



# MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC  
COVER SHEET PG 2

<b>12 COMMITTEE NAME</b> Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice	<b>13 Filer ID</b> (Ethics Commission Filers) 00015750
------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------

<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	

<b>15 CONTRIBUTION TOTALS</b>	<b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b> <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	<b>2. TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 16,051.29
EXPENDITURE TOTALS	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 9,801.82
CONTRIBUTION BALANCE	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 160,187.58
OUTSTANDING LOAN TOTALS	<b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 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

<b>17 COMMITTEE NAME</b> Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice		<b>18 Filer ID</b> (Ethics Commission Filers) 00015750
<b>19 SCHEDULE SUBTOTALS</b>		SUBTOTAL AMOUNT
NAME OF SCHEDULE		
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	15,129.01
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4. <input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$	
5. <input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$	
6. <input checked="" type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$	922.28
7. <input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$	
8. <input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$	
9. <input type="checkbox"/> SCHEDULE E: LOANS	\$	
10. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	9,801.82
11. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
12. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	
13. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
14. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
15. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/152 Rpt: 4/161
<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 02/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Aguilar, Maria (Ms.)	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>6</b> Contributor address; City; State; Zip Code  Tyler, TX 75701		
<b>8</b> Principal occupation / Job title (See Instructions) Authorization Specialist		<b>9</b> Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Aguilar, Maria (Ms.)	Amount of Contribution (\$)  \$3.00
Contributor address; City; State; Zip Code  Tyler, TX 75701		
Principal occupation / Job title (See Instructions) Authorization Specialist		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Aguilar, Maria (Ms.)	Amount of Contribution (\$)  \$3.00
Contributor address; City; State; Zip Code  Tyler, TX 75701		
Principal occupation / Job title (See Instructions) Authorization Specialist		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Aguilar, Maria (Ms.)	Amount of Contribution (\$)  \$3.00
Contributor address; City; State; Zip Code  Tyler, TX 75701		
Principal occupation / Job title (See Instructions) Authorization Specialist		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Aguilar, Maria (Ms.)	Amount of Contribution (\$)  \$3.00
Contributor address; City; State; Zip Code  Tyler, TX 75701		
Principal occupation / Job title (See Instructions) Authorization Specialist		Employer (See Instructions) Therapy 2000 Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/152 Rpt: 5/161
<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 02/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Aguilar, Maria (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Tyler, TX 75701	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>8</b> Principal occupation / Job title (See Instructions) Authorization Specialist		<b>9</b> Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Allredge, Arden (Ms.) <hr/> Contributor address; City; State; Zip Code  Freeport, TX 77541	Amount of Contribution (\$)  \$14.00
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Amaya, Nelly Conchita (Ms.) <hr/> Contributor address; City; State; Zip Code  Houston, TX 77084	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) Occupational Therapy Assistant		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Apodaca, Lauren Marie (Ms.) <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75214	Amount of Contribution (\$)  \$2.28
Principal occupation / Job title (See Instructions) Clinical Manager		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Apodaca, Lauren Marie (Ms.) <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75214	Amount of Contribution (\$)  \$2.24
Principal occupation / Job title (See Instructions) Clinical Manager		Employer (See Instructions) Therapy 2000 Inc.

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 3/152 Rpt: 6/161
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 02/23/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Apodaca, Lauren Marie (Ms.) ..... 6 Contributor address; City; State; Zip Code  Dallas, TX 75214	7 Amount of Contribution (\$)  \$0.24
8 Principal occupation / Job title (See Instructions) Clinical Manager		9 Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Apodaca, Lauren Marie (Ms.) ..... Contributor address; City; State; Zip Code  Dallas, TX 75214	Amount of Contribution (\$)  \$0.24
Principal occupation / Job title (See Instructions) Clinical Manager		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Apodaca, Lauren Marie (Ms.) ..... Contributor address; City; State; Zip Code  Dallas, TX 75214	Amount of Contribution (\$)  \$2.25
Principal occupation / Job title (See Instructions) Clinical Manager		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Apodaca, Lauren Marie (Ms.) ..... Contributor address; City; State; Zip Code  Dallas, TX 75214	Amount of Contribution (\$)  \$2.25
Principal occupation / Job title (See Instructions) Clinical Manager		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Apodaca, Lauren Marie (Ms.) ..... Contributor address; City; State; Zip Code  Dallas, TX 75214	Amount of Contribution (\$)  \$2.25
Principal occupation / Job title (See Instructions) Clinical Manager		Employer (See Instructions) Therapy 2000 Inc.

