guage Pathologist	Employer (See Instructions Therapy 2000 Inc.	s)		
	Speccii Lali(учаус і шпоюўы	Therapy 2000 inc.			

	MONEI	ARY POLITICAL CON	IKIBUTIONS		SCHEDULE	A1
	The Instru	ction Guide explains how to co	mplete this form.	1	Total pages Schedule A1: Sch: 87/254 Rpt: 90/272	
2	FILER NAME Texas Assoc	ciation for Home Care and Hospice II	nc Texas Home Care and Ho	spice PAC -	Filer ID (Ethics Commission 00015750	Filers)
4	Date 10/01/2025	 5 Full name of contributor out Floyd, Macy Lynn (Ms.) 6 Contributor address; City; State; Zip 	of-state PAC (ID#:	7	Amount of Contribution (\$)	\$1.00
		Kilgore, TX 75662				
8		pation / Job title (See Instructions) guage Pathologist	9 Employer (Se Therapy 200			
	Date 10/01/2025	Floyd, Macy Lynn (Ms.) Contributor address; City; State; Zip	of-state PAC (ID#:		Amount of Contribution (\$)	\$1.00
	Principal occu	pation / Job title (See Instructions)	Employer (Se	ee Instructions)		
				00 Inc.		
	Date 10/01/2025	Floyd, Macy Lynn (Ms.) Contributor address; City; State; Zip	of-state PAC (ID#:		Amount of Contribution (\$)	\$1.00
	Principal occu	pation / Job title (See Instructions)	Employer (Se	ee Instructions)		
		guage Pathologist	Therapy 200			
Date 10/01/2025		Floyd, Macy Lynn (Ms.)	of-state PAC (ID#:		Amount of Contribution (\$)	\$1.00
		Kilgore, TX 75662				
		pation / Job title (See Instructions) guage Pathologist	Employer (Se Therapy 200	ee Instructions) 00 Inc.		
	Date 10/01/2025	Floyd, Macy Lynn (Ms.)	of-state PAC (ID#:		Amount of Contribution (\$)	\$1.00
	·	pation / Job title (See Instructions)		ee Instructions)		
	Speech Lang	guage Pathologist	Therapy 200	JU INC.		

	MONET	ARY POLITICAL C	ONTRIBUTIO	N2		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 88/254 Rpt: 91/272	
2	FILER NAME Texas Assoc	iation for Home Care and Hos	pice Inc Texas Hom	e Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	Filers)
4	Date 10/01/2025	5 Full name of contributor [Floyd, Macy Lynn (Ms.)6 Contributor address; City; Sta			7	Amount of Contribution (\$)	\$1.00
		Kilgore, TX 75662					
8		pation / Job title (See Instructions) guage Pathologist		9 Employer (See Instructions Therapy 2000 Inc.	5)		
	Date 10/01/2025	Full name of contributor [Floyd, Macy Lynn (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$1.00
	Principal occu	Kilgore, TX 75662 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)		
	Speech Language Pathologist Therapy 2000 Inc.						
	Date 10/01/2025	Full name of contributor [Floyd, Macy Lynn (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$1.00
	Dringing con	Kilgore, TX 75662		Employer (Co.) Instructions	<u></u>		
		pation / Job title (See Instructions) guage Pathologist		Employer (See Instructions Therapy 2000 Inc.	5)		
	Date 10/23/2025	Full name of contributor [Fox , Eric (Mr.) Contributor address; City; Sta Whitehouse, TX 75791				Amount of Contribution (\$)	\$20.00
	Principal occu Physical The	pation / Job title (See Instructions)		Employer (See Instructions Paradigm Rehab & Nurs		g LP	
	Date 10/01/2025	Full name of contributor Freeman, Laura Lynn (Ms.) Contributor address; City; Sta Lubbock, TX 79423)		Amount of Contribution (\$)	\$10.00
	Principal occu VP of Public	pation / Job title (See Instructions) Affairs		Employer (See Instructions Therapy 2000 Inc.	5)		

	MONET	ARY POLITICAL CONTRIBU	TIONS		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete t	his form.	1	Total pages Schedule A1: Sch: 89/254 Rpt: 92/272	
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	n Filers)
4	Date 10/01/2025	 Full name of contributor out-of-state PAC Freeman, Laura Lynn (Ms.) Contributor address; City; State; Zip Code 	C (ID#:)	7	Amount of Contribution (\$)	\$10.00
		Lubbock, TX 79423				
8	Principal occu VP of Public	pation / Job title (See Instructions) Affairs	9 Employer (See Instructions Therapy 2000 Inc.	s)		
	Date 10/01/2025	Full name of contributor out-of-state PAC Freeman, Laura Lynn (Ms.) Contributor address; City; State; Zip Code	C (ID#:)		Amount of Contribution (\$)	\$10.00
		Lubbock, TX 79423		Ĺ		
	Principal occu VP of Public	Employer (See Instructions Therapy 2000 Inc.	S)			
	Date 10/01/2025	Full name of contributor out-of-state PAC Freeman, Laura Lynn (Ms.) Contributor address; City; State; Zip Code	C (ID#:)		Amount of Contribution (\$)	\$10.00
		Lubbock, TX 79423				
	Principal occu VP of Public	pation / Job title (See Instructions) Affairs	Employer (See Instructions Therapy 2000 Inc.	s)		
	Date 10/01/2025	Full name of contributor out-of-state PAC Freeman, Laura Lynn (Ms.) Contributor address; City; State; Zip Code	C (ID#:)		Amount of Contribution (\$)	\$10.00
	Principal occu VP of Public	Lubbock, TX 79423 pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 10/01/2025	Full name of contributor out-of-state PAC	Therapy 2000 Inc.		Amount of Contribution (\$)	\$10.00
		pation / Job title (See Instructions) Affairs	Employer (See Instructions	s)		
	VP of Public	Affairs	Therapy 2000 Inc.			

	JINET	ARY POLITICAL C	ONTRIBUTIO	NIN 5		SCHEDULE	A1
The	e Instruc	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 90/254 Rpt: 93/272	
	R NAME	ciation for Home Care and Hos	spice Inc Texas Hom	ne Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	Filers)
4 Date 10/0	91/2025	5 Full name of contributorFreeman, Laura Lynn (Ms6 Contributor address; City; Sta)	7	Amount of Contribution (\$)	\$10.00
		Lubbock, TX 79423					
		pation / Job title (See Instructions))	9 Employer (See Instructions	5)		
VP o	of Public	Affairs		Therapy 2000 Inc.			
10/0	91/2025	Full name of contributor Freeman, Laura Lynn (Ms Contributor address; City; Sta	·)		Amount of Contribution (\$)	\$10.00
		Lubbock, TX 79423					
		pation / Job title (See Instructions))	Employer (See Instructions	5)		
VP o	of Public	Affairs		Therapy 2000 Inc.			
Date 10/0	91/2025	Full name of contributor Freeman, Laura Lynn (Ms Contributor address; City; Sta)		Amount of Contribution (\$)	\$10.00
		Lubbock, TX 79423					
	cipal occup of Public	pation / Job title (See Instructions) Affairs		Employer (See Instructions Therapy 2000 Inc.	5)		
Date 10/0	91/2025	Full name of contributor Freeman, Laura Lynn (Ms Contributor address; City; Sta				Amount of Contribution (\$)	\$10.00
		Lubbock, TX 79423					
	cipal occup of Public	pation / Job title (See Instructions) Affairs)	Employer (See Instructions Therapy 2000 Inc.	5)		
Date 10/0	91/2025	Full name of contributor Freeman, Laura Lynn (Ms Contributor address; City; Sta)		Amount of Contribution (\$)	\$10.00
		Lubbock, TX 79423					
Princ	cipal occu	Lubbock, TX 79423 pation / Job title (See Instructions))	Employer (See Instructions	5)		

	WONEI	ARY POLITICAL CONTRIBUTIO			SCHEDULE	A1
	The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 91/254 Rpt: 94/272	
2	FILER NAME Texas Assoc	iation for Home Care and Hospice Inc Texas Home	e Care and Hospice PAC -	3	Filer ID (Ethics Commission F 00015750	-ilers)
4	Date 10/01/2025	 Full name of contributor out-of-state PAC (ID#: Freeman, Laura Lynn (Ms.) Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$10.00
L		Lubbock, TX 79423		_		
8	Principal occu VP of Public		9 Employer (See Instructions) Therapy 2000 Inc.	5)		
	Date 10/01/2025	Full name of contributor out-of-state PAC (ID#: Galvan, Jaslyn Christine (Ms.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5.00
	Principal occu	Sulphur Springs, TX 75482 pation / Job title (See Instructions)	Employer (See Instructions	-, 		
	·	I Therapy Assistant	Therapy 2000 Inc.	',		
	Date 10/01/2025	Full name of contributor out-of-state PAC (ID#:Galvan, Jaslyn Christine (Ms.) Contributor address; City; State; Zip Code Sulphur Springs, TX 75482)		Amount of Contribution (\$)	\$5.00
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Occupationa	l Therapy Assistant	Therapy 2000 Inc.			
	Date 10/01/2025	Full name of contributor out-of-state PAC (ID#:_Galvan, Jaslyn Christine (Ms.) Contributor address; City; State; Zip Code Sulphur Springs, TX 75482			Amount of Contribution (\$)	\$5.00
		pation / Job title (See Instructions) I Therapy Assistant	Employer (See Instructions Therapy 2000 Inc.	5)		
	Date 10/01/2025	Full name of contributor out-of-state PAC (ID#:Garcia , Brittany (Ms.) Contributor address; City; State; Zip Code San Antonio, TX 78222			Amount of Contribution (\$)	\$5.00
	Principal occu Physical The	pation / Job title (See Instructions) rapist	Employer (See Instructions Therapy 2000 Inc.	5)		
		1				

	MONET	ARY POLITICAL COI	NTRIBUTIONS		SCHEDULE	A1
	The Instru	ction Guide explains how to	complete this form.	1	Total pages Schedule A1: Sch: 92/254 Rpt: 95/272	
2	FILER NAME Texas Assoc	ciation for Home Care and Hospice	Inc Texas Home Care and Hospice PA	C -	Filer ID (Ethics Commission 00015750	Filers)
4	Date 10/01/2025	 5 Full name of contributor	ut-of-state PAC (ID#:) Zip Code	7	Amount of Contribution (\$)	\$5.00
		San Antonio, TX 78222				
8	Principal occu Physical The	pation / Job title (See Instructions) erapist	9 Employer (See Instruct Therapy 2000 Inc.	ions)		
	Date 10/01/2025	Garcia , Brittany (Ms.) Contributor address; City; State; 2	ut-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
	Principal occu	San Antonio, TX 78222 pation / Job title (See Instructions)	Employer (See Instruct	ions)		
	Physical The	Therapy 2000 Inc.	,			
	Date 10/01/2025	Full name of contributor	ut-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
		San Antonio, TX 78222	1			
	Principal occu Physical The	pation / Job title (See Instructions) erapist	Employer (See Instruct Therapy 2000 Inc.	ions)		
Date 10/01/2025		Garcia , Brittany (Ms.) Contributor address; City; State; 2	ut-of-state PAC (ID#:) Zip Code		Amount of Contribution (\$)	\$5.00
	Principal occu Physical The	San Antonio, TX 78222 pation / Job title (See Instructions) prapriet	Employer (See Instruct Therapy 2000 Inc.	ions)		
	Date 10/01/2025	Garcia , Brittany (Ms.)	ut-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
		pation / Job title (See Instructions)	Employer (See Instruct	ions)		
	Physical The	:ιαμιδί	Therapy 2000 Inc.			

	MONET	ARY POLITICAL CON	ITRIBUTIONS		SCHEDULE	A1
	The Instru	ction Guide explains how to c	omplete this form.	1	Total pages Schedule A1: Sch: 93/254 Rpt: 96/272	
2	FILER NAME Texas Assoc	siation for Home Care and Hospice	Inc Texas Home Care and Hospice PA	C -	Filer ID (Ethics Commission 00015750	Filers)
4	Date 10/01/2025	 5 Full name of contributor ou ou Garcia , Brittany (Ms.) 6 Contributor address; City; State; Zi 	t-of-state PAC (ID#:) p Code	7	Amount of Contribution (\$)	\$5.00
		San Antonio, TX 78222	1			
8	Principal occu Physical The	pation / Job title (See Instructions) erapist	9 Employer (See Instruct Therapy 2000 Inc.	ions)		
	Date 10/01/2025	Garcia , Brittany (Ms.) Contributor address; City; State; Zi	t-of-state PAC (ID#:) p Code		Amount of Contribution (\$)	\$5.00
	Principal occu	San Antonio, TX 78222 pation / Job title (See Instructions)	Employer (See Instruct	ions)		
	Physical The	Therapy 2000 Inc.	,			
	Date 10/01/2025	Full name of contributor ou Garcia , Brittany (Ms.) Contributor address; City; State; Zi	t-of-state PAC (ID#:) p Code		Amount of Contribution (\$)	\$5.00
		San Antonio, TX 78222				
	Principal occu Physical The	pation / Job title (See Instructions) erapist	Employer (See Instruct Therapy 2000 Inc.	ions)		
Date 10/01/2025		Garcia , Brittany (Ms.) Contributor address; City; State; Zi	t-of-state PAC (ID#:) p Code		Amount of Contribution (\$)	\$5.00
	Principal occu Physical The	San Antonio, TX 78222 pation / Job title (See Instructions) erapist	Employer (See Instruct Therapy 2000 Inc.	ions)		
	Date 10/01/2025	Garcia , Brittany (Ms.)	t-of-state PAC (ID#:) p Code		Amount of Contribution (\$)	\$5.00
		pation / Job title (See Instructions)	Employer (See Instruct	ions)		
	Physical The	napisi	Therapy 2000 Inc.			

	MONET	ARY POLITICAL CONT		SCHEDULE A1		
	The Instru	ction Guide explains how to cor	mplete this form.	1	otal pages Schedule A1: Sch: 94/254 Rpt: 97/272	
2	FILER NAME Texas Assoc	ciation for Home Care and Hospice Inc	c Texas Home Care and Hospice PAC -		iler ID (Ethics Commission 0015750	n Filers)
4	Date 10/01/2025	 5 Full name of contributor out-out-out-out-out-out-out-out-out-out-	of-state PAC (ID#:) Code	7 A	mount of Contribution (\$)	\$5.00
		San Antonio, TX 78222				
8	Principal occu Physical The	pation / Job title (See Instructions) erapist	9 Employer (See Instructions Therapy 2000 Inc.	s)		
	Date 10/21/2025	Full name of contributor out-o Gill, Tayler Contributor address; City; State; Zip (Kyle, TX 78640	of-state PAC (ID#:) Code		mount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	Administrato	r 	Bridgeway Hospice			
	Date 10/21/2025	Goolsby, Sharon (Ms.) Contributor address; City; State; Zip (of-state PAC (ID#:)		mount of Contribution (\$)	\$125.00
	Principal occu	Jefferson, TX 75657 pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Administrato		First in Pediatrics Home		lth Care, Inc.	
	Date 10/01/2025	Gorr, Nina Audrey (Ms.) Contributor address; City; State; Zip (of-state PAC (ID#:) Code		mount of Contribution (\$)	\$5.00
	•	Austin, TX 78746 pation / Job title (See Instructions) guage Pathologist	Employer (See Instructions Therapy 2000 Inc.	<u> </u> s)		
	Date 10/01/2025	Full name of contributor out-o	of-state PAC (ID#:) Code	A	mount of Contribution (\$)	\$5.00
	•	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Speech Lan(guage Pathologist	Therapy 2000 Inc.			

	MONET	ARY POLITICAL C	ONTRIBUTIO	IN 5		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 95/254 Rpt: 98/272	
2	FILER NAME Texas Assoc	ciation for Home Care and Hos	spice Inc Texas Hom	e Care and Hospice PAC -	3	Filer ID (Ethics Commission F 00015750	-ilers)
4	Date 10/01/2025	5 Full name of contributor Gorr, Nina Audrey (Ms.)6 Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code)	7	Amount of Contribution (\$)	\$5.00
		Austin, TX 78746					
8		pation / Job title (See Instructions guage Pathologist)	9 Employer (See Instructions Therapy 2000 Inc.	5)		
	Date 10/01/2025	Full name of contributor Gorr, Nina Audrey (Ms.) Contributor address; City; St	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$5.00
	Principal occu	Austin, TX 78746 pation / Job title (See Instructions	<u> </u>	Employer (See Instructions	<u>)</u>		
	·	guage Pathologist	,	Therapy 2000 Inc.	,		
	Date 10/01/2025	Full name of contributor Gorr, Nina Audrey (Ms.) Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code			Amount of Contribution (\$)	\$5.00
_	Principal occu	Austin, TX 78746 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)		
	Speech Lang	guage Pathologist		Therapy 2000 Inc.			
	Date 10/01/2025	Full name of contributor Gorr, Nina Audrey (Ms.) Contributor address; City; St Austin, TX 78746	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$5.00
	·	pation / Job title (See Instructions guage Pathologist		Employer (See Instructions Therapy 2000 Inc.)		
	Date 10/01/2025	Full name of contributor Gorr, Nina Audrey (Ms.) Contributor address; City; St Austin, TX 78746	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$5.00
	·	pation / Job title (See Instructions guage Pathologist)	Employer (See Instructions Therapy 2000 Inc.)		

	MONEI	ARY POLITICAL CONTR		SCHEDULE A1			
	The Instru	ction Guide explains how to com	plete this for	m.	1	Total pages Schedule A1: Sch: 96/254 Rpt: 99/272	
2	FILER NAME Texas Assoc	ciation for Home Care and Hospice Inc.	- Texas Home	Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	Filers)
4	Date 10/01/2025	 Full name of contributor out-of-s Gorr, Nina Audrey (Ms.) Contributor address; City; State; Zip Co 	state PAC (ID#:		7	Amount of Contribution (\$)	\$5.00
		Austin, TX 78746					
8	•	pation / Job title (See Instructions) guage Pathologist	9	Employer (See Instructions Therapy 2000 Inc.)		
	Date 10/01/2025	Full name of contributor out-of-s Gorr, Nina Audrey (Ms.) Contributor address; City; State; Zip Co	state PAC (ID#:			Amount of Contribution (\$)	\$5.00
	Principal occu	Austin, TX 78746 pation / Job title (See Instructions)		Employer (See Instructions	<u>, </u>		
	•	guage Pathologist		Therapy 2000 Inc.	,		
	Date 10/01/2025	Full name of contributor out-of-s Gorr, Nina Audrey (Ms.) Contributor address; City; State; Zip Co	state PAC (ID#:			Amount of Contribution (\$)	\$5.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Speech Lang	guage Pathologist		Therapy 2000 Inc.			
	Date 10/01/2025	Gorr, Nina Audrey (Ms.) Contributor address; City; State; Zip Co)		Amount of Contribution (\$)	\$5.00
	Dringing oggu	Austin, TX 78746 pation / Job title (See Instructions)		Employer (See Instructions			
	•	guage Pathologist		Employer (See Instructions Therapy 2000 Inc.)		
	Date 10/01/2025	Gorr, Nina Audrey (Ms.)				Amount of Contribution (\$)	\$5.00
	•	pation / Job title (See Instructions)		Employer (See Instructions)		
	Speech Lan	guage Pathologist		Therapy 2000 Inc.			

	MONET	IETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1	
	The Instru	ction Guide explains how to	o complete this for	m.	1	Total pages Schedule A1: Sch: 97/254 Rpt: 100/272	
2	FILER NAME Texas Assoc	ciation for Home Care and Hospi	ce Inc Texas Home	Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	Filers)
4	Date 10/01/2025	5 Full name of contributor Grant, Darla (Ms.)6 Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code)	7	Amount of Contribution (\$)	\$20.00
		Pittsburg, TX 75686					
8	Principal occu Chief Operat	pation / Job title (See Instructions) ting Officer	9	Employer (See Instructions Therapy 2000 Inc.)		
	Date 10/01/2025	Full name of contributor Grant, Darla (Ms.) Contributor address; City; State	out-of-state PAC (ID#: e; Zip Code			Amount of Contribution (\$)	\$20.00
	Principal occu	Pittsburg, TX 75686 pation / Job title (See Instructions)		Employer (See Instructions)		
	Chief Operat	ting Officer		Therapy 2000 Inc.			
	Date 10/01/2025	Full name of contributor Grant, Darla (Ms.) Contributor address; City; State	out-of-state PAC (ID#: e; Zip Code			Amount of Contribution (\$)	\$20.00
		Pittsburg, TX 75686					
	Principal occu Chief Operat	pation / Job title (See Instructions) ting Officer		Employer (See Instructions Therapy 2000 Inc.)		
	Date 10/01/2025	Contributor address; City; State)		Amount of Contribution (\$)	\$20.00
	Principal occu Chief Operat	Pittsburg, TX 75686 pation / Job title (See Instructions) ting Officer		Employer (See Instructions Therapy 2000 Inc.)		
	Date 10/01/2025	Full name of contributor Grant, Darla (Ms.) Contributor address; City; State Pittsburg, TX 75686	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$20.00
		pation / Job title (See Instructions)		Employer (See Instructions)		
	Chief Operat	ung Officer		Therapy 2000 Inc.			

	MONET	ARY POLITICAL CO		SCHEDULE A1			
	The Instru	ction Guide explains how t	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 98/254 Rpt: 101/272	
2	FILER NAME Texas Assoc	ciation for Home Care and Hosp	oice Inc Texas Home	e Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	Filers)
4	Date 10/01/2025	5 Full name of contributor	out-of-state PAC (ID#: te; Zip Code)	7	Amount of Contribution (\$)	\$20.00
		Pittsburg, TX 75686					
8	Principal occu Chief Operat	pation / Job title (See Instructions) ting Officer	9	Employer (See Instructions Therapy 2000 Inc.)		
	Date 10/01/2025	Full name of contributor Grant, Darla (Ms.) Contributor address; City; Stat Pittsburg, TX 75686	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$20.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Chief Operat	ting Officer		Therapy 2000 Inc.			
	Date 10/01/2025	Full name of contributor Grant, Darla (Ms.) Contributor address; City; Stat	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$5.00
	Dringing oggu	Pittsburg, TX 75686		Employer (See Instructions			
	Chief Operat	pation / Job title (See Instructions) ting Officer		Employer (See Instructions Therapy 2000 Inc.)		
	Date 10/01/2025	Full name of contributor Grant, Darla (Ms.) Contributor address; City; Stat				Amount of Contribution (\$)	\$5.00
		Pittsburg, TX 75686					
	Principal occu Chief Operat	pation / Job title (See Instructions) ting Officer		Employer (See Instructions Therapy 2000 Inc.)		
	Date 10/01/2025	Full name of contributor [Grant, Darla (Ms.) Contributor address; City; State Pittsburg, TX 75686	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$5.00
		pation / Job title (See Instructions)		Employer (See Instructions)		
	Chief Operat	ung Onicei		Therapy 2000 Inc.			

	MONEI	ARY POLITICAL CONTRIB		SCHEDULE A1			
	The Instru	ction Guide explains how to comple	te this fo	rm.	1	Total pages Schedule A1: Sch: 99/254 Rpt: 102/272	
2	FILER NAME Texas Assoc	ciation for Home Care and Hospice Inc Te	exas Home	Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	Filers)
4	Date 10/01/2025	Grant, Darla (Ms.)	PAC (ID#:)	7	Amount of Contribution (\$)	\$5.00
		Pittsburg, TX 75686					
8	Principal occu Chief Operat	pation / Job title (See Instructions) ting Officer	9	Employer (See Instructions Therapy 2000 Inc.	i)		
	Date 10/01/2025	Full name of contributor out-of-state Grant, Darla (Ms.) Contributor address; City; State; Zip Code	PAC (ID#:)		Amount of Contribution (\$)	\$5.00
	Principal occu	Pittsburg, TX 75686 pation / Job title (See Instructions)		Employer (See Instructions	<u></u>		
	Chief Operat			Therapy 2000 Inc.	,		
	Date 10/01/2025	Full name of contributor out-of-state Green, Quetta Ann (Ms.) Contributor address; City; State; Zip Code	PAC (ID#:)		Amount of Contribution (\$)	\$10.00
	Dringing con	Amarillo, TX 79110		Employer (See Instructions			
		pation / Job title (See Instructions) Il Therapy Assistant		Employer (See Instructions Therapy 2000, Inc.	')		
	Date 10/01/2025	Full name of contributor out-of-state Green, Quetta Ann (Ms.) Contributor address; City; State; Zip Code	,			Amount of Contribution (\$)	\$10.00
		Amarillo, TX 79110					
	•	pation / Job title (See Instructions) Il Therapy Assistant		Employer (See Instructions Therapy 2000, Inc.	5)		
	Date 10/01/2025	Full name of contributor out-of-state Green, Quetta Ann (Ms.) Contributor address; City; State; Zip Code Amarillo, TX 79110				Amount of Contribution (\$)	\$10.00
	•	pation / Job title (See Instructions)		Employer (See Instructions	()		
	Occupationa	ll Therapy Assistant		Therapy 2000, Inc.			

	MONEI	IETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 100/254 Rpt: 103/272	<u>)</u>	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)	
	Texas Assoc	tiation for Home Care and Hos	pice Inc Texas Home	e Care and Hospice PAC -		00015750		
4	Date 10/01/2025	5 Full name of contributor Green, Quetta Ann (Ms.)6 Contributor address; City; Sta	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$10.00	
		Amarillo, TX 79110						
8		pation / Job title (See Instructions)	g	Employer (See Instructions	5)			
	Occupationa	l Therapy Assistant		Therapy 2000, Inc.				
	Date 10/01/2025	Full name of contributor Green, Quetta Ann (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00	
		Amarillo, TX 79110						
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	i)			
	Occupationa	l Therapy Assistant		Therapy 2000, Inc.				
	Date 10/01/2025	Full name of contributor Green, Quetta Ann (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#: atte; Zip Code			Amount of Contribution (\$)	\$10.00	
		Amarillo, TX 79110						
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	()			
	Occupationa	l Therapy Assistant		Therapy 2000, Inc.				
	Date 10/01/2025	Full name of contributor Green, Quetta Ann (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00	
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)			
	Occupationa	l Therapy Assistant		Therapy 2000, Inc.				
	Date 10/01/2025	Full name of contributor Green, Quetta Ann (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#: ate; Zip Code			Amount of Contribution (\$)	\$10.00	
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)			
	Occupationa	l Therapy Assistant		Therapy 2000, Inc.				

	MONEI	IETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 101/254 Rpt: 104/272)	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)	
	Texas Assoc	ciation for Home Care and Hos		e Care and Hospice PAC -		00015750		
4	Date 10/01/2025	5 Full name of contributor Green, Quetta Ann (Ms.)6 Contributor address; City; St.	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$10.00	
		Amarillo, TX 79110						
8		pation / Job title (See Instructions)	Employer (See Instructions	()			
	Occupationa	l Therapy Assistant		Therapy 2000, Inc.				
	Date 10/01/2025	Full name of contributor Green, Quetta Ann (Ms.) Contributor address; City; St.	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00	
		Amarillo, TX 79110						
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	()			
	Occupationa	l Therapy Assistant		Therapy 2000, Inc.				
	Date 10/01/2025	Full name of contributor Green, Quetta Ann (Ms.) Contributor address; City; St	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00	
		Amarillo, TX 79110						
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	()			
	Occupationa	l Therapy Assistant		Therapy 2000, Inc.				
	Date 10/01/2025	Full name of contributor Green, Quetta Ann (Ms.) Contributor address; City; St. Amarillo, TX 79110	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00	
		pation / Job title (See Instructions I Therapy Assistant)	Employer (See Instructions Therapy 2000, Inc.	5)			
	Date 10/01/2025	Full name of contributor Gruver, Emily (Ms.) Contributor address; City; St. Dallas, TX 75254	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			
	Speech Lang	guage Pathologist		Therapy 2000 Inc.				
			•					

	MONEI	IETARY POLITICAL CONTRIBUTIONS				SCHEDULE	A1
	The Instru	ction Guide explains how to	o complete this for	rm.	1	Total pages Schedule A1: Sch: 102/254 Rpt: 105/272	
2	FILER NAME Texas Assoc	ciation for Home Care and Hospi	ce Inc Texas Home	Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	Filers)
4	Date 10/01/2025	5 Full name of contributor Gruver, Emily (Ms.)6 Contributor address; City; State	out-of-state PAC (ID#: ;; Zip Code		7	Amount of Contribution (\$)	\$5.00
		Dallas, TX 75254					
8	•	pation / Job title (See Instructions) guage Pathologist	9	Employer (See Instructions Therapy 2000 Inc.)		
	Date 10/01/2025	Full name of contributor Gruver, Emily (Ms.) Contributor address; City; State Dallas, TX 75254	out-of-state PAC (ID#: s; Zip Code			Amount of Contribution (\$)	\$5.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Speech Lang	guage Pathologist		Therapy 2000 Inc.			
	Date 10/01/2025	Full name of contributor Gruver, Emily (Ms.) Contributor address; City; State Dallas, TX 75254	out-of-state PAC (ID#: ;; Zip Code			Amount of Contribution (\$)	\$5.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
		guage Pathologist		Therapy 2000 Inc.	•		
	Date 10/01/2025	Full name of contributor Gruver, Emily (Ms.) Contributor address; City; State)		Amount of Contribution (\$)	\$5.00
		Dallas, TX 75254					
	•	pation / Job title (See Instructions) guage Pathologist		Employer (See Instructions) Therapy 2000 Inc.)		
	Date 10/01/2025	Full name of contributor Gruver, Emily (Ms.) Contributor address; City; State Dallas, TX 75254	out-of-state PAC (ID#: e; Zip Code)		Amount of Contribution (\$)	\$5.00
	•	pation / Job title (See Instructions)		Employer (See Instructions)		
	Speech Lan	guage Pathologist		Therapy 2000 Inc.			

	MONET	IETARY POLITICAL CONTRIBUTIONS				SCHEDULE	A1
	The Instru	ction Guide explains how to	complete this fo	rm.	1	Total pages Schedule A1: Sch: 103/254 Rpt: 106/272	
2	FILER NAME Texas Assoc	ciation for Home Care and Hospi	ce Inc Texas Home	Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	Filers)
4	Date 10/01/2025	Full name of contributor Gruver, Emily (Ms.)Contributor address; City; State			7	Amount of Contribution (\$)	\$5.00
		Dallas, TX 75254					
8		pation / Job title (See Instructions) guage Pathologist	9	Employer (See Instructions Therapy 2000 Inc.)		
	Date 10/01/2025	Full name of contributor Gruver, Emily (Ms.) Contributor address; City; State Dallas, TX 75254	out-of-state PAC (ID#: ; Zip Code			Amount of Contribution (\$)	\$5.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Speech Lang	guage Pathologist		Therapy 2000 Inc.			
	Date 10/01/2025	Full name of contributor Gruver, Emily (Ms.) Contributor address; City; State Dallas, TX 75254	out-of-state PAC (ID#: ;; Zip Code			Amount of Contribution (\$)	\$5.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
		guage Pathologist		Therapy 2000 Inc.	,		
Date 10/01/2025		Full name of contributor Gruver, Emily (Ms.) Contributor address; City; State				Amount of Contribution (\$)	\$5.00
		Dallas, TX 75254					
		pation / Job title (See Instructions) guage Pathologist		Employer (See Instructions Therapy 2000 Inc.)		
	Date 10/01/2025	Full name of contributor Gruver, Emily (Ms.) Contributor address; City; State Dallas, TX 75254	out-of-state PAC (ID#: ;; Zip Code			Amount of Contribution (\$)	\$5.00
	·	pation / Job title (See Instructions)		Employer (See Instructions)		
	Speech Lang	guage Pathologist		Therapy 2000 Inc.			

	MONET	ARY POLITICAL	CONTRIBUTIO	JNS		SCHEDULE	A1
	The Instru	ction Guide explains how	v to complete this fo	orm.	1	Total pages Schedule A1: Sch: 104/254 Rpt: 107/272	
2	FILER NAME Texas Assoc	ciation for Home Care and Ho	spice Inc Texas Hom	ne Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	Filers)
4	Date 10/01/2025	5 Full name of contributor Gruver, Emily (Ms.)6 Contributor address; City; S			7	Amount of Contribution (\$)	\$5.00
		Dallas, TX 75254					
8		pation / Job title (See Instruction guage Pathologist	s)	9 Employer (See Instructions Therapy 2000 Inc.	5)		
	Date 10/08/2025	Full name of contributor Hale, Kati (Ms.) Contributor address; City; S Denton, TX 76208	out-of-state PAC (ID#:_ tate; Zip Code)		Amount of Contribution (\$)	\$60.00
	Principal occu	pation / Job title (See Instruction	s)	Employer (See Instructions MAC Legacy	<u> </u> 5)		
	Date 09/30/2025	Full name of contributor Hammon, Rachel (Ms.) Contributor address; City; S Austin, TX 78732	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$21.00
	Principal occu Executive Di	pation / Job title (See Instruction	s)	Employer (See Instructions Texas Assn. for Home C		e & Hospice Inc.	
	Date 10/01/2025	Full name of contributor Hancock, Beth (Ms.) Contributor address; City; S Houston, TX 77044				Amount of Contribution (\$)	\$20.00
	Principal occu Divisional Di	pation / Job title (See Instruction rector	s)	Employer (See Instructions Therapy 2000 Inc.	<u>(</u>		
	Date 10/01/2025	Full name of contributor Hancock, Beth (Ms.) Contributor address; City; S Houston, TX 77044	out-of-state PAC (ID#:_ tate; Zip Code			Amount of Contribution (\$)	\$20.00
	Principal occu Divisional Di	pation / Job title (See Instruction rector	s)	Employer (See Instructions Therapy 2000 Inc.	5)		

	MONET	ARY POLITICAL (CONTRIBUTIO	JIN 5		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 105/254 Rpt: 108/272	
2	FILER NAME Texas Assoc	ciation for Home Care and Ho	spice Inc Texas Hom	ne Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	Filers)
4	Date 10/01/2025	5 Full name of contributor Hancock, Beth (Ms.)6 Contributor address; City; S			7	Amount of Contribution (\$)	\$20.00
		Houston, TX 77044					
8	Principal occu Divisional Di	pation / Job title (See Instructions rector	s) 	9 Employer (See Instructions Therapy 2000 Inc.	s) 		
	Date 10/01/2025	Full name of contributor Hancock, Beth (Ms.) Contributor address; City; S	out-of-state PAC (ID#:_ tate; Zip Code)		Amount of Contribution (\$)	\$20.00
	Principal occu	Houston, TX 77044 pation / Job title (See Instructions	5)	Employer (See Instructions	<u> </u> ;)		
	Divisional Di	rector		Therapy 2000 Inc.			
	Date 10/01/2025	Full name of contributor Hancock, Beth (Ms.) Contributor address; City; S	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$20.00
		Houston, TX 77044					
	Principal occu Divisional Di	pation / Job title (See Instructions rector	(3)	Employer (See Instructions Therapy 2000 Inc.	5)		
	Date 10/01/2025	Full name of contributor Hancock, Beth (Ms.) Contributor address; City; S Houston, TX 77044				Amount of Contribution (\$)	\$20.00
	Principal occu Divisional Di	pation / Job title (See Instructions rector	s)	Employer (See Instructions Therapy 2000 Inc.	5)		
	Date 10/01/2025	Full name of contributor Hancock, Beth (Ms.) Contributor address; City; S Houston, TX 77044	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$20.00
	Principal occu Divisional Di	pation / Job title (See Instructions rector	5)	Employer (See Instructions Therapy 2000 Inc.	5)		

	MONET	ARY POLITICAL (CONTRIBUTIO	JIN 5		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 106/254 Rpt: 109/272	
2	FILER NAME Texas Assoc	ciation for Home Care and Ho	spice Inc Texas Hom	ne Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	Filers)
4	Date 10/01/2025	Full name of contributor Hancock, Beth (Ms.)Contributor address; City; S			7	Amount of Contribution (\$)	\$20.00
		Houston, TX 77044					
8	Principal occu Divisional Di	pation / Job title (See Instructions rector	s)	9 Employer (See Instructions Therapy 2000 Inc.	5)		
	Date 10/01/2025	Full name of contributor Hancock, Beth (Ms.) Contributor address; City; S	out-of-state PAC (ID#:_ tate; Zip Code			Amount of Contribution (\$)	\$20.00
	Principal occu	Houston, TX 77044 pation / Job title (See Instructions	s)	Employer (See Instructions Therapy 2000 Inc.	<u> </u> 5)		
	Date 10/01/2025	Full name of contributor Hancock, Beth (Ms.) Contributor address; City; S Houston, TX 77044	out-of-state PAC (ID#:_	· · ·		Amount of Contribution (\$)	\$20.00
	Principal occu Divisional Di	pation / Job title (See Instructions	s)	Employer (See Instructions Therapy 2000 Inc.	<u>(</u>		
	Date 10/01/2025	Full name of contributor Hancock, Beth (Ms.) Contributor address; City; S Houston, TX 77044				Amount of Contribution (\$)	\$20.00
	Principal occu Divisional Di	pation / Job title (See Instructions rector	s)	Employer (See Instructions Therapy 2000 Inc.	<u> </u> 5)		
	Date 10/01/2025	Full name of contributor Hancock, Beth (Ms.) Contributor address; City; Si Houston, TX 77044	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$20.00
	Principal occu Divisional Di	pation / Job title (See Instructions rector	;)	Employer (See Instructions Therapy 2000 Inc.	5)		

	MONEI	ARY POLITICAL C	ONTRIBUTIO	V 5		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this for	rm.	1	Total pages Schedule A1: Sch: 107/254 Rpt: 110/272	
2	FILER NAME Texas Assoc	ciation for Home Care and Hos	pice Inc Texas Home	· Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	Filers)
4	Date 10/01/2025	5 Full name of contributor Henson, Carla Michelle (M6 Contributor address; City; Sta	······		7	Amount of Contribution (\$)	\$5.00
_		Nacogdoches, TX 75965	1-				
8	Principal occu Home Care	pation / Job title (See Instructions)	9	Employer (See Instructions Therapy 2000 Inc.)		
	Date 10/01/2025	Full name of contributor Herrera, Jose (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$3.00
	Principal occu	Longview, TX 75604 pation / Job title (See Instructions))	Employer (See Instructions)		
	Physical The			Therapy 2000 Inc.	•		
	Date 10/01/2025	Full name of contributor Herrera, Jose (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$3.00
	Dringing Loggy	Longview, TX 75604		Employer (See Instructions			
	Physical The	pation / Job title (See Instructions) erapist Asst.		Employer (See Instructions Therapy 2000 Inc.)		
	Date 10/01/2025	Full name of contributor Herrera, Jose (Mr.) Contributor address; City; Sta				Amount of Contribution (\$)	\$3.00
	Principal occu	Longview, TX 75604 pation / Job title (See Instructions) erapist Asst.		Employer (See Instructions Therapy 2000 Inc.)		
	Date 10/01/2025	Full name of contributor Herrera, Jose (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$3.00
		pation / Job title (See Instructions)		Employer (See Instructions)		
	Physical The	erapist Asst.		Therapy 2000 Inc.			

	MONET	ARY POLITICAL CO	MIRIBUTION	NS		SCHEDULE	A1
	The Instru	ction Guide explains how to	complete this for	m.	1	Total pages Schedule A1: Sch: 108/254 Rpt: 111/272	
2	FILER NAME Texas Assoc	ciation for Home Care and Hospic	ce Inc Texas Home	Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	Filers)
4	Date 10/01/2025	5 Full name of contributor Herrera, Jose (Mr.)6 Contributor address; City; State;	out-of-state PAC (ID#: ; Zip Code)	7	Amount of Contribution (\$)	\$3.00
_		Longview, TX 75604	1-				
8	Principal occu Physical The	pation / Job title (See Instructions) erapist Asst.	9	Employer (See Instructions) Therapy 2000 Inc.)		
	Date 10/01/2025	Full name of contributor Herrera, Jose (Mr.) Contributor address; City; State; Longview, TX 75604	out-of-state PAC (ID#: ; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Physical The	erapist Asst.		Therapy 2000 Inc.			
	Date 10/01/2025	Full name of contributor Herrera, Jose (Mr.) Contributor address; City; State;	out-of-state PAC (ID#: ; Zip Code)		Amount of Contribution (\$)	\$3.00
	Dringing Cook	Longview, TX 75604		Employer (See Instructions			
	Physical The	pation / Job title (See Instructions) erapist Asst.		Employer (See Instructions) Therapy 2000 Inc.)		
	Date 10/01/2025	Contributor address; City; State;				Amount of Contribution (\$)	\$3.00
	Principal occu Physical The	Longview, TX 75604 pation / Job title (See Instructions) erapist Asst.		Employer (See Instructions Therapy 2000 Inc.)		
	Date 10/01/2025	Full name of contributor Herrera, Jose (Mr.) Contributor address; City; State; Longview, TX 75604	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$3.00
		pation / Job title (See Instructions)		Employer (See Instructions)		
	Physical The	naµisi Assi.		Therapy 2000 Inc.			

