

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC
COVER SHEET PG 2

12 COMMITTEE NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice	13 Filer ID (Ethics Commission Filers) 00015750
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14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,700.57
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 151,868.37
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

16 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Ms. Rachel Hammon

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - MPAC

17 COMMITTEE NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice	18 Filer ID (Ethics Commission Filers) 00015750
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	19 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 778.29
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input checked="" type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$ 922.28
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/4 Rpt: 4/8
2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		3 Filer ID (Ethics Commission Filers) 00015750
4 Date 12/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Avery, Amy (Ms.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Tyler, TX 75701	
8 Principal occupation / Job title (See Instructions) Physical Therapist		9 Employer (See Instructions) Paradigm Rehab & Nursing LP
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brooks , Courtney (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Bullard, TX 75757	
Principal occupation / Job title (See Instructions) Regional Director of Operations		Employer (See Instructions) Paradigm Rehab & Nursing LP
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Colston, Maureen (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Tyler, TX 75702	
Principal occupation / Job title (See Instructions) Associate Controller		Employer (See Instructions) Paradigm Rehab & Nursing LP
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cornett, Valerie (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Keller, TX 76244	
Principal occupation / Job title (See Instructions) COSI		Employer (See Instructions) MAC Legacy
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeVilla, Lucena (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Sugar Land, TX 77479	
Principal occupation / Job title (See Instructions) Owner/Administrator		Employer (See Instructions) Medical Insights & Care Unlimited, LP

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/4 Rpt: 5/8
2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		3 Filer ID (Ethics Commission Filers) 00015750
4 Date 12/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fox , Eric (Mr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Whitehouse, TX 75791	
8 Principal occupation / Job title (See Instructions) Physical Therapist		9 Employer (See Instructions) Paradigm Rehab & Nursing LP
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hale, Kati (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Denton, TX 76208	
Principal occupation / Job title (See Instructions) COO		Employer (See Instructions) MAC Legacy
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hurst, Robyn (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Temple, TX 76502	
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) Paradigm Rehab & Nursing LP
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jenkins , Jinny (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Crowley, TX 76036	
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) Paradigm Rehab & Nursing LP
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawson, Kimberly (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Bridgeport, TX 76426	
Principal occupation / Job title (See Instructions) Area Director of Sales		Employer (See Instructions) Paradigm Rehab & Nursing LP

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/4 Rpt: 6/8
2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		3 Filer ID (Ethics Commission Filers) 00015750
4 Date 12/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lloyd, Mitzi (Ms.)	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Tyler, TX 75703	
8 Principal occupation / Job title (See Instructions) Human Resources Manager		9 Employer (See Instructions) Paradigm Rehab & Nursing LP
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGraw, Joseph (Mr.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Tyler, TX 75703	
Principal occupation / Job title (See Instructions) Business Development		Employer (See Instructions) Paradigm Rehab & Nursing LP
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nawaz, Kelly (Ms.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Canton, TX 75103	
Principal occupation / Job title (See Instructions) Quality Assurance RN		Employer (See Instructions) Paradigm Rehab & Nursing LP
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Poynor, Joanne (Ms.)	Amount of Contribution (\$) \$80.00
	Contributor address; City; State; Zip Code Tyler, TX 75701	
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) Paradigm Rehab & Nursing LP
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rash, Rose (Ms.)	Amount of Contribution (\$) \$119.05
	Contributor address; City; State; Zip Code Corsicana, TX 75109	
Principal occupation / Job title (See Instructions) Owner/Director of Nursing		Employer (See Instructions) Angels At Home, Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/4 Rpt: 7/8
2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		3 Filer ID (Ethics Commission Filers) 00015750
4 Date 12/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reece, Miranda (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Grapevine, TX 76051	7 Amount of Contribution (\$) \$40.00
8 Principal occupation / Job title (See Instructions) VP of Operations		9 Employer (See Instructions) Paradigm Rehab & Nursing LP
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yates, Jennifer (Ms.) <hr/> Contributor address; City; State; Zip Code Gilmer, TX 75644	Amount of Contribution (\$) \$19.24
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) Paradigm Rehab & Nursing LP

MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C3

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C3: Sch: 1/1 Rpt: 8/8
2 FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice		3 Filer ID (Ethics Commission Filers) 00015750
4 Date 12/01/2025	5 Corporation / Labor Organization name Texas Association for Home Care & Hospice, Inc.	6 Amount (\$) 922.28