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**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/152 Rpt: 7/161
<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 02/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Apodaca, Lauren Marie (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75214	<b>7</b> Amount of Contribution (\$)  \$2.25
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Principal occupation / Job title (See Instructions) Clinical Manager		Employer (See Instructions) Therapy 2000 Inc.

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<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 02/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Apodaca, Lauren Marie (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75214	<b>7</b> Amount of Contribution (\$)  \$2.25
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Principal occupation / Job title (See Instructions) Clinical Manager		Employer (See Instructions) Therapy 2000 Inc.

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**SCHEDULE A1**

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<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 02/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Apodaca, Lauren Marie (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75214	<b>7</b> Amount of Contribution (\$) \$0.25
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Principal occupation / Job title (See Instructions) Clinical Manager		Employer (See Instructions) Therapy 2000 Inc.
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Principal occupation / Job title (See Instructions) Clinical Manager		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Apodaca, Lauren Marie (Ms.) <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75214	Amount of Contribution (\$) \$0.25
Principal occupation / Job title (See Instructions) Clinical Manager		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Apodaca, Lauren Marie (Ms.) <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75214	Amount of Contribution (\$) \$0.25
Principal occupation / Job title (See Instructions) Clinical Manager		Employer (See Instructions) Therapy 2000 Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 7/152 Rpt: 10/161
<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 02/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Apodaca, Lauren Marie (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75214	<b>7</b> Amount of Contribution (\$)  \$0.25
<b>8</b> Principal occupation / Job title (See Instructions) Clinical Manager		<b>9</b> Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Apodaca, Lauren Marie (Ms.) <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75214	Amount of Contribution (\$)  \$0.25
Principal occupation / Job title (See Instructions) Clinical Manager		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Apodaca, Lauren Marie (Ms.) <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75214	Amount of Contribution (\$)  \$0.25
Principal occupation / Job title (See Instructions) Clinical Manager		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Apodaca, Lauren Marie (Ms.) <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75214	Amount of Contribution (\$)  \$0.25
Principal occupation / Job title (See Instructions) Clinical Manager		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Apodaca, Lauren Marie (Ms.) <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75214	Amount of Contribution (\$)  \$0.25
Principal occupation / Job title (See Instructions) Clinical Manager		Employer (See Instructions) Therapy 2000 Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 8/152 Rpt: 11/161
<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 02/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Apodaca, Lauren Marie (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75214	<b>7</b> Amount of Contribution (\$)  \$0.25
<b>8</b> Principal occupation / Job title (See Instructions) Clinical Manager		<b>9</b> Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Aragon, Rachel (Ms.) <hr/> Contributor address; City; State; Zip Code  Arlington, TX 76006	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Physical Therapy Assistant		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Aragon, Rachel (Ms.) <hr/> Contributor address; City; State; Zip Code  Arlington, TX 76006	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Physical Therapy Assistant		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Aragon, Rachel (Ms.) <hr/> Contributor address; City; State; Zip Code  Arlington, TX 76006	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Physical Therapy Assistant		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Aragon, Rachel (Ms.) <hr/> Contributor address; City; State; Zip Code  Arlington, TX 76006	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Physical Therapy Assistant		Employer (See Instructions) Therapy 2000 Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 9/152 Rpt: 12/161
<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 02/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Aragon, Rachel (Ms.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Arlington, TX 76006	
<b>8</b> Principal occupation / Job title (See Instructions) Physical Therapy Assistant		<b>9</b> Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Aragon, Rachel (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Arlington, TX 76006	
Principal occupation / Job title (See Instructions) Physical Therapy Assistant		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Aragon, Rachel (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Arlington, TX 76006	
Principal occupation / Job title (See Instructions) Physical Therapy Assistant		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Arline, Victoria M. (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Pearland, TX 77584	
Principal occupation / Job title (See Instructions) Occupation Therapist		Employer (See Instructions) Therapy 2000, Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Arline, Victoria M. (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Pearland, TX 77584	
Principal occupation / Job title (See Instructions) Occupation Therapist		Employer (See Instructions) Therapy 2000, Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 10/152 Rpt: 13/161
<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 02/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Arline, Victoria M. (Ms.)	<b>7</b> Amount of Contribution (\$) \$5.00
<b>6</b> Contributor address; City; State; Zip Code  Pearland, TX 77584		
<b>8</b> Principal occupation / Job title (See Instructions) Occupation Therapist		<b>9</b> Employer (See Instructions) Therapy 2000, Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Arline, Victoria M. (Ms.)	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code  Pearland, TX 77584		
Principal occupation / Job title (See Instructions) Occupation Therapist		Employer (See Instructions) Therapy 2000, Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Arline, Victoria M. (Ms.)	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code  Pearland, TX 77584		
Principal occupation / Job title (See Instructions) Occupation Therapist		Employer (See Instructions) Therapy 2000, Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Arline, Victoria M. (Ms.)	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code  Pearland, TX 77584		
Principal occupation / Job title (See Instructions) Occupation Therapist		Employer (See Instructions) Therapy 2000, Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Arline, Victoria M. (Ms.)	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code  Pearland, TX 77584		
Principal occupation / Job title (See Instructions) Occupation Therapist		Employer (See Instructions) Therapy 2000, Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 11/152 Rpt: 14/161
<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 02/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Arzoin, Sarah (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77071	<b>7</b> Amount of Contribution (\$)  \$14.00
<b>8</b> Principal occupation / Job title (See Instructions) Occupational Therapist		<b>9</b> Employer (See Instructions) Therapy 2000, Inc.