	MONEI	ARY POLITICAL CONT	KIBUTIONS		SCHEDULE	A1
	The Instruc	ction Guide explains how to co	mplete this form.	1	Total pages Schedule A1: Sch: 109/254 Rpt: 112/272	
2	FILER NAME Texas Assoc	siation for Home Care and Hospice In	c Texas Home Care and Hospice PAG	3	Filer ID (Ethics Commission 00015750	Filers)
4	Date 10/01/2025	Herrera, Jose (Mr.)	of-state PAC (ID#:) Code	7	Amount of Contribution (\$)	\$3.00
_		Longview, TX 75604	1			
8	Principal occu Physical The	pation / Job title (See Instructions) erapist Asst.	9 Employer (See Instruction Therapy 2000 Inc.	ons)		
	Date 10/01/2025	Full name of contributor out-out-out-out-out-out-out-out-out-out-	of-state PAC (ID#:) Code		Amount of Contribution (\$)	\$3.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ons)		
	Physical The	erapist Asst.	Therapy 2000 Inc.			
	Date 10/01/2025	Herrera, Jose (Mr.) Contributor address; City; State; Zip	of-state PAC (ID#:)		Amount of Contribution (\$)	\$3.00
	Dringinal occu	Longview, TX 75604 pation / Job title (See Instructions)	Employer (See Instruction			
	Physical The		Therapy 2000 Inc.	Jiisj		
	Date 09/30/2025	Hicks, Eric (Mr.)	of-state PAC (ID#:)		Amount of Contribution (\$)	\$1.00
		Gilmer, TX 75645				
	Principal occu Respiratory	pation / Job title (See Instructions) Therapist	Employer (See Instruction Angels of Care	ons)		
	Date 10/01/2025	Hoehns, Jessica Leigh (Ms.)	of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
	•	pation / Job title (See Instructions)	Employer (See Instruction	ons)		
	Speech Lang	guage Pathologist	Therapy 2000 Inc.			

	MONEI	ARY POLITICAL CO	JN I RIBUTION	3		SCHEDULE	A1
	The Instru	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 110/254 Rpt: 113/272	
2	FILER NAME Texas Assoc	siation for Home Care and Hospi	ce Inc Texas Home (Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	Filers)
4	Date 10/01/2025	5 Full name of contributor Hoehns, Jessica Leigh (Ms.)6 Contributor address; City; State)	7	Amount of Contribution (\$)	\$5.00
		Amarillo, TX 79110					
8		pation / Job title (See Instructions) guage Pathologist	9	Employer (See Instructions) Therapy 2000 Inc.)		
	Date 10/01/2025	Full name of contributor Hoehns, Jessica Leigh (Ms.) Contributor address; City; State				Amount of Contribution (\$)	\$5.00
	Dringing! aggs	Amarillo, TX 79110		Employer (Coa Instructions			
	•	pation / Job title (See Instructions) guage Pathologist		Employer (See Instructions Therapy 2000 Inc.)		
	Date 10/01/2025	Full name of contributor Hoehns, Jessica Leigh (Ms.) Contributor address; City; State)		Amount of Contribution (\$)	\$5.00
	Principal occu	Amarillo, TX 79110 pation / Job title (See Instructions)	1	Employer (See Instructions			
		guage Pathologist		Therapy 2000 Inc.	,		
	Date 10/01/2025	Full name of contributor Hoehns, Jessica Leigh (Ms.) Contributor address; City; State)		Amount of Contribution (\$)	\$5.00
		Amarillo, TX 79110					
	•	pation / Job title (See Instructions) guage Pathologist		Employer (See Instructions) Therapy 2000 Inc.)		
	Date 10/01/2025	Full name of contributor Homan-Harris, Samantha Jo Contributor address; City; State El Paso, TX 79935)		Amount of Contribution (\$)	\$4.50
	Principal occu Clinical Mana	pation / Job title (See Instructions)		Employer (See Instructions Therapy 2000 Inc.)		
	Similean Mark	uyoi		тнегару 2000 птс.			

	MONET	ARY POLITICAL C	ONTRIBUTIO	V 5		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this for	rm.	1	Total pages Schedule A1: Sch: 111/254 Rpt: 114/272	
2	FILER NAME Texas Assoc	ciation for Home Care and Hosp	oice Inc Texas Home	Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	Filers)
4	Date 10/01/2025	5 Full name of contributor [Homan-Harris, Samantha 36 Contributor address; City; Sta			7	Amount of Contribution (\$)	\$4.50
_	Dringing aggr	El Paso, TX 79935	lo lo	Employer (Coo Instructions	_		
8	Clinical Man	pation / Job title (See Instructions) ager	9	Employer (See Instructions Therapy 2000 Inc.)		
	Date 10/01/2025	Full name of contributor Homan-Harris, Samantha Contributor address; City; Sta)		Amount of Contribution (\$)	\$4.50
	Principal occu	El Paso, TX 79935 pation / Job title (See Instructions)		Employer (See Instructions	<u>.</u>		
	Clinical Man			Therapy 2000 Inc.	,		
	Date 10/01/2025	Full name of contributor [Homan-Harris, Samantha C Contributor address; City; Sta				Amount of Contribution (\$)	\$4.50
	Dringing oggu	El Paso, TX 79935 pation / Job title (See Instructions)		Employer (See Instructions	_		
	Clinical Man			Therapy 2000 Inc.	')		
	Date 10/01/2025	Full name of contributor Homan-Harris, Samantha Contributor address; City; Sta)		Amount of Contribution (\$)	\$4.50
		El Paso, TX 79935					
	Principal occu Clinical Man	pation / Job title (See Instructions) ager		Employer (See Instructions Therapy 2000 Inc.	;)		
	Date 10/01/2025	Full name of contributor Homan-Harris, Samantha C Contributor address; City; Sta El Paso, TX 79935				Amount of Contribution (\$)	\$4.50
	•	pation / Job title (See Instructions)		Employer (See Instructions	()		
	Clinical Man	ayei		Therapy 2000 Inc.			

	MONET	ARY POLITICAL CO	ONTRIBUTION	NS		SCHEDULE	A1
	The Instru	ction Guide explains how t	to complete this for	m.	1	Total pages Schedule A1: Sch: 112/254 Rpt: 115/272	
2	FILER NAME Texas Assoc	siation for Home Care and Hosp	oice Inc Texas Home	Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	Filers)
4	Date 10/01/2025	5 Full name of contributor			7	Amount of Contribution (\$)	\$4.50
8	Dringinal occu	El Paso, TX 79935 pation / Job title (See Instructions)	اه	Employer (See Instructions			
0	Clinical Man	,	l ³	Therapy 2000 Inc.	,		
	Date 10/01/2025	Full name of contributor Homan-Harris, Samantha J Contributor address; City; Stat				Amount of Contribution (\$)	\$4.50
	Dringinal occu	El Paso, TX 79935 pation / Job title (See Instructions)		Employer (See Instructions			
	Clinical Man			Therapy 2000 Inc.	,		
	Date 10/01/2025	Full name of contributor Homan-Harris, Samantha J Contributor address; City; Stat)		Amount of Contribution (\$)	\$4.50
	Principal occu	El Paso, TX 79935 pation / Job title (See Instructions)	<u> </u>	Employer (See Instructions	<u> </u>		
	Clinical Man			Therapy 2000 Inc.	,		
	Date 10/01/2025	Full name of contributor [Homan-Harris, Samantha J Contributor address; City; Stat)		Amount of Contribution (\$)	\$4.50
		El Paso, TX 79935					
	Principal occu Clinical Man	pation / Job title (See Instructions) ager		Employer (See Instructions Therapy 2000 Inc.)		
	Date 10/01/2025	Full name of contributor Homan-Harris, Samantha J Contributor address; City; Stat El Paso, TX 79935)		Amount of Contribution (\$)	\$4.50
	Principal occu Clinical Man	pation / Job title (See Instructions)		Employer (See Instructions Therapy 2000 Inc.)		
	Similean Math	uyoi 		merapy 2000 IIIC.			

	MONET	ARY POLITICAL CO	ONTRIBUTION	15		SCHEDULE	A1
	The Instru	ction Guide explains how t	o complete this for	m.	1	Total pages Schedule A1: Sch: 113/254 Rpt: 116/272	
2	FILER NAME Texas Assoc	siation for Home Care and Hosp	ice Inc Texas Home	Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	Filers)
4	Date 10/01/2025	5 Full name of contributor)	7	Amount of Contribution (\$)	\$4.50
_	Deinsinal assu	El Paso, TX 79935	I o	Franks on (Cook bathy stions			
8	Clinical Man	pation / Job title (See Instructions) ager	9	Employer (See Instructions) Therapy 2000 Inc.)		
	Date 10/01/2025	Full name of contributor Homan-Harris, Samantha Jo Contributor address; City; State)		Amount of Contribution (\$)	\$0.50
	Principal occu	El Paso, TX 79935 pation / Job title (See Instructions)		Employer (See Instructions)		
	Clinical Man			Therapy 2000 Inc.	,		
	Date 10/01/2025	Full name of contributor Homan-Harris, Samantha Jo Contributor address; City; State				Amount of Contribution (\$)	\$0.50
	Dringing Cook	El Paso, TX 79935		Employer (Co.) Instructions			
	Clinical Man	pation / Job title (See Instructions) ager		Employer (See Instructions Therapy 2000 Inc.)		
	Date 10/01/2025	Full name of contributor Homan-Harris, Samantha Jo Contributor address; City; State)		Amount of Contribution (\$)	\$0.50
		El Paso, TX 79935					
	Principal occu Clinical Man	pation / Job title (See Instructions) ager		Employer (See Instructions Therapy 2000 Inc.)		
	Date 10/01/2025	Full name of contributor Homan-Harris, Samantha Je Contributor address; City; State El Paso, TX 79935)		Amount of Contribution (\$)	\$0.50
	Principal occu Clinical Man	pation / Job title (See Instructions)		Employer (See Instructions Therapy 2000 Inc.)		
	Similean IVIAITI	ugo:					

	MONEI	ARY POLITICAL CO	ONTRIBUTION	NS		SCHEDULE	A1
	The Instru	ction Guide explains how t	to complete this for	m.	1	Total pages Schedule A1: Sch: 114/254 Rpt: 117/272	
2	FILER NAME Texas Assoc	siation for Home Care and Hosp	oice Inc Texas Home	Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	Filers)
4	Date 10/01/2025	5 Full name of contributor [Homan-Harris, Samantha J6 Contributor address; City; Stat			7	Amount of Contribution (\$)	\$0.50
8	Principal occu	El Paso, TX 79935 pation / Job title (See Instructions)	9	Employer (See Instructions)		
	Clinical Man	ager		Therapy 2000 Inc.			
	Date 10/01/2025	Full name of contributor Homan-Harris, Samantha J Contributor address; City; Stat El Paso, TX 79935)		Amount of Contribution (\$)	\$0.50
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Clinical Man			Therapy 2000 Inc.	,		
	Date 10/01/2025	Full name of contributor Homan-Harris, Samantha J Contributor address; City; Stat El Paso, TX 79935				Amount of Contribution (\$)	\$0.50
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Clinical Man	ager		Therapy 2000 Inc.			
	Date 10/01/2025	Full name of contributor Homan-Harris, Samantha J Contributor address; City; Stat)		Amount of Contribution (\$)	\$0.50
		El Paso, TX 79935					
	Principal occu Clinical Man	pation / Job title (See Instructions) ager		Employer (See Instructions Therapy 2000 Inc.)		
	Date 10/01/2025	Full name of contributor Homan-Harris, Samantha J Contributor address; City; Stat El Paso, TX 79935)		Amount of Contribution (\$)	\$0.50
	•	pation / Job title (See Instructions)		Employer (See Instructions)		
	Clinical Man	ager		Therapy 2000 Inc.			

	MONET	ARY POLITICAL CONTRIBU	יטוונ	INS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete	this fo	rm.	1	Total pages Schedule A1: Sch: 115/254 Rpt: 118/272	
2	FILER NAME Texas Assoc	siation for Home Care and Hospice Inc Texa	ıs Home	e Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	Filers)
4	Date 10/01/2025	 Full name of contributor	C (ID#:)	7	Amount of Contribution (\$)	\$0.50
8	Dringing agg	El Paso, TX 79935 pation / Job title (See Instructions)	1,	Employer (See Instructions	_		
0	Clinical Man	,		Therapy 2000 Inc.)		
	Date 10/01/2025	Full name of contributor out-of-state PAG Homan-Harris, Samantha Joy (Ms.) Contributor address; City; State; Zip Code	C (ID#:			Amount of Contribution (\$)	\$0.50
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> :)		
	Clinical Man			Therapy 2000 Inc.	,		
	Date 10/01/2025	Full name of contributor out-of-state PAG Homan-Harris, Samantha Joy (Ms.) Contributor address; City; State; Zip Code	C (ID#:			Amount of Contribution (\$)	\$0.50
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)		
	Clinical Man			Therapy 2000 Inc.	,		
	Date 10/21/2025	Full name of contributor out-of-state PAG Hosley, Dennis (Mr.) Contributor address; City; State; Zip Code	`			Amount of Contribution (\$)	\$50.00
		Dallas, TX 75214					
	Principal occu President CO	pation / Job title (See Instructions) DO		Employer (See Instructions Pediatric Home Healthc		;	
	Date 10/01/2025	Full name of contributor out-of-state PAGE Hudman, Molly Sue (Ms.) Contributor address; City; State; Zip Code Quitman, TX 75783)		Amount of Contribution (\$)	\$5.00
	•	pation / Job title (See Instructions)		Employer (See Instructions	()		
	Occupationa	ll Therapy Asst.		Therapy 2000 Inc.			

	MONET	ARY POLITICAL (ONTRIBUTIO	JIN 5		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 116/254 Rpt: 119/272	
2	FILER NAME Texas Assoc	iation for Home Care and Ho	spice Inc Texas Hom	ne Care and Hospice PAC -	3	Filer ID (Ethics Commission I 00015750	-ilers)
4	Date 10/01/2025	5 Full name of contributor Hudman, Molly Sue (Ms.)6 Contributor address; City; St			7	Amount of Contribution (\$)	\$5.00
		Quitman, TX 75783					
8		pation / Job title (See Instructions I Therapy Asst.	s)	9 Employer (See Instructions Therapy 2000 Inc.	5)		
	Date 10/01/2025	Full name of contributor Hudman, Molly Sue (Ms.) Contributor address; City; Si				Amount of Contribution (\$)	\$5.00
	Principal occu	Quitman, TX 75783 pation / Job title (See Instructions	;)	Employer (See Instructions	;) [
	•	I Therapy Asst.	,,	Therapy 2000 Inc.	',		
	Date 10/01/2025	Full name of contributor Hudman, Molly Sue (Ms.) Contributor address; City; St				Amount of Contribution (\$)	\$5.00
	Dringing Cook	Quitman, TX 75783 pation / Job title (See Instructions		Employer (Coo Instructions	<u></u>		
		I Therapy Asst.) 	Employer (See Instructions Therapy 2000 Inc.	·)		
	Date 10/23/2025	Contributor address; City; Si				Amount of Contribution (\$)	\$10.00
	Principal occu Executive Di	Temple, TX 76502 pation / Job title (See Instructions rector	s)	Employer (See Instructions Paradigm Rehab & Nurs		g LP	
	Date 09/30/2025	Full name of contributor Jackson Klamo, Kathy (M Contributor address; City; St	ate; Zip Code			Amount of Contribution (\$)	\$10.00
	Principal occu Nurse	pation / Job title (See Instructions	s)	Employer (See Instructions Angels of Care	5)		

	MONET	ARY POLITICAL CONTRIBUTI	IOI	NS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this	s fo	rm.	1	Total pages Schedule A1: Sch: 117/254 Rpt: 120/272	
2	FILER NAME Texas Assoc	ciation for Home Care and Hospice Inc Texas H	lome	e Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	Filers)
4	Date 10/23/2025	 5 Full name of contributor out-of-state PAC (ID Jenkins , Jinny (Ms.) 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$50.00
		Crowley, TX 76036					
8		pation / Job title (See Instructions)	9	Employer (See Instructions			
	Executive Di			Paradigm Rehab & Nurs	sınç		
	Date 10/21/2025	Full name of contributor out-of-state PAC (ID Johnson, Jacob (Mr.) Contributor address; City; State; Zip Code)#:)		Amount of Contribution (\$)	\$125.00
	Dringing Loggy	Plano, TX 75075	_	Employer (Coo Instructions	_		
	Principal occu	pation / Job title (See Instructions) DO		Employer (See Instructions Sanctum Health Partner		_LC	
	Date	Full name of contributor out-of-state PAC (ID)#·)		Amount of Contribution (\$)	
	10/01/2025	Keel, Harmony Lee (Ms.) Contributor address; City; State; Zip Code Sealy, TX 77474					\$5.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Speech Lang	guage Pathologist		Therapy 2000 Inc.			
	Date 10/01/2025	Full name of contributor out-of-state PAC (ID Keel, Harmony Lee (Ms.) Contributor address; City; State; Zip Code Sealy, TX 77474	D#:			Amount of Contribution (\$)	\$5.00
	•	pation / Job title (See Instructions) guage Pathologist		Employer (See Instructions Therapy 2000 Inc.)		
	Date 10/01/2025	Full name of contributor out-of-state PAC (ID Keel, Harmony Lee (Ms.) Contributor address; City; State; Zip Code Sealy, TX 77474				Amount of Contribution (\$)	\$5.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Speech Lang	guage Pathologist		Therapy 2000 Inc.			

	MONEI	ARY POLITICAL CONTRIBU	TIONS			SCHEDULE	A1
	The Instru	ction Guide explains how to complete t	this form		1	Total pages Schedule A1: Sch: 118/254 Rpt: 121/272	
2	FILER NAME Texas Assoc	ciation for Home Care and Hospice Inc Texas	s Home Ca	are and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	Filers)
4	Date 10/01/2025	 5 Full name of contributor out-of-state PAC Keel, Harmony Lee (Ms.) 6 Contributor address; City; State; Zip Code 	C (ID#:)	7	Amount of Contribution (\$)	\$5.00
		Sealy, TX 77474					
8		pation / Job title (See Instructions) guage Pathologist		imployer (See Instructions herapy 2000 Inc.	5)		
	Date 10/01/2025	Full name of contributor out-of-state PAC Keel, Harmony Lee (Ms.) Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$5.00
	Principal occu	Sealy, TX 77474 pation / Job title (See Instructions)	l e	imployer (See Instructions	:) 		
	·	guage Pathologist		herapy 2000 Inc.	,		
	Date 10/01/2025	Full name of contributor out-of-state PAC Keel, Harmony Lee (Ms.) Contributor address; City; State; Zip Code Sealy, TX 77474	C (ID#:			Amount of Contribution (\$)	\$5.00
	Principal occu	pation / Job title (See Instructions)	E	imployer (See Instructions	<u> </u>		
	Speech Lang	guage Pathologist	Т	herapy 2000 Inc.			
	Date 10/01/2025	Full name of contributor out-of-state PAC Keel, Harmony Lee (Ms.) Contributor address; City; State; Zip Code	C (ID#:)		Amount of Contribution (\$)	\$5.00
	Delinational annual	Sealy, TX 77474	<u>i -</u>		_		
		pation / Job title (See Instructions) guage Pathologist		imployer (See Instructions Therapy 2000 Inc.			
	Date 10/01/2025	Full name of contributor out-of-state PAC Keel, Harmony Lee (Ms.) Contributor address; City; State; Zip Code Sealy, TX 77474				Amount of Contribution (\$)	\$5.00
	·	pation / Job title (See Instructions)		imployer (See Instructions	()		
	Speech Lang	guage Pathologist	T	herapy 2000 Inc.			

	MONEI	ARY POLITICAL CONTRIBO	UTIONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete	this form.	1	Total pages Schedule A1: Sch: 119/254 Rpt: 122/272	
2	FILER NAME Texas Assoc	ciation for Home Care and Hospice Inc Texa	as Home Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	Filers)
4	Date 10/01/2025	 5 Full name of contributor out-of-state PA Keel, Harmony Lee (Ms.) 6 Contributor address; City; State; Zip Code 	AC (ID#:)	7	Amount of Contribution (\$)	\$5.00
		Sealy, TX 77474		L		
8		pation / Job title (See Instructions) guage Pathologist	9 Employer (See Instructions Therapy 2000 Inc.	s)		
	Date 10/01/2025	Full name of contributor out-of-state PA Keel, Harmony Lee (Ms.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5.00
	Principal occu	Sealy, TX 77474 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	·	guage Pathologist	Therapy 2000 Inc.	-,		
	Date 10/01/2025	Full name of contributor out-of-state PA Keel, Harmony Lee (Ms.) Contributor address; City; State; Zip Code Sealy, TX 77474	AC (ID#:)		Amount of Contribution (\$)	\$5.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
		guage Pathologist	Therapy 2000 Inc.			
	Date 10/01/2025	Full name of contributor out-of-state PA Keel, Harmony Lee (Ms.) Contributor address; City; State; Zip Code	AC (ID#:)		Amount of Contribution (\$)	\$5.00
		Sealy, TX 77474				
		pation / Job title (See Instructions) guage Pathologist	Employer (See Instructions Therapy 2000 Inc.	s) 		
	Date 10/01/2025	Full name of contributor	AC (ID#:)		Amount of Contribution (\$)	\$5.00
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Occupationa	ll Therapist	Therapy 2000, Inc.			

	MONEI	ARY POLITICAL (CONTRIBUTIO	INS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 120/254 Rpt: 123/272	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	ciation for Home Care and Ho	spice Inc Texas Hom	e Care and Hospice PAC -		00015750	
4	Date 10/01/2025	5 Full name of contributor Kwami, Bridget (Ms.)6 Contributor address; City; S	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$5.00
		Humble, TX 77346					
8	Principal occu	pation / Job title (See Instructions	5)	9 Employer (See Instructions	()		
	Occupationa	l Therapist		Therapy 2000, Inc.			
	Date 10/01/2025	Full name of contributor Kwami, Bridget (Ms.) Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
		Humble, TX 77346			L		
		pation / Job title (See Instructions	5)	Employer (See Instructions	i)		
	Occupationa			Therapy 2000, Inc.			
	Date 10/01/2025	Full name of contributor Kwami, Bridget (Ms.) Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
		Humble, TX 77346					
		pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	Occupationa	l Therapist		Therapy 2000, Inc.			
	Date 10/01/2025	Full name of contributor Kwami, Bridget (Ms.) Contributor address; City; S Humble, TX 77346	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
	Principal occu Occupationa	pation / Job title (See Instructions I Therapist	s)	Employer (See Instructions Therapy 2000, Inc.	5)		
	Date 10/01/2025	Full name of contributor Kwami, Bridget (Ms.) Contributor address; City; S Humble, TX 77346	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
	•	pation / Job title (See Instructions	5)	Employer (See Instructions	()		
	Occupationa	l Therapist		Therapy 2000, Inc.			

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 121/254 Rpt: 124/272	
2	FILER NAME Texas Assoc	ciation for Home Care and Hos	spice Inc Texas Home	e Care and Hospice PAC -	3	Filer ID (Ethics Commission F 00015750	-ilers)
4	Date 10/01/2025	5 Full name of contributor Kwami, Bridget (Ms.)6 Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code)	7	Amount of Contribution (\$)	\$5.00
		Humble, TX 77346					
8	Principal occu Occupationa	pation / Job title (See Instructions al Therapist)	9 Employer (See Instructions Therapy 2000, Inc.	5)		
	Date 10/01/2025	Full name of contributor Kwami, Bridget (Ms.) Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
	Principal occu	Humble, TX 77346 pation / Job title (See Instructions	s)	Employer (See Instructions	<u> </u>		
	Occupationa	d Therapist		Therapy 2000, Inc.			
	Date 10/01/2025	Full name of contributor Kwami, Bridget (Ms.) Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
		Humble, TX 77346					
	Principal occu Occupationa	pation / Job title (See Instructions al Therapist)	Employer (See Instructions Therapy 2000, Inc.	i)		
	Date 10/01/2025	Full name of contributor Kwami, Bridget (Ms.) Contributor address; City; St Humble, TX 77346	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$5.00
	Principal occu Occupationa	pation / Job title (See Instructions al Therapist)	Employer (See Instructions Therapy 2000, Inc.	()		
	Date 10/01/2025	Full name of contributor Kwami, Bridget (Ms.) Contributor address; City; St Humble, TX 77346	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
	Principal occu Occupationa	pation / Job title (See Instructions al Therapist)	Employer (See Instructions Therapy 2000, Inc.)		

	MONEI	ARY POLITICAL CONT	RIBUTION	5		SCHEDULE	A1
	The Instru	ction Guide explains how to con	nplete this form	ı.	1	Total pages Schedule A1: Sch: 122/254 Rpt: 125/272	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	tiation for Home Care and Hospice Inc	c Texas Home C	are and Hospice PAC -		00015750	
4	Date 10/01/2025	 Full name of contributor out-or	f-state PAC (ID#:		7	Amount of Contribution (\$)	\$5.00
		Humble, TX 77346					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions)		
	Occupationa	l Therapist		Therapy 2000, Inc.			
	Date 10/01/2025	Full name of contributor out-o Lamonica, Rosemarie (Ms.) Contributor address; City; State; Zip C	f-state PAC (ID#:			Amount of Contribution (\$)	\$2.49
		San Antonio, TX 78209					
		pation / Job title (See Instructions)		Employer (See Instructions)		
	Clinical Feed	ling Specialist		Therapy 2000 Inc.			
	Date 10/01/2025	Full name of contributor out-on tamonica, Rosemarie (Ms.) Contributor address; City; State; Zip C	f-state PAC (ID#:)		Amount of Contribution (\$)	\$2.49
		San Antonio, TX 78209					
		pation / Job title (See Instructions)		Employer (See Instructions)		
	Clinical Feed	ling Specialist		Therapy 2000 Inc.			
	Date 10/01/2025	Full name of contributor out-o Lamonica, Rosemarie (Ms.) Contributor address; City; State; Zip C San Antonio, TX 78209	f-state PAC (ID#:			Amount of Contribution (\$)	\$2.49
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Clinical Feed	ling Specialist		Therapy 2000 Inc.			
	Date 10/01/2025	Full name of contributor out-o Lamonica, Rosemarie (Ms.) Contributor address; City; State; Zip C	f-state PAC (ID#: Code			Amount of Contribution (\$)	\$2.49
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Clinical Feed	ling Specialist	'	Therapy 2000 Inc.			

	MONEI	ARY POLITICAL CONTRIBU	JIIOI	NS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete t	this for	rm.	1	Total pages Schedule A1: Sch: 123/254 Rpt: 126/272	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
		tiation for Home Care and Hospice Inc Texa		Care and Hospice PAC -		00015750	
4	Date 10/01/2025	 5 Full name of contributor	C (ID#:)	7	Amount of Contribution (\$)	\$2.49
		San Antonio, TX 78209					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions)		
	Clinical Feed	ling Specialist		Therapy 2000 Inc.			
	Date 10/01/2025	Full name of contributor out-of-state PAC Lamonica, Rosemarie (Ms.) Contributor address; City; State; Zip Code	C (ID#:)		Amount of Contribution (\$)	\$2.51
	Deinsinalassa	San Antonio, TX 78209		Faralassa (Osas kastausetisas			
		pation / Job title (See Instructions) ling Specialist		Employer (See Instructions Therapy 2000 Inc.)		
				тпетару 2000 птс.			
	Date 10/01/2025	Full name of contributor out-of-state PAC Lamonica, Rosemarie (Ms.) Contributor address; City; State; Zip Code	C (ID#:			Amount of Contribution (\$)	\$2.51
		San Antonio, TX 78209					
		pation / Job title (See Instructions)		Employer (See Instructions)		
	Clinical Feed	ling Specialist		Therapy 2000 Inc.			
	Date 10/01/2025	Full name of contributor out-of-state PAC Lamonica, Rosemarie (Ms.) Contributor address; City; State; Zip Code San Antonio, TX 78209	C (ID#:			Amount of Contribution (\$)	\$2.51
	•	pation / Job title (See Instructions) ling Specialist		Employer (See Instructions Therapy 2000 Inc.)		
	Date 10/01/2025	Full name of contributor out-of-state PAC Lamonica, Rosemarie (Ms.) Contributor address; City; State; Zip Code San Antonio, TX 78209	C (ID#:			Amount of Contribution (\$)	\$2.51
	•	pation / Job title (See Instructions) ling Specialist		Employer (See Instructions Therapy 2000 Inc.)		

	MONEI	ARY POLITICAL CONTRIBUTION	UNS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 124/254 Rpt: 127/272	
2	FILER NAME Texas Assoc	siation for Home Care and Hospice Inc Texas Ho	me Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	Filers)
4	Date 10/01/2025	 Full name of contributor out-of-state PAC (ID# Lamonica, Rosemarie (Ms.) Contributor address; City; State; Zip Code 	:)	7	Amount of Contribution (\$)	\$2.51
		San Antonio, TX 78209				
8	•	pation / Job title (See Instructions) ling Specialist	9 Employer (See Instructions Therapy 2000 Inc.	<u> </u>		
	Date 10/01/2025	Full name of contributor out-of-state PAC (ID# Lamonica, Rosemarie (Ms.) Contributor address; City; State; Zip Code	:)		Amount of Contribution (\$)	\$2.50
	Principal occu	San Antonio, TX 78209 pation / Job title (See Instructions)	Employer (See Instructions	.) 		
	•	ling Specialist	Therapy 2000 Inc.	')		
	Date 10/01/2025	Full name of contributor out-of-state PAC (ID# Lamonica, Rosemarie (Ms.) Contributor address; City; State; Zip Code	:)		Amount of Contribution (\$)	\$2.50
		San Antonio, TX 78209				
		pation / Job title (See Instructions) ling Specialist	Employer (See Instructions Therapy 2000 Inc.	5)		
	Date 10/01/2025	Full name of contributor out-of-state PAC (ID# Lamonica, Rosemarie (Ms.) Contributor address; City; State; Zip Code	:)		Amount of Contribution (\$)	\$2.50
	•	San Antonio, TX 78209 pation / Job title (See Instructions) ling Specialist	Employer (See Instructions Therapy 2000 Inc.	<u> </u>		
	Date 10/01/2025	Full name of contributor out-of-state PAC (ID# Lamonica, Rosemarie (Ms.) Contributor address; City; State; Zip Code San Antonio, TX 78209			Amount of Contribution (\$)	\$2.50
		pation / Job title (See Instructions) ling Specialist	Employer (See Instructions Therapy 2000 Inc.	()		
	2	9 _position				

	MONEI	ARY POLITICAL CONTRIB	BUTION	NS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete	e this for	rm.	1	Total pages Schedule A1: Sch: 125/254 Rpt: 128/272	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
		iation for Home Care and Hospice Inc Te		Care and Hospice PAC -		00015750	
4	Date 10/01/2025	 Full name of contributor out-of-state F Lamonica, Rosemarie (Ms.) Contributor address; City; State; Zip Code 	PAC (ID#:		7	Amount of Contribution (\$)	\$2.50
		San Antonio, TX 78209					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions)		
	Clinical Feed	ling Specialist		Therapy 2000 Inc.			
	Date 10/01/2025	Full name of contributor out-of-state F Lamonica, Rosemarie (Ms.) Contributor address; City; State; Zip Code	PAC (ID#:)		Amount of Contribution (\$)	\$2.50
	Deinainal assu	San Antonio, TX 78209		Frankrian (Can Instructions			
		pation / Job title (See Instructions) ling Specialist		Employer (See Instructions Therapy 2000 Inc.)		
				тпетару 2000 птс.			
	Date 10/01/2025	Full name of contributor out-of-state F Lamonica, Rosemarie (Ms.) Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$2.50
		San Antonio, TX 78209					
		pation / Job title (See Instructions)		Employer (See Instructions)		
	Clinical Feed	ling Specialist		Therapy 2000 Inc.			
	Date 10/01/2025	Full name of contributor out-of-state F Lamonica, Rosemarie (Ms.) Contributor address; City; State; Zip Code San Antonio, TX 78209	PAC (ID#:			Amount of Contribution (\$)	\$2.50
	·	pation / Job title (See Instructions)		Employer (See Instructions)		
	Clinical Feed	ling Specialist		Therapy 2000 Inc.			
	Date 10/01/2025	Full name of contributor out-of-state F Lamonica, Rosemarie (Ms.) Contributor address; City; State; Zip Code San Antonio, TX 78209	PAC (ID#:)		Amount of Contribution (\$)	\$2.50
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Clinical Feed	ling Specialist		Therapy 2000 Inc.			

	MONEI	ARY POLITICAL CONTRIB	BUTION	NS		SCHEDULE	A1
	The Instru	ction Guide explains how to complet	te this for	m.	1	Total pages Schedule A1: Sch: 126/254 Rpt: 129/272	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
		iation for Home Care and Hospice Inc Te		Care and Hospice PAC -		00015750	
4	Date 10/01/2025	 Full name of contributor out-of-state	PAC (ID#:)	7	Amount of Contribution (\$)	\$2.50
		San Antonio, TX 78209					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions)		
	Clinical Feed	ling Specialist		Therapy 2000 Inc.			
	Date 10/01/2025	Full name of contributor out-of-state Lamonica, Rosemarie (Ms.) Contributor address; City; State; Zip Code	PAC (ID#:)		Amount of Contribution (\$)	\$2.50
	Deinsinalassa	San Antonio, TX 78209	<u> </u>	Faralassa (Osas kaataustissa			
		pation / Job title (See Instructions) ling Specialist		Employer (See Instructions Therapy 2000 Inc.)		
				тпетару 2000 птс.			
	Date 10/01/2025	Full name of contributor out-of-state Lamonica, Rosemarie (Ms.) Contributor address; City; State; Zip Code	PAC (ID#:			Amount of Contribution (\$)	\$2.50
		San Antonio, TX 78209					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Clinical Feed	ling Specialist		Therapy 2000 Inc.			
	Date 10/01/2025	Full name of contributor out-of-state Lamonica, Rosemarie (Ms.) Contributor address; City; State; Zip Code San Antonio, TX 78209	PAC (ID#:			Amount of Contribution (\$)	\$2.50
	·	pation / Job title (See Instructions)		Employer (See Instructions)		
	Clinical Feed	ling Specialist		Therapy 2000 Inc.			
	Date 10/01/2025	Full name of contributor out-of-state Lamonica, Rosemarie (Ms.) Contributor address; City; State; Zip Code San Antonio, TX 78209	PAC (ID#:			Amount of Contribution (\$)	\$2.50
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Clinical Feed	ling Specialist		Therapy 2000 Inc.			

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instruc	ction Guide explains hov	v to complete this fo	orm.	1	Total pages Schedule A1: Sch: 127/254 Rpt: 130/272	2
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Texas Assoc	ciation for Home Care and Ho	spice Inc Texas Hom	e Care and Hospice PAC -		00015750	
4	Date 10/01/2025	 5 Full name of contributor Lamonica, Rosemarie (M 6 Contributor address; City; S 	•••••)	7	Amount of Contribution (\$)	\$2.50
8	Principal occur	San Antonio, TX 78209 pation / Job title (See Instruction:	5)	Employer (See Instructions	,		
Ü		ling Specialist	,	Therapy 2000 Inc.	,		
	Date 10/21/2025	Full name of contributor Lang, Jennifer (Ms.) Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
	Dringinal occur	Brandon, FL 33510 pation / Job title (See Instructions	2)	Employer (See Instructions	<u>, </u>		
	RN	pation 7 300 title (See Instructions	5)	Family First Homecare)		
	Date	Full name of contributor	out-of-state PAC (ID#:_			Amount of Contribution (\$)	
	10/01/2025	Lawson, Jennifer (Ms.) Contributor address; City; S				Tunount of Contribution (C)	\$4.00
		Cincinnati, OH 45208					
	Director/OTF	pation / Job title (See Instructions	5)	Employer (See Instructions Therapy 2000 Inc.)		
				тпетару 2000 птс.			
	Date 10/01/2025	Full name of contributor Lawson, Jennifer (Ms.) Contributor address; City; S Cincinnati, OH 45208	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$4.00
	Principal occu Director/OTF	pation / Job title (See Instructions	5)	Employer (See Instructions Therapy 2000 Inc.)		
	Date 10/01/2025	Full name of contributor Lawson, Jennifer (Ms.) Contributor address; City; S Cincinnati, OH 45208	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$4.00
	Principal occu Director/OTF	pation / Job title (See Instructions	5)	Employer (See Instructions Therapy 2000 Inc.)		

	MONET	ARY POLITICAL (CONTRIBUTION	NS		SCHEDULE	A1
	The Instruc	ction Guide explains hov	v to complete this for	m.	1	Total pages Schedule A1: Sch: 128/254 Rpt: 131/272	
2	FILER NAME Texas Assoc	iation for Home Care and Ho	spice Inc Texas Home	Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	Filers)
4	Date 10/01/2025	5 Full name of contributor Lawson, Jennifer (Ms.)6 Contributor address; City; S	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$4.00
8	Principal occur	Cincinnati, OH 45208 pation / Job title (See Instruction:	s) la	Employer (See Instructions	·/		
0	Director/OTR		5)	Therapy 2000 Inc.	·)		
	Date 10/01/2025	Full name of contributor Lawson, Jennifer (Ms.) Contributor address; City; S				Amount of Contribution (\$)	\$4.00
		Cincinnati, OH 45208					
	Principal occup	pation / Job title (See Instruction: R	5)	Employer (See Instructions Therapy 2000 Inc.	s)		
	Date 10/01/2025	Full name of contributor Lawson, Jennifer (Ms.) Contributor address; City; S	out-of-state PAC (ID#:tate; Zip Code)		Amount of Contribution (\$)	\$4.00
		Cincinnati, OH 45208					
	Principal occup	pation / Job title (See Instructions R	5)	Employer (See Instructions Therapy 2000 Inc.	s)		
	Date 10/01/2025	Full name of contributor Lawson, Jennifer (Ms.) Contributor address; City; S Cincinnati, OH 45208)		Amount of Contribution (\$)	\$4.00
	Principal occup	pation / Job title (See Instructions	5)	Employer (See Instructions Therapy 2000 Inc.	5)		
	Date 10/01/2025	Full name of contributor Lawson, Jennifer (Ms.) Contributor address; City; S Cincinnati, OH 45208	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$4.00
	Principal occup	pation / Job title (See Instructions	5)	Employer (See Instructions Therapy 2000 Inc.	s)		
			,				

	MONEI	ARY POLITICAL C	ONTRIBUTION	NS		SCHEDULE	A1
	The Instruc	ction Guide explains how	to complete this for	rm.	1	Total pages Schedule A1: Sch: 129/254 Rpt: 132/272	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	iation for Home Care and Hos	spice Inc Texas Home	Care and Hospice PAC -		00015750	
4	Date 10/01/2025	5 Full name of contributor Lawson, Jennifer (Ms.)6 Contributor address; City; States	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$4.00
		Cincinnati, OH 45208					
8	Principal occu Director/OTF	pation / Job title (See Instructions)	9	Employer (See Instructions Therapy 2000 Inc.)		
	Date 10/01/2025	Full name of contributor Lawson, Jennifer (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$4.00
	Principal occu	pation / Job title (See Instructions))	Employer (See Instructions	<u> </u> :)		
	Director/OTF			Therapy 2000 Inc.	,		
	Date 10/01/2025	Full name of contributor Lawson, Jennifer (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$4.00
		Cincinnati, OH 45208					
	Principal occu Director/OTF	pation / Job title (See Instructions)		Employer (See Instructions Therapy 2000 Inc.)		
	Date 10/01/2025	Full name of contributor Lawson, Jennifer (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$4.00
	Principal occu Director/OTF	pation / Job title (See Instructions)		Employer (See Instructions Therapy 2000 Inc.	<u> </u>		
	Date 10/23/2025	Full name of contributor Lawson, Kimberly (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
	Principal occu Area Directo	pation / Job title (See Instructions) r of Sales		Employer (See Instructions Paradigm Rehab & Nurs		J LP	
			-				

	MONEI	ARY POLITICAL CO	SCHEDULE A1		A1		
	The Instru	ction Guide explains how t	o complete this fo	rm.	1	Total pages Schedule A1: Sch: 130/254 Rpt: 133/272	
2	FILER NAME Texas Assoc	ciation for Home Care and Hosp	ice Inc Texas Home	e Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	Filers)
4	Date 10/01/2025	5 Full name of contributor Lee, Natalie (Ms.)6 Contributor address; City; Stat			7	Amount of Contribution (\$)	\$5.00
		Boerne, TX 78066					
8	•	pation / Job title (See Instructions) guage Pathologist	9	9 Employer (See Instructions Therapy 2000 Inc.)		
	Date 10/01/2025	Full name of contributor Lee, Natalie (Ms.) Contributor address; City; Stat Boerne, TX 78066	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	•	guage Pathologist		Therapy 2000 Inc.	,		
	Date 10/01/2025	Full name of contributor Lee, Natalie (Ms.) Contributor address; City; Stat Boerne, TX 78066	out-of-state PAC (ID#: e; Zip Code			Amount of Contribution (\$)	\$5.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
		guage Pathologist		Therapy 2000 Inc.	,		
Date 10/01/2025		Contributor address; City; Stat)		Amount of Contribution (\$)	\$5.00
		Boerne, TX 78066					
	•	pation / Job title (See Instructions) guage Pathologist		Employer (See Instructions Therapy 2000 Inc.)		
	Date 10/01/2025	Full name of contributor Lee, Natalie (Ms.) Contributor address; City; Stat Boerne, TX 78066	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$5.00
	•	pation / Job title (See Instructions)		Employer (See Instructions)		
	Speech Lan	guage Pathologist		Therapy 2000 Inc.			