Date 02/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Avery, Amy (Ms.) <hr/> Contributor address; City; State; Zip Code  Tyler, TX 75701	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) Physical Therapist		Employer (See Instructions) Paradigm Rehab & Nursing LP
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Barnes, Myra (Ms.) <hr/> Contributor address; City; State; Zip Code  Greenville, TX 75402	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Speech Therapy Asst.		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Barnes, Myra (Ms.) <hr/> Contributor address; City; State; Zip Code  Greenville, TX 75402	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Speech Therapy Asst.		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Barnes, Myra (Ms.) <hr/> Contributor address; City; State; Zip Code  Greenville, TX 75402	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Speech Therapy Asst.		Employer (See Instructions) Therapy 2000 Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 12/152 Rpt: 15/161
<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 02/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Barnes, Myra (Ms.)	<b>7</b> Amount of Contribution (\$) \$5.00
<b>6</b> Contributor address; City; State; Zip Code  Greenville, TX 75402		
<b>8</b> Principal occupation / Job title (See Instructions) Speech Therapy Asst.		<b>9</b> Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Barnes, Myra (Ms.)	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code  Greenville, TX 75402		
Principal occupation / Job title (See Instructions) Speech Therapy Asst.		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Barnes, Myra (Ms.)	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code  Greenville, TX 75402		
Principal occupation / Job title (See Instructions) Speech Therapy Asst.		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Barnes, Myra (Ms.)	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code  Greenville, TX 75402		
Principal occupation / Job title (See Instructions) Speech Therapy Asst.		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Barone, Catherine (Ms.)	Amount of Contribution (\$) \$3.00
Contributor address; City; State; Zip Code  Tyler, TX 75701		
Principal occupation / Job title (See Instructions) Occupational Therapist		Employer (See Instructions) Therapy 2000 Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 13/152 Rpt: 16/161
<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 02/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Barone, Catherine (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Tyler, TX 75701	<b>7</b> Amount of Contribution (\$) <span style="float: right;">\$3.00</span>
<b>8</b> Principal occupation / Job title (See Instructions) Occupational Therapist		<b>9</b> Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Barone, Catherine (Ms.) <hr/> Contributor address; City; State; Zip Code  Tyler, TX 75701	Amount of Contribution (\$) <span style="float: right;">\$3.00</span>
Principal occupation / Job title (See Instructions) Occupational Therapist		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Barone, Catherine (Ms.) <hr/> Contributor address; City; State; Zip Code  Tyler, TX 75701	Amount of Contribution (\$) <span style="float: right;">\$3.00</span>
Principal occupation / Job title (See Instructions) Occupational Therapist		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Barone, Catherine (Ms.) <hr/> Contributor address; City; State; Zip Code  Tyler, TX 75701	Amount of Contribution (\$) <span style="float: right;">\$3.00</span>
Principal occupation / Job title (See Instructions) Occupational Therapist		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Barone, Catherine (Ms.) <hr/> Contributor address; City; State; Zip Code  Tyler, TX 75701	Amount of Contribution (\$) <span style="float: right;">\$3.00</span>
Principal occupation / Job title (See Instructions) Occupational Therapist		Employer (See Instructions) Therapy 2000 Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 14/152 Rpt: 17/161
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<b>4</b> Date 02/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Barone, Catherine (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Tyler, TX 75701	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>8</b> Principal occupation / Job title (See Instructions) Occupational Therapist		<b>9</b> Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Barrera, Alison (Ms.) <hr/> Contributor address; City; State; Zip Code  Corpus Christi, TX 78414	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Barrera, Alison (Ms.) <hr/> Contributor address; City; State; Zip Code  Corpus Christi, TX 78414	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Barrera, Alison (Ms.) <hr/> Contributor address; City; State; Zip Code  Corpus Christi, TX 78414	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Barrera, Alison (Ms.) <hr/> Contributor address; City; State; Zip Code  Corpus Christi, TX 78414	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 15/152 Rpt: 18/161
<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 02/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Barrera, Alison (Ms.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Corpus Christi, TX 78414	
<b>8</b> Principal occupation / Job title (See Instructions) Speech Language Pathologist		<b>9</b> Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Barrera, Alison (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Corpus Christi, TX 78414	
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Barrera, Alison (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Corpus Christi, TX 78414	
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Barron, Alicia (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  El Paso, TX 79938	