	MONEI	ARY POLITICAL CO	ONTRIBUTIO	INS		SCHEDULE	A1
	The Instru	ction Guide explains how t	o complete this fo	rm.	1	Total pages Schedule A1: Sch: 131/254 Rpt: 134/272	
2	FILER NAME Texas Assoc	ciation for Home Care and Hosp	ice Inc Texas Home	e Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	Filers)
4	Date 10/01/2025	5 Full name of contributor Lee, Natalie (Ms.)6 Contributor address; City; Stat			7	Amount of Contribution (\$)	\$5.00
		Boerne, TX 78066					
8	•	pation / Job title (See Instructions) guage Pathologist	9	Employer (See Instructions) Therapy 2000 Inc.)		
	Date 10/01/2025	Full name of contributor Lee, Natalie (Ms.) Contributor address; City; Stat Boerne, TX 78066	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$5.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Speech Lang	guage Pathologist		Therapy 2000 Inc.			
	Date 10/01/2025	Full name of contributor Lee, Natalie (Ms.) Contributor address; City; Stat	out-of-state PAC (ID#: e; Zip Code			Amount of Contribution (\$)	\$5.00
	Principal occu	Boerne, TX 78066 pation / Job title (See Instructions)		Employer (See Instructions)		
		guage Pathologist		Therapy 2000 Inc.	,		
Date 10/01/2025		Full name of contributor Lee, Natalie (Ms.) Contributor address; City; Stat				Amount of Contribution (\$)	\$5.00
		Boerne, TX 78066					
	•	pation / Job title (See Instructions) guage Pathologist		Employer (See Instructions) Therapy 2000 Inc.)		
	Date 10/01/2025	Full name of contributor Lee, Natalie (Ms.) Contributor address; City; Stat Boerne, TX 78066	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
	•	pation / Job title (See Instructions)		Employer (See Instructions)		
	Speech Lan	guage Pathologist		Therapy 2000 Inc.			

	MONET	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how t	o complete this form	n.	1	Total pages Schedule A1: Sch: 132/254 Rpt: 135/272	
2	FILER NAME Texas Assoc	iation for Home Care and Hosp	oice Inc Texas Home (Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	Filers)
4	Date 10/01/2025	5 Full name of contributor Lee, Natalie (Ms.)6 Contributor address; City; Stat	out-of-state PAC (ID#: e; Zip Code		7	Amount of Contribution (\$)	\$5.00
8	Principal occur	Boerne, TX 78066 pation / Job title (See Instructions)	la.	Employer (See Instructions			
0		guage Pathologist		Therapy 2000 Inc.	,		
	Date 10/01/2025	Full name of contributor Lee, Natalie (Ms.) Contributor address; City; Stat)		Amount of Contribution (\$)	\$5.00
		Boerne, TX 78066					
		pation / Job title (See Instructions) guage Pathologist		Employer (See Instructions Therapy 2000 Inc.)		
	Date 09/30/2025	Full name of contributor Leonard, Robyn (Ms.) Contributor address; City; Stat	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$5.00
		Burleson, TX 76028					
	Principal occu Therapist	pation / Job title (See Instructions)		Employer (See Instructions Angels of Care)		
	Date 10/01/2025	Full name of contributor Leslie, Amanda (Ms.) Contributor address; City; Stat Houston, TX 77027				Amount of Contribution (\$)	\$5.00
	Principal occu Occupationa	pation / Job title (See Instructions) I Therapist		Employer (See Instructions Therapy 2000 Inc.)		
	Date 10/01/2025	Full name of contributor Leslie, Amanda (Ms.) Contributor address; City; Stat Houston, TX 77027	out-of-state PAC (ID#:e; Zip Code)		Amount of Contribution (\$)	\$5.00
	Principal occu Occupationa	pation / Job title (See Instructions)		Employer (See Instructions Therapy 2000 Inc.)		
	оссиранопа	. тысциос		THOTAPY 2000 IIIC.			

	MONET	ARY POLITICAL (CONTRIBUTIO	JIN 5		SCHEDULE	A1
	The Instru	ction Guide explains hov	v to complete this f	orm.	1	Total pages Schedule A1: Sch: 133/254 Rpt: 136/272	
2	FILER NAME Texas Assoc	ciation for Home Care and Ho	spice Inc Texas Hon	ne Care and Hospice PAC -	3	Filer ID (Ethics Commission F 00015750	-ilers)
4	Date 10/01/2025	5 Full name of contributor Leslie, Amanda (Ms.)6 Contributor address; City; S	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	\$5.00
		Houston, TX 77027					
8	Principal occu Occupationa	pation / Job title (See Instruction: Il Therapist	5)	9 Employer (See Instructions Therapy 2000 Inc.	<u>)</u>		
	Date 10/01/2025	Full name of contributor Leslie, Amanda (Ms.) Contributor address; City; S	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$5.00
	Principal occu	Houston, TX 77027 pation / Job title (See Instructions	5)	Employer (See Instructions	<u> </u>		
	Occupationa		,	Therapy 2000 Inc.	,		
	Date 10/01/2025	Full name of contributor Leslie, Amanda (Ms.) Contributor address; City; S	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$5.00
	Principal occu	Houston, TX 77027 pation / Job title (See Instructions	5)	Employer (See Instructions	<u> </u>		
	Occupationa		,	Therapy 2000 Inc.	,		
	Date 10/01/2025	Full name of contributor Leslie, Amanda (Ms.) Contributor address; City; S Houston, TX 77027)		Amount of Contribution (\$)	\$5.00
	Principal occu Occupationa	pation / Job title (See Instructions	5)	Employer (See Instructions Therapy 2000 Inc.	<u>(</u>		
	Date 10/01/2025	Full name of contributor Leslie, Amanda (Ms.) Contributor address; City; S Houston, TX 77027	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$5.00
	Principal occu Occupationa	pation / Job title (See Instruction: Il Therapist	5)	Employer (See Instructions Therapy 2000 Inc.)		
	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2						

	MONET	ARY POLITICAL (ONTRIBUTIO	JIN 5		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 134/254 Rpt: 137/272	
2	FILER NAME Texas Assoc	ciation for Home Care and Ho	spice Inc Texas Hom	ne Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	Filers)
4	Date 10/01/2025	5 Full name of contributor Leslie, Amanda (Ms.)6 Contributor address; City; Si	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	\$5.00
		Houston, TX 77027					
8	Principal occu Occupationa	pation / Job title (See Instructions I Therapist	5)	9 Employer (See Instructions Therapy 2000 Inc.	s) 		
	Date 10/01/2025	Full name of contributor Leslie, Amanda (Ms.) Contributor address; City; Si	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$5.00
	Principal occu	Houston, TX 77027 pation / Job title (See Instructions	s)	Employer (See Instructions	 ;)		
	Occupationa	l Therapist		Therapy 2000 Inc.			
	Date 10/01/2025	Full name of contributor Leslie, Amanda (Ms.) Contributor address; City; Si	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$5.00
	Principal occu	Houston, TX 77027 pation / Job title (See Instructions	5)	Employer (See Instructions	<u> </u> 		
	Occupationa		,	Therapy 2000 Inc.	,		
	Date 10/23/2025	Full name of contributor Lloyd, Mitzi (Ms.) Contributor address; City; Si	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 & Nurs		g LP	
	Date 09/30/2025	Full name of contributor Lopez , Zehida (Ms.) Contributor address; City; Si Springtown, TX 76082	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$50.00
	Principal occu Nurse	pation / Job title (See Instructions	s)	Employer (See Instructions Angels of Care	5)		

	MONET	ARY POLITICAL CON	TRIBUTION	S		SCHEDULE	A1
	The Instru	ction Guide explains how to co	mplete this forr	n.	1	Total pages Schedule A1: Sch: 135/254 Rpt: 138/272	
2	FILER NAME Texas Assoc	iation for Home Care and Hospice Ir	nc Texas Home (Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	Filers)
4	Date 10/01/2025	Louvier, Meghann (Ms.) 6 Contributor address; City; State; Zip	of-state PAC (ID#:		7	Amount of Contribution (\$)	\$5.40
8	Principal occu	Gladewater, TX 75647 pation / Job title (See Instructions)	9	Employer (See Instructions)		
	Clinical Mana	ager		Therapy 2000 Inc.			
	Date 10/01/2025	Full name of contributor out- Louvier, Meghann (Ms.) Contributor address; City; State; Zip	of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.40
	Delevie de la com	Gladewater, TX 75647		Formula and (Constructions			
	Clinical Mana	pation / Job title (See Instructions) ager		Employer (See Instructions Therapy 2000 Inc.)		
	Date 10/01/2025	Louvier, Meghann (Ms.) Contributor address; City; State; Zip	of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.40
	Delevie de la com	Gladewater, TX 75647		Formula and (Constructions			
	Clinical Mana	pation / Job title (See Instructions) ager		Employer (See Instructions Therapy 2000 Inc.)		
	Date 10/01/2025	Full name of contributor out- Louvier, Meghann (Ms.) Contributor address; City; State; Zip Gladewater, TX 75647				Amount of Contribution (\$)	\$5.40
	Principal occu Clinical Mana	pation / Job title (See Instructions) ager		Employer (See Instructions Therapy 2000 Inc.)		
	Date 10/01/2025	Full name of contributor out- Louvier, Meghann (Ms.) Contributor address; City; State; Zip Gladewater, TX 75647	of-state PAC (ID#:			Amount of Contribution (\$)	\$5.40
	Principal occu Clinical Mana	pation / Job title (See Instructions)		Employer (See Instructions Therapy 2000 Inc.)		
	3ca man	9					

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this for	rm.	1	Total pages Schedule A1: Sch: 136/254 Rpt: 139/272	
2	FILER NAME Texas Assoc	ciation for Home Care and Hos	spice Inc Texas Home	e Care and Hospice PAC -	3	Filer ID (Ethics Commission F 00015750	-ilers)
4	Date 10/01/2025	Full name of contributor Louvier, Meghann (Ms.) Contributor address; City; St.	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$5.40
		Gladewater, TX 75647					
8	Principal occu Clinical Mana	pation / Job title (See Instructions ager) 9	Employer (See Instructions Therapy 2000 Inc.	5)		
	Date 10/01/2025	Full name of contributor Louvier, Meghann (Ms.) Contributor address; City; St.	out-of-state PAC (ID#: ate; Zip Code			Amount of Contribution (\$)	\$5.40
	Principal occu	Gladewater, TX 75647 Ipation / Job title (See Instructions))	Employer (See Instructions	<u> </u>		
	Clinical Mana	ager		Therapy 2000 Inc.			
	Date 10/01/2025	Full name of contributor Louvier, Meghann (Ms.) Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)		Amount of Contribution (\$)	\$5.40
		Gladewater, TX 75647					
	Principal occu Clinical Mana	ager)	Employer (See Instructions Therapy 2000 Inc.	5)		
	Date 10/01/2025	Full name of contributor Louvier, Meghann (Ms.) Contributor address; City; St	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$5.40
	Principal occu Clinical Mana	pation / Job title (See Instructions ager)	Employer (See Instructions Therapy 2000 Inc.	5)		
	Date 10/01/2025	Full name of contributor Louvier, Meghann (Ms.) Contributor address; City; St. Gladewater, TX 75647	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$5.40
	Principal occu Clinical Mana	ipation / Job title (See Instructions ager)	Employer (See Instructions Therapy 2000 Inc.	i)		

	MONET	ARY POLITICAL CONT		SCHEDULE	A1	
	The Instru	ction Guide explains how to con	nplete this form.	1	Total pages Schedule A1: Sch: 137/254 Rpt: 140/272	
2	FILER NAME Texas Assoc	ciation for Home Care and Hospice Inc	c Texas Home Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	Filers)
4	Date 10/01/2025	 Full name of contributor out-of Louvier, Meghann (Ms.) Contributor address; City; State; Zip C 	f-state PAC (ID#:) Code	7	Amount of Contribution (\$)	\$5.40
		Gladewater, TX 75647				
8	Principal occu Clinical Man	pation / Job title (See Instructions) ager	9 Employer (See Instructions Therapy 2000 Inc.	s)		
	Date 10/01/2025	Louvier, Meghann (Ms.) Contributor address; City; State; Zip C	f-state PAC (ID#:)		Amount of Contribution (\$)	\$5.40
	Principal occu	Gladewater, TX 75647 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)		
	Clinical Man		Therapy 2000 Inc.	,		
	Date 10/01/2025	Louvier, Meghann (Ms.) Contributor address; City; State; Zip C	f-state PAC (ID#:) Code		Amount of Contribution (\$)	\$0.60
	Principal occu	Gladewater, TX 75647 pation / Job title (See Instructions)	Employer (See Instructions	:) [
	Clinical Man		Therapy 2000 Inc.	,		
	Date 10/01/2025	Louvier, Meghann (Ms.)	f-state PAC (ID#:) Code		Amount of Contribution (\$)	\$0.60
		Gladewater, TX 75647				
	Principal occu Clinical Man	pation / Job title (See Instructions) ager	Employer (See Instructions Therapy 2000 Inc.	5)		
	Date 10/01/2025	Louvier, Meghann (Ms.)	f-state PAC (ID#:) Code		Amount of Contribution (\$)	\$0.60
	•	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Clinical Man	uyei 	Therapy 2000 Inc.			

	MONEI	ARY POLITICAL (SCHEDULE A1			
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 138/254 Rpt: 141/272	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	ciation for Home Care and Ho	spice Inc Texas Home	e Care and Hospice PAC -		00015750	
4	Date 10/01/2025	5 Full name of contributor Louvier, Meghann (Ms.)6 Contributor address; City; S	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$0.60
		Gladewater, TX 75647					
8	Principal occu Clinical Mana	pation / Job title (See Instructions ager	5)	Employer (See Instructions Therapy 2000 Inc.	i)		
	Date 10/01/2025	Full name of contributor Louvier, Meghann (Ms.) Contributor address; City; S Gladewater, TX 75647	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$0.60
_	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	Clinical Mana	ager		Therapy 2000 Inc.			
	Date 10/01/2025	Full name of contributor Louvier, Meghann (Ms.) Contributor address; City; S	out-of-state PAC (ID#: tate; Zip Code)		Amount of Contribution (\$)	\$0.60
		Gladewater, TX 75647					
	Principal occu Clinical Mana	pation / Job title (See Instructions ager	5)	Employer (See Instructions Therapy 2000 Inc.)		
	Date 10/01/2025	Full name of contributor Louvier, Meghann (Ms.) Contributor address; City; S Gladewater, TX 75647	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$0.60
	Principal occu Clinical Mana	pation / Job title (See Instructions ager	5)	Employer (See Instructions Therapy 2000 Inc.)		
	Date 10/01/2025	Full name of contributor Louvier, Meghann (Ms.) Contributor address; City; S Gladewater, TX 75647	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$0.60
	Principal occu Clinical Mana	pation / Job title (See Instructions ager	s)	Employer (See Instructions Therapy 2000 Inc.	5)		
			•				

	MONET	ARY POLITICAL CONTR		SCHEDULE	A1		
	The Instru	ction Guide explains how to comp	lete this for	m.	1	Total pages Schedule A1: Sch: 139/254 Rpt: 142/272	
2	FILER NAME Texas Assoc	siation for Home Care and Hospice Inc	Texas Home	Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	Filers)
4	Date 10/01/2025	 5 Full name of contributor out-of-stall out-of-	ate PAC (ID#:)	7	Amount of Contribution (\$)	\$0.60
		Gladewater, TX 75647					
8	Principal occu Clinical Man	pation / Job title (See Instructions) ager	9	Employer (See Instructions Therapy 2000 Inc.)		
	Date 10/01/2025	Louvier, Meghann (Ms.) Contributor address; City; State; Zip Cod	ate PAC (ID#:			Amount of Contribution (\$)	\$0.60
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Clinical Man			Therapy 2000 Inc.	,		
	Date 10/01/2025	Louvier, Meghann (Ms.) Contributor address; City; State; Zip Cod	ate PAC (ID#:			Amount of Contribution (\$)	\$0.60
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>, </u>		
	Clinical Man			Therapy 2000 Inc.	,		
	Date 10/01/2025	Louvier, Meghann (Ms.))		Amount of Contribution (\$)	\$0.60
		Gladewater, TX 75647					
	Principal occu Clinical Man	pation / Job title (See Instructions) ager		Employer (See Instructions Therapy 2000 Inc.)		
	Date 10/01/2025	Loyola, Jacqueline (Ms.))		Amount of Contribution (\$)	\$3.00
		pation / Job title (See Instructions)		Employer (See Instructions)		
	Оссиранопа	ll Therapy Asst.		Therapy 2000 Inc.			

	MONET	ARY POLITICAL CONTRIBUT	SCHEDULE A1		A1	
	The Instru	ction Guide explains how to complete th	is form.	1	Total pages Schedule A1: Sch: 140/254 Rpt: 143/272	
2	FILER NAME Texas Assoc	siation for Home Care and Hospice Inc Texas I	Home Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	Filers)
4	Date 10/01/2025	 Full name of contributor	D#:)	7	Amount of Contribution (\$)	\$3.00
		Jacksonville, TX 75766				
8	•	pation / Job title (See Instructions) Il Therapy Asst.	9 Employer (See Instructions Therapy 2000 Inc.	s)		
	Date 10/01/2025	Full name of contributor	D#:)		Amount of Contribution (\$)	\$3.00
	Dringing agg	Jacksonville, TX 75766	Employer (Co.) Instructions	<u></u>		
	•	pation / Job title (See Instructions) Il Therapy Asst.	Employer (See Instructions Therapy 2000 Inc.)		
	Date 10/01/2025	Full name of contributor out-of-state PAC (I Loyola, Jacqueline (Ms.) Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$3.00
		Jacksonville, TX 75766		_		
		pation / Job title (See Instructions) Il Therapy Asst.	Employer (See Instructions Therapy 2000 Inc.	5)		
Date 10/01/2025		Full name of contributor	D#:)		Amount of Contribution (\$)	\$3.00
	•	Jacksonville, TX 75766 pation / Job title (See Instructions) I Therapy Asst.	Employer (See Instructions Therapy 2000 Inc.	<u> </u> ;)		
	Date 10/01/2025	Full name of contributor out-of-state PAC (I Loyola, Jacqueline (Ms.)			Amount of Contribution (\$)	\$3.00
	•	pation / Job title (See Instructions) Il Therapy Asst.	Employer (See Instructions Therapy 2000 Inc.	5)		
	Оссиранона	и пистару Лээц	тнегару 2000 шс.			

	MONET	ARY POLITICAL CONTRIBUT		SCHEDULE	SCHEDULE A1	
	The Instru	ction Guide explains how to complete th	is form.	1	Total pages Schedule A1: Sch: 141/254 Rpt: 144/272	
2	FILER NAME Texas Assoc	ciation for Home Care and Hospice Inc Texas	Home Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	Filers)
4	Date 10/01/2025	 Full name of contributor	ID#:)	7	Amount of Contribution (\$)	\$3.00
		Jacksonville, TX 75766				
8	•	pation / Job title (See Instructions) Il Therapy Asst.	9 Employer (See Instructions Therapy 2000 Inc.	s)		
	Date 10/01/2025	Full name of contributor	ID#:)		Amount of Contribution (\$)	\$3.00
	Dringing agg	Jacksonville, TX 75766	Employer (Coo Instructions	<u></u>		
	•	pation / Job title (See Instructions) Il Therapy Asst.	Employer (See Instructions Therapy 2000 Inc.	»)		
	Date 10/01/2025	Full name of contributor out-of-state PAC (I Loyola, Jacqueline (Ms.) Contributor address; City; State; Zip Code	ID#:)		Amount of Contribution (\$)	\$3.00
		Jacksonville, TX 75766		Ĺ		
		pation / Job title (See Instructions) Il Therapy Asst.	Employer (See Instructions Therapy 2000 Inc.	5)		
Date 10/01/2025		Full name of contributor	ID#:)		Amount of Contribution (\$)	\$3.00
	•	Jacksonville, TX 75766 pation / Job title (See Instructions) I Therapy Asst.	Employer (See Instructions Therapy 2000 Inc.	<u> </u> s)		
	Date 10/01/2025	Full name of contributor out-of-state PAC (I			Amount of Contribution (\$)	\$3.00
	•	pation / Job title (See Instructions) Il Therapy Asst.	Employer (See Instructions Therapy 2000 Inc.	5)		
	2 o o o o o o o o o o o o o o o o o o o					

		MONEI	ARY POLITICAL CO	ONTRIBUTION	V 5		SCHEDULE	A1
Texas Association for Home Care and Hospice Inc Texas Home Care and Hospice PAC - 00015750 Date		The Instru	ction Guide explains how t	to complete this for	m.	1	Total pages Schedule A1: Sch: 142/254 Rpt: 145/272	
Loyola, Jacqueline (Ms.) 6 Contributor address; City, State; Zip Code Jacksonville, TX 75766 8 Principal occupation / Job titie (See Instructions) Cocupational Therapy Asst. Date 10/01/2025 Principal occupation / Job titie (See Instructions) Contributor address; City; State; Zip Code Tyler, TX 75701 Principal occupation / Job titie (See Instructions) Physical Therapy Asst. Date 10/01/2025 Full name of contributor out-of-state PAC (IDs:				oice Inc Texas Home	Care and Hospice PAC -	3	•	Filers)
Principal occupation / Job title (See Instructions) Occupational Therapy Asst. Date	-		Loyola, Jacqueline (Ms.))	7	Amount of Contribution (\$)	\$3.00
Occupational Therapy Asst. Date								
10/01/2025 Lucena, Luis (Mr.) Contributor address; City; State; Zip Code		•		9		5)		
Principal occupation / Job title (See Instructions) Physical Therapy Asst. Date 10/01/2025 Full name of contributor			Lucena, Luis (Mr.) Contributor address; City; Stat	-			Amount of Contribution (\$)	\$4.00
Date Full name of contributor out-of-state PAC (ID#:		Principal occu	<u> </u>		Employer (See Instructions	<u> </u>		
Lucena, Luis (Mr.) Principal occupation / Job title (See Instructions) Physical Therapy Asst. Date 10/01/2025 Full name of contributor out-of-state PAC (ID#:) Principal occupation / Job title (See Instructions) Therapy 2000 Inc. Amount of Contribution (\$) Tyler, TX 75701 Principal occupation / Job title (See Instructions) Physical Therapy Asst. Date Tyler, TX 75701 Principal occupation / Job title (See Instructions) Physical Therapy Asst. Therapy 2000 Inc. Amount of Contribution (\$) Therapy 2000 Inc. Date Tyler, TX 75701 Principal occupation / Job title (See Instructions) Therapy 2000 Inc. Date Tyler, TX 75701 Employer (See Instructions) Therapy 2000 Inc. Amount of Contribution (\$)		Physical The	erapy Asst.		Therapy 2000 Inc.			
Principal occupation / Job title (See Instructions) Physical Therapy Asst. Date 10/01/2025 Tyler, TX 75701 Principal occupation / Job title (See Instructions) Physical Therapy Asst. Employer (See Instructions) Therapy 2000 Inc. Amount of Contribution (\$) Amount of Contribution (\$) Employer (See Instructions) Therapy 2000 Inc. Employer (See Instructions) Therapy 2000 Inc. Principal occupation / Job title (See Instructions) Lucena, Luis (Mr.) Contributor address; City; State; Zip Code Tyler, TX 75701 Principal occupation / Job title (See Instructions) Employer (See Instructions) Therapy 2000 Inc. Employer (See Instructions) Employer (See Instructions) Employer (See Instructions)			Lucena, Luis (Mr.) Contributor address; City; Stat				Amount of Contribution (\$)	\$4.00
Physical Therapy Asst. Date 10/01/2025 Full name of contributor		Principal occu	<u> </u>		Employer (See Instructions	·/_		
10/01/2025 Lucena, Luis (Mr.) Contributor address; City; State; Zip Code Tyler, TX 75701 Principal occupation / Job title (See Instructions) Physical Therapy Asst. Date 10/01/2025 Full name of contributor out-of-state PAC (ID#:) Lucena, Luis (Mr.) Contributor address; City; State; Zip Code Tyler, TX 75701 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions)						')		
Principal occupation / Job title (See Instructions) Physical Therapy Asst. Date 10/01/2025 Lucena, Luis (Mr.) Contributor address; City; State; Zip Code Tyler, TX 75701 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Amount of Contribution (\$) Employer (See Instructions)			Lucena, Luis (Mr.)				Amount of Contribution (\$)	\$4.00
Physical Therapy Asst. Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 10/01/2025 Lucena, Luis (Mr.) Contributor address; City; State; Zip Code Tyler, TX 75701 Principal occupation / Job title (See Instructions) Employer (See Instructions)			Tyler, TX 75701					
10/01/2025 Lucena, Luis (Mr.) Contributor address; City; State; Zip Code Tyler, TX 75701 Principal occupation / Job title (See Instructions) Employer (See Instructions)		•	. ,			5)		
			Lucena, Luis (Mr.) Contributor address; City; Stat				Amount of Contribution (\$)	\$4.00
Physical Therapy Asst. Therapy 2000 Inc.						5)		
		-nysicai ine	гару Аззі.		тнетару 2000 іпс.			

	TARY POLITICAL CO	DNIRIBUTIONS		SCHEDULE	A1
The Instr	uction Guide explains how to	complete this form.	1	Total pages Schedule A1: Sch: 143/254 Rpt: 146/272	
2 FILER NAM Texas Ass		ce Inc Texas Home Care and Hospice PAC	3	Filer ID (Ethics Commission F 00015750	ilers)
4 Date 10/01/2025	5 Full name of contributor Lucena, Luis (Mr.) 6 Contributor address; City; State	out-of-state PAC (ID#:) ; Zip Code	7	Amount of Contribution (\$)	\$4.00
	Tyler, TX 75701				
•	cupation / Job title (See Instructions)	9 Employer (See Instructio	ns)		
Physical T	nerapy Asst.	Therapy 2000 Inc.			
Date 10/01/2025	Full name of contributor Lucena, Luis (Mr.) Contributor address; City; State	out-of-state PAC (ID#:) ; Zip Code		Amount of Contribution (\$)	\$4.00
	Tyler, TX 75701	T			
•	cupation / Job title (See Instructions) nerapy Asst.	Employer (See Instructio Therapy 2000 Inc.	ns)		
Date				A (O 'I ' . (A)	
10/21/2025	Full name of contributor Luna, Norma (Ms.) Contributor address; City; State	out-of-state PAC (ID#:) ; Zip Code		Amount of Contribution (\$)	\$75.00
	San Antonio, TX 78260				
•	cupation / Job title (See Instructions) dministrator	Employer (See Instructio Gentle Partners In Ho	•	e LLC	
Date 10/01/2025		out-of-state PAC (ID#:) ; Zip Code		Amount of Contribution (\$)	\$5.00
•	cupation / Job title (See Instructions) nal Therapist	Employer (See Instructio Therapy 2000 Inc.	ns)		
Date 10/01/2025		out-of-state PAC (ID#:) ; Zip Code		Amount of Contribution (\$)	\$5.00
	Splendora, TX 77372				
Principal oc	Splendora, TX 77372 cupation / Job title (See Instructions)	Employer (See Instructio	ns)		

	MONET	ARY POLITICAL CONTRIBU	HUNS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete th	his form.	1	Total pages Schedule A1: Sch: 144/254 Rpt: 147/272	
2	FILER NAME Texas Assoc	ciation for Home Care and Hospice Inc Texas	Home Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	Filers)
4	Date 10/01/2025	 Full name of contributor	(ID#:)	7	Amount of Contribution (\$)	\$5.00
		Splendora, TX 77372				
8	Principal occu Occupationa		9 Employer (See Instructions Therapy 2000 Inc.	s)		
	Date 10/01/2025	Full name of contributor out-of-state PAC Marcelle, Brittany (Major) Contributor address; City; State; Zip Code	(ID#:)		Amount of Contribution (\$)	\$5.00
	Dringing agg	Splendora, TX 77372	Employer (See Instruction	<u></u>		
	Occupationa	pation / Job title (See Instructions) Il Therapist	Employer (See Instructions Therapy 2000 Inc.	5)		
	Date 10/01/2025	Full name of contributor out-of-state PAC Marcelle, Brittany (Major) Contributor address; City; State; Zip Code	(ID#:)		Amount of Contribution (\$)	\$5.00
		Splendora, TX 77372		L		
	Principal occu Occupationa	pation / Job title (See Instructions) Il Therapist	Employer (See Instructions Therapy 2000 Inc.	s)		
	Date 10/01/2025	Full name of contributor	(ID#:)		Amount of Contribution (\$)	\$5.00
	Principal occu Occupationa	Splendora, TX 77372 pation / Job title (See Instructions)	Employer (See Instructions Therapy 2000 Inc.	s)		
	Date 10/01/2025	Full name of contributor out-of-state PAC Marcelle, Brittany (Major) Contributor address; City; State; Zip Code Splendora, TX 77372	(ID#:)		Amount of Contribution (\$)	\$5.00
	Principal occu Occupationa	pation / Job title (See Instructions)	Employer (See Instructions Therapy 2000 Inc.	s)		
	Оссиранопа	Петары	тнегару 2000 пте.			

	MONET	ARY POLITICAL (CONTRIBUTIO	JIN 5		SCHEDULE	A1
	The Instru	ction Guide explains hov	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 145/254 Rpt: 148/272	
2	FILER NAME Texas Assoc	ciation for Home Care and Ho	spice Inc Texas Hom	ne Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	Filers)
4	Date 10/01/2025	5 Full name of contributor Marcelle, Brittany (Major)6 Contributor address; City; S	out-of-state PAC (ID#:_ tate; Zip Code)	7	Amount of Contribution (\$)	\$5.00
		Splendora, TX 77372					
8	Principal occu Occupationa	pation / Job title (See Instructions I Therapist	5)	9 Employer (See Instructions Therapy 2000 Inc.	s) 		
	Date 10/01/2025	Full name of contributor Martinez , Araceli (Ms.) Contributor address; City; S	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$10.00
	Principal occu	Dallas, TX 75249 pation / Job title (See Instructions	5)	Employer (See Instructions	<u> </u>		
	Physical The		-7	Therapy 2000 Inc.	,		
	Date 10/01/2025	Full name of contributor Martinez , Araceli (Ms.) Contributor address; City; S	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$10.00
		Dallas, TX 75249			Ĺ		
	Principal occu Physical The	pation / Job title (See Instructions erapist	5)	Employer (See Instructions Therapy 2000 Inc.	5)		
	Date 10/01/2025	Full name of contributor Martinez , Araceli (Ms.) Contributor address; City; S Dallas, TX 75249	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$10.00
	Principal occu Physical The	pation / Job title (See Instructions erapist	5)	Employer (See Instructions Therapy 2000 Inc.	5)		
	Date 10/01/2025	Full name of contributor Martinez , Araceli (Ms.) Contributor address; City; S Dallas, TX 75249	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$10.00
	Principal occu Physical The	pation / Job title (See Instructions erapist	5)	Employer (See Instructions Therapy 2000 Inc.	5)		

	MONET	ARY POLITICAL CONTR	IBUTION	V 5		SCHEDULE	A1
	The Instru	ction Guide explains how to compl	lete this for	m.	1	Total pages Schedule A1: Sch: 146/254 Rpt: 149/272	2
2	FILER NAME Texas Assoc	ciation for Home Care and Hospice Inc	Texas Home	Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	Filers)
4	Date 10/01/2025	Martinez , Araceli (Ms.))	7	Amount of Contribution (\$)	\$10.00
		Dallas, TX 75249					
8	Principal occu Physical The	pation / Job title (See Instructions) erapist	9	Employer (See Instructions) Therapy 2000 Inc.)		
	Date 10/01/2025	Martinez , Araceli (Ms.) Contributor address; City; State; Zip Code	te PAC (ID#:)		Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Physical The			Therapy 2000 Inc.	,		
	Date 10/01/2025	Full name of contributor out-of-sta Martinez , Araceli (Ms.) Contributor address; City; State; Zip Code	tte PAC (ID#:			Amount of Contribution (\$)	\$10.00
	Dringing Loggy	Dallas, TX 75249		Employer (Coo Instructions			
	Physical The	pation / Job title (See Instructions) erapist		Employer (See Instructions) Therapy 2000 Inc.)		
	Date 10/01/2025	Martinez , Araceli (Ms.))		Amount of Contribution (\$)	\$10.00
		Dallas, TX 75249					
	Principal occu Physical The	pation / Job title (See Instructions) erapist		Employer (See Instructions) Therapy 2000 Inc.)		
	Date 10/01/2025	Full name of contributor out-of-sta Martinez , Araceli (Ms.) Contributor address; City; State; Zip Code Dallas, TX 75249)		Amount of Contribution (\$)	\$10.00
		pation / Job title (See Instructions)		Employer (See Instructions)		
	Physical The	ταμιοί		Therapy 2000 Inc.			

	MONET	ARY POLITICAL CON	IIKIBUTIONS			SCHEDULE	A1
	The Instru	ction Guide explains how to c	omplete this form.		1	Total pages Schedule A1: Sch: 147/254 Rpt: 150/272	<u>.</u>
2	FILER NAME Texas Assoc	ciation for Home Care and Hospice	Inc Texas Home Care a	and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	Filers)
4	Date 10/01/2025	 Full name of contributor	p Code)	7	Amount of Contribution (\$)	\$10.00
		Dallas, TX 75249	<u> </u>				
8	Principal occu Physical The	pation / Job title (See Instructions) erapist	· ·	oyer (See Instructions) apy 2000 Inc.)		
	Date 10/01/2025	Martinez , Araceli (Ms.) Contributor address; City; State; Zi	nt-of-state PAC (ID#: p Code			Amount of Contribution (\$)	\$10.00
	Principal occu	Dallas, TX 75249 pation / Job title (See Instructions)	Emplo	oyer (See Instructions	<u> </u>		
	Physical The		· ·	apy 2000 Inc.	,		
	Date 10/01/2025	Martinez , Araceli (Ms.) Contributor address; City; State; Zi	tt-of-state PAC (ID#: p Code)		Amount of Contribution (\$)	\$10.00
	Principal occu	Dallas, TX 75249 pation / Job title (See Instructions)	Emple	oyer (See Instructions			
	Physical The		· ·	apy 2000 Inc.	,		
	Date 10/23/2025	Martinez, Rebecca (Ms.)	p Code			Amount of Contribution (\$)	\$5.00
		Amarillo, TX 79110					
	·	pation / Job title (See Instructions) rsing Assistant	· ·	oyer (See Instructions) Icare Health Service			
	Date 10/23/2025	Martinez, Rebecca (Ms.)	nt-of-state PAC (ID#: p Code)		Amount of Contribution (\$)	\$5.00
		pation / Job title (See Instructions)		oyer (See Instructions)			
	Certified Nur	rsing Assistant	Good	lcare Health Service	es		

	MONEI	ARY POLITICAL C	ONTRIBUTIO	INS		SCHEDULE	A1
	The Instruc	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 148/254 Rpt: 151/272	
2	FILER NAME Texas Assoc	ciation for Home Care and Hosp	oice Inc Texas Home	e Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	Filers)
4	Date 10/23/2025	5 Full name of contributor [Martinez, Rebecca (Ms.)6 Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)	7	Amount of Contribution (\$)	\$5.00
		Amarillo, TX 79110					
8	•	pation / Job title (See Instructions) rsing Assistant	9	Employer (See Instructions Goodcare Health Servic			
	Date 10/23/2025	Full name of contributor [Martinez, Rebecca (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$5.00
	Principal occu	Amarillo, TX 79110 pation / Job title (See Instructions)		Employer (See Instructions	<u>)</u>		
	·	sing Assistant		Goodcare Health Servic			
	Date 10/23/2025	Full name of contributor [Martinez, Rebecca (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$5.00
	Principal occu	Amarillo, TX 79110 pation / Job title (See Instructions)		Employer (See Instructions	<u>.</u>		
		rsing Assistant		Goodcare Health Servic			
	Date 10/01/2025	Full name of contributor McCarthy, Paige Raylynn (Contributor address; City; Sta	······			Amount of Contribution (\$)	\$5.00
	•	pation / Job title (See Instructions)		Employer (See Instructions	;)		
	Speech Thei	Full name of contributor Γ	Tout of state DAC (ID#)	Therapy 2000 Inc.		Amount of Contribution (\$)	
	10/01/2025	McCarthy, Paige Raylynn (Contributor address; City; Sta				Amount of Continuation (4)	\$5.00
		pation / Job title (See Instructions)		Employer (See Instructions)		
	Speech The	rapy Asst.		Therapy 2000 Inc.			

	MONEI	ARY POLITICAL C	ONTRIBUTIO	INS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 149/254 Rpt: 152/272	
2	FILER NAME Texas Assoc	ciation for Home Care and Hos	spice Inc Texas Home	e Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	Filers)
4	Date 10/01/2025	5 Full name of contributor McCarthy, Paige Raylynn6 Contributor address; City; St)	7	Amount of Contribution (\$)	\$5.00
		Euless, TX 76099					
8	Principal occu Speech Thei	pation / Job title (See Instructions rapy Asst.	!	9 Employer (See Instructions Therapy 2000 Inc.	i)		
	Date 10/01/2025	Full name of contributor McCarthy, Paige Raylynn Contributor address; City; St				Amount of Contribution (\$)	\$5.00
	Dringing aggr	Euless, TX 76099	\	Employer (See Instructions	_		
	Speech The	pation / Job title (See Instructions rapy Asst.)	Employer (See Instructions Therapy 2000 Inc.)		
	Date 10/01/2025	Full name of contributor McCarthy, Paige Raylynn Contributor address; City; St				Amount of Contribution (\$)	\$5.00
		Euless, TX 76099			Ĺ		
	Speech Thei	pation / Job title (See Instructions rapy Asst.)	Employer (See Instructions Therapy 2000 Inc.	5)		
	Date 10/01/2025	Full name of contributor McCarthy, Paige Raylynn Contributor address; City; St				Amount of Contribution (\$)	\$5.00
	Principal occu	Euless, TX 76099 pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Speech Thei			Therapy 2000 Inc.			
	Date 10/01/2025	Full name of contributor McCarthy, Paige Raylynn Contributor address; City; St Euless, TX 76099)		Amount of Contribution (\$)	\$5.00
		pation / Job title (See Instructions)	Employer (See Instructions	()		
	Speech The	rapy Asst.	<u> </u>	Therapy 2000 Inc.			

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 150/254 Rpt: 153/272	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	ciation for Home Care and Ho	spice Inc Texas Home	e Care and Hospice PAC -		00015750	
4	Date 10/01/2025	 Full name of contributor McCarthy, Paige Raylynn Contributor address; City; St)	7	Amount of Contribution (\$)	\$5.00
		Euless, TX 76099					
8	Principal occu	pation / Job title (See Instructions	s) <u> </u>	Employer (See Instructions	()		
	Speech Their	rapy Asst.		Therapy 2000 Inc.			
	Date 10/01/2025	Full name of contributor McCarthy, Paige Raylynn Contributor address; City; Si				Amount of Contribution (\$)	\$5.00
		Euless, TX 76099					
		pation / Job title (See Instructions	s)	Employer (See Instructions	5)		
	Speech Thei	rapy Asst.		Therapy 2000 Inc.			
	Date 10/01/2025	Full name of contributor McCarthy, Paige Raylynn Contributor address; City; Si)		Amount of Contribution (\$)	\$5.00
		Euless, TX 76099					
	•	pation / Job title (See Instructions	3)	Employer (See Instructions	()		
	Speech The	rapy Asst.		Therapy 2000 Inc.			
	Date 10/01/2025	Full name of contributor McCarthy, Paige Raylynn Contributor address; City; Si Euless, TX 76099				Amount of Contribution (\$)	\$5.00
	Principal occu Speech Thei	pation / Job title (See Instructions rapy Asst.	s)	Employer (See Instructions Therapy 2000 Inc.	i)		
	Date 10/21/2025	Full name of contributor McClammy, Lisa (Ms.) Contributor address; City; Si Whitney, TX 76692	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
	Principal occu RN Consulta	pation / Job title (See Instructions ant	(3)	Employer (See Instructions MAC Legacy)		

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 151/254 Rpt: 154/272	<u>)</u>
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	ciation for Home Care and Ho	spice Inc Texas Hom	e Care and Hospice PAC -		00015750	
4	Date 10/23/2025	5 Full name of contributor McGraw, Joseph (Mr.)6 Contributor address; City; St	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$20.00
		Tyler, TX 75703					
8	Principal occu	pation / Job title (See Instructions	5)	9 Employer (See Instructions	5)		
	Business De	velopment		Paradigm Rehab & Nurs	sin	g LP	
	Date 10/01/2025	Full name of contributor McKee , Allison (Ms.) Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code			Amount of Contribution (\$)	\$1.00
	Dringing coor	Spring, TX 77389 pation / Job title (See Instructions	<u> </u>	Employer (See Instructions	·/_		
	Physical The			Therapy 2000 Inc.)		
	-		<u>l</u>	Therapy 2000 inc.	_		
	Date 10/01/2025	Full name of contributor McKee , Allison (Ms.) Contributor address; City; St	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$1.00
	Dringing	Spring, TX 77389	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Franks on (Co.s. Instructions	<u></u>		
	Physical The	pation / Job title (See Instructions		Employer (See Instructions Therapy 2000 Inc.	5)		
		•		тпетару 2000 птс.	_		
	Date 10/01/2025	Full name of contributor McKee , Allison (Ms.) Contributor address; City; St Spring, TX 77389	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$1.00
	Principal occu Physical The	pation / Job title (See Instructions erapist)	Employer (See Instructions Therapy 2000 Inc.	5)		
	Date 10/01/2025	Full name of contributor McKee , Allison (Ms.) Contributor address; City; St Spring, TX 77389	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$1.00
	Principal occu Physical The	pation / Job title (See Instructions eranist		Employer (See Instructions Therapy 2000 Inc.	5)		
	,	•		,,			

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 152/254 Rpt: 155/272	
2	FILER NAME	ciation for Home Care and Hos	enica Inc Tayas Home	e Care and Hospice BAC	3	Filer ID (Ethics Commission F 00015750	-ilers)
_				e Care and Hospice PAC -	Ļ		
4	Date 10/01/2025	5 Full name of contributorMcKee , Allison (Ms.)6 Contributor address; City; St	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$1.00
8	Principal occu	Spring, TX 77389 spation / Job title (See Instructions)	2)	Employer (See Instructions) 		
	Physical The		'	Therapy 2000 Inc.	,		
	Date 10/01/2025	Full name of contributor McKee , Allison (Ms.) Contributor address; City; St. Spring, TX 77389	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$1.00
_	Principal occu	ipation / Job title (See Instructions	9	Employer (See Instructions	:)		
	Physical The		, l	Therapy 2000 Inc.)		
	Date 10/01/2025	Full name of contributor McKee , Allison (Ms.) Contributor address; City; St.	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$1.00
	1	Spring, TX 77389					
	Principal occu Physical The	upation / Job title (See Instructions) erapist	.)	Employer (See Instructions Therapy 2000 Inc.	5)		
	Date 10/01/2025	Full name of contributor McKee , Allison (Ms.) Contributor address; City; St. Spring, TX 77389	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$1.00
	Principal occu Physical The	upation / Job title (See Instructions erapist)	Employer (See Instructions Therapy 2000 Inc.	s)		
	Date 10/01/2025	Full name of contributor McKee , Allison (Ms.) Contributor address; City; St. Spring, TX 77389	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$1.00
	Principal occu Physical The	ipation / Job title (See Instructions erapist)	Employer (See Instructions Therapy 2000 Inc.	5)		

	MONEI	ARY POLITICAL CO	ONTRIBUTIO	INS		SCHEDULE	A1
	The Instru	ction Guide explains how t	o complete this fo	rm.	1	Total pages Schedule A1: Sch: 153/254 Rpt: 156/272	
2	FILER NAME Texas Assoc	siation for Home Care and Hosp	ice Inc Texas Home	e Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	Filers)
4	Date 10/01/2025	5 Full name of contributor McKee , Allison (Ms.)6 Contributor address; City; Stat)	7	Amount of Contribution (\$)	\$1.00
		Spring, TX 77389					
8	Principal occu Physical The	pation / Job title (See Instructions) erapist	!	9 Employer (See Instructions Therapy 2000 Inc.)		
	Date 10/01/2025	Full name of contributor McKee , Allison (Ms.) Contributor address; City; Stat	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$1.00
	Principal occu	Spring, TX 77389 pation / Job title (See Instructions)		Employer (See Instructions	<u>, </u>		
	Physical The			Therapy 2000 Inc.)		
	Date 10/01/2025	Full name of contributor McKee , Allison (Ms.) Contributor address; City; Stat	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$1.00
	Principal occu	Spring, TX 77389 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Physical The			Therapy 2000 Inc.	,		
	Date 10/01/2025	Full name of contributor McKee , Allison (Ms.) Contributor address; City; Stat				Amount of Contribution (\$)	\$1.00
		Spring, TX 77389					
	Principal occu Physical The	pation / Job title (See Instructions) erapist		Employer (See Instructions Therapy 2000 Inc.)		
	Date 10/01/2025	Full name of contributor McKee , Allison (Ms.) Contributor address; City; Stat Spring, TX 77389				Amount of Contribution (\$)	\$1.00
		pation / Job title (See Instructions)		Employer (See Instructions)		
	Physical The	erapist		Therapy 2000 Inc.			

	MONEI	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instruc	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 154/254 Rpt: 157/272			
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)		
	Texas Assoc	ciation for Home Care and Ho	spice Inc Texas Hom	e Care and Hospice PAC -		00015750			
4	Date 10/01/2025	 5 Full name of contributor McLeland, Tracy Sue (Ms 6 Contributor address; City; S 			7	Amount of Contribution (\$)	\$5.00		
		Amarillo, TX 79118							
8	Principal occu	pation / Job title (See Instructions	5)	9 Employer (See Instructions	()				
	Occupationa	l Therapy Assistant		Therapy 2000 Inc.					
	Date 10/01/2025	Full name of contributor McLeland, Tracy Sue (Ms Contributor address; City; S	·)		Amount of Contribution (\$)	\$5.00		
		Amarillo, TX 79118							
		pation / Job title (See Instructions	s)	Employer (See Instructions	()				
	Occupationa	l Therapy Assistant		Therapy 2000 Inc.					
	Date 10/01/2025	Full name of contributor McSwane, Kennedy Contributor address; City; S	out-of-state PAC (ID#:_ itate; Zip Code)		Amount of Contribution (\$)	\$2.00		
		Elkhart, TX 75839							
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	<u> </u>				
	Occupationa	l Therapy Assistant		Therapy 2000 Inc.					
	Occupational Therapy Assistant Date Full name of contributor out-of-state PA 10/01/2025 McSwane, Kennedy Contributor address; City; State; Zip Code Elkhart, TX 75839		out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$2.00		
	•	pation / Job title (See Instructions	s)	Employer (See Instructions	5)				
	Occupationa	l Therapy Assistant		Therapy 2000 Inc.					
	Date 10/01/2025	Full name of contributor McSwane, Kennedy Contributor address; City; S Elkhart, TX 75839	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$2.00		
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	()				
	Occupationa	l Therapy Assistant		Therapy 2000 Inc.					

	MONEI	ARY POLITICAL (SCHEDUL	E A1		
	The Instruc	ction Guide explains hov	<i>ı</i> to complete this fo	rm.	1	Total pages Schedule A1: Sch: 155/254 Rpt: 158/272	2
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Texas Assoc	ciation for Home Care and Ho	spice Inc Texas Home	e Care and Hospice PAC -		00015750	
4	Date 09/30/2025	5 Full name of contributor Meave, Adan (Mr.)6 Contributor address; City; S	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$150.00
		Weslaco, TX 78599					
8	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	;) [
	Homecare	pation / cos title (coe motivations	,	El Rey Primary Health C		e, LLC	
	Date	Full name of contributor	D and of state BAC (ID)		<u> </u>		
	10/01/2025	Meave, Adan (Mr.)	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$150.00
	10/01/2023		toto: 7in Codo				Ψ130.00
		Contributor address; City; S	tate; zip Code				
		Weslaco, TX 78599	,		Ĺ		
		pation / Job title (See Instructions	5)	Employer (See Instructions			
	Homecare			El Rey Primary Health C	ar	e, LLC 	
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/01/2025	Mendoza, Johnny (Mr.)					\$5.00
		Contributor address; City; S El Paso, TX 79938	кате, 21р Соце				
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	Speech Their	rapy Asst.		Therapy 2000 Inc.			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/01/2025	Mendoza, Johnny (Mr.) Contributor address; City; S El Paso, TX 79938	tate; Zip Code				\$5.00
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	<u>L</u>		
	Speech Thei	rapy Asst.		Therapy 2000 Inc.			
	Date	Full name of contributor	out-of-state PAC (ID#:)	Г	Amount of Contribution (\$)	
	10/01/2025	Mendoza, Johnny (Mr.)	_ \	, , , , , , , , , , , , , , , , , , ,			\$5.00
		Contributor address; City; S	tate; Zip Code				
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	Speech Their	rapy Asst.		Therapy 2000 Inc.			
			•				

	MONEI	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instruc	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 156/254 Rpt: 159/272			
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)		
	Texas Assoc	ciation for Home Care and Ho		e Care and Hospice PAC -		00015750			
4	Date 10/01/2025	5 Full name of contributor Mendoza, Johnny (Mr.)6 Contributor address; City; S	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	\$5.00		
		El Paso, TX 79938							
8		pation / Job title (See Instructions	3)	9 Employer (See Instructions	5)				
	Speech Thei	rapy Asst.		Therapy 2000 Inc.					
	Date 10/01/2025	Full name of contributor Mendoza, Johnny (Mr.) Contributor address; City; S	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$5.00		
		El Paso, TX 79938							
		pation / Job title (See Instructions	s)	Employer (See Instructions	5)				
	Speech Thei	rapy Asst.		Therapy 2000 Inc.					
	Date 10/01/2025	Full name of contributor Mendoza, Johnny (Mr.) Contributor address; City; S	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$5.00		
		El Paso, TX 79938							
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	5)				
	Speech Their	rapy Asst.		Therapy 2000 Inc.					
			out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$5.00		
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	5)				
	Speech The	rapy Asst.		Therapy 2000 Inc.					
	Date 10/01/2025	Full name of contributor Mendoza, Johnny (Mr.) Contributor address; City; S El Paso, TX 79938	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$5.00		
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	5)				
	Speech The	rapy Asst.		Therapy 2000 Inc.					

	MONEI	ARY POLITICAL C	SCHEDULE A1				
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 157/254 Rpt: 160/272	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	ciation for Home Care and Hos	<u>- </u>	e Care and Hospice PAC -		00015750	
4	Date 10/01/2025	5 Full name of contributor Mendoza, Johnny (Mr.)6 Contributor address; City; Sta	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$5.00
		El Paso, TX 79938					
8		pation / Job title (See Instructions))	Employer (See Instructions)		
	Speech The	rapy Asst.		Therapy 2000 Inc.			
	Date 10/01/2025	Full name of contributor Mendoza, Johnny (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
		El Paso, TX 79938	<u> </u>				
		pation / Job title (See Instructions))	Employer (See Instructions)		
	Speech The	rapy Asst.		Therapy 2000 Inc.			
	Date 10/01/2025	Full name of contributor Mendoza, Johnny (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
		El Paso, TX 79938					
	Principal occu	pation / Job title (See Instructions))	Employer (See Instructions)		
	Speech The	rapy Asst.		Therapy 2000 Inc.			
			out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
	•	pation / Job title (See Instructions))	Employer (See Instructions)		
	Speech The			Therapy 2000 Inc.			
	Date 10/01/2025	Full name of contributor Mirise, Amanda K. (Ms.) Contributor address; City; Sta Kaufman, TX 75142	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Physical The	erapist		Therapy 2000, Inc.			
			·				

	MONET	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instru	ction Guide explains how to comple	ete this form.	1	Total pages Schedule A1: Sch: 158/254 Rpt: 161/272			
2	FILER NAME Texas Assoc	ciation for Home Care and Hospice Inc T	exas Home Care and Hospice F	PAC -	Filer ID (Ethics Commission 00015750	Filers)		
4	Date 10/01/2025	 5 Full name of contributor out-of-state out-of-state out-of-state	PAC (ID#:	_) 7	Amount of Contribution (\$)	\$5.00		
_		Kaufman, TX 75142	To 5 1 (0 1)					
8	Principal occu Physical The	pation / Job title (See Instructions) erapist	9 Employer (See Instru Therapy 2000, Inc.					
	Date 10/01/2025	Full name of contributor out-of-state Mirise, Amanda K. (Ms.) Contributor address; City; State; Zip Code		_)	Amount of Contribution (\$)	\$5.00		
	Dringinal occu	pation / Job title (See Instructions)	Employer (See Instru	ictions)				
	Physical The		Therapy 2000, Inc.					
	Date 10/01/2025	Full name of contributor out-of-state Mirise, Amanda K. (Ms.) Contributor address; City; State; Zip Code	PAC (ID#:		Amount of Contribution (\$)	\$5.00		
	Dringinal occu	pation / Job title (See Instructions)	Employer (See Instru	ictions)				
	Physical The		Therapy 2000, Inc.					
Date 10/01/2025		Mirise, Amanda K. (Ms.)	PAC (ID#:	_)	Amount of Contribution (\$)	\$5.00		
		Kaufman, TX 75142						
	Principal occu Physical The	pation / Job title (See Instructions) erapist	Employer (See Instru Therapy 2000, Inc.					
	Date 10/01/2025	Full name of contributor out-of-state Mojarro, Allison (Ms.) Contributor address; City; State; Zip Code Tyler, TX 75701	PAC (ID#:		Amount of Contribution (\$)	\$5.00		
		pation / Job title (See Instructions)	Employer (See Instru	uctions)				
	Patient Servi	ices Specialist	Therapy 2000 Inc.					

	MONET	ARY POLITICAL (CONTRIBUTIO	JNS		SCHEDULE	A1
	The Instru	ction Guide explains how	v to complete this f	orm.	1	Total pages Schedule A1: Sch: 159/254 Rpt: 162/272	
2	FILER NAME Texas Assoc	ciation for Home Care and Ho	spice Inc Texas Hon	ne Care and Hospice PAC -	3	Filer ID (Ethics Commission F 00015750	Filers)
4	Date 10/01/2025	5 Full name of contributor Mojarro, Allison (Ms.)6 Contributor address; City; S)	7	Amount of Contribution (\$)	\$5.00
		Tyler, TX 75701					
8		pation / Job title (See Instruction ices Specialist	5)	9 Employer (See Instructions Therapy 2000 Inc.	5)		
	Date 10/01/2025	Full name of contributor Mojarro, Allison (Ms.) Contributor address; City; S	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$5.00
	Principal occu	Tyler, TX 75701 pation / Job title (See Instruction	<u> </u>	Employer (See Instructions	 ;)		
	Patient Servi	ices Specialist		Therapy 2000 Inc.			
	Date 10/01/2025	Full name of contributor Mojarro, Allison (Ms.) Contributor address; City; S	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$5.00
	Principal occu	Tyler, TX 75701 pation / Job title (See Instruction	5)	Employer (See Instructions	<u> </u>		
	Patient Servi	ices Specialist		Therapy 2000 Inc.			
	Date 10/01/2025	Full name of contributor Mojarro, Allison (Ms.) Contributor address; City; S Tyler, TX 75701	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$5.00
	·	pation / Job title (See Instruction ices Specialist	5)	Employer (See Instructions Therapy 2000 Inc.	<u>(</u>		
	Date 10/01/2025	Full name of contributor Mojarro, Allison (Ms.) Contributor address; City; S Tyler, TX 75701	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$5.00
		pation / Job title (See Instruction ices Specialist	5)	Employer (See Instructions Therapy 2000 Inc.	5)		
	2000						

	MONEI	IONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instru	ction Guide explains how t	o complete this fo	rm.	1	Total pages Schedule A1: Sch: 160/254 Rpt: 163/272			
2	FILER NAME Texas Assoc	ciation for Home Care and Hosp	ice Inc Texas Home	e Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	Filers)		
4	Date 10/01/2025	5 Full name of contributor Mojarro, Allison (Ms.)6 Contributor address; City; Stat)	7	Amount of Contribution (\$)	\$5.00		
		Tyler, TX 75701							
8		pation / Job title (See Instructions) ices Specialist	!	Employer (See Instructions Therapy 2000 Inc.)				
	Date 10/01/2025	Full name of contributor Mojarro, Allison (Ms.) Contributor address; City; Stat	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$5.00		
	Principal occu	Tyler, TX 75701 pation / Job title (See Instructions)		Employer (See Instructions)				
	•	ices Specialist		Therapy 2000 Inc.	,				
	Date 10/01/2025	Full name of contributor Mojarro, Allison (Ms.) Contributor address; City; Stat	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00		
	Principal occu	Tyler, TX 75701 pation / Job title (See Instructions)		Employer (See Instructions)				
	•	ices Specialist		Therapy 2000 Inc.	,				
Date 10/01/202		Full name of contributor Mojarro, Allison (Ms.) Contributor address; City; Stat				Amount of Contribution (\$)	\$5.00		
		Tyler, TX 75701							
	•	pation / Job title (See Instructions) ices Specialist		Employer (See Instructions) Therapy 2000 Inc.)				
	Date 10/01/2025	Full name of contributor Mojarro, Allison (Ms.) Contributor address; City; Stat Tyler, TX 75701	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$5.00		
		pation / Job title (See Instructions)		Employer (See Instructions)				
	Patient Serv	ices Specialist		Therapy 2000 Inc.					

	MONET	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 161/254 Rpt: 164/272			
2	FILER NAME Texas Assoc	ciation for Home Care and Hospice Inc Texas Ho	ome Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	Filers)		
4	Date 10/01/2025	 Full name of contributor out-of-state PAC (ID# Mojarro, Allison (Ms.) Contributor address; City; State; Zip Code 	#:) 	7	Amount of Contribution (\$)	\$5.00		
		Tyler, TX 75701						
8	•	pation / Job title (See Instructions)	9 Employer (See Instructions	()				
	Patient Servi	ices Specialist	Therapy 2000 Inc.					
	Date 10/01/2025	Full name of contributor out-of-state PAC (ID# Monterrosa, Lisbeth (Ms.) Contributor address; City; State; Zip Code	#:)		Amount of Contribution (\$)	\$2.00		
	B: : 1	San Antonio, TX 78247	1 - 1 - 1 - 1	Ĺ				
	•	pation / Job title (See Instructions) guage Pathologist	Employer (See Instructions Therapy 2000 Inc.	5)				
	Date	Full name of contributor out-of-state PAC (ID#			Amount of Contribution (\$)			
	10/01/2025	Monterrosa, Lisbeth (Ms.) Contributor address; City; State; Zip Code San Antonio, TX 78247				\$2.00		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	()				
	Speech Lang	guage Pathologist	Therapy 2000 Inc.					
	Date 10/01/2025	Full name of contributor out-of-state PAC (ID# Monterrosa, Lisbeth (Ms.) Contributor address; City; State; Zip Code San Antonio, TX 78247	*:)		Amount of Contribution (\$)	\$2.00		
	•	pation / Job title (See Instructions) guage Pathologist	Employer (See Instructions Therapy 2000 Inc.	5)				
	Date 10/01/2025	Full name of contributor out-of-state PAC (ID# Monterrosa, Lisbeth (Ms.) Contributor address; City; State; Zip Code San Antonio, TX 78247			Amount of Contribution (\$)	\$2.00		
	•	pation / Job title (See Instructions)	Employer (See Instructions)				
	Speech Lang	guage Pathologist	Therapy 2000 Inc.					

	MONET	WONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instru	ction Guide explains how to complete thi	s form.	1	Total pages Schedule A1: Sch: 162/254 Rpt: 165/272			
2	FILER NAME Texas Assoc	ciation for Home Care and Hospice Inc Texas F	Home Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	Filers)		
4	Date 10/01/2025	 Full name of contributor out-of-state PAC (II Monterrosa, Lisbeth (Ms.) Contributor address; City; State; Zip Code 	D#:)	7	Amount of Contribution (\$)	\$2.00		
		San Antonio, TX 78247						
8	•	pation / Job title (See Instructions) guage Pathologist	9 Employer (See Instructions Therapy 2000 Inc.	s) 				
	Date 10/01/2025	Full name of contributor out-of-state PAC (II Monterrosa, Lisbeth (Ms.) Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$2.00		
	Dringing agg	San Antonio, TX 78247	Employer (Con Instructions	<u></u>				
	•	pation / Job title (See Instructions) guage Pathologist	Employer (See Instructions Therapy 2000 Inc.	5)				
	Date 10/01/2025	Full name of contributor out-of-state PAC (II Monterrosa, Lisbeth (Ms.) Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$2.00		
	Principal occu	San Antonio, TX 78247 pation / Job title (See Instructions)	Employer (See Instructions	:) 				
		guage Pathologist	Therapy 2000 Inc.	,,				
	Date 10/01/2025	Full name of contributor out-of-state PAC (II Monterrosa, Lisbeth (Ms.) Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$2.00		
		San Antonio, TX 78247		Ĺ				
	•	pation / Job title (See Instructions) guage Pathologist	Employer (See Instructions Therapy 2000 Inc.	5)				
	Date 10/01/2025	Full name of contributor out-of-state PAC (II Monterrosa, Lisbeth (Ms.) Contributor address; City; State; Zip Code San Antonio, TX 78247			Amount of Contribution (\$)	\$2.00		
	•	pation / Job title (See Instructions) guage Pathologist	Employer (See Instructions Therapy 2000 Inc.	5)				
	Speech Lan	σάαχο Γαιποιο <u>γ</u> ίσε	тнетару 2000 шс.					

	MONET	IONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instru	ction Guide explains how to	complete this for	m.	1	Total pages Schedule A1: Sch: 163/254 Rpt: 166/272		
2	FILER NAME Texas Assoc	ciation for Home Care and Hospic	ce Inc Texas Home	Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	Filers)	
4	Date 10/01/2025	5 Full name of contributor Monterrosa, Lisbeth (Ms.)6 Contributor address; City; State;	out-of-state PAC (ID#: ; Zip Code		7	Amount of Contribution (\$)	\$2.00	
		San Antonio, TX 78247						
8		pation / Job title (See Instructions) guage Pathologist	9	Employer (See Instructions Therapy 2000 Inc.	i) 			
	Date 10/01/2025	Full name of contributor Monterrosa, Lisbeth (Ms.) Contributor address; City; State;	out-of-state PAC (ID#: ; Zip Code			Amount of Contribution (\$)	\$2.00	
	Drincinal occu	San Antonio, TX 78247 pation / Job title (See Instructions)		Employer (See Instructions	<u>, </u>			
	·	guage Pathologist		Therapy 2000 Inc.	')			
	Date 10/01/2025	Full name of contributor Monterrosa, Lisbeth (Ms.) Contributor address; City; State; San Antonio, TX 78247	out-of-state PAC (ID#: ; Zip Code			Amount of Contribution (\$)	\$2.00	
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)			
	Speech Lang	guage Pathologist		Therapy 2000 Inc.				
Date 09/30/2025		Full name of contributor Morales, Carlos (Mr.) Contributor address; City; State;				Amount of Contribution (\$)	\$50.00	
		Lubbock, TX 79424	ı					
	·	pation / Job title (See Instructions) ce President		Employer (See Instructions Caprock Home Health S		vices, Inc.		
	Date 10/21/2025	Full name of contributor Morales, Carlos (Mr.) Contributor address; City; State; Lubbock, TX 79424				Amount of Contribution (\$)	\$50.00	
		pation / Job title (See Instructions)		Employer (See Instructions				
	Executive Vi	ce President		Caprock Home Health S	Ser	vices, Inc.		

	MONEI	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instru	ction Guide explains how to complete	e this form.	1	Total pages Schedule A1: Sch: 164/254 Rpt: 167/272			
2	FILER NAME Texas Assoc	siation for Home Care and Hospice Inc Te	exas Home Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	Filers)		
4	Date 09/30/2025	 Full name of contributor out-of-state F Moullette, Britney (Ms.) Contributor address; City; State; Zip Code 	PAC (ID#:)	7	Amount of Contribution (\$)	\$5.00		
		Colorado Springs, CO 80927						
8	Principal occu Nurse	pation / Job title (See Instructions)	9 Employer (See Instructions Angels of Care	s)				
	Date 10/22/2025	Full name of contributor out-of-state P Moullette, Britney (Ms.) Contributor address; City; State; Zip Code	PAC (ID#:)	•	Amount of Contribution (\$)	\$5.00		
	Principal occu	Colorado Springs, CO 80927 pation / Job title (See Instructions)	Employer (See Instructions Angels of Care	<u> </u> s)				
	Date 09/30/2025	Full name of contributor out-of-state F Murphy, Maryann (Ms.) Contributor address; City; State; Zip Code	PAC (ID#:)		Amount of Contribution (\$)	\$25.00		
	Principal occu	Early, TX 76802 pation / Job title (See Instructions)	Employer (See Instructions	<u>=)</u>				
	RN	pation / ood tale (eee metadatons)	Lee HealthCare	٠,				
	Date 10/22/2025	Full name of contributor out-of-state F Murphy, Maryann (Ms.) Contributor address; City; State; Zip Code	PAC (ID#:)		Amount of Contribution (\$)	\$25.00		
		Early, TX 76802						
	Principal occu RN	pation / Job title (See Instructions)	Employer (See Instructions Lee HealthCare	s)				
	Date 10/01/2025	Full name of contributor out-of-state F Myers, Tamara (Ms.) Contributor address; City; State; Zip Code Highland Village, TX 75077	PAC (ID#:)		Amount of Contribution (\$)	\$5.00		
	•	pation / Job title (See Instructions) eech Language Pathologist	Employer (See Instructions Therapy 2000 Inc.	s)				

	MONET	ARY POLITICAL C	ONTRIBUTIO	IN 5		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 165/254 Rpt: 168/272	
2	FILER NAME Texas Assoc	iation for Home Care and Hosp	oice Inc Texas Hom	e Care and Hospice PAC -	3	Filer ID (Ethics Commission F 00015750	ilers)
4	Date 10/01/2025	5 Full name of contributor Myers, Tamara (Ms.)6 Contributor address; City; Star)	7	Amount of Contribution (\$)	\$5.00
		Highland Village, TX 75077	,				
8		pation / Job title (See Instructions) eech Language Pathologist		9 Employer (See Instructions Therapy 2000 Inc.	i)		
	Date 10/01/2025	Full name of contributor [Myers, Tamara (Ms.) Contributor address; City; Sta				Amount of Contribution (\$)	\$5.00
	Principal occu	Highland Village, TX 75077 pation / Job title (See Instructions)	, 	Employer (See Instructions	<u> </u>		
		eech Language Pathologist		Therapy 2000 Inc.	,		
	Date 10/01/2025	Full name of contributor [Myers, Tamara (Ms.) Contributor address; City; Sta				Amount of Contribution (\$)	\$5.00
	Deinsinal assu	Highland Village, TX 75077	,	Franks var (Caa Iratuustiana	$\overline{\Gamma}$		
	·	pation / Job title (See Instructions) eech Language Pathologist		Employer (See Instructions Therapy 2000 Inc.	·)		
	Date 10/01/2025	Full name of contributor [Myers, Tamara (Ms.) Contributor address; City; State Highland Village, TX 75077				Amount of Contribution (\$)	\$5.00
	·	pation / Job title (See Instructions) eech Language Pathologist		Employer (See Instructions Therapy 2000 Inc.	5)		
	Date 10/01/2025	Full name of contributor Myers, Tamara (Ms.) Contributor address; City; Star Highland Village, TX 75077)		Amount of Contribution (\$)	\$5.00
		pation / Job title (See Instructions) eech Language Pathologist		Employer (See Instructions Therapy 2000 Inc.	5)		
	. tootant op	zzz zagaago i amorogist					

	MONET	ARY POLITICAL CONTRIBUT	SCHEDULE A			
	The Instru	ction Guide explains how to complete thi	s form.	1	Total pages Schedule A1: Sch: 166/254 Rpt: 169/272	
2	FILER NAME Texas Assoc	ciation for Home Care and Hospice Inc Texas F	Home Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	Filers)
4	Date 10/01/2025	 Full name of contributor out-of-state PAC (II Myers, Tamara (Ms.) Contributor address; City; State; Zip Code 	D#:)	7	Amount of Contribution (\$)	\$5.00
		Highland Village, TX 75077				
8	•	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Assistant Sp	eech Language Pathologist	Therapy 2000 Inc.			
	Date 10/01/2025	Full name of contributor out-of-state PAC (II Myers, Tamara (Ms.) Contributor address; City; State; Zip Code Highland Village, TX 75077	D#:)	•	Amount of Contribution (\$)	\$5.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	:) 		
	•	eech Language Pathologist	Therapy 2000 Inc.	٠,		
	Date 10/01/2025	Full name of contributor out-of-state PAC (II Myers, Tamara (Ms.) Contributor address; City; State; Zip Code Highland Village, TX 75077	D#:)		Amount of Contribution (\$)	\$5.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	•	eech Language Pathologist	Therapy 2000 Inc.	-,		
	Date 10/01/2025	Full name of contributor out-of-state PAC (II Myers, Tamara (Ms.) Contributor address; City; State; Zip Code Highland Village, TX 75077	D#:)	•	Amount of Contribution (\$)	\$5.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>I</u> S)		
	Assistant Sp	eech Language Pathologist	Therapy 2000 Inc.			
	Date 10/01/2025	Full name of contributor out-of-state PAC (II Myers, Tamara (Ms.) Contributor address; City; State; Zip Code Highland Village, TX 75077			Amount of Contribution (\$)	\$5.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Assistant Sp	eech Language Pathologist	Therapy 2000 Inc.			

	MONET	ARY POLITICAL CON		SCHEDULE A1		
	The Instru	ction Guide explains how to co	mplete this form.	1	otal pages Schedule A1: cch: 167/254 Rpt: 170/272	
2	FILER NAME Texas Assoc	ciation for Home Care and Hospice In	c Texas Home Care and Hospice PAC -		iler ID (Ethics Commission 0015750	Filers)
4	Date 10/01/2025	5 Full name of contributor out-out-out-out-out-out-out-out-out-out-	of-state PAC (ID#:) Code	7 A	mount of Contribution (\$)	\$5.00
		Highland Village, TX 75077				
8	•	pation / Job title (See Instructions)	9 Employer (See Instructions)	S)		
	Assistant Sp	eech Language Pathologist	Therapy 2000 Inc.			
	Date 10/23/2025	Full name of contributor out-out-out-out-out-out-out-out-out-out-	of-state PAC (ID#:) Code		mount of Contribution (\$)	\$50.00
	Dringinal occu	pation / Job title (See Instructions)	Employer (See Instructions	-) 		
	Quality Assu		Paradigm Rehab & Nurs		.P	
	Date 10/01/2025	Full name of contributor out-out-out-out-out-out-out-out-out-out-	of-state PAC (ID#:) Code	. A	mount of Contribution (\$)	\$5.00
		Rowlett, TX 75089				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>l </u> S)		
		ll Therapy Assistant	Therapy 2000, Inc.			
	Date 10/01/2025	Full name of contributor out-out-out-out-out-out-out-out-out-out-	of-state PAC (ID#:) Code		mount of Contribution (\$)	\$5.00
	•	I pation / Job title (See Instructions) Il Therapy Assistant	Employer (See Instructions) Therapy 2000, Inc.	<u>1</u> S)		
	Date 10/01/2025		of-state PAC (ID#:)	. A	mount of Contribution (\$)	\$5.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	5)		
	Occupationa	l Therapy Assistant	Therapy 2000, Inc.			

	MONEI	ETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 168/254 Rpt: 171/272		
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)	
	Texas Assoc	ciation for Home Care and Ho		e Care and Hospice PAC -		00015750		
4	Date 10/01/2025	5 Full name of contributor Nino Lagos, Olga Patricia6 Contributor address; City; St)	7	Amount of Contribution (\$)	\$5.00	
		Rowlett, TX 75089						
8	Principal occu	pation / Job title (See Instructions	9	Employer (See Instructions	()			
	Occupationa	l Therapy Assistant		Therapy 2000, Inc.				
	Date 10/01/2025	Full name of contributor Nino Lagos, Olga Patricia Contributor address; City; St				Amount of Contribution (\$)	\$5.00	
		Rowlett, TX 75089						
		pation / Job title (See Instructions	(1)	Employer (See Instructions	5)			
	Occupationa	l Therapy Assistant		Therapy 2000, Inc.				
	Date 10/01/2025	Full name of contributor Nino Lagos, Olga Patricia Contributor address; City; St)		Amount of Contribution (\$)	\$5.00	
		Rowlett, TX 75089						
		pation / Job title (See Instructions	(1)	Employer (See Instructions	5)			
	Occupationa	l Therapy Assistant		Therapy 2000, Inc.				
	Date 10/01/2025	Full name of contributor Nino Lagos, Olga Patricia Contributor address; City; St Rowlett, TX 75089				Amount of Contribution (\$)	\$5.00	
		pation / Job title (See Instructions	()	Employer (See Instructions	5)			
	Occupationa	l Therapy Assistant		Therapy 2000, Inc.				
	Date 10/01/2025	Full name of contributor Nino Lagos, Olga Patricia Contributor address; City; St Rowlett, TX 75089				Amount of Contribution (\$)	\$5.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>			
	Occupationa	l Therapy Assistant		Therapy 2000, Inc.				

	MONET	ARY POLITICAL CON	SCHEDULE A1			
	The Instru	ction Guide explains how to co	mplete this form.	1	Total pages Schedule A1: Sch: 169/254 Rpt: 172/272	
2	FILER NAME Texas Assoc	ciation for Home Care and Hospice In	c Texas Home Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	Filers)
4	Date 10/01/2025	 Full name of contributor out-out-out-out-out-out-out-out-out-out-	of-state PAC (ID#:) Code	7	Amount of Contribution (\$)	\$5.00
		Rowlett, TX 75089				
8	•	pation / Job title (See Instructions) Il Therapy Assistant	9 Employer (See Instructions Therapy 2000, Inc.	s) 		
	Date 10/01/2025	Full name of contributor out-out-out-out-out-out-out-out-out-out-	of-state PAC (ID#:) Code	•	Amount of Contribution (\$)	\$5.00
	Dringinal occu	Rowlett, TX 75089 pation / Job title (See Instructions)	Employer (See Instructions	<u>'</u>		
	•	ll Therapy Assistant	Therapy 2000, Inc.	>)		
	Date 10/01/2025	Nino Lagos, Olga Patricia (Ms.) Contributor address; City; State; Zip	of-state PAC (ID#:) Code		Amount of Contribution (\$)	\$5.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
		l Therapy Assistant	Therapy 2000, Inc.	,		
Date 10/01/2025		Full name of contributor out-out-out-out-out-out-out-out-out-out-	of-state PAC (ID#:) Code		Amount of Contribution (\$)	\$5.00
		Rowlett, TX 75089				
	•	pation / Job title (See Instructions) Il Therapy Assistant	Employer (See Instructions Therapy 2000, Inc.	s) 		
	Date 09/30/2025	Olguin, Christie (Ms.)	of-state PAC (ID#:) Code	-	Amount of Contribution (\$)	\$25.00
	•	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Therapist		Angels of Care			

	MONEI	ETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1		
	The Instruc	ction Guide explains hov	v to complete this fo	rm.	1	Total pages Schedule A1: Sch: 170/254 Rpt: 173/272	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	ciation for Home Care and Ho	spice Inc Texas Hom	e Care and Hospice PAC -		00015750	
4	Date 10/01/2025	5 Full name of contributor Olson, Jess (Ms.)6 Contributor address; City; S	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$4.50
		Roanoke, TX 76262					
8	Principal occu	pation / Job title (See Instructions	s)	9 Employer (See Instructions	<u> </u>		
	Divisional Di	rector		Therapy 2000 Inc.			
	Date 10/01/2025	Full name of contributor Olson, Jess (Ms.) Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$4.50
	Dringing coou	Roanoke, TX 76262 pation / Job title (See Instructions	2)	Employer (See Instructions	, 		
	Divisional Di		5)	Therapy 2000 Inc.	')		
	Date	Full name of contributor		Therapy 2000 mio.		Amount of Contribution (\$)	
	10/01/2025	Olson, Jess (Ms.) Contributor address; City; S	out-of-state PAC (ID#:			Amount of Continuation (4)	\$4.50
		Roanoke, TX 76262					
	Principal occu	pation / Job title (See Instruction:	5)	Employer (See Instructions	()		
	Divisional Di	rector		Therapy 2000 Inc.			
	Date 10/01/2025	Full name of contributor Olson, Jess (Ms.) Contributor address; City; S Roanoke, TX 76262	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$4.50
	Principal occu Divisional Di	pation / Job title (See Instructions rector	5)	Employer (See Instructions Therapy 2000 Inc.)		
	Date 10/01/2025	Full name of contributor Olson, Jess (Ms.) Contributor address; City; S Roanoke, TX 76262	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$4.50
	Principal occu Divisional Di	pation / Job title (See Instructions rector	5)	Employer (See Instructions Therapy 2000 Inc.	()		

	MONET	NETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instru	ction Guide explains how t	o complete this fo	rm.	1	Total pages Schedule A1: Sch: 171/254 Rpt: 174/272		
2	FILER NAME Texas Assoc	ciation for Home Care and Hosp	oice Inc Texas Home	e Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	Filers)	
4	Date 10/01/2025	5 Full name of contributor	out-of-state PAC (ID#: e; Zip Code)	7	Amount of Contribution (\$)	\$4.50	
_	Dringing age	Roanoke, TX 76262	16	- Employer (Coo Instructions				
8	Divisional Di	pation / Job title (See Instructions) rector	5	Employer (See Instructions) Therapy 2000 Inc.)			
	Date 10/01/2025	Full name of contributor Olson, Jess (Ms.) Contributor address; City; Stat	out-of-state PAC (ID#: e; Zip Code			Amount of Contribution (\$)	\$4.50	
	Principal occu	Roanoke, TX 76262 pation / Job title (See Instructions)		Employer (See Instructions)			
	Divisional Di			Therapy 2000 Inc.	•			
	Date 10/01/2025	Full name of contributor Olson, Jess (Ms.) Contributor address; City; Stat	out-of-state PAC (ID#: e; Zip Code			Amount of Contribution (\$)	\$4.50	
	5	Roanoke, TX 76262						
	Divisional Di	pation / Job title (See Instructions) rector		Employer (See Instructions) Therapy 2000 Inc.)			
Date 10/01/2025		Full name of contributor Olson, Jess (Ms.) Contributor address; City; Stat				Amount of Contribution (\$)	\$4.50	
	Principal occu Divisional Di	Roanoke, TX 76262 pation / Job title (See Instructions) rector		Employer (See Instructions Therapy 2000 Inc.)			
	Date 10/01/2025	Full name of contributor Clson, Jess (Ms.)	out-of-state PAC (ID#: e; Zip Code			Amount of Contribution (\$)	\$4.50	
	Principal occu Divisional Di	pation / Job title (See Instructions)		Employer (See Instructions Therapy 2000 Inc.)			
	טואוטוטוומו טו	TOULO		тнетару 2000 пс.				

	MONET	NETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 172/254 Rpt: 175/272		
2	FILER NAME Texas Assoc	ciation for Home Care and Hosp	oice Inc Texas Home	e Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	Filers)	
4	Date 10/01/2025	Full name of contributor Olson, Jess (Ms.) Contributor address; City; Sta)	7	Amount of Contribution (\$)	\$4.50	
_	Deinsinal assu	Roanoke, TX 76262	1,) Familia de l'Occidente de la companya de la compa				
8	Divisional Di	pation / Job title (See Instructions) rector		Employer (See Instructions) Therapy 2000 Inc.)			
	Date 10/01/2025	Full name of contributor Olson, Jess (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$4.50	
	Principal occu	Roanoke, TX 76262 pation / Job title (See Instructions)		Employer (See Instructions)			
	Divisional Di			Therapy 2000 Inc.				
	Date 10/01/2025	Full name of contributor Olson, Jess (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$0.50	
	Delegale al acces	Roanoke, TX 76262	т	Frankrije (Osta kastination)				
	Divisional Di	pation / Job title (See Instructions) rector		Employer (See Instructions Therapy 2000 Inc.)			
Date 10/01/2025		Full name of contributor Olson, Jess (Ms.) Contributor address; City; Sta)		Amount of Contribution (\$)	\$0.50	
		Roanoke, TX 76262						
	Principal occu Divisional Di	pation / Job title (See Instructions) rector		Employer (See Instructions) Therapy 2000 Inc.)			
	Date 10/01/2025	Full name of contributor Olson, Jess (Ms.) Contributor address; City; Sta Roanoke, TX 76262	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$0.50	
	Principal occu Divisional Di	pation / Job title (See Instructions)		Employer (See Instructions Therapy 2000 Inc.)			
	DIVISIONAL DI			merapy 2000 me.				

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDULE	A1
	The Instruc	ction Guide explains hov	v to complete this fo	rm.	1	Total pages Schedule A1: Sch: 173/254 Rpt: 176/272	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	ciation for Home Care and Ho	spice Inc Texas Home	e Care and Hospice PAC -		00015750	
4	Date 10/01/2025	5 Full name of contributor Olson, Jess (Ms.)6 Contributor address; City; S	out-of-state PAC (ID#: tate; Zip Code)	7	Amount of Contribution (\$)	\$0.50
		Roanoke, TX 76262					
8	Principal occu	pation / Job title (See Instructions	s) !	9 Employer (See Instructions	<u> </u>		
	Divisional Di	rector		Therapy 2000 Inc.			
	Date 10/01/2025	Full name of contributor Olson, Jess (Ms.) Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$0.50
	Dringing coou	Roanoke, TX 76262	2)	Employer (See Instructions	, 		
	Divisional Di	pation / Job title (See Instruction: rector	5)	Therapy 2000 Inc.	')		
	Date	Full name of contributor	——————————————————————————————————————	Therapy 2000 mio.		Amount of Contribution (\$)	
	10/01/2025	Olson, Jess (Ms.) Contributor address; City; S	out-of-state PAC (ID#:			Amount of Continuation (4)	\$0.50
		Roanoke, TX 76262					
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	Divisional Di	rector		Therapy 2000 Inc.			
	Date 10/01/2025	Full name of contributor Olson, Jess (Ms.) Contributor address; City; S Roanoke, TX 76262	out-of-state PAC (ID#: tate; Zip Code			Amount of Contribution (\$)	\$0.50
	Principal occu Divisional Di	pation / Job title (See Instructions rector	s)	Employer (See Instructions Therapy 2000 Inc.)		
	Date 10/01/2025	Full name of contributor Olson, Jess (Ms.) Contributor address; City; S Roanoke, TX 76262	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$0.50
	Principal occu Divisional Di	pation / Job title (See Instructions rector	5)	Employer (See Instructions Therapy 2000 Inc.	()		

	MONET	METARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instru	ction Guide explains how t	o complete this for	m.	1	Total pages Schedule A1: Sch: 174/254 Rpt: 177/272		
2	FILER NAME Texas Assoc	ciation for Home Care and Hosp	ice Inc Texas Home	Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	Filers)	
4	Date 10/01/2025	5 Full name of contributor Olson, Jess (Ms.)6 Contributor address; City; State	out-of-state PAC (ID#: e; Zip Code)	7	Amount of Contribution (\$)	\$0.50	
_		Roanoke, TX 76262	1.					
8	Principal occu Divisional Di	pation / Job title (See Instructions) rector	9	Employer (See Instructions) Therapy 2000 Inc.)			
	Date 10/01/2025	Full name of contributor Olson, Jess (Ms.) Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$0.50	
	Principal occu	Roanoke, TX 76262 pation / Job title (See Instructions)		Employer (See Instructions)			
	Divisional Di	rector		Therapy 2000 Inc.				
	Date 10/01/2025	Full name of contributor Olson, Jess (Ms.) Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code)		Amount of Contribution (\$)	\$0.50	
	Dringing oggu	Roanoke, TX 76262 pation / Job title (See Instructions)		Employer (See Instructions				
	Divisional Di			Therapy 2000 Inc.	,			
	Date 10/01/2025	Full name of contributor Olson, Jess (Ms.) Contributor address; City; State				Amount of Contribution (\$)	\$0.50	
		Roanoke, TX 76262						
	Principal occu Divisional Di	pation / Job title (See Instructions) rector		Employer (See Instructions Therapy 2000 Inc.)			
	Date 10/01/2025	Full name of contributor Padilla Sanchez, Johanna (Contributor address; City; State New Braunfels, TX 78132)		Amount of Contribution (\$)	\$5.00	
	•	pation / Job title (See Instructions)		Employer (See Instructions)			
	Speech Lang	guage Pathologist		Therapy 2000 Inc.				