Principal occupation / Job title (See Instructions) Occupational Therapy Assistant		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Barron, Alicia (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  El Paso, TX 79938	
Principal occupation / Job title (See Instructions) Occupational Therapy Assistant		Employer (See Instructions) Therapy 2000 Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 16/152 Rpt: 19/161
<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 02/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Barron, Alicia (Ms.)	<b>7</b> Amount of Contribution (\$) \$5.00
<b>6</b> Contributor address; City; State; Zip Code  El Paso, TX 79938		
<b>8</b> Principal occupation / Job title (See Instructions) Occupational Therapy Assistant		<b>9</b> Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Barron, Alicia (Ms.)	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code  El Paso, TX 79938		
Principal occupation / Job title (See Instructions) Occupational Therapy Assistant		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Barron, Alicia (Ms.)	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code  El Paso, TX 79938		
Principal occupation / Job title (See Instructions) Occupational Therapy Assistant		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Barron, Alicia (Ms.)	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code  El Paso, TX 79938		
Principal occupation / Job title (See Instructions) Occupational Therapy Assistant		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Barron, Alicia (Ms.)	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code  El Paso, TX 79938		
Principal occupation / Job title (See Instructions) Occupational Therapy Assistant		Employer (See Instructions) Therapy 2000 Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 17/152 Rpt: 20/161
<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 02/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bartlett, Angela Diana (Ms.)	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>6</b> Contributor address; City; State; Zip Code  Irving, TX 75038		
<b>8</b> Principal occupation / Job title (See Instructions) Home Care		<b>9</b> Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bartlett, Angela Diana (Ms.)	Amount of Contribution (\$)  \$10.00
Contributor address; City; State; Zip Code  Irving, TX 75038		
Principal occupation / Job title (See Instructions) Home Care		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bartlett, Angela Diana (Ms.)	Amount of Contribution (\$)  \$10.00
Contributor address; City; State; Zip Code  Irving, TX 75038		
Principal occupation / Job title (See Instructions) Home Care		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bartlett, Angela Diana (Ms.)	Amount of Contribution (\$)  \$10.00
Contributor address; City; State; Zip Code  Irving, TX 75038		
Principal occupation / Job title (See Instructions) Home Care		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bartlett, Angela Diana (Ms.)	Amount of Contribution (\$)  \$10.00
Contributor address; City; State; Zip Code  Irving, TX 75038		
Principal occupation / Job title (See Instructions) Home Care		Employer (See Instructions) Therapy 2000 Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 02/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bartlett, Angela Diana (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Irving, TX 75038	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Home Care		<b>9</b> Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bean Lewis, Sandra Lynne (Ms.) <hr/> Contributor address; City; State; Zip Code  Irving, TX 75038	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Home Care		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bihl, Amelia (Ms.) <hr/> Contributor address; City; State; Zip Code  McGregor, TX 76657	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Social Worker Case Manager		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bihl, Amelia (Ms.) <hr/> Contributor address; City; State; Zip Code  McGregor, TX 76657	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Social Worker Case Manager		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bihl, Amelia (Ms.) <hr/> Contributor address; City; State; Zip Code  McGregor, TX 76657	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Social Worker Case Manager		Employer (See Instructions) Therapy 2000 Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 19/152 Rpt: 22/161
<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 02/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bihl, Amelia (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  McGregor, TX 76657	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>8</b> Principal occupation / Job title (See Instructions) Social Worker Case Manager		<b>9</b> Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bihl, Amelia (Ms.) <hr/> Contributor address; City; State; Zip Code  McGregor, TX 76657	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Social Worker Case Manager		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bihl, Amelia (Ms.) <hr/> Contributor address; City; State; Zip Code  McGregor, TX 76657	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Social Worker Case Manager		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bihl, Amelia (Ms.) <hr/> Contributor address; City; State; Zip Code  McGregor, TX 76657	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Social Worker Case Manager		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bostick, Lindsey (Ms.) <hr/> Contributor address; City; State; Zip Code  Eustace, TX 75124	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 20/152 Rpt: 23/161
<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 02/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bostick, Lindsey (Ms.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Eustace, TX 75124	
<b>8</b> Principal occupation / Job title (See Instructions) Speech Language Pathologist		<b>9</b> Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bostick, Lindsey (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Eustace, TX 75124	
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bostick, Lindsey (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Eustace, TX 75124	
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bostick, Lindsey (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Eustace, TX 75124	
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bostick, Lindsey (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Eustace, TX 75124	
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 21/152 Rpt: 24/161
<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 02/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bostick, Lindsey (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Eustace, TX 75124	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>8</b> Principal occupation / Job title (See Instructions) Speech Language Pathologist		<b>9</b> Employer (See Instructions) Therapy 2000 Inc.
Date 02/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brooks , Courtney (Ms.) <hr/> Contributor address; City; State; Zip Code  Bullard, TX 75757	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) Regional Director of Operations		Employer (See Instructions) Paradigm Rehab & Nursing LP
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brown, Ciara Ann (Ms.) <hr/> Contributor address; City; State; Zip Code  Missouri City, TX 77459	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Speech Therapy Asst.		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brown, Ciara Ann (Ms.) <hr/> Contributor address; City; State; Zip Code  Missouri City, TX 77459	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Speech Therapy Asst.		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brown, Ciara Ann (Ms.) <hr/> Contributor address; City; State; Zip Code  Missouri City, TX 77459	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Speech Therapy Asst.		Employer (See Instructions) Therapy 2000 Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 22/152 Rpt: 25/161
<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 02/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brown, Ciara Ann (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Missouri City, TX 77459	<b>7</b> Amount of Contribution (\$) \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) Speech Therapy Asst.		<b>9</b> Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brown, Ciara Ann (Ms.) <hr/> Contributor address; City; State; Zip Code  Missouri City, TX 77459	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Speech Therapy Asst.		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brown, Ciara Ann (Ms.) <hr/> Contributor address; City; State; Zip Code  Missouri City, TX 77459	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Speech Therapy Asst.		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brown, Ciara Ann (Ms.) <hr/> Contributor address; City; State; Zip Code  Missouri City, TX 77459	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Speech Therapy Asst.		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brown , Noelle Lynn (Ms.) <hr/> Contributor address; City; State; Zip Code  Irving, TX 75038	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Home Care		Employer (See Instructions) Therapy 2000 Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 23/152 Rpt: 26/161
<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 02/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brylak, Bronson Wallace (Mr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Kyle, TX 78640	
<b>8</b> Principal occupation / Job title (See Instructions) Speech Language Pathologist		<b>9</b> Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brylak, Bronson Wallace (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Kyle, TX 78640	
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brylak, Bronson Wallace (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Kyle, TX 78640	
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brylak, Bronson Wallace (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Kyle, TX 78640	
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brylak, Bronson Wallace (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Kyle, TX 78640	
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 24/152 Rpt: 27/161
<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 02/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brylak, Bronson Wallace (Mr.)	<b>7</b> Amount of Contribution (\$)  \$5.00
	<b>6</b> Contributor address; City; State; Zip Code  Kyle, TX 78640	
<b>8</b> Principal occupation / Job title (See Instructions) Speech Language Pathologist		<b>9</b> Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brylak, Bronson Wallace (Mr.)	Amount of Contribution (\$)  \$5.00
	Contributor address; City; State; Zip Code  Kyle, TX 78640	
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Burgess, Rebecca (Ms.)	Amount of Contribution (\$)  \$5.00
	Contributor address; City; State; Zip Code  Kaufman, TX 75142	
Principal occupation / Job title (See Instructions) HR Generalist		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Burgess, Rebecca (Ms.)	Amount of Contribution (\$)  \$5.00
	Contributor address; City; State; Zip Code  Kaufman, TX 75142	
Principal occupation / Job title (See Instructions) HR Generalist		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Burgess, Rebecca (Ms.)	Amount of Contribution (\$)  \$5.00