	MONEI	NETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instruc	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 175/254 Rpt: 178/272		
2	FILER NAME Texas Assoc	ciation for Home Care and Hos	pice Inc Texas Home	e Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	Filers)	
4	Date 10/01/2025	 Full name of contributor Padilla Sanchez, Johanna Contributor address; City; Sta 			7	Amount of Contribution (\$)	\$5.00	
8	Dringing aggr	New Braunfels, TX 78132 pation / Job title (See Instructions)	1,	9 Employer (See Instructions				
0	•	guage Pathologist		Therapy 2000 Inc.)			
	Date 10/01/2025	Full name of contributor Padilla Sanchez, Johanna Contributor address; City; Sta				Amount of Contribution (\$)	\$5.00	
	Princinal occu	New Braunfels, TX 78132 pation / Job title (See Instructions)		Employer (See Instructions	<u>)</u>			
	•	guage Pathologist		Therapy 2000 Inc.	,			
	Date 10/01/2025	Full name of contributor Palma, Abelardo (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#: ite; Zip Code			Amount of Contribution (\$)	\$5.00	
	District	Allen, TX 75013		Foundation (Contraction of the Contraction of the C				
		pation / Job title (See Instructions) guage Pathologist		Employer (See Instructions Therapy 2000 Inc.)			
Date 10/01/2025		Full name of contributor Palma, Abelardo (Mr.) Contributor address; City; Sta)		Amount of Contribution (\$)	\$5.00	
		Allen, TX 75013						
	•	pation / Job title (See Instructions) guage Pathologist		Employer (See Instructions Therapy 2000 Inc.)			
	Date 10/01/2025	Full name of contributor Palma, Abelardo (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code			Amount of Contribution (\$)	\$5.00	
	•	pation / Job title (See Instructions)		Employer (See Instructions)			
	Speech Lang	guage Pathologist	<u> </u>	Therapy 2000 Inc.				

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDULE	A1
	The Instruc	ction Guide explains hov	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 176/254 Rpt: 179/272	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	ciation for Home Care and Ho	spice Inc Texas Hom	e Care and Hospice PAC -		00015750	
4	Date 10/01/2025	5 Full name of contributor Palma, Abelardo (Mr.)6 Contributor address; City; S	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$5.00
		Allen, TX 75013					
8	Principal occu	pation / Job title (See Instructions	s)	9 Employer (See Instructions	()		
	Speech Lang	guage Pathologist		Therapy 2000 Inc.			
	Date 10/01/2025	Full name of contributor Palma, Abelardo (Mr.) Contributor address; City; S	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$5.00
		Allen, TX 75013			L		
		pation / Job title (See Instructions	s)	Employer (See Instructions	i)		
	Speech Lang	guage Pathologist		Therapy 2000 Inc.			
	Date 10/01/2025	Full name of contributor Palma, Abelardo (Mr.) Contributor address; City; S	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$5.00
		Allen, TX 75013					
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	()		
	Speech Lang	guage Pathologist		Therapy 2000 Inc.			
	Date 10/01/2025	Full name of contributor Palma, Abelardo (Mr.) Contributor address; City; S Allen, TX 75013	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$5.00
		pation / Job title (See Instructions guage Pathologist	5)	Employer (See Instructions Therapy 2000 Inc.	5)		
	Date 10/21/2025	Full name of contributor Palmer, Lee (Mr.) Contributor address; City; S Richmond, TX 77406	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
	Principal occu Administrato	pation / Job title (See Instructions r	5)	Employer (See Instructions Consolidated Home Hea			

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains hov	v to complete this fo	orm.	1	Total pages Schedule A1: Sch: 177/254 Rpt: 180/272	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	ciation for Home Care and Ho	spice Inc Texas Hom	e Care and Hospice PAC -		00015750	
4	Date 10/01/2025	5 Full name of contributor Palmer, Natasha (Ms.)6 Contributor address; City; S	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$4.00
		White Oak, TX 75693					
8	Principal occu	pation / Job title (See Instruction:	5)	9 Employer (See Instructions	()		
	Occupationa	l Therapy Asst.		Therapy 2000 Inc.			
	Date 10/01/2025	Full name of contributor Palmer, Natasha (Ms.) Contributor address; City; S	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$4.00
		White Oak, TX 75693					
		pation / Job title (See Instruction	5)	Employer (See Instructions	()		
	Occupationa	l Therapy Asst.		Therapy 2000 Inc.			
	Date 10/01/2025	Full name of contributor Palmer, Natasha (Ms.) Contributor address; City; S	out-of-state PAC (ID#: tate; Zip Code			Amount of Contribution (\$)	\$4.00
		White Oak, TX 75693					
	Principal occu	pation / Job title (See Instruction:	s)	Employer (See Instructions	()		
	Occupationa	l Therapy Asst.		Therapy 2000 Inc.			
	Date 10/01/2025	Full name of contributor Palmer, Natasha (Ms.) Contributor address; City; S White Oak, TX 75693	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$4.00
	•	pation / Job title (See Instruction: I Therapy Asst.	S)	Employer (See Instructions Therapy 2000 Inc.	i)		
	Date 10/01/2025	Full name of contributor Palmer, Natasha (Ms.) Contributor address; City; S White Oak, TX 75693	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$4.00
	Principal occu	pation / Job title (See Instruction:	5)	Employer (See Instructions	()		
	Occupationa	l Therapy Asst.		Therapy 2000 Inc.			

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains hov	v to complete this fo	orm.	1	Total pages Schedule A1: Sch: 178/254 Rpt: 181/272	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	ciation for Home Care and Ho	spice Inc Texas Hom	e Care and Hospice PAC -		00015750	
4	Date 10/01/2025	5 Full name of contributor Palmer, Natasha (Ms.)6 Contributor address; City; S	out-of-state PAC (ID#: tate; Zip Code)	7	Amount of Contribution (\$)	\$4.00
		White Oak, TX 75693					
8	Principal occu	pation / Job title (See Instruction:	s)	9 Employer (See Instructions)		
	Occupationa	l Therapy Asst.		Therapy 2000 Inc.			
	Date 10/01/2025	Full name of contributor Palmer, Natasha (Ms.) Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$4.00
		White Oak, TX 75693					
		pation / Job title (See Instruction	5)	Employer (See Instructions)		
	Occupationa	l Therapy Asst.		Therapy 2000 Inc.			
	Date 10/01/2025	Full name of contributor Palmer, Natasha (Ms.) Contributor address; City; S	out-of-state PAC (ID#: tate; Zip Code)		Amount of Contribution (\$)	\$4.00
		White Oak, TX 75693					
	Principal occu	pation / Job title (See Instruction:	s)	Employer (See Instructions)		
	Occupationa	l Therapy Asst.		Therapy 2000 Inc.			
	Date 10/01/2025	Full name of contributor Palmer, Natasha (Ms.) Contributor address; City; S White Oak, TX 75693	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$4.00
	•	pation / Job title (See Instruction: I Therapy Asst.	5)	Employer (See Instructions Therapy 2000 Inc.)		
	Date 10/01/2025	Full name of contributor Palmer, Natasha (Ms.) Contributor address; City; S White Oak, TX 75693	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$4.00
	Principal occu	pation / Job title (See Instruction:	5)	Employer (See Instructions)		
	Occupationa	l Therapy Asst.		Therapy 2000 Inc.			

	MONET	ARY POLITICAL COI	NIRIBUTION	15		SCHEDULE	A1
	The Instru	ction Guide explains how to	complete this for	m.	1	Total pages Schedule A1: Sch: 179/254 Rpt: 182/272	
2	FILER NAME Texas Assoc	siation for Home Care and Hospice	e Inc Texas Home	Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	Filers)
4	Date 10/01/2025	 5 Full name of contributor)	7	Amount of Contribution (\$)	\$4.00
		White Oak, TX 75693					
8	-	pation / Job title (See Instructions) Il Therapy Asst.	9	Employer (See Instructions Therapy 2000 Inc.)		
	Date 10/01/2025	Palmer, Natasha (Ms.) Contributor address; City; State; 2	out-of-state PAC (ID#: Zip Code)		Amount of Contribution (\$)	\$4.00
	Principal occu	white Oak, TX 75693 pation / Job title (See Instructions)		Employer (See Instructions)		
	•	ll Therapy Asst.		Therapy 2000 Inc.	,		
	Date 10/01/2025	Papetti, Jenna (Ms.) Contributor address; City; State; 2	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$6.00
	Principal occu	Houston, TX 77055 pation / Job title (See Instructions)	<u> </u>	Employer (See Instructions			
		rketing Manager		Therapy 2000 Inc.)		
	Date 10/01/2025	Papetti, Jenna (Ms.))		Amount of Contribution (\$)	\$6.00
		Houston, TX 77055					
	•	pation / Job title (See Instructions) urketing Manager		Employer (See Instructions Therapy 2000 Inc.)		
	Date 10/01/2025	Papetti, Jenna (Ms.)	out-of-state PAC (ID#: Zip Code			Amount of Contribution (\$)	\$6.00
	•	pation / Job title (See Instructions)		Employer (See Instructions)		
	Regional Ma	ırketing Manager		Therapy 2000 Inc.			

	MONEI	ARY POLITICAL CC	MIRIBUTIO	N2		SCHEDULE	A1
	The Instru	ction Guide explains how to	complete this for	rm.	1	Total pages Schedule A1: Sch: 180/254 Rpt: 183/272	
2	FILER NAME Texas Assoc	ciation for Home Care and Hospic	ce Inc Texas Home	Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	Filers)
4	Date 10/01/2025	5 Full name of contributor Papetti, Jenna (Ms.)6 Contributor address; City; State			7	Amount of Contribution (\$)	\$6.00
		Houston, TX 77055	+				
8	•	pation / Job title (See Instructions) urketing Manager	9	Employer (See Instructions Therapy 2000 Inc.)		
	Date 10/01/2025	Full name of contributor Papetti, Jenna (Ms.) Contributor address; City; State	out-of-state PAC (ID#: ; Zip Code			Amount of Contribution (\$)	\$6.00
	Principal occu	Houston, TX 77055 pation / Job title (See Instructions)		Employer (See Instructions)		
	Regional Ma	rketing Manager		Therapy 2000 Inc.			
	Date 10/01/2025	Full name of contributor Papetti, Jenna (Ms.) Contributor address; City; State	out-of-state PAC (ID#:; Zip Code			Amount of Contribution (\$)	\$6.00
	Principal occu	Houston, TX 77055 pation / Job title (See Instructions)		Employer (See Instructions) 		
		rketing Manager		Therapy 2000 Inc.	,		
	Date 10/01/2025	Full name of contributor Papetti, Jenna (Ms.) Contributor address; City; State				Amount of Contribution (\$)	\$6.00
		Houston, TX 77055					
	•	pation / Job title (See Instructions) urketing Manager		Employer (See Instructions Therapy 2000 Inc.)		
	Date 10/01/2025	Full name of contributor Papetti, Jenna (Ms.) Contributor address; City; State Houston, TX 77055	out-of-state PAC (ID#: ; Zip Code			Amount of Contribution (\$)	\$6.00
	•	pation / Job title (See Instructions)		Employer (See Instructions)		
	keylonal Ma	rketing Manager		Therapy 2000 Inc.			

	MONET	ARY POLITICAL (CONTRIBUTIO	JNS		SCHEDULE	A1
	The Instru	ction Guide explains hov	to complete this f	orm.	1	Total pages Schedule A1: Sch: 181/254 Rpt: 184/272	
2	FILER NAME Texas Assoc	ciation for Home Care and Ho	spice Inc Texas Hon	ne Care and Hospice PAC -	3	Filer ID (Ethics Commission F 00015750	-ilers)
4	Date 10/01/2025	5 Full name of contributor Papetti, Jenna (Ms.)6 Contributor address; City; S	out-of-state PAC (ID#:_ tate; Zip Code		7	Amount of Contribution (\$)	\$6.00
		Houston, TX 77055					
8	•	pation / Job title (See Instructions rketing Manager	5)	9 Employer (See Instructions Therapy 2000 Inc.	s)		
	Date 10/01/2025	Full name of contributor Papetti, Jenna (Ms.) Contributor address; City; S	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$6.00
	Principal occu	Houston, TX 77055 pation / Job title (See Instructions	s)	Employer (See Instructions	<u> </u> ;)		
	Regional Ma	rketing Manager		Therapy 2000 Inc.			
	Date 10/01/2025	Full name of contributor Papetti, Jenna (Ms.) Contributor address; City; S Houston, TX 77055	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$6.00
	Principal occu	pation / Job title (See Instructions	S)	Employer (See Instructions	<u> </u>		
		rketing Manager		Therapy 2000 Inc.			
	Date 10/01/2025	Full name of contributor Papetti, Jenna (Ms.) Contributor address; City; S Houston, TX 77055				Amount of Contribution (\$)	\$6.00
	•	pation / Job title (See Instructions rketing Manager	5)	Employer (See Instructions Therapy 2000 Inc.	<u> </u> 		
	Date 10/01/2025	Full name of contributor Papetti, Jenna (Ms.) Contributor address; City; S Houston, TX 77055	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$2.00
		pation / Job title (See Instructions rketing Manager	5)	Employer (See Instructions Therapy 2000 Inc.	5)		

	MONEI	ARY POLITICAL CC	MIKIBUTIOI	N2		SCHEDULE	A1
	The Instruc	ction Guide explains how to	complete this for	rm.	1	Total pages Schedule A1: Sch: 182/254 Rpt: 185/272	
2	FILER NAME Texas Assoc	ciation for Home Care and Hospi	ce Inc Texas Home	Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	Filers)
4	Date 10/01/2025	Full name of contributor Papetti, Jenna (Ms.)Contributor address; City; State			7	Amount of Contribution (\$)	\$2.00
		Houston, TX 77055					
8	•	pation / Job title (See Instructions) urketing Manager	9	Employer (See Instructions Therapy 2000 Inc.)		
	Date 10/01/2025	Full name of contributor Papetti, Jenna (Ms.) Contributor address; City; State Houston, TX 77055	out-of-state PAC (ID#: ; Zip Code			Amount of Contribution (\$)	\$2.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Regional Ma	rketing Manager		Therapy 2000 Inc.			
	Date 10/01/2025	Full name of contributor Papetti, Jenna (Ms.) Contributor address; City; State Houston, TX 77055	out-of-state PAC (ID#: ; Zip Code			Amount of Contribution (\$)	\$2.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
		rketing Manager		Therapy 2000 Inc.			
	Date 10/01/2025	Contributor address; City; State				Amount of Contribution (\$)	\$2.00
	•	Houston, TX 77055 pation / Job title (See Instructions) urketing Manager		Employer (See Instructions Therapy 2000 Inc.)		
	Date 10/01/2025	Full name of contributor Papetti, Jenna (Ms.) Contributor address; City; State Houston, TX 77055	out-of-state PAC (ID#:; Zip Code			Amount of Contribution (\$)	\$2.00
	•	pation / Job title (See Instructions)		Employer (See Instructions)		
	kegionai Ma	ırketing Manager		Therapy 2000 Inc.			

	MONET	ARY POLITICAL (CONTRIBUTIO	JNS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A1: Sch: 183/254 Rpt: 186/272	
2	FILER NAME Texas Assoc	ciation for Home Care and Ho	spice Inc Texas Hon	ne Care and Hospice PAC -	3	Filer ID (Ethics Commission F 00015750	Filers)
4	Date 10/01/2025	5 Full name of contributor Papetti, Jenna (Ms.)6 Contributor address; City; Si	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	\$2.00
		Houston, TX 77055					
8	•	pation / Job title (See Instructions rketing Manager	s)	9 Employer (See Instructions Therapy 2000 Inc.	5)		
	Date 10/01/2025	Full name of contributor Papetti, Jenna (Ms.) Contributor address; City; S	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$2.00
	Principal occu	Houston, TX 77055 pation / Job title (See Instructions	s)	Employer (See Instructions	<u> </u> ;)		
	Regional Ma	rketing Manager		Therapy 2000 Inc.			
	Date 10/01/2025	Full name of contributor Papetti, Jenna (Ms.) Contributor address; City; Si Houston, TX 77055	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$2.00
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	<u> </u>		
	Regional Ma	rketing Manager		Therapy 2000 Inc.			
	Date 10/01/2025	Full name of contributor Papetti, Jenna (Ms.) Contributor address; City; S Houston, TX 77055				Amount of Contribution (\$)	\$2.00
	·	pation / Job title (See Instructions rketing Manager	s)	Employer (See Instructions Therapy 2000 Inc.	<u> </u> 5)		
	Date 10/01/2025	Full name of contributor Papetti, Jenna (Ms.) Contributor address; City; S Houston, TX 77055	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$2.00
		pation / Job title (See Instructions rketing Manager	s)	Employer (See Instructions Therapy 2000 Inc.	;)		

	MONEI	ARY POLITICAL CON	TRIBUTIONS		SCHEDULE	A1
	The Instru	ction Guide explains how to co	omplete this form.	1	Total pages Schedule A1: Sch: 184/254 Rpt: 187/272	
2	FILER NAME Texas Assoc	ciation for Home Care and Hospice I	nc Texas Home Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	Filers)
4	Date 10/01/2025	 5 Full name of contributor our papetti, Jenna (Ms.) 6 Contributor address; City; State; Zip 	o Code	7	Amount of Contribution (\$)	\$2.00
		Houston, TX 77055				
8		pation / Job title (See Instructions) urketing Manager	9 Employer (See Instructions Therapy 2000 Inc.	5)		
	Date 10/01/2025	Parker, Lisa Brynn (Ms.) Contributor address; City; State; Zip	o-of-state PAC (ID#:) Code		Amount of Contribution (\$)	\$5.00
	Principal occu	Sulphur Springs, TX 75482 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)		
	Speech The	rapy Assistant	Therapy 2000 Inc.			
	Date 10/01/2025	Parker, Lisa Brynn (Ms.) Contributor address; City; State; Zip	o-of-state PAC (ID#:) Code		Amount of Contribution (\$)	\$5.00
	Principal occu	Sulphur Springs, TX 75482 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
		rapy Assistant	Therapy 2000 Inc.	,		
	Date 10/01/2025	Pecson, Samantha (Ms.)	o Code		Amount of Contribution (\$)	\$5.00
		Frisco, TX 75034				
	·	pation / Job title (See Instructions) Il Therapy Asst.	Employer (See Instructions Therapy 2000 Inc.	5)		
	Date 10/01/2025	Pecson, Samantha (Ms.)	C-of-state PAC (ID#:) Code		Amount of Contribution (\$)	\$5.00
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Occupationa	ll Therapy Asst.	Therapy 2000 Inc.			

	MONEI	ARY POLITICAL CONT	KIBUTIONS		SCHEDULE	A1
	The Instru	ction Guide explains how to com	plete this form.	1	Total pages Schedule A1: Sch: 185/254 Rpt: 188/272	
2	FILER NAME Texas Assoc	ciation for Home Care and Hospice Inc.	- Texas Home Care and Hos	spice PAC -	Filer ID (Ethics Commission 00015750	Filers)
4	Date 10/01/2025	 Full name of contributor out-of-pecson, Samantha (Ms.) Contributor address; City; State; Zip C 	state PAC (ID#:	7	Amount of Contribution (\$)	\$5.00
		Frisco, TX 75034	<u></u>			
8		pation / Job title (See Instructions) Il Therapy Asst.	9 Employer (See Therapy 200			
	Date 10/01/2025		state PAC (ID#:		Amount of Contribution (\$)	\$5.00
	<u> </u>	Frisco, TX 75034	1 5 1 6			
	•	pation / Job title (See Instructions) Il Therapy Asst.	Employer (See Therapy 200			
	Date 10/01/2025	Pecson, Samantha (Ms.) Contributor address; City; State; Zip C	state PAC (ID#:		Amount of Contribution (\$)	\$5.00
	Principal occu	pation / Job title (See Instructions)	Employer (See	e Instructions)		
		Il Therapy Asst.	Therapy 200			
	Date 10/01/2025	Pecson, Samantha (Ms.)	state PAC (ID#:)	Amount of Contribution (\$)	\$5.00
		Frisco, TX 75034				
	•	pation / Job title (See Instructions) Il Therapy Asst.	Employer (See Therapy 200			
	Date 10/01/2025	Full name of contributor out-of- Pecson, Samantha (Ms.) Contributor address; City; State; Zip C Frisco, TX 75034)	Amount of Contribution (\$)	\$5.00
		pation / Job title (See Instructions)	Employer (Sec			
	Occupationa	ll Therapy Asst.	Therapy 200	00 Inc.		

	MONET	ARY POLITICAL CONTR	KIBUTION	15		SCHEDULE	A1
	The Instru	ction Guide explains how to comp	plete this for	m.	1	Total pages Schedule A1: Sch: 186/254 Rpt: 189/272	
2	FILER NAME Texas Assoc	ciation for Home Care and Hospice Inc.	- Texas Home	Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	Filers)
4	Date 10/01/2025	 Full name of contributor out-of-s Pecson, Samantha (Ms.) Contributor address; City; State; Zip Co 	state PAC (ID#:)	7	Amount of Contribution (\$)	\$5.00
		Frisco, TX 75034					
8		pation / Job title (See Instructions) Il Therapy Asst.	9	Employer (See Instructions) Therapy 2000 Inc.)		
	Date 10/01/2025		state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
	Deinsinal assu	Frisco, TX 75034		Franksian (Cooksatuustinas	_		
	•	pation / Job title (See Instructions) Il Therapy Asst.		Employer (See Instructions) Therapy 2000 Inc.)		
	Date 10/01/2025	Full name of contributor out-of-s Pecson, Samantha (Ms.) Contributor address; City; State; Zip Co	state PAC (ID#:			Amount of Contribution (\$)	\$5.00
	Dringingless	Frisco, TX 75034	<u> </u>	Franksian (Cooksatuustinas			
		pation / Job title (See Instructions) Il Therapy Asst.		Employer (See Instructions) Therapy 2000 Inc.)		
	Date 10/01/2025	Pecson, Samantha (Ms.)				Amount of Contribution (\$)	\$5.00
		Frisco, TX 75034					
	•	pation / Job title (See Instructions) Il Therapy Asst.		Employer (See Instructions Therapy 2000 Inc.)		
	Date 10/01/2025	Full name of contributor out-of-s Pecson, Samantha (Ms.) Contributor address; City; State; Zip Co Frisco, TX 75034)		Amount of Contribution (\$)	\$5.00
		pation / Job title (See Instructions)		Employer (See Instructions)		
	Оссиранопа	ll Therapy Asst.		Therapy 2000 Inc.			

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 187/254 Rpt: 190/272	
2	FILER NAME Texas Assoc	ciation for Home Care and Hos	pice Inc Texas Home	e Care and Hospice PAC -	3	Filer ID (Ethics Commission F 00015750	-ilers)
4	Date 10/01/2025	Full name of contributor Phillip , Taylor Contributor address; City; Sta	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$3.00
_		Garland, TX 75040	 		Ĺ		
8	Principal occu Physical The	ipation / Job title (See Instructions) erapist	9	Employer (See Instructions) Therapy 2000 Inc.	.) 		
	Date 10/01/2025	Full name of contributor Phillip , Taylor Contributor address; City; Sta	out-of-state PAC (ID#:ate; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu	Garland, TX 75040 upation / Job title (See Instructions))	Employer (See Instructions	 ;)		
	Physical The	erapist		Therapy 2000 Inc.			
	Date 10/01/2025	Full name of contributor Phillip , Taylor Contributor address; City; Sta	out-of-state PAC (ID#:ate; Zip Code			Amount of Contribution (\$)	\$3.00
	I	Garland, TX 75040					
	Principal occu Physical The	upation / Job title (See Instructions) erapist		Employer (See Instructions Therapy 2000 Inc.)		
	Date 10/01/2025	Full name of contributor Phillip , Taylor Contributor address; City; Sta)		Amount of Contribution (\$)	\$3.00
	Principal occu Physical The	upation / Job title (See Instructions))	Employer (See Instructions Therapy 2000 Inc.	;)		
	Date 10/01/2025	Full name of contributor Phillip , Taylor Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$3.00
	Principal occu Physical The	ipation / Job title (See Instructions) erapist		Employer (See Instructions Therapy 2000 Inc.)		

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 188/254 Rpt: 191/272	
2	FILER NAME Texas Assoc	ciation for Home Care and Hos	spice Inc Texas Home	e Care and Hospice PAC -	3	Filer ID (Ethics Commission F 00015750	-ilers)
4	Date 10/01/2025	Full name of contributor Phillip , Taylor Contributor address; City; Sta	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$3.00
Ļ	-: : lass:	Garland, TX 75040	 	(2) Instruction	Ĺ		
8	Principal occu Physical The	ipation / Job title (See Instructions) erapist	1 9	9 Employer (See Instructions Therapy 2000 Inc.	;)		
	Date 10/01/2025	Full name of contributor Phillip , Taylor Contributor address; City; Sta	out-of-state PAC (ID#: ate; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu	Garland, TX 75040 upation / Job title (See Instructions))	Employer (See Instructions	<u> </u>	_	
	Physical The	erapist		Therapy 2000 Inc.			
	Date 10/01/2025	Full name of contributor Phillip , Taylor Contributor address; City; Sta	out-of-state PAC (ID#: ate; Zip Code			Amount of Contribution (\$)	\$3.00
	I	Garland, TX 75040					
	Principal occu Physical The	ipation / Job title (See Instructions) erapist)	Employer (See Instructions Therapy 2000 Inc.	;)		
	Date 10/01/2025	Full name of contributor Phillip , Taylor Contributor address; City; Sta				Amount of Contribution (\$)	\$3.00
	Principal occu Physical The	upation / Job title (See Instructions))	Employer (See Instructions Therapy 2000 Inc.	;)		
	Date 10/01/2025	Full name of contributor Phillip , Taylor Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$3.00
	Principal occu Physical The	ipation / Job title (See Instructions) erapist)	Employer (See Instructions Therapy 2000 Inc.	;)		

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 189/254 Rpt: 192/272	1
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	ciation for Home Care and Ho	spice Inc Texas Home	e Care and Hospice PAC -		00015750	
4	Date 10/01/2025	5 Full name of contributor Phillip , Taylor6 Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)	7	Amount of Contribution (\$)	\$3.00
		Garland, TX 75040					
8	Principal occu	pation / Job title (See Instructions	s) <u>(</u>	Employer (See Instructions	<u> </u>		
	Physical The	erapist		Therapy 2000 Inc.			
	Date 10/01/2025	Full name of contributor Phillip , Taylor Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$3.00
	Principal occu	pation / Job title (See Instructions	3)	Employer (See Instructions	<u>.</u>		
	Physical The		,	Therapy 2000 Inc.	,		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/01/2025	Pitner, Heather (Ms.) Contributor address; City; St					\$10.00
	Dringing con	North Richland Hills, TX 7 pation / Job title (See Instructions		Employer (See Instructions	·/		
	VP Therapy			Therapy 2000 Inc.	')		
		Full name of contributor		, morapy 2000 me.		Amount of Contribution (\$)	
	Date 10/01/2025	Pitner, Heather (Ms.) Contributor address; City; St North Richland Hills, TX 7				Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	()		
	VP Therapy	Operations		Therapy 2000 Inc.			
	Date 10/01/2025	Full name of contributor Pitner, Heather (Ms.) Contributor address; City; St North Richland Hills, TX 7)		Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions		Employer (See Instructions	<u> </u> :)		
	VP Therapy		,	Therapy 2000 Inc.	,		

	MONEI	ARY POLITICAL CO	NIRIBUTION	S		SCHEDULE	A1
	The Instru	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 190/254 Rpt: 193/272	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	ciation for Home Care and Hospice	e Inc Texas Home (Care and Hospice PAC -		00015750	
4	Date 10/01/2025	 5 Full name of contributor Pitner, Heather (Ms.) 6 Contributor address; City; State; 	out-of-state PAC (ID#: Zip Code)	7	Amount of Contribution (\$)	\$10.00
		North Richland Hills, TX 7618	2				
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions)		
	VP Therapy	Operations		Therapy 2000 Inc.			
	Date 10/01/2025	Pitner, Heather (Ms.) Contributor address; City; State;				Amount of Contribution (\$)	\$10.00
	Dringinal occu	North Richland Hills, TX 76187 pation / Job title (See Instructions)		Employer (See Instructions			
	VP Therapy			Therapy 2000 Inc.	,		
	Date		out-of-state PAC (ID#:	, I		Amount of Contribution (\$)	
	10/01/2025	Pitner, Heather (Ms.) Contributor address; City; State;				, and an established (4)	\$10.00
		North Richland Hills, TX 7618	2				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	VP Therapy	Operations		Therapy 2000 Inc.			
	Date 10/01/2025	Full name of contributor Pitner, Heather (Ms.) Contributor address; City; State; Annual Pitner, Pitne				Amount of Contribution (\$)	\$10.00
	•	pation / Job title (See Instructions)		Employer (See Instructions)		
	VP Therapy	Operations		Therapy 2000 Inc.			
	Date 10/01/2025	Full name of contributor Pitner, Heather (Ms.) Contributor address; City; State; Another Richland Hills, TX 7618)		Amount of Contribution (\$)	\$10.00
		pation / Job title (See Instructions)		Employer (See Instructions)		
	VP Therapy	Operations		Therapy 2000 Inc.			

The Instruction Guide explains how to complete this form. 2 FILER NAME Texas Association for Home Care and Hospice Inc Texas Home Care and Hospice PAC - 4 Date 10/01/2025 5 Full name of contributor Pitner, Heather (Ms.) 6 Contributor address; City; State; Zip Code North Richland Hills, TX 76182 8 Principal occupation / Job title (See Instructions) VP Therapy Operations Date 10/01/2025 Pitner, Heather (Ms.) Pitner, Heather (Ms.) Contributor address; City; State; Zip Code North Richland Hills, TX 76182 Principal occupation / Job title (See Instructions) VP Therapy Operations Employer (See Instructions) Therapy 2000 Inc. Principal occupation / Job title (See Instructions) Therapy 2000 Inc.	Total pages Schedule A1: Sch: 191/254 Rpt: 194/272 Filer ID (Ethics Commission Filers) 00015750 Amount of Contribution (\$) \$10. Amount of Contribution (\$) \$10.
Texas Association for Home Care and Hospice Inc Texas Home Care and Hospice PAC - (1) 4 Date	Amount of Contribution (\$) Amount of Contribution (\$) Amount of Contribution (\$) Amount of Contribution (\$)
10/01/2025 Pitner, Heather (Ms.) 6 Contributor address; City; State; Zip Code North Richland Hills, TX 76182 8 Principal occupation / Job title (See Instructions) VP Therapy Operations Date 10/01/2025 Pitner, Heather (Ms.) Contributor address; City; State; Zip Code North Richland Hills, TX 76182 Principal occupation / Job title (See Instructions) VP Therapy Operations Employer (See Instructions) Therapy 2000 Inc. Date 10/01/2025 Full name of contributor out-of-state PAC (ID#:	Amount of Contribution (\$) \$10.
8 Principal occupation / Job title (See Instructions) VP Therapy Operations Date 10/01/2025 Pitner, Heather (Ms.) Contributor address; City; State; Zip Code North Richland Hills, TX 76182 Principal occupation / Job title (See Instructions) VP Therapy Operations Employer (See Instructions) Therapy 2000 Inc. Employer (See Instructions) Therapy 2000 Inc.	\$10.
VP Therapy Operations Date 10/01/2025 Pitner, Heather (Ms.) Contributor address; City; State; Zip Code North Richland Hills, TX 76182 Principal occupation / Job title (See Instructions) VP Therapy Operations Full name of contributor out-of-state PAC (ID#:	\$10.
Date Full name of contributor out-of-state PAC (ID#:	\$10.
10/01/2025 Pitner, Heather (Ms.) Contributor address; City; State; Zip Code North Richland Hills, TX 76182 Principal occupation / Job title (See Instructions) VP Therapy Operations Date 10/01/2025 Full name of contributor out-of-state PAC (ID#:	\$10.
Principal occupation / Job title (See Instructions) VP Therapy Operations Therapy 2000 Inc. Date 10/01/2025 Pitner, Heather (Ms.) Contributor address; City; State; Zip Code	
VP Therapy Operations Date Full name of contributor out-of-state PAC (ID#:) Pitner, Heather (Ms.) Contributor address; City; State; Zip Code	
Date Full name of contributor out-of-state PAC (ID#:) 10/01/2025 Pitner, Heather (Ms.) Contributor address; City; State; Zip Code	
10/01/2025 Pitner, Heather (Ms.) Contributor address; City; State; Zip Code	
Notiti Richianu Hills, 17 70102	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
VP Therapy Operations Therapy 2000 Inc.	
Date 10/01/2025 Full name of contributor out-of-state PAC (ID#:) Pitner, Heather (Ms.) Contributor address; City; State; Zip Code North Richland Hills, TX 76182	Amount of Contribution (\$) \$10.
Principal occupation / Job title (See Instructions) VP Therapy Operations Employer (See Instructions) Therapy 2000 Inc.	
Date Full name of contributor out-of-state PAC (ID#:) 10/23/2025 Poynor, Joanne (Ms.) Contributor address; City; State; Zip Code Tyler, TX 75701	Amount of Contribution (\$) \$80.
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Executive Director Paradigm Rehab & Nursing	

	MONEI	ARY POLITICAL CONTRIBUTI	UNS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 192/254 Rpt: 195/272	
2	FILER NAME Texas Assoc	ciation for Home Care and Hospice Inc Texas Ho	ome Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	Filers)
4	Date 10/01/2025	 5 Full name of contributor out-of-state PAC (ID#Ramos, Juan Carlos (Mr.) 6 Contributor address; City; State; Zip Code 	#:)	7	Amount of Contribution (\$)	\$5.00
_		San Antonio, TX 78249				
8	Principal occu Occupationa	pation / Job title (See Instructions) Il Therapist	9 Employer (See Instructions Therapy 2000 Inc.	5)		
	Date 10/01/2025	Full name of contributor	#:)		Amount of Contribution (\$)	\$5.00
	Deinainal assu	San Antonio, TX 78249	Franks var (Caa Instructions	_		
	Occupationa	pation / Job title (See Instructions) Il Therapist	Employer (See Instructions Therapy 2000 Inc.	5)		
	Date 10/01/2025	Full name of contributor out-of-state PAC (ID# Ramos, Juan Carlos (Mr.) Contributor address; City; State; Zip Code	<u>*</u> :)		Amount of Contribution (\$)	\$5.00
		San Antonio, TX 78249				
	Principal occu Occupationa	pation / Job title (See Instructions) Il Therapist	Employer (See Instructions Therapy 2000 Inc.	i)		
	Date 10/01/2025	Full name of contributor out-of-state PAC (ID# Ramos, Juan Carlos (Mr.) Contributor address; City; State; Zip Code	#:)		Amount of Contribution (\$)	\$5.00
	·	San Antonio, TX 78249 pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Occupationa Date	Full name of contributor out-of-state PAC (ID#	Therapy 2000 Inc.		Amount of Contribution (\$)	
	10/01/2025	Ramos, Juan Carlos (Mr.) Contributor address; City; State; Zip Code San Antonio, TX 78249			Amount of Continuation (4)	\$5.00
		pation / Job title (See Instructions)	Employer (See Instructions	;)		
	Occupationa		Therapy 2000 Inc.			

	MONET	ARY POLITICAL CONTRIBUTI	UN5		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 193/254 Rpt: 196/272	
2	FILER NAME Texas Assoc	ciation for Home Care and Hospice Inc Texas Ho	ome Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	Filers)
4	Date 10/01/2025	 5 Full name of contributor out-of-state PAC (ID# Ramos, Juan Carlos (Mr.) 6 Contributor address; City; State; Zip Code 	<u>#:)</u>	7	Amount of Contribution (\$)	\$5.00
_		San Antonio, TX 78249		Ĺ		
8	Occupationa	pation / Job title (See Instructions) Il Therapist	9 Employer (See Instructions Therapy 2000 Inc.	5)		
	Date 10/01/2025	Full name of contributor out-of-state PAC (ID# Ramos, Juan Carlos (Mr.) Contributor address; City; State; Zip Code	#:)		Amount of Contribution (\$)	\$5.00
	Dringing agg	San Antonio, TX 78249	Employer (See Instructions	_		
	Occupationa	pation / Job title (See Instructions) Il Therapist	Employer (See Instructions Therapy 2000 Inc.)		
	Date 10/01/2025	Full name of contributor out-of-state PAC (ID# Ramos, Juan Carlos (Mr.) Contributor address; City; State; Zip Code	<u>; </u>		Amount of Contribution (\$)	\$5.00
		San Antonio, TX 78249				
	Principal occu Occupationa	pation / Job title (See Instructions) Il Therapist	Employer (See Instructions Therapy 2000 Inc.	5)		
	Date 10/01/2025	Full name of contributor out-of-state PAC (ID#Ramos, Juan Carlos (Mr.) Contributor address; City; State; Zip Code	#:)		Amount of Contribution (\$)	\$5.00
	Principal occu	San Antonio, TX 78249 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Occupationa	l Therapist	Therapy 2000 Inc.			
	Date 10/01/2025	Full name of contributor out-of-state PAC (ID# Ramos, Juan Carlos (Mr.) Contributor address; City; State; Zip Code San Antonio, TX 78249			Amount of Contribution (\$)	\$5.00
	Principal occu Occupationa	pation / Job title (See Instructions)	Employer (See Instructions Therapy 2000 Inc.	()		
	Occupationa	и тнегары	тнегару 2000 інс.			

	MONET	ARY POLITICAL CONTRIBO	JIIONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete	this form.	1	Total pages Schedule A1: Sch: 194/254 Rpt: 197/272	
2	FILER NAME Texas Assoc	ciation for Home Care and Hospice Inc Texa	as Home Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	Filers)
4	Date 10/01/2025	 Full name of contributor	C (ID#:)	7	Amount of Contribution (\$)	\$5.00
_		San Antonio, TX 78249	1	Ĺ		
8	Principal occu Occupationa	pation / Job title (See Instructions) Il Therapist	9 Employer (See Instructions Therapy 2000 Inc.	s)		
	Date 10/01/2025	Full name of contributor	C (ID#:)		Amount of Contribution (\$)	\$5.00
		San Antonio, TX 78249		Ĺ		
	Principal occu Occupationa	pation / Job title (See Instructions) Il Therapist	Employer (See Instructions Therapy 2000 Inc.	s)		
	Date 10/01/2025	Full name of contributor out-of-state PAI Rangel, Alison Raye (Ms.) Contributor address; City; State; Zip Code	C (ID#:)		Amount of Contribution (\$)	\$5.00
	Dringing agg	Austin, TX 78735 pation / Job title (See Instructions)	Employer (See Instructions	<u></u>		
	Physical The		Therapy 2000 Inc.	5)		
	Date 10/01/2025	rate Full name of contributor out-of-state PAC (ID#:)			Amount of Contribution (\$)	\$5.00
		Austin, TX 78735				
	Principal occu Physical The	pation / Job title (See Instructions) erapist	Employer (See Instructions Therapy 2000 Inc.	s)		
	Date 10/01/2025	Full name of contributor out-of-state PAGE Rangel, Alison Raye (Ms.) Contributor address; City; State; Zip Code Austin, TX 78735	C (ID#:)		Amount of Contribution (\$)	\$5.00
	Principal occu Physical The	pation / Job title (See Instructions)	Employer (See Instructions Therapy 2000 Inc.	s)		
	, olour Till					

	MONET	ARY POLITICAL CONTR	KIBUTION	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how to comp	plete this for	m.	1	Total pages Schedule A1: Sch: 195/254 Rpt: 198/272	2
2	FILER NAME Texas Assoc	ciation for Home Care and Hospice Inc.	- Texas Home	Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	n Filers)
4	Date 10/01/2025	 Full name of contributor out-of-s Rangel, Alison Raye (Ms.) Contributor address; City; State; Zip Co 	state PAC (ID#:)	7	Amount of Contribution (\$)	\$5.00
_	Deinsinal	Austin, TX 78735	la.	Faralana (Con la desartina			
8	Principal occu Physical The	pation / Job title (See Instructions) erapist	9	Employer (See Instructions Therapy 2000 Inc.)		
	Date 10/01/2025	-	state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Physical The	erapist		Therapy 2000 Inc.			
	Date 10/08/2025	Full name of contributor out-of-s Rash, Rose (Ms.) Contributor address; City; State; Zip Co Corsicana, TX 75109	state PAC (ID#: de			Amount of Contribution (\$)	\$119.05
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Owner/Direc	tor of Nursing		Angels At Home, Inc.			
	Date 10/23/2025	Rash, Rose (Ms.) Contributor address; City; State; Zip Co)		Amount of Contribution (\$)	\$119.05
	Principal occu	Corsicana, TX 75109 pation / Job title (See Instructions)		Employer (See Instructions)		
	•	tor of Nursing		Angels At Home, Inc.	,		
	Date 10/01/2025	Redden, Ellen Kay (Ms.)				Amount of Contribution (\$)	\$5.00
	•	pation / Job title (See Instructions)		Employer (See Instructions)		
	Speech Lang	guage Pathologist		Therapy 2000 Inc.			