	Contributor address; City; State; Zip Code  Kaufman, TX 75142	
Principal occupation / Job title (See Instructions) HR Generalist		Employer (See Instructions) Therapy 2000 Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 25/152 Rpt: 28/161
<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 02/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Burgess, Rebecca (Ms.)	<b>7</b> Amount of Contribution (\$)  \$5.00
	<b>6</b> Contributor address; City; State; Zip Code  Kaufman, TX 75142	
<b>8</b> Principal occupation / Job title (See Instructions) HR Generalist		<b>9</b> Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Burgess, Rebecca (Ms.)	Amount of Contribution (\$)  \$5.00
	Contributor address; City; State; Zip Code  Kaufman, TX 75142	
Principal occupation / Job title (See Instructions) HR Generalist		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Burgess, Rebecca (Ms.)	Amount of Contribution (\$)  \$5.00
	Contributor address; City; State; Zip Code  Kaufman, TX 75142	
Principal occupation / Job title (See Instructions) HR Generalist		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Burgess, Rebecca (Ms.)	Amount of Contribution (\$)  \$5.00
	Contributor address; City; State; Zip Code  Kaufman, TX 75142	
Principal occupation / Job title (See Instructions) HR Generalist		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Burns, Tessa Noel (Ms.)	Amount of Contribution (\$)  \$7.00
	Contributor address; City; State; Zip Code  Austin, TX 78744	
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000, Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 26/152 Rpt: 29/161
<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 02/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Chance, Lisa (Ms.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Santa Rosa Beach, FL 32459	
<b>8</b> Principal occupation / Job title (See Instructions) VP Client Services Clinical Exec.		<b>9</b> Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Chance, Lisa (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Santa Rosa Beach, FL 32459	
Principal occupation / Job title (See Instructions) VP Client Services Clinical Exec.		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Chance, Lisa (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Santa Rosa Beach, FL 32459	
Principal occupation / Job title (See Instructions) VP Client Services Clinical Exec.		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Chance, Lisa (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Santa Rosa Beach, FL 32459	
Principal occupation / Job title (See Instructions) VP Client Services Clinical Exec.		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Chance, Lisa (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Santa Rosa Beach, FL 32459	
Principal occupation / Job title (See Instructions) VP Client Services Clinical Exec.		Employer (See Instructions) Therapy 2000 Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 27/152 Rpt: 30/161
<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 02/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Chance, Lisa (Ms.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Santa Rosa Beach, FL 32459	
<b>8</b> Principal occupation / Job title (See Instructions) VP Client Services Clinical Exec.		<b>9</b> Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Chance, Lisa (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Santa Rosa Beach, FL 32459	
Principal occupation / Job title (See Instructions) VP Client Services Clinical Exec.		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Charles, Alysha Marie (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Austin, TX 78735	
Principal occupation / Job title (See Instructions) Physical Therapist		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Choi, Samantha (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Irving, TX 75038	
Principal occupation / Job title (See Instructions) Home Care		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Choi, Samantha (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Irving, TX 75038	
Principal occupation / Job title (See Instructions) Home Care		Employer (See Instructions) Therapy 2000 Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 28/152 Rpt: 31/161
<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 02/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Choi, Samantha (Ms.)	<b>7</b> Amount of Contribution (\$) <span style="float: right;">\$5.00</span>
<b>6</b> Contributor address; City; State; Zip Code  Irving, TX 75038		
<b>8</b> Principal occupation / Job title (See Instructions) Home Care		<b>9</b> Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Choi, Samantha (Ms.)	Amount of Contribution (\$) <span style="float: right;">\$5.00</span>
Contributor address; City; State; Zip Code  Irving, TX 75038		
Principal occupation / Job title (See Instructions) Home Care		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Choi, Samantha (Ms.)	Amount of Contribution (\$) <span style="float: right;">\$5.00</span>
Contributor address; City; State; Zip Code  Irving, TX 75038		
Principal occupation / Job title (See Instructions) Home Care		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Choi, Samantha (Ms.)	Amount of Contribution (\$) <span style="float: right;">\$5.00</span>
Contributor address; City; State; Zip Code  Irving, TX 75038		
Principal occupation / Job title (See Instructions) Home Care		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Choi, Samantha (Ms.)	Amount of Contribution (\$) <span style="float: right;">\$5.00</span>
Contributor address; City; State; Zip Code  Irving, TX 75038		
Principal occupation / Job title (See Instructions) Home Care		Employer (See Instructions) Therapy 2000 Inc.

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 29/152 Rpt: 32/161
<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 02/12/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Colston, Maureen (Ms.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Tyler, TX 75702	
<b>8</b> Principal occupation / Job title (See Instructions) Associate Controller		<b>9</b> Employer (See Instructions) Paradigm Rehab & Nursing LP
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Conde, Amanda Nicole (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Irving, TX 75038	
Principal occupation / Job title (See Instructions) Home Care		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Coopriider, Melissa (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Rockwall, TX 75032	
Principal occupation / Job title (See Instructions) Clinical Manager		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Coopriider, Melissa (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Rockwall, TX 75032	
Principal occupation / Job title (See Instructions) Clinical Manager		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Coopriider, Melissa (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Rockwall, TX 75032	
Principal occupation / Job title (See Instructions) Clinical Manager		Employer (See Instructions) Therapy 2000 Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 30/152 Rpt: 33/161
<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 02/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cooprider, Melissa (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Rockwall, TX 75032	<b>7</b> Amount of Contribution (\$)  \$4.50
<b>8</b> Principal occupation / Job title (See Instructions) Clinical Manager		<b>9</b> Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cooprider, Melissa (Ms.) <hr/> Contributor address; City; State; Zip Code  Rockwall, TX 75032	Amount of Contribution (\$)  \$4.50
Principal occupation / Job title (See Instructions) Clinical Manager		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cooprider, Melissa (Ms.) <hr/> Contributor address; City; State; Zip Code  Rockwall, TX 75032	Amount of Contribution (\$)  \$4.50
Principal occupation / Job title (See Instructions) Clinical Manager		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cooprider, Melissa (Ms.) <hr/> Contributor address; City; State; Zip Code  Rockwall, TX 75032	Amount of Contribution (\$)  \$4.50
Principal occupation / Job title (See Instructions) Clinical Manager		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cooprider, Melissa (Ms.) <hr/> Contributor address; City; State; Zip Code  Rockwall, TX 75032	Amount of Contribution (\$)  \$0.50
Principal occupation / Job title (See Instructions) Clinical Manager		Employer (See Instructions) Therapy 2000 Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 31/152 Rpt: 34/161
<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 02/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cooprider, Melissa (Ms.)	<b>7</b> Amount of Contribution (\$) \$0.50
<b>6</b> Contributor address; City; State; Zip Code  Rockwall, TX 75032		
<b>8</b> Principal occupation / Job title (See Instructions) Clinical Manager		<b>9</b> Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cooprider, Melissa (Ms.)	Amount of Contribution (\$) \$0.50
Contributor address; City; State; Zip Code  Rockwall, TX 75032		
Principal occupation / Job title (See Instructions) Clinical Manager		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cooprider, Melissa (Ms.)	Amount of Contribution (\$) \$0.50
Contributor address; City; State; Zip Code  Rockwall, TX 75032		
Principal occupation / Job title (See Instructions) Clinical Manager		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cooprider, Melissa (Ms.)	Amount of Contribution (\$) \$0.50
Contributor address; City; State; Zip Code  Rockwall, TX 75032		
Principal occupation / Job title (See Instructions) Clinical Manager		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cooprider, Melissa (Ms.)	Amount of Contribution (\$) \$0.50
Contributor address; City; State; Zip Code  Rockwall, TX 75032		
Principal occupation / Job title (See Instructions) Clinical Manager		Employer (See Instructions) Therapy 2000 Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 32/152 Rpt: 35/161
<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 02/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cooprider, Melissa (Ms.)	<b>7</b> Amount of Contribution (\$) \$0.50
<b>6</b> Contributor address; City; State; Zip Code  Rockwall, TX 75032		
<b>8</b> Principal occupation / Job title (See Instructions) Clinical Manager		<b>9</b> Employer (See Instructions) Therapy 2000 Inc.