	MONET	ARY POLITICAL CONTRI	BUTION	5		SCHEDULE	A1
	The Instru	ction Guide explains how to compl	ete this form	1.	1	Total pages Schedule A1: Sch: 196/254 Rpt: 199/272	
2	FILER NAME Texas Assoc	ciation for Home Care and Hospice Inc 1	Texas Home C	are and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	Filers)
4	Date 10/01/2025	 5 Full name of contributor out-of-state	te PAC (ID#:		7	Amount of Contribution (\$)	\$5.00
		Lake Jackson, TX 77566					
8		pation / Job title (See Instructions) guage Pathologist		Employer (See Instructions Therapy 2000 Inc.	<u></u>		
	Date 10/01/2025	Full name of contributor out-of-stat Redden, Ellen Kay (Ms.) Contributor address; City; State; Zip Code	ee PAC (ID#:			Amount of Contribution (\$)	\$5.00
	Principal occu	Lake Jackson, TX 77566 pation / Job title (See Instructions)		Employer (See Instructions	.) 		
	·	guage Pathologist		Therapy 2000 Inc.	')		
	Date 10/01/2025	Redden, Ellen Kay (Ms.) Contributor address; City; State; Zip Code	te PAC (ID#:			Amount of Contribution (\$)	\$5.00
	Principal occu	Lake Jackson, TX 77566 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> :)		
		guage Pathologist		Therapy 2000 Inc.			
	Date 10/01/2025	Redden, Ellen Kay (Ms.) Contributor address; City; State; Zip Code	e PAC (ID#:			Amount of Contribution (\$)	\$5.00
		Lake Jackson, TX 77566 pation / Job title (See Instructions) guage Pathologist		Employer (See Instructions Therapy 2000 Inc.	j)		
	Date 10/23/2025	Full name of contributor out-of-stat Reece, Miranda (Ms.) Contributor address; City; State; Zip Code Grapevine, TX 76051				Amount of Contribution (\$)	\$40.00
	Principal occu VP of Opera	pation / Job title (See Instructions)		Employer (See Instructions Paradigm Rehab & Nurs		n I P	
	77 of Opera			. a. adigii i vonab & ivais	VII 1	g -	

	MONEI	ARY POLITICAL CONTRIB	OHO	NS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete	e this fo	rm.	1	Total pages Schedule A1: Sch: 197/254 Rpt: 200/272	
2	FILER NAME Texas Assoc	ciation for Home Care and Hospice Inc Tex	xas Home	e Care and Hospice PAC -	3	Filer ID (Ethics Commission F 00015750	-ilers)
4	Date 10/01/2025	 5 Full name of contributor	'AC (ID#:)	7	Amount of Contribution (\$)	\$5.00
		Rowlett, TX 75089	<u>.</u>				
8	•	pation / Job title (See Instructions) nagement System and Technology Manage		Employer (See Instructions) Therapy 2000 Inc.)		
	Date 10/01/2025	Full name of contributor	PAC (ID#:)		Amount of Contribution (\$)	\$5.00
	Principal occu	Pation / Job title (See Instructions)		Employer (See Instructions)		
	Learning Ma	nagement System and Technology Manage	r	Therapy 2000 Inc.			
	Date 10/01/2025	Full name of contributor out-of-state F Reynolds, Robert (Mr.) Contributor address; City; State; Zip Code	AC (ID#:			Amount of Contribution (\$)	\$5.00
		Rowlett, TX 75089					
	•	pation / Job title (See Instructions) nagement System and Technology Manage	r	Employer (See Instructions Therapy 2000 Inc.)		
	Date 10/01/2025	Full name of contributor out-of-state F Reynolds, Robert (Mr.) Contributor address; City; State; Zip Code Rowlett, TX 75089	AC (ID#:)		Amount of Contribution (\$)	\$5.00
	•	pation / Job title (See Instructions) nagement System and Technology Manage	r	Employer (See Instructions Therapy 2000 Inc.)		
	Date 10/01/2025	Full name of contributor out-of-state F Reynolds, Robert (Mr.) Contributor address; City; State; Zip Code Rowlett, TX 75089				Amount of Contribution (\$)	\$5.00
	•	pation / Job title (See Instructions) nagement System and Technology Manage	r	Employer (See Instructions Therapy 2000 Inc.)		
			I	.,			

	MONEI	ARY POLITICAL CONTRIBUTION	ONS			SCHEDULE	A1
	The Instruc	ction Guide explains how to complete this	form.		1	Total pages Schedule A1: Sch: 198/254 Rpt: 201/272	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	ciation for Home Care and Hospice Inc Texas Hor	me Care	and Hospice PAC -		00015750	
4	Date 10/01/2025	 Full name of contributor out-of-state PAC (ID#: Reynolds, Robert (Mr.) Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$5.00
		Rowlett, TX 75089					
8	Principal occu	pation / Job title (See Instructions)	9 Em	oloyer (See Instructions	()		
	Learning Ma	nagement System and Technology Manager	The	erapy 2000 Inc.			
	Date 10/01/2025	Full name of contributor out-of-state PAC (ID#: Reynolds, Robert (Mr.) Contributor address; City; State; Zip Code	:)		Amount of Contribution (\$)	\$5.00
		Rowlett, TX 75089					
	Principal occu	pation / Job title (See Instructions)	Em	oloyer (See Instructions	()		
	Learning Ma	nagement System and Technology Manager	The	erapy 2000 Inc.			
	Date 10/01/2025	Full name of contributor out-of-state PAC (ID#: Reynolds, Robert (Mr.) Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$5.00
		Rowlett, TX 75089					
	Principal occu	pation / Job title (See Instructions)	Em	oloyer (See Instructions	()		
	Learning Ma	nagement System and Technology Manager	The	erapy 2000 Inc.			
	Date 10/01/2025	Full name of contributor out-of-state PAC (ID#: Reynolds, Robert (Mr.) Contributor address; City; State; Zip Code Rowlett, TX 75089				Amount of Contribution (\$)	\$5.00
	•	pation / Job title (See Instructions)		oloyer (See Instructions	5)		
	Learning Ma	nagement System and Technology Manager	The	erapy 2000 Inc.			
	Date 10/01/2025	Full name of contributor out-of-state PAC (ID#: Reynolds, Robert (Mr.) Contributor address; City; State; Zip Code Rowlett, TX 75089				Amount of Contribution (\$)	\$5.00
	Principal occu	pation / Job title (See Instructions)	Em	oloyer (See Instructions	<u> </u>		
	Learning Ma	nagement System and Technology Manager	The	erapy 2000 Inc.			

	MONEI	ARY POLITICAL CONTRIBUTI	Or	V 5		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 199/254 Rpt: 202/272	
2	FILER NAME Texas Assoc	ciation for Home Care and Hospice Inc Texas Ho	ome	Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	Filers)
4	Date 10/01/2025	 Full name of contributor out-of-state PAC (ID# Reynolds, Robert (Mr.) Contributor address; City; State; Zip Code 	#:		7	Amount of Contribution (\$)	\$5.00
		Rowlett, TX 75089					
8		pation / Job title (See Instructions) nagement System and Technology Manager	9	Employer (See Instructions Therapy 2000 Inc.)		
	Date 10/01/2025	Full name of contributor out-of-state PAC (ID# Reynolds, Robert (Mr.) Contributor address; City; State; Zip Code	#:			Amount of Contribution (\$)	\$5.00
	Principal occu	pation / Job title (See Instructions)	\top	Employer (See Instructions)		
	Learning Management System and Technology Manager			Therapy 2000 Inc.	,		
	Date 10/01/2025	Full name of contributor out-of-state PAC (ID# Riggins, Annalisa Marie (Ms.) Contributor address; City; State; Zip Code	#:			Amount of Contribution (\$)	\$3.00
		Lubbock, TX 79424					
	Principal occu Physical The	pation / Job title (See Instructions) erapist		Employer (See Instructions Therapy 2000 Inc.)		
Date 10/01/2025		Full name of contributor out-of-state PAC (ID#:) Riggins, Annalisa Marie (Ms.) Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$3.00
	Principal occu Physical The	Lubbock, TX 79424 pation / Job title (See Instructions) erapist		Employer (See Instructions Therapy 2000 Inc.)		
	Date 10/01/2025	Full name of contributor out-of-state PAC (ID#Riggins, Annalisa Marie (Ms.) Contributor address; City; State; Zip Code Lubbock, TX 79424)		Amount of Contribution (\$)	\$3.00
		pation / Job title (See Instructions)		Employer (See Instructions)		
	Physical The	erapisi		Therapy 2000 Inc.			

	MONET	ARY POLITICAL CONTRIBU	HON	5		SCHEDULE	A1
	The Instru	ction Guide explains how to complete th	his form	ı.	1	Total pages Schedule A1: Sch: 200/254 Rpt: 203/272	
2	FILER NAME Texas Assoc	siation for Home Care and Hospice Inc Texas	Home C	are and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	Filers)
4	Date 10/01/2025	 Full name of contributor			7	Amount of Contribution (\$)	\$3.00
		Lubbock, TX 79424					
8	Principal occu Physical The	pation / Job title (See Instructions) erapist		Employer (See Instructions Therapy 2000 Inc.)		
	Date 10/01/2025	Full name of contributor out-of-state PAC Riggins, Annalisa Marie (Ms.) Contributor address; City; State; Zip Code	(ID#:)		Amount of Contribution (\$)	\$3.00
	Principal occu	Lubbock, TX 79424 pation / Job title (See Instructions)		Employer (See Instructions)		
	Physical The			Therapy 2000 Inc.	,		
	Date 10/01/2025	Full name of contributor out-of-state PAC Riggins, Annalisa Marie (Ms.) Contributor address; City; State; Zip Code	(ID#:)		Amount of Contribution (\$)	\$3.00
		Lubbock, TX 79424					
	Principal occu Physical The	pation / Job title (See Instructions) erapist		Employer (See Instructions Therapy 2000 Inc.)		
	Date 10/01/2025	Full name of contributor				Amount of Contribution (\$)	\$3.00
	Principal occu Physical The	Lubbock, TX 79424 pation / Job title (See Instructions) erapist		Employer (See Instructions Therapy 2000 Inc.)		
	Date 10/01/2025	Full name of contributor out-of-state PAC Riggins, Annalisa Marie (Ms.) Contributor address; City; State; Zip Code Lubbock, TX 79424)		Amount of Contribution (\$)	\$3.00
	Principal occu Physical The	pation / Job title (See Instructions)		Employer (See Instructions Therapy 2000 Inc.)		
	i nysicai me	лиры		THERAPY 2000 IIIC.			

	MONEI	ARY POLITICAL CONTRIBUTION	UN5		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 201/254 Rpt: 204/272	2
2	FILER NAME Texas Assoc	ciation for Home Care and Hospice Inc Texas Ho	ome Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	Filers)
4	Date 10/01/2025	 Full name of contributor out-of-state PAC (ID# Riggins, Annalisa Marie (Ms.) Contributor address; City; State; Zip Code 	÷)	7	Amount of Contribution (\$)	\$3.00
		Lubbock, TX 79424				
8	Principal occu Physical The	pation / Job title (See Instructions) erapist	9 Employer (See Instructions Therapy 2000 Inc.	5)		
	Date 10/01/2025	Full name of contributor out-of-state PAC (ID# Riggins, Annalisa Marie (Ms.) Contributor address; City; State; Zip Code	:)		Amount of Contribution (\$)	\$3.00
	Principal occu	Lubbock, TX 79424 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)		
	Physical The		Therapy 2000 Inc.	•		
	Date 10/01/2025	Full name of contributor out-of-state PAC (ID# Riggins, Annalisa Marie (Ms.) Contributor address; City; State; Zip Code	÷)		Amount of Contribution (\$)	\$3.00
	Drincinal occu	Lubbock, TX 79424 pation / Job title (See Instructions)	Employer (See Instructions	·/		
	Physical The		Therapy 2000 Inc.	"		
Date 10/01/2025		Full name of contributor out-of-state PAC (ID# Riggins, Annalisa Marie (Ms.) Contributor address; City; State; Zip Code	:)		Amount of Contribution (\$)	\$3.00
	Principal occu Physical The	Lubbock, TX 79424 pation / Job title (See Instructions) erapist	Employer (See Instructions Therapy 2000 Inc.	<u> </u> ;)		
	Date 10/21/2025	Full name of contributor out-of-state PAC (ID# Robison, Kristen (Ms.) Contributor address; City; State; Zip Code San Antonio, TX 78209	:)	•	Amount of Contribution (\$)	\$125.00
		pation / Job title (See Instructions)	Employer (See Instructions		Iomo Hoalth	
	KIN, VP GOV	t. Affairs, CCO	Angels of Care Pediatric	. H	ione nealti	

	MONEI	ARY POLITICAL CONTRIBO	UTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete	this fo	rm.	1	Total pages Schedule A1: Sch: 202/254 Rpt: 205/272	<u> </u>
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	Filers)
4	Date 09/30/2025	 Full name of contributor out-of-state PAROSe, Thomas (Mr.) Contributor address; City; State; Zip Code 	`)	7	Amount of Contribution (\$)	\$50.00
		Bradenton, FL 34203					
8	Principal occu Consultant	pation / Job title (See Instructions)		Employer (See Instructions 21st Century Consultant			
	Date 10/01/2025	Full name of contributor	AC (ID#:			Amount of Contribution (\$)	\$5.00
	Principal occu	Royse City, TX 75189 pation / Job title (See Instructions)		Employer (See Instructions)		
	•	erapy Assistant		Therapy 2000 Inc.	,		
	Date 10/01/2025	Full name of contributor out-of-state PARudd, Ronika Rosha (Ms.) Contributor address; City; State; Zip Code	AC (ID#:			Amount of Contribution (\$)	\$5.00
	Principal occu	Pation / Job title (See Instructions)		Employer (See Instructions) 		
	•	erapy Assistant		Therapy 2000 Inc.	,		
	Date 10/01/2025	Full name of contributor out-of-state PARudd, Ronika Rosha (Ms.) Contributor address; City; State; Zip Code	AC (ID#:)		Amount of Contribution (\$)	\$5.00
	Dringing aggr	Royse City, TX 75189		Employer (Coo Instructions			
	•	pation / Job title (See Instructions) erapy Assistant		Employer (See Instructions Therapy 2000 Inc.)		
	Date 10/01/2025	Full name of contributor	AC (ID#:)		Amount of Contribution (\$)	\$5.00
		pation / Job title (See Instructions)		Employer (See Instructions)		
	rnysical Int	erapy Assistant		Therapy 2000 Inc.			

	MONEI	ARY POLITICAL CONTI	KIBUTION	15		SCHEDULE	A1
	The Instru	ction Guide explains how to com	plete this for	m.	1	Total pages Schedule A1: Sch: 203/254 Rpt: 206/272	
2	FILER NAME Texas Assoc	ciation for Home Care and Hospice Inc.	- Texas Home	Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	Filers)
4	Date 10/01/2025	 Full name of contributor out-of-section of contributor and contributor out-of-section o	state PAC (ID#:		7	Amount of Contribution (\$)	\$5.00
		Royse City, TX 75189					
8	•	pation / Job title (See Instructions) erapy Assistant	9	Employer (See Instructions) Therapy 2000 Inc.)		
	Date 10/01/2025	Rudd, Ronika Rosha (Ms.) Contributor address; City; State; Zip Co	state PAC (ID#: ode)		Amount of Contribution (\$)	\$5.00
	Princinal occu	Royse City, TX 75189 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	·	erapy Assistant		Therapy 2000 Inc.	,		
	Date 10/01/2025	Rudd, Ronika Rosha (Ms.) Contributor address; City; State; Zip Co	state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
		erapy Assistant		Therapy 2000 Inc.	,		
	Date 10/01/2025	Full name of contributor out-of- Rudd, Ronika Rosha (Ms.) Contributor address; City; State; Zip Co	state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
		Royse City, TX 75189					
	•	pation / Job title (See Instructions) erapy Assistant		Employer (See Instructions) Therapy 2000 Inc.)		
	Date 10/01/2025	Full name of contributor out-of-section of contributor and contributor address; City; State; Zip Contributor address; City; City; State; Zip Contributor address; City; City; State; Zip Contributor address; City; City	state PAC (ID#: ode			Amount of Contribution (\$)	\$5.00
		pation / Job title (See Instructions)		Employer (See Instructions)		
	Physical The	erapy Assistant		Therapy 2000 Inc.			

	MONET	ARY POLITICAL C	ONTRIBUTIO	NO.		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 204/254 Rpt: 207/272	
2	FILER NAME Texas Assoc	iation for Home Care and Hos	pice Inc Texas Hom	e Care and Hospice PAC -	3	Filer ID (Ethics Commission F 00015750	ilers)
4	Date 10/01/2025	5 Full name of contributor Rudd, Ronika Rosha (Ms.)6 Contributor address; City; Sta)	7	Amount of Contribution (\$)	\$5.00
		Royse City, TX 75189					
8		pation / Job title (See Instructions) erapy Assistant		9 Employer (See Instructions Therapy 2000 Inc.)		
	Date 10/01/2025	Full name of contributor Salinas, Lucy (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#:_ ute; Zip Code)		Amount of Contribution (\$)	\$5.00
	Principal occu	Houston, TX 77044 pation / Job title (See Instructions)		Employer (See Instructions)		
	Speech Lang	guage Pathologsit		Therapy 2000 Inc.			
	Date 10/01/2025	Full name of contributor Salinas, Lucy (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#:_ ute; Zip Code			Amount of Contribution (\$)	\$5.00
	Principal occu	Houston, TX 77044 pation / Job title (See Instructions)		Employer (See Instructions)		
		guage Pathologsit		Therapy 2000 Inc.	,		
	Date 10/01/2025	Full name of contributor Salinas, Lucy (Ms.) Contributor address; City; Sta				Amount of Contribution (\$)	\$5.00
	·	pation / Job title (See Instructions) guage Pathologsit		Employer (See Instructions Therapy 2000 Inc.)		
	Date 10/01/2025	Full name of contributor Salinas, Lucy (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$5.00
		pation / Job title (See Instructions) guage Pathologsit		Employer (See Instructions Therapy 2000 Inc.)		
	,	3 3 3 3		12			

	MONEI	ARY POLITICAL CC	MIRIBUTIO	NS		SCHEDULE	A1
	The Instruc	ction Guide explains how to	complete this for	m.	1	Total pages Schedule A1: Sch: 205/254 Rpt: 208/272	
2	FILER NAME Texas Assoc	ciation for Home Care and Hospic	ce Inc Texas Home	Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	Filers)
4	Date 10/01/2025	5 Full name of contributor Salinas, Lucy (Ms.)6 Contributor address; City; State	out-of-state PAC (ID#: ; Zip Code)	7	Amount of Contribution (\$)	\$5.00
_		Houston, TX 77044	1-				
8	•	pation / Job title (See Instructions) guage Pathologsit	9	Employer (See Instructions) Therapy 2000 Inc.)		
	Date 10/01/2025	Full name of contributor Salinas, Lucy (Ms.) Contributor address; City; State Houston, TX 77044	out-of-state PAC (ID#:; Zip Code			Amount of Contribution (\$)	\$5.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Speech Lang	guage Pathologsit		Therapy 2000 Inc.			
	Date 10/01/2025	Full name of contributor Salinas, Lucy (Ms.) Contributor address; City; State Houston, TX 77044	out-of-state PAC (ID#: ; Zip Code			Amount of Contribution (\$)	\$5.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
		guage Pathologsit		Therapy 2000 Inc.	,		
	Date 10/01/2025	Full name of contributor Salinas, Lucy (Ms.) Contributor address; City; State				Amount of Contribution (\$)	\$5.00
		Houston, TX 77044					
	•	pation / Job title (See Instructions) guage Pathologsit		Employer (See Instructions Therapy 2000 Inc.)		
	Date 10/01/2025	Full name of contributor Salinas, Lucy (Ms.) Contributor address; City; State Houston, TX 77044	out-of-state PAC (ID#: ; Zip Code)		Amount of Contribution (\$)	\$5.00
	•	pation / Job title (See Instructions)		Employer (See Instructions)		
	Speech Lan(guage Pathologsit		Therapy 2000 Inc.			

	MONET	ARY POLITICAL C	ONTRIBUTIO	N5		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 206/254 Rpt: 209/272	
2	FILER NAME Texas Assoc	iation for Home Care and Hos	pice Inc Texas Hom	e Care and Hospice PAC -	3	Filer ID (Ethics Commission F 00015750	-ilers)
4	Date 10/01/2025	5 Full name of contributor Salinas, Lucy (Ms.)6 Contributor address; City; States)	7	Amount of Contribution (\$)	\$5.00
		Houston, TX 77044					
8		pation / Job title (See Instructions) guage Pathologsit		9 Employer (See Instructions Therapy 2000 Inc.	5)		
	Date 10/01/2025	Full name of contributor Salinas, Lucy (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#:_ate; Zip Code			Amount of Contribution (\$)	\$5.00
	Principal occu	Houston, TX 77044 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Speech Lang	guage Pathologsit		Therapy 2000 Inc.			
	Date 10/01/2025	Full name of contributor Salinas, Lucy (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#:_ ate; Zip Code			Amount of Contribution (\$)	\$5.00
H	Principal occu	Houston, TX 77044 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> :)		
		guage Pathologsit		Therapy 2000 Inc.	,		
	Date 09/30/2025	Full name of contributor Sandoval, Vanessa (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#:_ atte; Zip Code			Amount of Contribution (\$)	\$25.00
	Principal occu Administrato	Harlingen, TX 78552 pation / Job title (See Instructions) r		Employer (See Instructions Texas Visiting Nurse Se		ces Ltd.	
	Date 10/01/2025	Full name of contributor Sardinea, Estefania (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#:_ atte; Zip Code)		Amount of Contribution (\$)	\$3.60
	Principal occu Clinical Man	pation / Job title (See Instructions)		Employer (See Instructions Therapy 2000 Inc.)		
			l				

	MONEI	ARY POLITICAL C	ONTRIBUTION	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this for	rm.	1	Total pages Schedule A1: Sch: 207/254 Rpt: 210/272	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	ciation for Home Care and Hos	spice Inc Texas Home	Care and Hospice PAC -		00015750	
4	Date 10/01/2025	 5 Full name of contributor Sardinea, Estefania (Ms.) 6 Contributor address; City; Sta 	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$3.60
		Corsicana, TX 75110					
8	Principal occu Clinical Mana	pation / Job title (See Instructions ager	9	Employer (See Instructions Therapy 2000 Inc.)		
	Date 10/01/2025	Full name of contributor Sardinea, Estefania (Ms.) Contributor address; City; St. Corsicana, TX 75110	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$3.60
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Clinical Mana			Therapy 2000 Inc.	,		
	Date 10/01/2025	Full name of contributor Sardinea, Estefania (Ms.) Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$3.60
		Corsicana, TX 75110					
	Principal occu Clinical Mana	pation / Job title (See Instructions ager		Employer (See Instructions Therapy 2000 Inc.)		
	Date 10/01/2025	Full name of contributor Sardinea, Estefania (Ms.) Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$3.60
	Principal occu Clinical Mana	pation / Job title (See Instructions ager)	Employer (See Instructions Therapy 2000 Inc.)		
	Date 10/01/2025	Full name of contributor Sardinea, Estefania (Ms.) Contributor address; City; St	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$3.60
	Principal occu Clinical Mana	pation / Job title (See Instructions ager		Employer (See Instructions Therapy 2000 Inc.)		

	MONEI	ARY POLITICAL C	ONTRIBUTION	NS		SCHEDULE	A1
	The Instruc	ction Guide explains how	to complete this for	rm.	1	Total pages Schedule A1: Sch: 208/254 Rpt: 211/272	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	ciation for Home Care and Hos	spice Inc Texas Home	Care and Hospice PAC -		00015750	
4	Date 10/01/2025	 5 Full name of contributor Sardinea, Estefania (Ms.) 6 Contributor address; City; St. 	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$3.60
		Corsicana, TX 75110					
8	Principal occu Clinical Mana	pation / Job title (See Instructions ager	9	Employer (See Instructions Therapy 2000 Inc.)		
	Date 10/01/2025	Full name of contributor Sardinea, Estefania (Ms.) Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code			Amount of Contribution (\$)	\$3.60
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Clinical Man			Therapy 2000 Inc.	•		
	Date 10/01/2025	Full name of contributor Sardinea, Estefania (Ms.) Contributor address; City; St	out-of-state PAC (ID#:atte; Zip Code			Amount of Contribution (\$)	\$3.60
		Corsicana, TX 75110					
	Principal occu Clinical Mana	pation / Job title (See Instructions ager		Employer (See Instructions Therapy 2000 Inc.)		
	Date 10/01/2025	Full name of contributor Sardinea, Estefania (Ms.) Contributor address; City; St. Corsicana, TX 75110	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$3.60
	Principal occu Clinical Mana	pation / Job title (See Instructions ager)	Employer (See Instructions Therapy 2000 Inc.)		
	Date 10/01/2025	Full name of contributor Sardinea, Estefania (Ms.) Contributor address; City; St	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$3.60
	Principal occu Clinical Mana	pation / Job title (See Instructions ager)	Employer (See Instructions Therapy 2000 Inc.)		

	MONEI	ARY POLITICAL C	ONTRIBUTION	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this for	rm.	1	Total pages Schedule A1: Sch: 209/254 Rpt: 212/272	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	ciation for Home Care and Hos	spice Inc Texas Home	Care and Hospice PAC -		00015750	
4	Date 10/01/2025	 5 Full name of contributor Sardinea, Estefania (Ms.) 6 Contributor address; City; Sta 	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$3.60
		Corsicana, TX 75110					
8	Principal occu Clinical Mana	pation / Job title (See Instructions ager	9	Employer (See Instructions Therapy 2000 Inc.	5)		
	Date 10/01/2025	Full name of contributor Sardinea, Estefania (Ms.) Contributor address; City; St. Corsicana, TX 75110	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$3.60
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Clinical Mana			Therapy 2000 Inc.	,		
	Date 10/01/2025	Full name of contributor Sardinea, Estefania (Ms.) Contributor address; City; St	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$0.40
		Corsicana, TX 75110					
	Principal occu Clinical Mana	pation / Job title (See Instructions ager		Employer (See Instructions Therapy 2000 Inc.	i)		
	Date 10/01/2025	Full name of contributor Sardinea, Estefania (Ms.) Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$0.40
	Principal occu Clinical Mana	pation / Job title (See Instructions ager		Employer (See Instructions Therapy 2000 Inc.)		
	Date 10/01/2025	Full name of contributor Sardinea, Estefania (Ms.) Contributor address; City; St	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$0.40
	Principal occu Clinical Mana	pation / Job title (See Instructions ager		Employer (See Instructions Therapy 2000 Inc.	()		

	MONEI	ARY POLITICAL C	ONTRIBUTION	15		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 210/254 Rpt: 213/272	
2	FILER NAME Texas Assoc	ciation for Home Care and Hos	spice Inc Texas Home	Care and Hospice PAC -	3	Filer ID (Ethics Commission F 00015750	-ilers)
4	Date 10/01/2025	Full name of contributor Sardinea, Estefania (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$0.40
		Corsicana, TX 75110					
8	Principal occu Clinical Mana	pation / Job title (See Instructions) ager) 9	Employer (See Instructions) Therapy 2000 Inc.	;)		
	Date 10/01/2025	Full name of contributor Sardinea, Estefania (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$0.40
	Principal occi	Corsicana, TX 75110 upation / Job title (See Instructions)	<u>, </u>	Employer (See Instructions	<u>'</u>		
	Clinical Mana		'	Therapy 2000 Inc.	J		
	Date 10/01/2025	Full name of contributor Sardinea, Estefania (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$0.40
		Corsicana, TX 75110					
	Principal occu Clinical Mana	ipation / Job title (See Instructions) ager)	Employer (See Instructions) Therapy 2000 Inc.	;)		
	Date 10/01/2025	Full name of contributor Sardinea, Estefania (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$0.40
	Principal occu Clinical Mana	ipation / Job title (See Instructions) ager)	Employer (See Instructions) Therapy 2000 Inc.	;)		
	Date 10/01/2025	Full name of contributor Sardinea, Estefania (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$0.40
	Principal occu Clinical Mana	ipation / Job title (See Instructions) ager)	Employer (See Instructions) Therapy 2000 Inc.	;)		

	MONEI	ARY POLITICAL C	ONTRIBUTION	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 211/254 Rpt: 214/272	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	ciation for Home Care and Hos	spice Inc Texas Home	Care and Hospice PAC -		00015750	
4	Date 10/01/2025	5 Full name of contributor Sardinea, Estefania (Ms.)6 Contributor address; City; Start	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$0.40
		Corsicana, TX 75110					
8	Principal occu Clinical Man	pation / Job title (See Instructions ager	9	Employer (See Instructions Therapy 2000 Inc.)		
	Date 10/01/2025	Full name of contributor Sardinea, Estefania (Ms.) Contributor address; City; St. Corsicana, TX 75110	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$0.40
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Clinical Man	ager		Therapy 2000 Inc.			
	Date 10/01/2025	Full name of contributor Sardinea, Estefania (Ms.) Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code			Amount of Contribution (\$)	\$0.40
		Corsicana, TX 75110					
	Principal occu Clinical Man	pation / Job title (See Instructions ager)	Employer (See Instructions Therapy 2000 Inc.)		
	Date 10/01/2025	Full name of contributor Sardinea, Estefania (Ms.) Contributor address; City; St. Corsicana, TX 75110	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$0.40
	Principal occu Clinical Man	pation / Job title (See Instructions ager)	Employer (See Instructions Therapy 2000 Inc.)		
	Date 10/01/2025	Full name of contributor Schilling, Ashley Lynn (Ms Contributor address; City; St)		Amount of Contribution (\$)	\$5.00
	Principal occu Occupationa	pation / Job title (See Instructions Il Therapist		Employer (See Instructions Therapy 2000 Inc.)		

	MONEI	ARY POLITICAL CONTRIBU	UHON	NS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete	this for	m.	1	Total pages Schedule A1: Sch: 212/254 Rpt: 215/272	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	ciation for Home Care and Hospice Inc Texa	as Home	Care and Hospice PAC -		00015750	
4	Date 10/01/2025	 Full name of contributor out-of-state PA Schilling, Ashley Lynn (Ms.) Contributor address; City; State; Zip Code 	AC (ID#:		7	Amount of Contribution (\$)	\$5.00
		Canyon, TX 79015					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions)		
	Occupationa	l Therapist		Therapy 2000 Inc.			
	Date 10/01/2025	Full name of contributor out-of-state PA Schilling, Ashley Lynn (Ms.) Contributor address; City; State; Zip Code	AC (ID#:			Amount of Contribution (\$)	\$5.00
		Canyon, TX 79015					
		pation / Job title (See Instructions)		Employer (See Instructions)		
	Occupationa	l Therapist		Therapy 2000 Inc.			
	Date 10/01/2025	Full name of contributor out-of-state PA Schilling, Ashley Lynn (Ms.) Contributor address; City; State; Zip Code	AC (ID#:)		Amount of Contribution (\$)	\$5.00
		Canyon, TX 79015					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Occupationa	l Therapist		Therapy 2000 Inc.			
	Date 10/01/2025	Full name of contributor out-of-state PA Schilling, Ashley Lynn (Ms.) Contributor address; City; State; Zip Code Canyon, TX 79015	AC (ID#:			Amount of Contribution (\$)	\$5.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Occupationa	I Therapist		Therapy 2000 Inc.			
	Date 10/01/2025	Full name of contributor out-of-state PA Schilling, Ashley Lynn (Ms.) Contributor address; City; State; Zip Code Canyon, TX 79015	AC (ID#:			Amount of Contribution (\$)	\$5.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Occupationa	l Therapist		Therapy 2000 Inc.			
			•				

	MONET	ARY POLITICAL CONTRIBUTI	UNS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 213/254 Rpt: 216/272	
2	FILER NAME Texas Assoc	ciation for Home Care and Hospice Inc Texas Ho	ome Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	Filers)
4	Date 10/01/2025	 5 Full name of contributor out-of-state PAC (ID# Schilling, Ashley Lynn (Ms.) 6 Contributor address; City; State; Zip Code 	#:)	7	Amount of Contribution (\$)	\$5.00
_		Canyon, TX 79015				
8	Occupationa	pation / Job title (See Instructions) Il Therapist	9 Employer (See Instructions Therapy 2000 Inc.)		
	Date 10/01/2025	Full name of contributor	#:)		Amount of Contribution (\$)	\$5.00
	Dringinal occu	Canyon, TX 79015 pation / Job title (See Instructions)	Employer (See Instructions	_		
	Occupationa		Therapy 2000 Inc.)		
	Date 10/01/2025	Full name of contributor out-of-state PAC (ID# Schilling, Ashley Lynn (Ms.) Contributor address; City; State; Zip Code	#:)		Amount of Contribution (\$)	\$5.00
		Canyon, TX 79015				
	Principal occu Occupationa	pation / Job title (See Instructions) Il Therapist	Employer (See Instructions Therapy 2000 Inc.)		
	Date 10/01/2025	Full name of contributor out-of-state PAC (ID# Schilling, Ashley Lynn (Ms.) Contributor address; City; State; Zip Code	#:)		Amount of Contribution (\$)	\$5.00
	•	Canyon, TX 79015 pation / Job title (See Instructions)	Employer (See Instructions)		
	Occupationa	<u> </u>	Therapy 2000 Inc.		Amount of Contribution (A)	
	Date 10/01/2025	Full name of contributor out-of-state PAC (ID: Scull, Courtney (Ms.) Contributor address; City; State; Zip Code Tenaha, TX 75974			Amount of Contribution (\$)	\$2.00
	•	pation / Job title (See Instructions)	Employer (See Instructions)		
	Speech Lan(guage Pathologist	Therapy 2000 Inc.			

	MONET	ARY POLITICAL CO	DNTRIBUTIO	N2		SCHEDULE	A1
	The Instru	ction Guide explains how to	o complete this fo	rm.	1	Total pages Schedule A1: Sch: 214/254 Rpt: 217/272	
2	FILER NAME Texas Assoc	ciation for Home Care and Hospi	ce Inc Texas Home	e Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	Filers)
4	Date 10/01/2025	5 Full name of contributor Scull, Courtney (Ms.)6 Contributor address; City; State			7	Amount of Contribution (\$)	\$2.00
		Tenaha, TX 75974					
8	•	pation / Job title (See Instructions) guage Pathologist	9	Employer (See Instructions Therapy 2000 Inc.	<u> </u>		
	Date 10/01/2025	Full name of contributor Scull, Courtney (Ms.) Contributor address; City; State	out-of-state PAC (ID#: e; Zip Code			Amount of Contribution (\$)	\$2.00
	Principal occu	Tenaha, TX 75974 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> :)		
	·	guage Pathologist		Therapy 2000 Inc.	,		
	Date 10/01/2025	Full name of contributor Scull, Courtney (Ms.) Contributor address; City; State Tenaha, TX 75974	out-of-state PAC (ID#: e; Zip Code			Amount of Contribution (\$)	\$2.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Speech Lang	guage Pathologist		Therapy 2000 Inc.			
	Date 10/01/2025	Contributor address; City; State)		Amount of Contribution (\$)	\$2.00
	•	Tenaha, TX 75974 pation / Job title (See Instructions) guage Pathologist		Employer (See Instructions Therapy 2000 Inc.	<u> </u>		
	Date 10/01/2025	Full name of contributor Scull, Courtney (Ms.) Contributor address; City; State Tenaha, TX 75974	out-of-state PAC (ID#: e; Zip Code			Amount of Contribution (\$)	\$2.00
	·	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Speech Land	guage Pathologist		Therapy 2000 Inc.			

	MONET	ARY POLITICAL CO	MIRIBUTIO	N2		SCHEDULE	A1
	The Instru	ction Guide explains how to	complete this fo	rm.	1	Total pages Schedule A1: Sch: 215/254 Rpt: 218/272	
2	FILER NAME Texas Assoc	ciation for Home Care and Hospic	ce Inc Texas Home	Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	Filers)
4	Date 10/01/2025	5 Full name of contributor Scull, Courtney (Ms.) 6 Contributor address; City; State;			7	Amount of Contribution (\$)	\$2.00
		Tenaha, TX 75974					
8	•	pation / Job title (See Instructions) guage Pathologist	9	Employer (See Instructions Therapy 2000 Inc.)		
	Date 10/01/2025	Full name of contributor Scull, Courtney (Ms.) Contributor address; City; State;	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$2.00
	Principal occu	Tenaha, TX 75974 pation / Job title (See Instructions)	T	Employer (See Instructions)		
	•	guage Pathologist		Therapy 2000 Inc.	,		
	Date 10/01/2025	Full name of contributor Scull, Courtney (Ms.) Contributor address; City; State;	out-of-state PAC (ID#: ; Zip Code			Amount of Contribution (\$)	\$2.00
	Principal occu	Tenaha, TX 75974 pation / Job title (See Instructions)		Employer (See Instructions)		
		guage Pathologist		Therapy 2000 Inc.	,		
	Date 10/01/2025	Full name of contributor Shea, Mercy (Ms.) Contributor address; City; State;				Amount of Contribution (\$)	\$5.00
		Hurst, TX 76053					
	Principal occu Occupationa	pation / Job title (See Instructions) Il Therapist		Employer (See Instructions Therapy 2000 Inc.)		
	Date 10/01/2025	Full name of contributor Shea, Mercy (Ms.) Contributor address; City; State; Hurst, TX 76053	out-of-state PAC (ID#: ; Zip Code			Amount of Contribution (\$)	\$5.00
		pation / Job title (See Instructions)		Employer (See Instructions)		
	Occupationa	и merapist		Therapy 2000 Inc.			

	MONEI	ARY POLITICAL CO	ONTRIBUTIO	INS		SCHEDULE	A1
	The Instru	ction Guide explains how t	o complete this fo	rm.	1	Total pages Schedule A1: Sch: 216/254 Rpt: 219/272	
2	FILER NAME Texas Assoc	ciation for Home Care and Hosp	ice Inc Texas Homo	e Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	Filers)
4	Date 10/01/2025	5 Full name of contributor Shea, Mercy (Ms.) 6 Contributor address; City; Stat			7	Amount of Contribution (\$)	\$5.00
		Hurst, TX 76053					
8	Principal occu Occupationa	·		9 Employer (See Instructions Therapy 2000 Inc.)		
	Date 10/01/2025	Full name of contributor Shea, Mercy (Ms.) Contributor address; City; Stat Hurst, TX 76053	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$5.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Occupationa	al Therapist		Therapy 2000 Inc.			
	Date 10/01/2025	Full name of contributor Shea, Mercy (Ms.) Contributor address; City; Stat Hurst, TX 76053	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$5.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Occupationa			Therapy 2000 Inc.	,		
	Date 10/01/2025	Full name of contributor Shea, Mercy (Ms.) Contributor address; City; Stat)		Amount of Contribution (\$)	\$5.00
		Hurst, TX 76053					
	Principal occu Occupationa	pation / Job title (See Instructions) al Therapist		Employer (See Instructions Therapy 2000 Inc.)		
	Date 10/01/2025	Full name of contributor Shea, Mercy (Ms.) Contributor address; City; Stat Hurst, TX 76053	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$5.00
		pation / Job title (See Instructions)		Employer (See Instructions)		
	Occupationa	al Therapist		Therapy 2000 Inc.			

	MONEI	NETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1	
	The Instru	ction Guide explains how t	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 217/254 Rpt: 220/272	
2	FILER NAME Texas Assoc	ciation for Home Care and Hosp	oice Inc Texas Home	e Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	Filers)
4	Date 10/01/2025	5 Full name of contributor [Sibille, Lauren (Ms.)6 Contributor address; City; State)	7	Amount of Contribution (\$)	\$5.00
		Fort Worth, TX 76116					
8	•	pation / Job title (See Instructions) guage Pathologist		Employer (See Instructions) Therapy 2000 Inc.)		
	Date 10/01/2025	Full name of contributor [Sibille, Lauren (Ms.) Contributor address; City; Stat	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
	Principal occu	Fort Worth, TX 76116 pation / Job title (See Instructions)		Employer (See Instructions)		
	•	guage Pathologist		Therapy 2000 Inc.	,		
	Date 10/01/2025	Full name of contributor Sibille, Lauren (Ms.) Contributor address; City; Stat	out-of-state PAC (ID#: ie; Zip Code			Amount of Contribution (\$)	\$5.00
		Fort Worth, TX 76116					
		pation / Job title (See Instructions) guage Pathologist		Employer (See Instructions Therapy 2000 Inc.)		
	Date 10/01/2025	Full name of contributor Sibille, Lauren (Ms.) Contributor address; City; Stat				Amount of Contribution (\$)	\$5.00
		Fort Worth, TX 76116					
	•	pation / Job title (See Instructions) guage Pathologist		Employer (See Instructions Therapy 2000 Inc.)		
	Date 10/01/2025	Full name of contributor [Sibille, Lauren (Ms.) Contributor address; City; Stat Fort Worth, TX 76116	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
	•	pation / Job title (See Instructions) guage Pathologist		Employer (See Instructions Therapy 2000 Inc.)		
	Speccii Laii	учаде і шпоюдізі		тистару 2000 пс.			

	MONET	NETARY POLITICAL CONTRIBUTIONS				SCHEDULE A	
	The Instru	ction Guide explains how t	o complete this fo	rm.	1	Total pages Schedule A1: Sch: 218/254 Rpt: 221/272	
2	FILER NAME Texas Assoc	ciation for Home Care and Hosp	ice Inc Texas Home	e Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	Filers)
4	Date 10/01/2025	5 Full name of contributor Sibille, Lauren (Ms.)6 Contributor address; City; State)	7	Amount of Contribution (\$)	\$5.00
		Fort Worth, TX 76116					
8	•	pation / Job title (See Instructions) guage Pathologist		Employer (See Instructions Therapy 2000 Inc.)		
	Date 10/01/2025	Full name of contributor Sibille, Lauren (Ms.) Contributor address; City; State	out-of-state PAC (ID#: e; Zip Code)		Amount of Contribution (\$)	\$5.00
	Principal occu	Fort Worth, TX 76116 pation / Job title (See Instructions)		Employer (See Instructions)		
	·	guage Pathologist		Therapy 2000 Inc.	,		
	Date 10/01/2025	Full name of contributor Sibille, Lauren (Ms.) Contributor address; City; State	out-of-state PAC (ID#: e; Zip Code)		Amount of Contribution (\$)	\$5.00
	Data da al casa	Fort Worth, TX 76116		Farabasa (Ossabasta atisas			
		pation / Job title (See Instructions) guage Pathologist		Employer (See Instructions Therapy 2000 Inc.)		
	Date 10/01/2025	Full name of contributor Sibille, Lauren (Ms.) Contributor address; City; State				Amount of Contribution (\$)	\$5.00
		Fort Worth, TX 76116					
	•	pation / Job title (See Instructions) guage Pathologist		Employer (See Instructions Therapy 2000 Inc.)		
	Date 10/01/2025	Full name of contributor Sibille, Lauren (Ms.) Contributor address; City; State Fort Worth, TX 76116	out-of-state PAC (ID#: e; Zip Code			Amount of Contribution (\$)	\$5.00
	·	pation / Job title (See Instructions)		Employer (See Instructions)		
	Speech Lan(guage Pathologist		Therapy 2000 Inc.			

	MONET	ARY POLITICAL CONTRIBUTI	SCHEDULE A1		A1	
	The Instru	ction Guide explains how to complete this	s form.	1	Total pages Schedule A1: Sch: 219/254 Rpt: 222/272	
2	FILER NAME Texas Assoc	ciation for Home Care and Hospice Inc Texas H	ome Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	Filers)
4	Date 10/01/2025	 5 Full name of contributor out-of-state PAC (ID Sibille, Lauren (Ms.) 6 Contributor address; City; State; Zip Code 	#:)	7	Amount of Contribution (\$)	\$5.00
		Fort Worth, TX 76116				
8	Speech Lang	pation / Job title (See Instructions) guage Pathologist	9 Employer (See Instructions Therapy 2000 Inc.	5)		
	Date 10/01/2025	Full name of contributor out-of-state PAC (ID Sibille, Lauren (Ms.) Contributor address; City; State; Zip Code	#:)		Amount of Contribution (\$)	\$5.00
	Principal occu	Fort Worth, TX 76116 pation / Job title (See Instructions)	Employer (See Instructions	;) 		
	•	guage Pathologist	Therapy 2000 Inc.	,		
	Date 10/01/2025	Full name of contributor out-of-state PAC (ID Sittard, Vianca Nayely (Ms.) Contributor address; City; State; Zip Code	#:)		Amount of Contribution (\$)	\$5.00
	Dringinal occu	pation / Job title (See Instructions)	Employer (See Instructions	·/_		
		ices Specialist	Therapy 2000 Inc.	')		
	Date 10/01/2025	Full name of contributor out-of-state PAC (ID Sittard, Vianca Nayely (Ms.) Contributor address; City; State; Zip Code	#:)		Amount of Contribution (\$)	\$5.00
		Greenville, TX 75402				
	•	pation / Job title (See Instructions) ices Specialist	Employer (See Instructions Therapy 2000 Inc.	5)		
	Date 10/01/2025	Full name of contributor out-of-state PAC (ID Sittard, Vianca Nayely (Ms.) Contributor address; City; State; Zip Code Greenville, TX 75402			Amount of Contribution (\$)	\$5.00
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Patient Servi	ices Specialist	Therapy 2000 Inc.			

	MONET	ARY POLITICAL CONTRIBU	SCHEDULE A1		A1	
	The Instru	ction Guide explains how to complete t	his form.	1	Total pages Schedule A1: Sch: 220/254 Rpt: 223/272	
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 10/01/2025	 Full name of contributor	C (ID#:)	7	Amount of Contribution (\$)	\$5.00
		Greenville, TX 75402				
8	•	pation / Job title (See Instructions) ices Specialist	9 Employer (See Instructions Therapy 2000 Inc.	5)		
	Date 10/01/2025	Full name of contributor	C (ID#:)		Amount of Contribution (\$)	\$5.00
	Principal occu	Greenville, TX 75402 pation / Job title (See Instructions)	Employer (See Instructions	<u>s)</u>		
	•	ices Specialist	Therapy 2000 Inc.	٠,		
	Date 10/01/2025	Full name of contributor out-of-state PAC Sittard, Vianca Nayely (Ms.) Contributor address; City; State; Zip Code	C (ID#:)		Amount of Contribution (\$)	\$5.00
		Greenville, TX 75402		Ĺ		
		pation / Job title (See Instructions) ices Specialist	Employer (See Instructions Therapy 2000 Inc.	5)		
	Date 10/01/2025	Full name of contributor out-of-state PAC Sittard, Vianca Nayely (Ms.) Contributor address; City; State; Zip Code	C (ID#:)		Amount of Contribution (\$)	\$5.00
	Dringing! goog	Greenville, TX 75402	Employer (See Instructions	<u> </u>		
	•	pation / Job title (See Instructions) ices Specialist	Employer (See Instructions Therapy 2000 Inc.	>)		
	Date 10/01/2025	Full name of contributor out-of-state PAC Sittard, Vianca Nayely (Ms.) Contributor address; City; State; Zip Code Greenville, TX 75402			Amount of Contribution (\$)	\$5.00
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	raueni Serv	ices Specialist	Therapy 2000 Inc.			

	MONEI	IETARY POLITICAL CONTRIBUTIONS				SCHEDULI	E A1
	The Instru	ction Guide explains how to compl	ete this for	m.	1	Total pages Schedule A1: Sch: 221/254 Rpt: 224/272	2
2	FILER NAME				3	Filer ID (Ethics Commission	r Filers)
	Texas Assoc	iation for Home Care and Hospice Inc ⁻	Texas Home	Care and Hospice PAC -		00015750	
4	Date 10/01/2025	 Full name of contributor out-of-state out-o	te PAC (ID#:)	7	Amount of Contribution (\$)	\$5.00
		Greenville, TX 75402					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions)		
	Patient Servi	ces Specialist		Therapy 2000 Inc.			
	Date 10/01/2025	Full name of contributor out-of-state Sittard, Vianca Nayely (Ms.) Contributor address; City; State; Zip Code	te PAC (ID#:			Amount of Contribution (\$)	\$5.00
		Greenville, TX 75402					
		pation / Job title (See Instructions)		Employer (See Instructions)		
	Patient Servi	ces Specialist		Therapy 2000 Inc.			
	Date 10/01/2025	Full name of contributor out-of-state Sittard, Vianca Nayely (Ms.) Contributor address; City; State; Zip Code	te PAC (ID#:)		Amount of Contribution (\$)	\$5.00
		Greenville, TX 75402					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Patient Servi	ces Specialist		Therapy 2000 Inc.			
	Date 10/01/2025	Full name of contributor out-of-state Sittard, Vianca Nayely (Ms.) Contributor address; City; State; Zip Code Greenville, TX 75402	te PAC (ID#:)		Amount of Contribution (\$)	\$5.00
	•	pation / Job title (See Instructions)		Employer (See Instructions)		
	Patient Servi	ces Specialist		Therapy 2000 Inc.			
	Date 10/21/2025	Full name of contributor out-of-state Smith , Linda (Ms.) Contributor address; City; State; Zip Code San Antonio, TX 78248	e PAC (ID#:			Amount of Contribution (\$)	\$210.00
		pation / Job title (See Instructions)		Employer (See Instructions)		
	CEO			En Su Casa Caregivers			

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 222/254 Rpt: 225/272	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	ciation for Home Care and Ho	spice Inc Texas Home	e Care and Hospice PAC -		00015750	
4	Date 10/01/2025	5 Full name of contributor Stutts, Kate Dee (Ms.)6 Contributor address; City; S	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$5.00
		Midlothian, TX 76065					
8	Principal occu	pation / Job title (See Instructions	5)	9 Employer (See Instructions	.)		
ľ	Speech The			Therapy 2000 Inc.	,		
_				, , , , , , , , , , , , , , , , , , ,		Λ (Φ)	
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	ቀ ፫ ሰብ
	10/01/2025	Stutts, Kate Dee (Ms.)					\$5.00
		Contributor address; City; S	tate; Zip Code				
		Midlothian, TX 76065					
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	()		
	Speech The	rapy Asst.		Therapy 2000 Inc.			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/01/2025	Stutts, Kate Dee (Ms.)	_				\$5.00
		Contributor address; City; S	tate; Zip Code				
		Midlothian, TX 76065					
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	;)		
	Speech The	rapy Asst.		Therapy 2000 Inc.			
_	Date	Full name of contributor	out-of-state PAC (ID#:	1		Amount of Contribution (\$)	
	10/01/2025	Stutts, Kate Dee (Ms.) Contributor address; City; S					\$5.00
		Midlothian, TX 76065					
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	()		
	Speech The	rapy Asst.		Therapy 2000 Inc.			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/01/2025	Stutts, Kate Dee (Ms.)	_				\$5.00
		Contributor address; City; S	tate; Zip Code				
		Midlothian, TX 76065					
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions)		
	Speech The	rapy Asst.		Therapy 2000 Inc.			
			•				

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDULE	A1
	The Instruc	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 223/254 Rpt: 226/272	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	iation for Home Care and Ho	spice Inc Texas Hom	e Care and Hospice PAC -		00015750	
4	Date 10/01/2025	5 Full name of contributor Stutts, Kate Dee (Ms.)6 Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code		7	Amount of Contribution (\$)	\$5.00
		Midlothian, TX 76065					
8	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Speech Thei	apy Asst.		Therapy 2000 Inc.			
	Date 10/01/2025	Full name of contributor Stutts, Kate Dee (Ms.) Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$5.00
		Midlothian, TX 76065					
		pation / Job title (See Instructions)	Employer (See Instructions)		
	Speech Thei	apy Assi.		Therapy 2000 Inc.			
	Date 10/01/2025	Full name of contributor Stutts, Kate Dee (Ms.) Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
		Midlothian, TX 76065					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Speech Their	apy Asst.		Therapy 2000 Inc.			
	Date 10/01/2025	Full name of contributor Stutts, Kate Dee (Ms.) Contributor address; City; St Midlothian, TX 76065	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
	•	pation / Job title (See Instructions)	Employer (See Instructions)		
	Speech Thei			Therapy 2000 Inc.			
	Date 10/01/2025	Full name of contributor Stutts, Kate Dee (Ms.) Contributor address; City; St Midlothian, TX 76065	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$5.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Speech Their	apy Asst.		Therapy 2000 Inc.			

	MONEI	METARY POLITICAL CONTRIBUTIONS				SCHEDULE	A1
	The Instruc	ction Guide explains how to c	complete this for	m.	1	Total pages Schedule A1: Sch: 224/254 Rpt: 227/272	
2	FILER NAME Texas Assoc	ciation for Home Care and Hospice	Inc Texas Home	Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	Filers)
4	Date 10/01/2025	5 Full name of contributor)	7	Amount of Contribution (\$)	\$5.00
		Midlothian, TX 76065					
8	Principal occu Speech Thei	pation / Job title (See Instructions) rapy Asst.	9	Employer (See Instructions) Therapy 2000 Inc.)		
	Date 10/01/2025	Stutts, Kate Dee (Ms.) Contributor address; City; State; Z	ut-of-state PAC (ID#: ip Code			Amount of Contribution (\$)	\$5.00
	Principal occu	Midlothian, TX 76065 pation / Job title (See Instructions)		Employer (See Instructions)		
	Speech The			Therapy 2000 Inc.			
	Date 10/01/2025	Full name of contributor on Swift , Courtney (Ms.) Contributor address; City; State; Z	ut-of-state PAC (ID#: ip Code)		Amount of Contribution (\$)	\$20.00
		Round Rock, TX 78665	,				
	Principal occu Exec. Dir. of	pation / Job title (See Instructions) Marketing		Employer (See Instructions) Therapy 2000 Inc.)		
	Date 10/01/2025	Swift , Courtney (Ms.)	ut-of-state PAC (ID#: ip Code			Amount of Contribution (\$)	\$20.00
	Principal occu Exec. Dir. of	pation / Job title (See Instructions)		Employer (See Instructions Therapy 2000 Inc.)		
	Date 10/01/2025	Swift , Courtney (Ms.)	ut-of-state PAC (ID#:)		Amount of Contribution (\$)	\$20.00
		pation / Job title (See Instructions)		Employer (See Instructions)		
	Exec. Dir. of	marketing		Therapy 2000 Inc.			

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 225/254 Rpt: 228/272	2
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	ciation for Home Care and Ho	spice Inc Texas Hom	e Care and Hospice PAC -		00015750	
4	Date 10/01/2025	5 Full name of contributor Swift , Courtney (Ms.)6 Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code		7	Amount of Contribution (\$)	\$20.00
		Round Rock, TX 78665					
8	Principal occu	pation / Job title (See Instructions	()	9 Employer (See Instructions	()		
	Exec. Dir. of	Marketing		Therapy 2000 Inc.			
	Date 10/01/2025	Full name of contributor Swift , Courtney (Ms.) Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code			Amount of Contribution (\$)	\$20.00
		Round Rock, TX 78665					
		pation / Job title (See Instructions	(i)	Employer (See Instructions	i)		
	Exec. Dir. of	Marketing		Therapy 2000 Inc.			
	Date 10/01/2025	Full name of contributor Swift , Courtney (Ms.) Contributor address; City; St	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$20.00
		Round Rock, TX 78665					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Exec. Dir. of	Marketing		Therapy 2000 Inc.			
	Date 10/01/2025	Full name of contributor Swift , Courtney (Ms.) Contributor address; City; St Round Rock, TX 78665	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$20.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Exec. Dir. of	Marketing		Therapy 2000 Inc.			
	Date 10/01/2025	Full name of contributor Swift , Courtney (Ms.) Contributor address; City; St Round Rock, TX 78665	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$20.00
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	·)		
	Exec. Dir. of	Marketing		Therapy 2000 Inc.			

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDULE	A1
	The Instruc	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 226/254 Rpt: 229/272	2
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	ciation for Home Care and Ho	spice Inc Texas Hom	e Care and Hospice PAC -		00015750	
4	Date 10/01/2025	5 Full name of contributor Swift , Courtney (Ms.)6 Contributor address; City; St	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$20.00
		Round Rock, TX 78665					
8	Principal occu	pation / Job title (See Instructions	s)	9 Employer (See Instructions	5)		
	Exec. Dir. of	Marketing		Therapy 2000 Inc.			
	Date 10/01/2025	Full name of contributor Swift , Courtney (Ms.) Contributor address; City; S	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$20.00
		Round Rock, TX 78665	, , ,	- 1 (2) ;	<u> </u>		
	Exec. Dir. of	pation / Job title (See Instructions Marketing	5)	Employer (See Instructions Therapy 2000 Inc.	5)		
		_		тпетару 2000 птс.	_		
	Date 10/01/2025	Full name of contributor Swift , Courtney (Ms.) Contributor address; City; S	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$20.00
		Round Rock, TX 78665					
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	Exec. Dir. of	Marketing		Therapy 2000 Inc.			
	Date 10/01/2025	Full name of contributor Swift , Courtney (Ms.) Contributor address; City; S Round Rock, TX 78665	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$20.00
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	Exec. Dir. of	Marketing		Therapy 2000 Inc.			
	Date 10/01/2025	Full name of contributor Talamantez, Ana Lisa (M: Contributor address; City; S: Argyle, TX 76226				Amount of Contribution (\$)	\$5.00
	Principal occu	pation / Job title (See Instructions	6)	Employer (See Instructions	5)		
	Occupationa	l Therapy Assistant		Therapy 2000 Inc.			

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDULE	A1
	The Instruc	ction Guide explains hov	v to complete this fo	orm.	1	Total pages Schedule A1: Sch: 227/254 Rpt: 230/272	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	ciation for Home Care and Ho	spice Inc Texas Hom	e Care and Hospice PAC -		00015750	
4	Date 10/01/2025	 5 Full name of contributor Talamantez, Ana Lisa (M 6 Contributor address; City; S 	•		7	Amount of Contribution (\$)	\$5.00
		Argyle, TX 76226					
8	Principal occu	pation / Job title (See Instructions	s)	9 Employer (See Instructions	5)		
	Occupationa	l Therapy Assistant		Therapy 2000 Inc.			
	Date 10/01/2025	Full name of contributor Talamantez, Ana Lisa (M Contributor address; City; S				Amount of Contribution (\$)	\$5.00
		Argyle, TX 76226	, , ,	- 1 (2)	<u></u>		
		pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	Occupationa	l Therapy Assistant		Therapy 2000 Inc.	_		
	Date 10/01/2025	Full name of contributor Talamantez, Ana Lisa (M Contributor address; City; S	······			Amount of Contribution (\$)	\$5.00
		Argyle, TX 76226					
		pation / Job title (See Instructions	s)	Employer (See Instructions	5)		
	Occupationa	l Therapy Assistant		Therapy 2000 Inc.			
	Date 10/01/2025	Full name of contributor Tally, Jean Ann (Ms.) Contributor address; City; S Arlington, TX 76001	out-of-state PAC (ID#: tate; Zip Code)		Amount of Contribution (\$)	\$10.00
	Principal occu NICU Specia	pation / Job title (See Instructions alist	s)	Employer (See Instructions Therapy 2000 Inc.	5)		
	Date 10/01/2025	Full name of contributor Tally, Jean Ann (Ms.) Contributor address; City; S Arlington, TX 76001	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00
	Principal occu NICU Specia	pation / Job title (See Instruction: alist	5)	Employer (See Instructions Therapy 2000 Inc.	s)		

	MONEI	ARY POLITICAL (CONTRIBUTIO	JIN 5		SCHEDULE	A1
	The Instru	ction Guide explains hov	v to complete this fo	orm.	1	Total pages Schedule A1: Sch: 228/254 Rpt: 231/272	
2	FILER NAME Texas Assoc	ciation for Home Care and Ho	spice Inc Texas Hom	ne Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	Filers)
4	Date 10/01/2025	5 Full name of contributor Tally, Jean Ann (Ms.)6 Contributor address; City; S			7	Amount of Contribution (\$)	\$10.00
	D	Arlington, TX 76001	,				
8	NICU Specia	pation / Job title (See Instruction: alist	5)	9 Employer (See Instructions Therapy 2000 Inc.	5)		
	Date 10/01/2025	Full name of contributor Tally, Jean Ann (Ms.) Contributor address; City; S	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$10.00
	Principal occu	Arlington, TX 76001 pation / Job title (See Instruction:	5)	Employer (See Instructions	<u>.</u>		
	NICU Specia		-,	Therapy 2000 Inc.	,		
	Date 10/01/2025	Full name of contributor Tally, Jean Ann (Ms.) Contributor address; City; S	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$10.00
		Arlington, TX 76001					
	Principal occu NICU Specia	pation / Job title (See Instruction: alist	5)	Employer (See Instructions Therapy 2000 Inc.	i) 		
	Date 10/01/2025	Full name of contributor Tally, Jean Ann (Ms.) Contributor address; City; S Arlington, TX 76001)		Amount of Contribution (\$)	\$10.00
	Principal occu NICU Specia	pation / Job title (See Instruction: alist	5)	Employer (See Instructions Therapy 2000 Inc.	5)		
	Date 10/01/2025	Full name of contributor Tally, Jean Ann (Ms.) Contributor address; City; S Arlington, TX 76001	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$10.00
	Principal occu NICU Specia	pation / Job title (See Instruction: alist	5)	Employer (See Instructions Therapy 2000 Inc.	5)		
	· ·			<u> </u>			

	MONEI	ARY POLITICAL C	ONTRIBUTION	NS		SCHEDULE	: A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 229/254 Rpt: 232/272	
2	FILER NAME Texas Assoc	ciation for Home Care and Hos	spice Inc Texas Home	e Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	Filers)
4	Date 10/01/2025	Full name of contributor Tally, Jean Ann (Ms.) Contributor address; City; St	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$10.00
		Arlington, TX 76001					
8	Principal occu NICU Specia	upation / Job title (See Instructions alist) <u>9</u>	9 Employer (See Instructions Therapy 2000 Inc.	s) 		
	Date 10/01/2025	Full name of contributor Tally, Jean Ann (Ms.) Contributor address; City; St Arlington, TX 76001	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
	Principal occu	upation / Job title (See Instructions	s)	Employer (See Instructions	<u> </u> ;)		
	NICU Specia	alist		Therapy 2000 Inc.			
	Date 10/01/2025	Full name of contributor Tally, Jean Ann (Ms.) Contributor address; City; St	out-of-state PAC (ID#: tate; Zip Code)		Amount of Contribution (\$)	\$10.00
		Arlington, TX 76001					
	Principal occu NICU Specia	upation / Job title (See Instructions alist	:)	Employer (See Instructions Therapy 2000 Inc.	5)		
	Date 10/01/2025	Full name of contributor Tally, Jean Ann (Ms.) Contributor address; City; St Arlington, TX 76001	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
	Principal occu NICU Specia	upation / Job title (See Instructions alist	:)	Employer (See Instructions Therapy 2000 Inc.	5)		
	Date 10/01/2025	Full name of contributor Tally, Jean Ann (Ms.) Contributor address; City; St Arlington, TX 76001	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
	Principal occu NICU Specia	upation / Job title (See Instructions alist	:)	Employer (See Instructions Therapy 2000 Inc.	5)		

	MONEI	ARY POLITICAL (CONTRIBUTIO	JIN 5		SCHEDULE	A1
	The Instru	ction Guide explains hov	v to complete this fo	orm.	1	Total pages Schedule A1: Sch: 230/254 Rpt: 233/272	
2	FILER NAME Texas Assoc	ciation for Home Care and Ho	spice Inc Texas Hom	ne Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	Filers)
4	Date 10/01/2025	5 Full name of contributor Tally, Jean Ann (Ms.)6 Contributor address; City; S			7	Amount of Contribution (\$)	\$10.00
	Discipal	Arlington, TX 76001		O. Faralana (O. Martantina			
8	NICU Specia	pation / Job title (See Instruction: alist	5)	9 Employer (See Instructions Therapy 2000 Inc.	5)		
	Date 10/01/2025	Full name of contributor Tally, Jean Ann (Ms.) Contributor address; City; S	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$10.00
	Principal occu	Arlington, TX 76001 pation / Job title (See Instruction:	5)	Employer (See Instructions	<u>.</u>		
	NICU Specia		-,	Therapy 2000 Inc.	,		
	Date 10/01/2025	Full name of contributor Tally, Jean Ann (Ms.) Contributor address; City; S	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$10.00
		Arlington, TX 76001					
	Principal occu NICU Specia	pation / Job title (See Instruction: alist	5)	Employer (See Instructions Therapy 2000 Inc.	<u></u>		
	Date 10/01/2025	Full name of contributor Tally, Jean Ann (Ms.) Contributor address; City; S Arlington, TX 76001)		Amount of Contribution (\$)	\$10.00
	Principal occu NICU Specia	pation / Job title (See Instruction: alist	5)	Employer (See Instructions Therapy 2000 Inc.	5)		
	Date 10/01/2025	Full name of contributor Tally, Jean Ann (Ms.) Contributor address; City; S Arlington, TX 76001	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$10.00
	Principal occu NICU Specia	pation / Job title (See Instruction: alist	5)	Employer (See Instructions Therapy 2000 Inc.	()		

	MONET	ARY POLITICAL CO	NIRIBUTION	15		SCHEDULE	A1
	The Instru	ction Guide explains how to	complete this for	m.	1	Total pages Schedule A1: Sch: 231/254 Rpt: 234/272	
2	FILER NAME Texas Assoc	ciation for Home Care and Hospice	e Inc Texas Home	Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	Filers)
4	Date 10/01/2025	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$10.00
		Arlington, TX 76001	· · · · · · · · · · · · · · · · · · ·				
8	Principal occu NICU Specia	pation / Job title (See Instructions) alist	9	Employer (See Instructions) Therapy 2000 Inc.)		
	Date 10/01/2025	Full name of contributor Tally, Jean Ann (Ms.) Contributor address; City; State; 2 Arlington, TX 76001	out-of-state PAC (ID#: Zip Code			Amount of Contribution (\$)	\$10.00
		pation / Job title (See Instructions)		Employer (See Instructions))		
	Date 10/01/2025		out-of-state PAC (ID#: Zip Code	Therapy 2000 Inc.		Amount of Contribution (\$)	\$10.00
	Principal occu NICU Specia	pation / Job title (See Instructions)		Employer (See Instructions) Therapy 2000 Inc.)		
	Date 10/01/2025	Tally, Jean Ann (Ms.))		Amount of Contribution (\$)	\$10.00
	Principal occu	Arlington, TX 76001 pation / Job title (See Instructions)		Employer (See Instructions) Therapy 2000 Inc.)		
	Date 10/01/2025	Full name of contributor Tally, Jean Ann (Ms.) Contributor address; City; State; Arlington, TX 76001)		Amount of Contribution (\$)	\$10.00
	Principal occu NICU Specia	pation / Job title (See Instructions)		Employer (See Instructions) Therapy 2000 Inc.)		

	MONEI	ARY POLITICAL CO	JNIKIBUTION	NS		SCHEDULE	A1
	The Instruc	ction Guide explains how t	o complete this for	m.	1	Total pages Schedule A1: Sch: 232/254 Rpt: 235/272	
2	FILER NAME Texas Assoc	ciation for Home Care and Hosp	ice Inc Texas Home	Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	Filers)
4	Date 10/01/2025	5 Full name of contributor Tally, Jean Ann (Ms.) 6 Contributor address; City; State)	7	Amount of Contribution (\$)	\$10.00
		Arlington, TX 76001					
8	Principal occu NICU Specia	pation / Job title (See Instructions) alist	9	Employer (See Instructions Therapy 2000 Inc.)		
	Date 10/01/2025	Full name of contributor Tally, Jean Ann (Ms.) Contributor address; City; State Arlington, TX 76001	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
		pation / Job title (See Instructions)		Employer (See Instructions)		
	NICU Specia Date	Alist Full name of contributor		Therapy 2000 Inc.			
	10/01/2025	Tally, Jean Ann (Ms.) Contributor address; City; State Arlington, TX 76001	out-of-state PAC (ID#: e; Zip Code			Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	NICU Specia	alist		Therapy 2000 Inc.			
Date 10/01/2025		Full name of contributor out-of-state PAC (ID#:) Tare, Prachi Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$5.00
	Dringinal accu	Austin, TX 78717 pation / Job title (See Instructions)		Employer (See Instructions	_		
	•	guage Pathologist		Therapy 2000 Inc.)		
	Date 10/01/2025	Full name of contributor Tare, Prachi Contributor address; City; State Austin, TX 78717	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$5.00
		pation / Job title (See Instructions)		Employer (See Instructions)		
	Speech Lang	guage Pathologist		Therapy 2000 Inc.			

	MONET	ARY POLITICAL CO	NIKIBUTION	15		SCHEDULE	A1
	The Instru	ction Guide explains how to	complete this for	m.	1	Total pages Schedule A1: Sch: 233/254 Rpt: 236/272	
2	FILER NAME Texas Assoc	ciation for Home Care and Hospice	e Inc Texas Home	Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	Filers)
4	Date 10/01/2025	Tare, Prachi	out-of-state PAC (ID#: Zip Code)	7	Amount of Contribution (\$)	\$5.00
_	Pointing Language	Austin, TX 78717		Frankrije (Control trong tier et			
8	•	pation / Job title (See Instructions) guage Pathologist	9	Employer (See Instructions) Therapy 2000 Inc.)		
	Date 10/01/2025	Tare, Prachi Contributor address; City; State;	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
	Principal occu	Austin, TX 78717 pation / Job title (See Instructions)		Employer (See Instructions	<u>, </u>		
	•	guage Pathologist		Therapy 2000 Inc.	,		
	Date 10/01/2025	Tare, Prachi Contributor address; City; State;	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
	Principal occu	Austin, TX 78717 pation / Job title (See Instructions)		Employer (See Instructions)		
		guage Pathologist		Therapy 2000 Inc.	,		
Date 10/01/2025		Full name of contributor out-of-state PAC (ID#:) Tare, Prachi Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$5.00
		Austin, TX 78717					
	•	pation / Job title (See Instructions) guage Pathologist		Employer (See Instructions Therapy 2000 Inc.)		
	Date 10/01/2025	Tare, Prachi	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
		pation / Job title (See Instructions)		Employer (See Instructions)		
	Speech Lang	guage Pathologist		Therapy 2000 Inc.			

	MONEI	ARY POLITICAL CC	MIKIBUTIOI	N2		SCHEDULE	A1
	The Instruc	ction Guide explains how to	complete this fo	rm.	1	Total pages Schedule A1: Sch: 234/254 Rpt: 237/272	
2	FILER NAME Texas Assoc	ciation for Home Care and Hospic	ce Inc Texas Home	· Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	Filers)
4	Date 10/01/2025	5 Full name of contributor Tare, Prachi6 Contributor address; City; State	out-of-state PAC (ID#: ; Zip Code		7	Amount of Contribution (\$)	\$5.00
_	Data disal asses	Austin, TX 78717		- Farala and (Cara landounting)			
8	•	pation / Job title (See Instructions) guage Pathologist	9	Employer (See Instructions Therapy 2000 Inc.)		
	Date 10/01/2025	Full name of contributor Tare, Prachi Contributor address; City; State	out-of-state PAC (ID#:; Zip Code)		Amount of Contribution (\$)	\$5.00
	Principal occu	Austin, TX 78717 pation / Job title (See Instructions)		Employer (See Instructions)		
	•	guage Pathologist		Therapy 2000 Inc.	,		
	Date 10/01/2025	Full name of contributor Tare, Prachi Contributor address; City; State	out-of-state PAC (ID#: ; Zip Code)		Amount of Contribution (\$)	\$5.00
	Principal occu	Austin, TX 78717 pation / Job title (See Instructions)		Employer (See Instructions)		
		guage Pathologist		Therapy 2000 Inc.	,		
Date 10/01/2025		Full name of contributor				Amount of Contribution (\$)	\$5.00
		Austin, TX 78717					
	•	pation / Job title (See Instructions) guage Pathologist		Employer (See Instructions Therapy 2000 Inc.)		
	Date 10/01/2025	Full name of contributor Tare, Prachi Contributor address; City; State Austin, TX 78717	out-of-state PAC (ID#: ; Zip Code)		Amount of Contribution (\$)	\$5.00
		pation / Job title (See Instructions)		Employer (See Instructions)		
_	Speech Lang	guage Pathologist		Therapy 2000 Inc.			

	MONEI	ARY POLITICAL COI	NIKIBUTION	15		SCHEDULE	A1
	The Instru	ction Guide explains how to	complete this for	m.	1	Total pages Schedule A1: Sch: 235/254 Rpt: 238/272	
2	FILER NAME Texas Assoc	ciation for Home Care and Hospice	e Inc Texas Home	Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	Filers)
4	Date 10/01/2025	 5 Full name of contributor	out-of-state PAC (ID#: Zip Code)	7	Amount of Contribution (\$)	\$2.00
		Lubbock, TX 79410					
8		pation / Job title (See Instructions) guage Pathologist CFY	9	Employer (See Instructions) Therapy 2000 Inc.)		
	Date 10/01/2025	Full name of contributor	out-of-state PAC (ID#: Zip Code)		Amount of Contribution (\$)	\$2.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions))		
	Speech Lang	guage Pathologist CFY		Therapy 2000 Inc.			
	Date 10/01/2025	Full name of contributor	out-of-state PAC (ID#: Zip Code			Amount of Contribution (\$)	\$2.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions))		
		guage Pathologist CFY		Therapy 2000 Inc.	•		
Date 10/01/2025		Thomas, Kelsi (Ms.)				Amount of Contribution (\$)	\$2.00
	Dringing aggr	Lubbock, TX 79410 pation / Job title (See Instructions)		Employer (See Instructions			
	·	guage Pathologist CFY		Employer (See Instructions) Therapy 2000 Inc.)		
	Date 10/01/2025	Thomas, Kelsi (Ms.)	out-of-state PAC (ID#: Zip Code)		Amount of Contribution (\$)	\$2.00
	·	pation / Job title (See Instructions)		Employer (See Instructions))		
	Speech Lan(guage Pathologist CFY	<u> </u>	Therapy 2000 Inc.			

	MONEI	ARY POLITICAL CON	TRIBUTIONS		SCHEDULE	A1
	The Instruc	ction Guide explains how to c	omplete this form.	1	Total pages Schedule A1: Sch: 236/254 Rpt: 239/272	
2	FILER NAME Texas Assoc	iation for Home Care and Hospice	Inc Texas Home Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	Filers)
4	Date 10/01/2025	 5 Full name of contributor our Thomas, Kelsi (Ms.) 6 Contributor address; City; State; Zite 	ut-of-state PAC (ID#:) ip Code	7	Amount of Contribution (\$)	\$2.00
		Lubbock, TX 79410				
8		pation / Job title (See Instructions) guage Pathologist CFY	9 Employer (See Instructions Therapy 2000 Inc.	s)		
	Date 10/01/2025	Full name of contributor on thomas, Kelsi (Ms.) Contributor address; City; State; Zive Lubbock, TX 79410	it-of-state PAC (ID#:) ip Code		Amount of Contribution (\$)	\$2.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	Speech Lang	guage Pathologist CFY	Therapy 2000 Inc.			
	Date 10/01/2025	Thomas, Kelsi (Ms.) Contributor address; City; State; Zi	ut-of-state PAC (ID#:) ip Code		Amount of Contribution (\$)	\$2.00
	Principal occur	Lubbock, TX 79410 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
		guage Pathologist CFY	Therapy 2000 Inc.	٠,		
Date 10/01/2025		Thomas, Kelsi (Ms.)	it-of-state PAC (ID#:) ip Code		Amount of Contribution (\$)	\$2.00
	Dringing Loggy	Lubbock, TX 79410	Employer (Coo Instruction	<u></u>		
	•	pation / Job title (See Instructions) guage Pathologist CFY	Employer (See Instructions Therapy 2000 Inc.	s)		
	Date 10/01/2025	Thomas, Kelsi (Ms.)	ut-of-state PAC (ID#:) ip Code		Amount of Contribution (\$)	\$2.00
	•	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Speech Lang	guage Pathologist CFY	Therapy 2000 Inc.			

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 237/254 Rpt: 240/272	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	iation for Home Care and Hos	spice Inc Texas Hom	e Care and Hospice PAC -		00015750	
4	Date 10/01/2025	5 Full name of contributor Thomas, Kelsi (Ms.)6 Contributor address; City; Sta	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$2.00
		Lubbock, TX 79410					
8	Principal occu	pation / Job title (See Instructions))	9 Employer (See Instructions)		
	Speech Lang	guage Pathologist CFY		Therapy 2000 Inc.			
	Date 10/01/2025	Full name of contributor Till, Marissa (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
		Palestine, TX 75803					
		pation / Job title (See Instructions))	Employer (See Instructions)		
	Occupationa	l Therapy Assistant		Therapy 2000, Inc.			
	Date 10/01/2025	Full name of contributor Till, Marissa (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
		Palestine, TX 75803					
	Principal occu	pation / Job title (See Instructions))	Employer (See Instructions)		
	Occupationa	l Therapy Assistant		Therapy 2000, Inc.			
	Date 10/01/2025	Full name of contributor Till, Marissa (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
		pation / Job title (See Instructions)		Employer (See Instructions)		
	Occupationa	l Therapy Assistant		Therapy 2000, Inc.			
	Date 10/01/2025	Full name of contributor Till, Marissa (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
	Principal occu	pation / Job title (See Instructions))	Employer (See Instructions)		
	Occupationa	l Therapy Assistant		Therapy 2000, Inc.			

	MONET	ARY POLITICAL CO	NIRIBUTION	15		SCHEDULE	A1
	The Instru	ction Guide explains how to	complete this for	m.	1	Total pages Schedule A1: Sch: 238/254 Rpt: 241/272	
2	FILER NAME Texas Assoc	ciation for Home Care and Hospice	e Inc Texas Home	Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	-ilers)
4	Date 10/01/2025	5 Full name of contributor	out-of-state PAC (ID#: Zip Code		7	Amount of Contribution (\$)	\$5.00
		Palestine, TX 75803					
8	•	pation / Job title (See Instructions) Il Therapy Assistant	9	Employer (See Instructions Therapy 2000, Inc.)		
	Date 10/01/2025	Till, Marissa (Ms.) Contributor address; City; State; 2	out-of-state PAC (ID#: Zip Code			Amount of Contribution (\$)	\$5.00
	Principal occu	Palestine, TX 75803 pation / Job title (See Instructions)		Employer (See Instructions)		
	Occupationa	l Therapy Assistant		Therapy 2000, Inc.			
	Date 10/01/2025	Till, Marissa (Ms.) Contributor address; City; State; 2	out-of-state PAC (ID#: Zip Code)		Amount of Contribution (\$)	\$5.00
	Dringing oggu	Palestine, TX 75803 pation / Job title (See Instructions)		Employer (See Instructions			
		ll Therapy Assistant		Therapy 2000, Inc.	,		
	Date 10/01/2025	Till, Marissa (Ms.))		Amount of Contribution (\$)	\$5.00
		Palestine, TX 75803					
	•	pation / Job title (See Instructions) Il Therapy Assistant		Employer (See Instructions Therapy 2000, Inc.)		
	Date 10/01/2025	Till, Marissa (Ms.)	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$5.00
	•	pation / Job title (See Instructions)		Employer (See Instructions)		
	Occupationa	ll Therapy Assistant		Therapy 2000, Inc.			

	MONEI	ARY POLITICAL CONTRIBU	טוונ	INS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete	this fo	orm.	1	Total pages Schedule A1: Sch: 239/254 Rpt: 242/272	
2	FILER NAME Texas Assoc	ciation for Home Care and Hospice Inc Texa	as Hom	e Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	Filers)
4	Date 10/01/2025	 5 Full name of contributor out-of-state PAGE out-of-state P)	7	Amount of Contribution (\$)	\$5.00
		Palestine, TX 75803					
8	•	pation / Job title (See Instructions) Il Therapy Assistant		9 Employer (See Instructions Therapy 2000, Inc.)		
	Date 10/01/2025	Full name of contributor out-of-state PAI Till, Marissa (Ms.) Contributor address; City; State; Zip Code	C (ID#:)		Amount of Contribution (\$)	\$5.00
	Principal occu	Palestine, TX 75803 pation / Job title (See Instructions)		Employer (See Instructions	<u></u>		
	•	ll Therapy Assistant		Therapy 2000, Inc.	,		
	Date 10/01/2025	Full name of contributor out-of-state PAG Till, Marissa (Ms.) Contributor address; City; State; Zip Code	C (ID#:)		Amount of Contribution (\$)	\$5.00
	Principal occu	Palestine, TX 75803 pation / Job title (See Instructions)		Employer (See Instructions	, 		
		Il Therapy Assistant		Therapy 2000, Inc.	,		
	Date 10/01/2025	Full name of contributor	C (ID#:)		Amount of Contribution (\$)	\$5.00
		Haslet, TX 76052					
	•	pation / Job title (See Instructions) guage Pathologist		Employer (See Instructions Therapy 2000 Inc.	i)		
	Date 10/01/2025	Full name of contributor)		Amount of Contribution (\$)	\$5.00
	•	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	speech Lan(guage Pathologist		Therapy 2000 Inc.			

	MONET	ARY POLITICAL CON	TRIBUTIONS		SCHEDULE	A1
	The Instru	ction Guide explains how to co	emplete this form.	1	Total pages Schedule A1: Sch: 240/254 Rpt: 243/272	
2	FILER NAME Texas Assoc	iation for Home Care and Hospice Ir	nc Texas Home Care and Hospice PAC -	3	Filer ID (Ethics Commission F 00015750	ilers)
4	Date 10/01/2025	 Full name of contributor out- Tobin, Sheila Deanne (Ms.) Contributor address; City; State; Zip 	cof-state PAC (ID#:) Code	7	Amount of Contribution (\$)	\$5.00
		Haslet, TX 76052				
8		pation / Job title (See Instructions) guage Pathologist	9 Employer (See Instructions) Therapy 2000 Inc.	5)		
	Date 10/01/2025	Full name of contributor	of-state PAC (ID#:) Code		Amount of Contribution (\$)	\$5.00
	Drincinal occu	Haslet, TX 76052 pation / Job title (See Instructions)	Employer (See Instructions)	·/_		
	·	guage Pathologist	Therapy 2000 Inc.)		
	Date 10/01/2025	Tobin, Sheila Deanne (Ms.) Contributor address; City; State; Zip	of-state PAC (ID#:) Code		Amount of Contribution (\$)	\$5.00
	Principal occu	Haslet, TX 76052 pation / Job title (See Instructions)	Employer (See Instructions)	<u> </u> ;)		
		guage Pathologist	Therapy 2000 Inc.	,		
	Date 10/01/2025	Full name of contributor out- Trusty, Lean Katherine (Ms.) Contributor address; City; State; Zip Fate, TX 75189	of-state PAC (ID#:) Code		Amount of Contribution (\$)	\$3.00
	Principal occu Occupationa	pation / Job title (See Instructions) I Therapist	Employer (See Instructions) Therapy 2000 Inc.	5)		
	Date 10/01/2025	Trusty, Lean Katherine (Ms.)	of-state PAC (ID#:) Code		Amount of Contribution (\$)	\$3.00
	Principal occu Occupationa	pation / Job title (See Instructions)	Employer (See Instructions) Therapy 2000 Inc.	5)		
	Оссиранопа	ι τησιαμίοι	Therapy 2000 life.			

	MONEI	ARY POLITICAL CONTRI	BUTION	15		SCHEDULE	A1
	The Instruc	ction Guide explains how to comple	ete this for	m.	1	Total pages Schedule A1: Sch: 241/254 Rpt: 244/272	
2	FILER NAME Texas Assoc	ciation for Home Care and Hospice Inc T	Texas Home	Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	Filers)
4	Date 10/01/2025	 Full name of contributor out-of-state out-of-state Trusty, Lean Katherine (Ms.) Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$3.00
		Fate, TX 75189					
8	Principal occu Occupationa	pation / Job title (See Instructions) Il Therapist	9	Employer (See Instructions) Therapy 2000 Inc.)		
	Date 10/01/2025	Full name of contributor	te PAC (ID#:)		Amount of Contribution (\$)	\$3.00
	Drincinal occu	Fate, TX 75189 pation / Job title (See Instructions)		Employer (See Instructions	_		
	Occupationa			Therapy 2000 Inc.)		
	Date 10/01/2025	Full name of contributor out-of-state Trusty, Lean Katherine (Ms.) Contributor address; City; State; Zip Code	te PAC (ID#:)		Amount of Contribution (\$)	\$3.00
		Fate, TX 75189					
	Principal occu Occupationa	pation / Job title (See Instructions) Il Therapist		Employer (See Instructions) Therapy 2000 Inc.)		
	Date 10/01/2025	Trusty, Lean Katherine (Ms.))		Amount of Contribution (\$)	\$3.00
	Principal occu	Fate, TX 75189 pation / Job title (See Instructions)		Employer (See Instructions)		
	Occupationa	ll Therapist		Therapy 2000 Inc.			
	Date 10/01/2025	Full name of contributor out-of-state Trusty, Lean Katherine (Ms.) Contributor address; City; State; Zip Code Fate, TX 75189				Amount of Contribution (\$)	\$3.00
		pation / Job title (See Instructions)		Employer (See Instructions)		
	Occupationa	і тієтарія		Therapy 2000 Inc.			

	MONET	ARY POLITICAL CO	ONTRIBUTIO	INS		SCHEDULE	A1
	The Instru	ction Guide explains how t	o complete this fo	rm.	1	Total pages Schedule A1: Sch: 242/254 Rpt: 245/272	
2	FILER NAME Texas Assoc	ciation for Home Care and Hosp	oice Inc Texas Home	e Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	Filers)
4	Date 10/01/2025	5 Full name of contributor			7	Amount of Contribution (\$)	\$5.00
		Mesquite, TX 75149					
8	Principal occu Authorization	pation / Job title (See Instructions) n Specialist		Employer (See Instructions Therapy 2000 Inc.)		
	Date 10/01/2025	Full name of contributor Vazquez, Karla (Ms.) Contributor address; City; Stat	out-of-state PAC (ID#: e; Zip Code			Amount of Contribution (\$)	\$5.00
	Principal occu	Mesquite, TX 75149 pation / Job title (See Instructions)		Employer (See Instructions)		
	Authorization			Therapy 2000 Inc.			
	Date 10/01/2025	Full name of contributor Vazquez, Karla (Ms.) Contributor address; City; Stat	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$5.00
	Dringing con	Mesquite, TX 75149 pation / Job title (See Instructions)		Employer (See Instructions			
	Authorization			Employer (See Instructions Therapy 2000 Inc.)		
Date 10/01/2025		Full name of contributor Vazquez, Karla (Ms.) Contributor address; City; Stat				Amount of Contribution (\$)	\$5.00
		Mesquite, TX 75149					
	Principal occu Authorization	pation / Job title (See Instructions) n Specialist		Employer (See Instructions Therapy 2000 Inc.)		
	Date 10/01/2025	Full name of contributor Vazquez, Karla (Ms.) Contributor address; City; Stat Mesquite, TX 75149	out-of-state PAC (ID#: e; Zip Code			Amount of Contribution (\$)	\$5.00
		pation / Job title (See Instructions)		Employer (See Instructions)		
	Authorization	т Specialist		Therapy 2000 Inc.			

	MONEI	ARY POLITICAL (CONTRIBUTIO	INS		SCHEDULE	A1
	The Instruc	ction Guide explains hov	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 243/254 Rpt: 246/272	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	ciation for Home Care and Ho	spice Inc Texas Hom	e Care and Hospice PAC -		00015750	
4	Date 10/01/2025	5 Full name of contributor Vazquez, Karla (Ms.)6 Contributor address; City; S	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$5.00
		Mesquite, TX 75149					
8	Principal occu	pation / Job title (See Instructions	s)	9 Employer (See Instructions	5)		
	Authorization	n Specialist		Therapy 2000 Inc.			
	Date 10/01/2025	Full name of contributor Vazquez, Karla (Ms.) Contributor address; City; S	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$5.00
		Mesquite, TX 75149					
		pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	Authorization			Therapy 2000 Inc.			
	Date 10/01/2025	Full name of contributor Vazquez, Karla (Ms.) Contributor address; City; S	out-of-state PAC (ID#:_ tate; Zip Code)		Amount of Contribution (\$)	\$5.00
		Mesquite, TX 75149					
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	Authorization	n Specialist		Therapy 2000 Inc.			
	Date 10/01/2025	Full name of contributor Vazquez, Karla (Ms.) Contributor address; City; S Mesquite, TX 75149	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$5.00
	•	pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	Authorization	n Specialist		Therapy 2000 Inc.			
	Date 10/01/2025	Full name of contributor Vazquez, Karla (Ms.) Contributor address; City; S Mesquite, TX 75149	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$5.00
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	Authorization	n Specialist		Therapy 2000 Inc.			

	MONET	ARY POLITICAL C	ONTRIBUTIO	INS		SCHEDULE	A1
	The Instru	ction Guide explains how t	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 244/254 Rpt: 247/272	
2	FILER NAME Texas Assoc	ciation for Home Care and Hosp	oice Inc Texas Homo	e Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	Filers)
4	Date 10/01/2025	5 Full name of contributor [Vazquez, Karla (Ms.)6 Contributor address; City; State			7	Amount of Contribution (\$)	\$5.00
		Mesquite, TX 75149					
8	Principal occu Authorization	pation / Job title (See Instructions) n Specialist		9 Employer (See Instructions Therapy 2000 Inc.	i)		
	Date 10/01/2025	Full name of contributor Vazquez, Karla (Ms.) Contributor address; City; Stat	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$5.00
	Principal occu	Mesquite, TX 75149 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> :)		
	Authorization			Therapy 2000 Inc.	,		
	Date 10/01/2025	Full name of contributor Vazquez, Karla (Ms.) Contributor address; City; Stat	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$5.00
	Principal occu	Mesquite, TX 75149 pation / Job title (See Instructions)		Employer (See Instructions	<u>.</u>		
	Authorization			Therapy 2000 Inc.	,		
	Date 10/21/2025	Full name of contributor Wilbanks, Kelly (Ms.) Contributor address; City; Stat)		Amount of Contribution (\$)	\$10.00
		Larue, TX 75770					
	Principal occu RN	pation / Job title (See Instructions)		Employer (See Instructions Paradigm Home Care)		
	Date 09/30/2025	Full name of contributor Winborne, Julie (Ms.) Contributor address; City; Stat Sherman, TX 75092	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
	•	pation / Job title (See Instructions)		Employer (See Instructions			
	Office Nurse			Angels Of Care Pediatric	c F	Iome Health	

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDULE	A1
	The Instruc	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 245/254 Rpt: 248/272)
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Assoc	ciation for Home Care and Hos	spice Inc Texas Home	Care and Hospice PAC -		00015750	
4	Date 10/22/2025	5 Full name of contributor Winborne, Julie (Ms.)6 Contributor address; City; Sta	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$10.00
		Sherman, TX 75092					
8	Principal occu	pation / Job title (See Instructions)) 9	Employer (See Instructions	<u> </u>		
	Office Nurse			Angels Of Care Pediatri	сН	ome Health	
	Date 10/01/2025	Full name of contributor Wolf, Victoria Rose (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$5.00
		Irving, TX 75038			L		
		pation / Job title (See Instructions))	Employer (See Instructions	i)		
	Occupationa	I Therapist		Therapy 2000 Inc.			
	Date 10/01/2025	Full name of contributor Wolf, Victoria Rose (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
		Irving, TX 75038					
	Principal occu	pation / Job title (See Instructions))	Employer (See Instructions	()		
	Occupationa	l Therapist		Therapy 2000 Inc.			
	Date 10/01/2025	Full name of contributor Wolf, Victoria Rose (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
	Principal occu	pation / Job title (See Instructions))	Employer (See Instructions)		
	Occupationa	l Therapist		Therapy 2000 Inc.			
	Date 10/01/2025	Full name of contributor Wolf, Victoria Rose (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$5.00
	Principal occu	pation / Job title (See Instructions))	Employer (See Instructions)		
	Occupationa	l Therapist		Therapy 2000 Inc.			
			·				

	MONEI	ARY POLITICAL CONTRIB		V 5		SCHEDULE	A1
	The Instru	ction Guide explains how to complete	e this for	m.	1	Total pages Schedule A1: Sch: 246/254 Rpt: 249/272	
2	FILER NAME Texas Assoc	ciation for Home Care and Hospice Inc Tex	xas Home	Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	Filers)
4	Date 10/01/2025	 Full name of contributor out-of-state P. Wolf, Victoria Rose (Ms.) Contributor address; City; State; Zip Code 	PAC (ID#:)	7	Amount of Contribution (\$)	\$5.00
		Irving, TX 75038					
8	Principal occu Occupationa	pation / Job title (See Instructions) Il Therapist	9	Employer (See Instructions Therapy 2000 Inc.)		
	Date 10/01/2025	Full name of contributor out-of-state P. Wolf, Victoria Rose (Ms.) Contributor address; City; State; Zip Code	PAC (ID#:			Amount of Contribution (\$)	\$5.00
	Dringing Loggy	Irving, TX 75038		Employer (See Instructions			
	Occupationa	pation / Job title (See Instructions) Il Therapist		Employer (See Instructions Therapy 2000 Inc.)		
	Date 10/01/2025	Full name of contributor out-of-state P. Wolf, Victoria Rose (Ms.) Contributor address; City; State; Zip Code	PAC (ID#:			Amount of Contribution (\$)	\$5.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>, </u>		
	Occupationa			Therapy 2000 Inc.	,		
	Date 10/01/2025	Full name of contributor out-of-state P. Wolf, Victoria Rose (Ms.) Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$5.00
		Irving, TX 75038					
	Principal occu Occupationa	pation / Job title (See Instructions) Il Therapist		Employer (See Instructions Therapy 2000 Inc.)		
	Date 10/01/2025	Full name of contributor out-of-state Pa Wolf, Victoria Rose (Ms.) Contributor address; City; State; Zip Code Irving, TX 75038				Amount of Contribution (\$)	\$5.00
		pation / Job title (See Instructions)		Employer (See Instructions)		
	Occupationa	ıl I nerapıst		Therapy 2000 Inc.			

	MONET	ARY POLITICAL CO	NIRIBUTION	15		SCHEDULE	A1
	The Instru	ction Guide explains how to	complete this for	m.	1	Total pages Schedule A1: Sch: 247/254 Rpt: 250/272	
2	FILER NAME Texas Assoc	ciation for Home Care and Hospice	e Inc Texas Home	Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	Filers)
4	Date 10/01/2025	5 Full name of contributor Wolf, Victoria Rose (Ms.)6 Contributor address; City; State; 2	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$5.00
		Irving, TX 75038					
8	Principal occu Occupationa	pation / Job title (See Instructions) Il Therapist	9	Employer (See Instructions) Therapy 2000 Inc.)		
	Date 10/01/2025	Womble, Emma (Ms.) Contributor address; City; State; 2	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$2.00
	Dringing con	Forney, TX 75126		Employer (Coo Instructions)			
	•	pation / Job title (See Instructions) guage Pathologist		Employer (See Instructions) Therapy 2000 Inc.)		
	Date 10/01/2025	Full name of contributor	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$2.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions))		
	Speech Lang	guage Pathologist		Therapy 2000 Inc.			
	Date 10/01/2025	Womble, Emma (Ms.) Contributor address; City; State; 2				Amount of Contribution (\$)	\$2.00
	•	pation / Job title (See Instructions) guage Pathologist		Employer (See Instructions) Therapy 2000 Inc.)		
	Date 10/01/2025	Full name of contributor Womble, Emma (Ms.) Contributor address; City; State; I				Amount of Contribution (\$)	\$2.00
	•	pation / Job title (See Instructions)		Employer (See Instructions))		
	Speech Lang	guage Pathologist		Therapy 2000 Inc.			

	MONET	ARY POLITICAL CONTR	(IBUTION	V 5		SCHEDULE	A1
	The Instru	ction Guide explains how to comp	olete this for	m.	1	Total pages Schedule A1: Sch: 248/254 Rpt: 251/272	
2	FILER NAME Texas Assoc	ciation for Home Care and Hospice Inc	- Texas Home	Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	Filers)
4	Date 10/01/2025	Womble, Emma (Ms.))	7	Amount of Contribution (\$)	\$2.00
		Forney, TX 75126					
8		pation / Job title (See Instructions) guage Pathologist	9	Employer (See Instructions) Therapy 2000 Inc.)		
	Date 10/01/2025	Womble, Emma (Ms.) Contributor address; City; State; Zip Cod	tate PAC (ID#:)		Amount of Contribution (\$)	\$2.00
	Dringing aggr	Forney, TX 75126		Employer (See Instructions			
	·	pation / Job title (See Instructions) guage Pathologist		Employer (See Instructions) Therapy 2000 Inc.)		
	Date 10/01/2025	Womble, Emma (Ms.) Contributor address; City; State; Zip Cod	tate PAC (ID#:)		Amount of Contribution (\$)	\$2.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
		guage Pathologist		Therapy 2000 Inc.	,		
	Date 10/01/2025	Wooley, Ryan (Mr.))		Amount of Contribution (\$)	\$5.00
		New Braunfels, TX 78132					
	Principal occu VP Business	pation / Job title (See Instructions) s Strategy		Employer (See Instructions Therapy 2000 Inc.)		
	Date 10/01/2025	Wooley, Ryan (Mr.)	tate PAC (ID#:)		Amount of Contribution (\$)	\$5.00
		pation / Job title (See Instructions)		Employer (See Instructions)		
	VP Business	s Strategy		Therapy 2000 Inc.			

	MONEI	ARY POLITICAL CONTRIB	BUTIONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complet	e this form.	1	Total pages Schedule A1: Sch: 249/254 Rpt: 252/272	
2	FILER NAME Texas Assoc	siation for Home Care and Hospice Inc Te	xas Home Care and Hospice	PAC -	Filer ID (Ethics Commission 00015750	Filers)
4	Date 10/01/2025	 Full name of contributor out-of-state F Wooley, Ryan (Mr.) Contributor address; City; State; Zip Code 	PAC (ID#:	7	Amount of Contribution (\$)	\$5.00
		New Braunfels, TX 78132	<u> </u>			
8	Principal occu VP Business	pation / Job title (See Instructions) s Strategy	9 Employer (See Ins Therapy 2000 In			
	Date 10/01/2025	Full name of contributor out-of-state F Wooley, Ryan (Mr.) Contributor address; City; State; Zip Code New Braunfels, TX 78132	PAC (ID#:		Amount of Contribution (\$)	\$5.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Ins	tructions)		
	VP Business	s Strategy	Therapy 2000 In	C.		
	Date 10/01/2025	Full name of contributor out-of-state F Wooley, Ryan (Mr.) Contributor address; City; State; Zip Code	PAC (ID#:		Amount of Contribution (\$)	\$5.00
	Dringing ogg	New Braunfels, TX 78132	Employer (See Inc	tructions)		
	VP Business	pation / Job title (See Instructions) s Strategy	Employer (See Ins Therapy 2000 In			
	Date 10/01/2025	Full name of contributor out-of-state F Wooley, Ryan (Mr.) Contributor address; City; State; Zip Code	PAC (ID#:		Amount of Contribution (\$)	\$5.00
		New Braunfels, TX 78132	1			
	Principal occu VP Business	pation / Job title (See Instructions) s Strategy	Employer (See Ins Therapy 2000 In			
	Date 10/01/2025	Full name of contributor out-of-state F Wooley, Ryan (Mr.) Contributor address; City; State; Zip Code New Braunfels, TX 78132	PAC (ID#:		Amount of Contribution (\$)	\$5.00
		pation / Job title (See Instructions)	Employer (See Ins			
	VP Business	s Strategy	Therapy 2000 In	C.		

	MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1		
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 250/254 Rpt: 253/272	
2	PILER NAME Texas Association for Home Care and Hospice Inc Texas Home Care and Hospice PAC -		3	Filer ID (Ethics Commission 00015750	Filers)	
4	Date 10/01/2025	Date 5 Full name of contributor out-of-state PAC (ID#:)		7	Amount of Contribution (\$)	\$5.00
_		New Braunfels, TX 78132	<u> </u>	Ĺ		
8	Principal occu VP Business	pation / Job title (See Instructions) s Strategy	9 Employer (See Instructions Therapy 2000 Inc.	s)		
	Date 10/01/2025	Full name of contributor out-of-state F Wooley, Ryan (Mr.) Contributor address; City; State; Zip Code New Braunfels, TX 78132	PAC (ID#:)		Amount of Contribution (\$)	\$5.00
		pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	VP Business	Strategy	Therapy 2000 Inc.	_		
	Date 10/01/2025	Full name of contributor out-of-state F Wooley, Ryan (Mr.) Contributor address; City; State; Zip Code New Braunfels, TX 78132	PAC (ID#:)		Amount of Contribution (\$)	\$5.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	VP Business		Therapy 2000 Inc.			
	Date 10/01/2025	Date Full name of contributor out-of-state PAC (ID#:)			Amount of Contribution (\$)	\$5.00
		New Braunfels, TX 78132	1	Ļ		
	Principal occu VP Business	pation / Job title (See Instructions) s Strategy	Employer (See Instructions Therapy 2000 Inc.	s)		
	Date Full name of contributor out-of-state PAC (ID#:) 10/01/2025 Wooley, Ryan (Mr.) Contributor address; City; State; Zip Code New Braunfels, TX 78132			Amount of Contribution (\$)	\$5.00	
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	VP Business	Strategy	Therapy 2000 Inc.			

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1			
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 251/254 Rpt: 254/272	<u> </u>		
2	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 5 Full name of contributor out-of-state PAC (ID#:) Yates, Jennifer (Ms.) 6 Contributor address; City; State; Zip Code		7	7 Amount of Contribution (\$) \$19				
		Gilmer, TX 75644						
8		pation / Job title (See Instructions)	9	Employer (See Instructions				
	Executive Di			Paradigm Rehab & Nurs	sin			
	Date 10/01/2025	Full name of contributor out-of-state P/Yee, Yesenia (Ms.) Contributor address; City; State; Zip Code	AC (ID#:)		Amount of Contribution (\$)	\$5.00	
	5	Round Rock, TX 78664			Ĺ			
	•	pation / Job title (See Instructions) guage Pathologist		Employer (See Instructions Therapy 2000 Inc.	5)			
	Date	Full name of contributor out-of-state P/		ΠΕΙάργ 2000 IIIC.		Amount of Contribution (\$)		
	10/01/2025	Yee, Yesenia (Ms.) Contributor address; City; State; Zip Code Round Rock, TX 78664				,	\$5.00	
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	i)			
	Speech Lang	guage Pathologist		Therapy 2000 Inc.				
	Date Full name of contributor out-of-state PAC (ID#:) 10/01/2025 Yee, Yesenia (Ms.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5.00			
	Principal occu	Round Rock, TX 78664 Principal occupation / Job title (See Instructions) Employer (See Instructions)						
	•	guage Pathologist		Therapy 2000 Inc.	,			
	Date Full name of contributor out-of-state PAC (ID#:) 10/01/2025 Yee, Yesenia (Ms.) Contributor address; City; State; Zip Code Round Rock, TX 78664			Amount of Contribution (\$)	\$5.00			
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	i)			
	Speech Lang	guage Pathologist		Therapy 2000 Inc.				

	MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE	SCHEDULE A1	
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 252/254 Rpt: 255/272	
2	FILER NAME Texas Association for Home Care and Hospice Inc Texas Home Care and Hospice PAC -		spice PAC -	Filer ID (Ethics Commission 00015750	Filers)	
4	Date 10/01/2025	Yee, Yesenia (Ms.)	of-state PAC (ID#:		Amount of Contribution (\$)	\$5.00
		Round Rock, TX 78664	<u> </u>			
8	•	pation / Job title (See Instructions) guage Pathologist	9 Employer (See Therapy 200			
	Date O9/30/2025 Full name of contributor out-of-state PAC (ID#:) Yoder, Hannah (Ms.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5.00	
	Principal occu Nurse	Jarrell, TX 76537 pation / Job title (See Instructions)	Employer (See Angels of Ca			
	Date Full name of contributor out-of-state PAC (ID#:) 10/22/2025 Yoder, Hannah (Ms.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5.00	
		Jarrell, TX 76537 pation / Job title (See Instructions)	Employer (See	•		
	Nurse Date Full name of contributor out-of-state PAC (ID#:) 10/01/2025 van den Bent, Jerre (Mr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00	
	Principal occu	Dallas, TX 75208 pation / Job title (See Instructions)	Employer (See Therapy 200			
	Date Full name of contributor out-of-state PAC (ID#:) 10/01/2025 van den Bent, Jerre (Mr.) Contributor address; City; State; Zip Code Dallas, TX 75208			Amount of Contribution (\$)	\$25.00	
	Principal occu CEO	pation / Job title (See Instructions)	Employer (Sea Therapy 200			
			·			

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1			
	The Instruction Guide explains how to complete this form.		1	Total pages Schedule A1: Sch: 253/254 Rpt: 256/272	<u>)</u>			
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)	
	Texas Assoc	iation for Home Care and Hospice Inc Te	exas Home	Care and Hospice PAC -		00015750		
4	Date 10/01/2025			7	Amount of Contribution (\$)	\$25.00		
		Dallas, TX 75208						
8	Principal occu CEO	pation / Job title (See Instructions)	9	Employer (See Instructions Therapy 2000 Inc.)			
	Date Full name of contributor out-of-state PAC (ID#:) van den Bent, Jerre (Mr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00			
	Principal occu	Dallas, TX 75208 pation / Job title (See Instructions)		Employer (See Instructions)			
	CEO	pation, out the (See Instructions)		Therapy 2000 Inc.	,			
	Date Full name of contributor out-of-state PAC (ID#:				Amount of Contribution (\$)	\$25.00		
		Dallas, TX 75208						
	Principal occu CEO	pation / Job title (See Instructions)		Employer (See Instructions Therapy 2000 Inc.)			
	Date Full name of contributor out-of-state PAC (ID#:) 10/01/2025 van den Bent, Jerre (Mr.) Contributor address; City; State; Zip Code Dallas, TX 75208			Amount of Contribution (\$)	\$25.00			
	Principal occu CEO	pation / Job title (See Instructions)		Employer (See Instructions Therapy 2000 Inc.)			
	Date Full name of contributor out-of-state PAC (ID#:) van den Bent, Jerre (Mr.) Contributor address; City; State; Zip Code Dallas, TX 75208			Amount of Contribution (\$)	\$25.00			
	Principal occu CEO	pation / Job title (See Instructions)		Employer (See Instructions Therapy 2000 Inc.)			

	MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1			
	The Instruction Guide explains how to complete this form.		1	Total pages Schedule A1: Sch: 254/254 Rpt: 257/272	 272		
2	Page 12 FILER NAME Texas Association for Home Care and Hospice Inc Texas Home Care and Hospice PAC -		me Care and Hospice PAC -	3	Filer ID (Ethics Commission 00015750	Filers)	
4	Date 10/01/2025	Date 5 Full name of contributor out-of-state PAC (ID#:)		7	Amount of Contribution (\$)	\$25.00	
		Dallas, TX 75208	_				
8	Principal occu CEO	pation / Job title (See Instructions)	9 Employer (See Instructions Therapy 2000 Inc.	i)			
	Date Full name of contributor out-of-state PAC (ID#:) 10/01/2025 van den Bent, Jerre (Mr.) Contributor address; City; State; Zip Code		:)		Amount of Contribution (\$)	\$25.00	
	Principal occu	Dallas, TX 75208 pation / Job title (See Instructions)	Employer (See Instructions	<u>.</u>			
	CEO	pation / coo the (coo mondotone)	Therapy 2000 Inc.	,			
	Date Full name of contributor out-of-state PAC (ID#:) 10/01/2025 van den Bent, Jerre (Mr.) Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$25.00	
		Dallas, TX 75208	_				
	Principal occu CEO	pation / Job title (See Instructions)	Employer (See Instructions Therapy 2000 Inc.	i)			
	Date Full name of contributor out-of-state PAC (ID#:) 10/01/2025 van den Bent, Jerre (Mr.) Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$25.00	
		Dallas, TX 75208					
	CEO	pation / Job title (See Instructions)	Employer (See Instructions Therapy 2000 Inc.	5)			
	Date Full name of contributor out-of-state PAC (ID#:) 10/01/2025 van den Bent, Jerre (Mr.) Contributor address; City; State; Zip Code Dallas, TX 75208			Amount of Contribution (\$)	\$25.00		
	Principal occu CEO	pation / Job title (See Instructions)	Employer (See Instructions Therapy 2000 Inc.)			
			1				

MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C3

	The Instruction Guide explains how to complete this form.					Schedule C3: ot: 258/272
2	2 FILER NAME			3	Filer ID	(Ethics Commission Filers)
	Texas Association for Home Care and Hospice Inc Texas Home Care and Hospice				00015750	
4	Date	5	Corporation / Labor Organization name	6	Amount (\$)	
	10/01/2025		Texas Association for Home Care & Hospice, Inc.			922.28

SCHEDULE F1

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

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

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

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 1/14 Rpt:	Texas Association for Home Care and Hospice Inc Texas 00015750
4 Date	5 Payee name
09/30/2025	PayPal
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$0.27	2211 N. First St.
Expenditure from corporate funds	San Jose, CA 95131
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Credit card processing fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/30/2025	PayPal
Amount (\$)	Payee address; City; State; Zip Code
\$0.66	2211 N. First St.
Ψ0.00	221111.11100.00
Expenditure from corporate funds	San Jose, CA 95131
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Credit card processing fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/30/2025	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	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	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
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: 2/14 Rpt:	Texas Association for Home Care and Hospice Inc Texas 00015750	
4 Date	5 Payee name	
09/30/2025	PayPal	
6 Amount (\$) \$0.68	7 Payee address; City; State; Zip Code2211 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	\dashv
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	
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
09/30/2025	PayPal	
Amount (\$)	Payee address; City; State; Zip Code	_
\$1.36	2211 N. First St.	
Expenditure from corporate funds	San Jose, CA 95131	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	Credit card processing fee	
	Greate data processing rec	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
Date	Payee name	=
09/30/2025	PayPal	
Amount (\$)	Payee address; City; State; Zip Code	_
\$5.79	2211 N. First St.	
Ψ3.79	2211 N. 1 113t 3t.	
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 processing foe	
	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		
•		_

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Printing Expense

Candidate/Officenolder/Politica	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 3/14 Rpt:	Texas Association for Home Care and Hospice Inc Texas 00015750
4 Date	5 Payee name
09/30/2025	PayPal
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.99	2211 N. First St.
— Former diture from	
Expenditure from corporate funds	San Jose, CA 95131
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Credit card processing fee
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
09/30/2025	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.
	Credit card processing fee
	Credit card processing ree
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·
Date	Payee name
09/30/2025	PayPal
Amount (\$)	Payee address; City; State; Zip Code
\$0.84	2211 N. First St.
Ψ0.04	ZZII IV. FIISUSU.
Expenditure from corporate funds	San Jose, CA 95131
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EVENINE UPF	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Credit card processing fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
SAPORGICATO TO DOTICITE O/OI	•

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)

Credit Card F dyment	The Instruction Guide explains how to co	mplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 4/14 Rpt:	Texas Association for Home Care and Hospice	Inc Texas 00015750
4 Date	5 Payee name	·
09/30/2025	PayPal	
6 Amount (\$)	7 Payee address; City; State; Zip Co	de
\$1.36	2211 N. First St.	
Expenditure from corporate funds	San Jose, CA 95131	
8 PURPOSE OF	,	(b) Description
EXPENDITURE	Accounting/Banking	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Credit card processing fee
		Great care processing rec
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	ght Office held
expenditure to benefit C/OI		giit Office field
5 .		
Date	Payee name	
09/30/2025	PayPal	
Amount (\$)	Payee address; City; State; Zip Co	de
\$2.44	2211 N. First St.	
Evpanditure from		
Expenditure from corporate funds	San Jose, CA 95131	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Accounting/Banking	Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE		Check if Austin, TX, officeholder living expense
		Credit card processing fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght Office held
experialitie to benefit C/Oi	1	
Date	Payee name	
09/30/2025	PayPal	
Amount (\$)	Payee address; City; State; Zip Co	de
\$2.27	2211 N. First St.	
Expenditure from corporate funds	San Jose, CA 95131	
	· · · · · · · · · · · · · · · · · · ·	(h) p
PURPOSE OF	2 ((b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Accounting/Banking	Check if Austin, TX, officeholder living expense
		Credit card processing fee
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght 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 -

Fees Food/Beverage Expense Gift/Awards/Memorials Expense

Event Expense

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

	Candidate/Officeholder/Politica Credit Card Payment	ŭ	Salaries/M ion Guide explains how to co	/ages/Contract La mplete this fo		OTHER (enter a	category not listed above)
1	Total pages Schedule F1:	2 FILER NAME			3	Filer ID	(Ethics Commission Filers)
	Sch: 5/14 Rpt:		Home Care and Hospice	Inc Texa	s	00015750	
4	Date	5 Payee name					
	09/30/2025	PayPal					
6	Amount (\$) \$0.66	7 Payee address; City; 2211 N. First St.	State; Zip Co	de			
	Expenditure from corporate funds	San Jose, CA 95131					
8	PURPOSE	(a) Category (See Categories lis	ted at the top of this schedule)	(b) Descript	tion		
	OF EXPENDITURE	Accounting/Banking		Check	if Austin, TX	ide of Texas. Com , officeholder living cessing fee	
_	Computate ONII V if direct	Condidate/Officebalder no	O#i	a.la.t		Office he	-1 d
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder nai	me Office sou	gnı 		Office ne	eiu
	Date	Payee name					
	09/30/2025	PayPal					
	Amount (\$)	Payee address; City;	State; Zip Co	de			
	\$0.84	2211 N. First St.					
	Expenditure from corporate funds	San Jose, CA 95131					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories lis Accounting/Banking	ted at the top of this schedule)	Check	if travel outs if Austin, TX	ide of Texas. Com	
				Credit	zaru proc	cessing fee	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder nar	me Office sou	ght		Office he	eld
	Date	Payee name					
	09/30/2025	PayPal PayPal					
			Otata: 71: 0-	-1-			
	Amount (\$) \$1.36	Payee address; City; 2211 N. First St.	State; Zip Co	ae			
	Expenditure from corporate funds	San Jose, CA 95131					
	PURPOSE	(a) Category (See Categories lis	ted at the top of this schedule)	(b) Descript	tion		
	OF EXPENDITURE	Accounting/Banking	,			ide of Texas. Com	
	LAFLINDITORE	_		_		, officeholder living	gexpense
				Credit	card prod	essing fee	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder nai	ne Office sou	ght		Office he	eld

SCHEDULE F1

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

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

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	The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F1:						
Sch: 6/14 Rpt:	Texas Association for Home Care and Hospice Inc Texas 00015750					
4 Date	5 Payee name					
09/30/2025	PayPal					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
\$0.84	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	1					
Date	Payee name					
09/30/2025	PayPal					
Amount (\$)	Payee address; City; State; Zip Code					
\$0.66	2211 N. First St.					
Expenditure from corporate funds	San Jose, CA 95131					
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.					
	Check if Austin, TX, officeholder living expense Credit card processing fee					
	Greati cara processing rec					
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
expenditure to benefit C/OI						
Date	Payee name					
10/21/2025	PayPal					
Amount (\$)	Payee address; City; State; Zip Code					
\$2.24	2211 N. First St.					
Expenditure from corporate funds	San Jose, CA 95131					
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.					
	Check if Austin, TX, officeholder living expense Credit card processing fee					
	Credit card processing ree					
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
expenditure to benefit C/OI						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		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)
1 Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·		3 Filer ID (Ethics Commission Filers)
Sch: 7/14 Rpt:	Texas Association for Home Care an	d Hospice Inc Texas	00015750
4 Date	5 Payee name	•	
10/21/2025	PayPal		
6 Amount (\$) \$4.85	7 Payee address; City; Sta 2211 N. First St.	te; Zip Code	
Expenditure from corporate funds	San Jose, CA 95131		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this s Accounting/Banking	Check if travel Check if Austin	outside of Texas. Complete Schedule T. n, TX, officeholder living expense Processing fee
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name H	Office sought	Office held
Date	Payee name		
10/21/2025	PayPal		
Amount (\$) \$1.36 Expenditure from corporate funds	Payee address; City; Sta 2211 N. First St. San Jose, CA 95131	te; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this s Accounting/Banking	Check if travel Check if Austin	outside of Texas. Complete Schedule T. n, TX, officeholder living expense rocessing fee
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name H	Office sought	Office held
Date	Payee name		
10/21/2025	PayPal		
Amount (\$) \$7.82	Payee address; City; Sta 2211 N. First St.	te; Zip Code	
Expenditure from corporate funds	San Jose, CA 95131		
PURPOSE	(a) Category (See Categories listed at the top of this s		
OF EXPENDITURE	Accounting/Banking	Check if Austin	outside of Texas. Complete Schedule T. n, TX, officeholder living expense rocessing fee
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name H	Office sought	Office held

Event Expense

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

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

Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	
	· · · · · · · · · · · · · · · · · · ·
1 Total pages Schedule F1:	
Sch: 8/14 Rpt:	Texas Association for Home Care and Hospice Inc Texas 00015750
4 Date	5 Payee name
10/21/2025	PayPal
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2.24	2211 N. First St.
Ψ2.24	2211 N. Fil5t St.
Expenditure from	
corporate funds	San Jose, CA 95131
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Credit card processing fee
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Data	B
Date	Payee name
10/21/2025	PayPal
Amount (\$)	Payee address; City; State; Zip Code
\$4.85	2211 N. First St.
Expenditure from corporate funds	San Jose, CA 95131
•	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Credit card processing fee
	Credit card processing ree
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
experientare to benefit 6/6	
Date	Payee name
10/21/2025	PayPal
Amount (\$)	Payee address; City; State; Zip Code
\$5.73	2211 N. First St.
φ3.73	2211 N. FIISt St.
Expenditure from	
corporate funds	San Jose, CA 95131
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Credit card processing fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	H

SCHEDULE F1

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

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

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

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

Candidate/Officeholder/Politica Credit Card Payment	Al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 9/14 Rpt:	Texas Association for Home Care and Hospice Inc Texas 00015750
4 Date	5 Payee name
10/21/2025	PayPal
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.12	2211 N. First St.
Evpanditura from	
Expenditure from corporate funds	San Jose, CA 95131
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Credit card processing fee
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	H
Date	Payee name
10/21/2025	PayPal
Amount (\$)	Payee address; City; State; Zip Code
\$0.60	2211 N. First St.
Expenditure from corporate funds	San Jose, CA 95131
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	Credit card processing fee
	Ground data processing too
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
10/21/2025	PayPal
Amount (\$)	Payee address; City; State; Zip Code
\$2.87	2211 N. First St.
, -	
Expenditure from corporate funds	San Jose, CA 95131
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
EM ENDITORE	Credit 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)
vertising Expense Event Expense Loan Repayment/Reimbu

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

Candidate/Officenolder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 10/14 Rpt:	Texas Association for Home Care and Hospice Inc Texas 00015750
4 Date	5 Payee name
10/21/2025	PayPal
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.99	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
	Great cara processing ree
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
10/21/2025	PayPal
Amount (\$)	Payee address; City; State; Zip Code
\$3.18	2211 N. First St.
Expenditure from corporate funds	San Jose, CA 95131
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Credit card processing fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experientare to benefit Great	
Date	Payee name
10/21/2025	PayPal
Amount (\$)	Payee address; City; State; Zip Code
\$7.52	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.
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
experialitie to beliefft G/OI	•

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

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

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

Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	
Sch: 11/14 Rpt:	Texas Association for Home Care and Hospice Inc Texas 00015750
4 Date	5 Payee name
10/21/2025	PayPal
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$6.07	2211 N. First St.
Expenditure from corporate funds	San Jose, CA 95131
8 PURPOSE	
0F	(a) Category (See Categories listed at the top of this schedule) 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
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Data	Davida manua
Date	Payee name
10/21/2025	PayPal
Amount (\$)	Payee address; City; State; Zip Code
\$3.76	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.
Z. ZIDITONE	Check if Austin, TX, officeholder living expense
	Credit card processing fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
10/21/2025	PayPal
Amount (\$)	Payee address; City; State; Zip Code
\$1.59	2211 N. First St.
42.00	
Expenditure from	San Jaco CA 05121
corporate funds	San Jose, CA 95131
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	Credit card processing foe
	Credit card processing fee
0 1: 5:::::::::::	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
experialitie to beliefft 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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 12/14 Rpt:	Texas Association for Home Care and Hospice Inc Texas 00015750
4 Date	5 Payee name
10/22/2025	PayPal
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$0.84	2211 N. First St.
Expenditure from	
corporate funds	San Jose, CA 95131
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	Credit card processing fee
	Credit card processing ree
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Davies same
	Payee name
10/22/2025	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.
EXPENDITORE	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
experientare to benefit ever	
Date	Payee name
10/22/2025	PayPal
Amount (\$)	Payee address; City; State; Zip Code
\$0.84	2211 N. First St.
- "	
Expenditure from corporate funds	San Jose, CA 95131
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	Check if Austin, TX, officeholder living expense
	Credit card processing fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
3.,50	•

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

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

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

Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 13/14 Rpt:	Texas Association for Home Care and Hospice Inc Texas 00015750
4 Date	5 Payee name
10/22/2025	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.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Credit card processing fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
·	
Date	Payee name
10/22/2025	PayPal
Amount (\$)	Payee address; City; State; Zip Code
\$0.66	2211 N. First St.
Expenditure from	
corporate funds	San Jose, CA 95131
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Credit card processing fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
10/22/2025	PayPal
Amount (\$)	Payee address; City; State; Zip Code
\$1.36	2211 N. First St.
Ψ1.50	2221011000
Expenditure from	San Jose, CA 95131
corporate funds	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Credit card processing fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributing Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
L	Sch: 14/14 Rpt:	Texas Association for Home Care and Hospice Inc Texas 00015750
4	Date	5 Payee name
	10/01/2025	Perry Campaign, Charles (Sen.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$5,000.00	11003 Quaker Avenue, #101
	Expenditure from corporate funds	Lubbock, TX 79424
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	-	Candidate/Officeholder/Political Committee Contribution
		Continuation
L		
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
F	Date	Payee name
	10/21/2025	Zaffirini Campaign, Judith (Sen.)
⊢	Amount (\$)	Payee address; City; State; Zip Code
	\$2,500.00	1407 Washington Street
	Ψ2,300.00	1407 Washington Street
╟	Expenditure from	
ᆫ	corporate funds	Laredo, TX 78042
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Contribution
L		
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
L	experientere to benefit 6/61	<u>'</u>