Date 02/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cornett, Valerie (Ms.)	Amount of Contribution (\$) \$40.00
Contributor address; City; State; Zip Code  Keller, TX 76244		
Principal occupation / Job title (See Instructions) COSI		Employer (See Instructions) MAC Legacy
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cox , Kim (Ms.)	Amount of Contribution (\$) \$14.00
Contributor address; City; State; Zip Code  Tyler, TX 75707		
Principal occupation / Job title (See Instructions) Occupational Therapist		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Creech, Amanda Michele (Ms.)	Amount of Contribution (\$) \$7.00
Contributor address; City; State; Zip Code  Tyler, TX 75703		
Principal occupation / Job title (See Instructions) Occupational Therapy Asst.		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Davis, Lauren (Ms.)	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code  Lindale, TX 75771		
Principal occupation / Job title (See Instructions) Regional Marketing Manager		Employer (See Instructions) Therapy 2000 Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 33/152 Rpt: 36/161
<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 02/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Davis, Lauren (Ms.)	<b>7</b> Amount of Contribution (\$)  \$5.00
	<b>6</b> Contributor address; City; State; Zip Code  Lindale, TX 75771	
<b>8</b> Principal occupation / Job title (See Instructions) Regional Marketing Manager		<b>9</b> Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Davis, Lauren (Ms.)	Amount of Contribution (\$)  \$5.00
	Contributor address; City; State; Zip Code  Lindale, TX 75771	
Principal occupation / Job title (See Instructions) Regional Marketing Manager		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Davis, Lauren (Ms.)	Amount of Contribution (\$)  \$5.00
	Contributor address; City; State; Zip Code  Lindale, TX 75771	
Principal occupation / Job title (See Instructions) Regional Marketing Manager		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Davis, Lauren (Ms.)	Amount of Contribution (\$)  \$5.00
	Contributor address; City; State; Zip Code  Lindale, TX 75771	
Principal occupation / Job title (See Instructions) Regional Marketing Manager		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Davis, Lauren (Ms.)	Amount of Contribution (\$)  \$5.00
	Contributor address; City; State; Zip Code  Lindale, TX 75771	
Principal occupation / Job title (See Instructions) Regional Marketing Manager		Employer (See Instructions) Therapy 2000 Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 34/152 Rpt: 37/161
<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 02/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Davis, Lauren (Ms.)	<b>7</b> Amount of Contribution (\$)  \$5.00
	<b>6</b> Contributor address; City; State; Zip Code  Lindale, TX 75771	
<b>8</b> Principal occupation / Job title (See Instructions) Regional Marketing Manager		<b>9</b> Employer (See Instructions) Therapy 2000 Inc.
Date 01/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Davis , Sheila (Ms.)	Amount of Contribution (\$)  \$12.50
	Contributor address; City; State; Zip Code  Wichita Falls, TX 76310	
Principal occupation / Job title (See Instructions) CHCE; COS-C		Employer (See Instructions) Always Best Care Senior Services
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) DeLeon , Maria G. (Ms.)	Amount of Contribution (\$)  \$5.00
	Contributor address; City; State; Zip Code  Houston, TX 77009	
Principal occupation / Job title (See Instructions) Physical Therapy Assistant		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) DeLeon , Maria G. (Ms.)	Amount of Contribution (\$)  \$5.00
	Contributor address; City; State; Zip Code  Houston, TX 77009	
Principal occupation / Job title (See Instructions) Physical Therapy Assistant		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) DeLeon , Maria G. (Ms.)	Amount of Contribution (\$)  \$5.00
	Contributor address; City; State; Zip Code  Houston, TX 77009	
Principal occupation / Job title (See Instructions) Physical Therapy Assistant		Employer (See Instructions) Therapy 2000 Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 35/152 Rpt: 38/161
<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 02/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) DeLeon , Maria G. (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77009	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) Physical Therapy Assistant		<b>9</b> Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) DeLeon , Maria G. (Ms.) <hr/> Contributor address; City; State; Zip Code  Houston, TX 77009	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Physical Therapy Assistant		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) DeLeon , Maria G. (Ms.) <hr/> Contributor address; City; State; Zip Code  Houston, TX 77009	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Physical Therapy Assistant		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) DeLeon , Maria G. (Ms.) <hr/> Contributor address; City; State; Zip Code  Houston, TX 77009	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Physical Therapy Assistant		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Delgado, Melissa (Ms.) <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78258	Amount of Contribution (\$)  \$7.00
Principal occupation / Job title (See Instructions) Speech Therapy Asst.		Employer (See Instructions) Therapy 2000 Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 36/152 Rpt: 39/161
<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 01/26/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Delgado , Monica (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Floresville, TX 78114	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Supervisor		<b>9</b> Employer (See Instructions) Angels of Care
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dillehay, Mary Ann (Ms.) <hr/> Contributor address; City; State; Zip Code  Friendswood, TX 77546	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Occupational Therapist		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dillehay, Mary Ann (Ms.) <hr/> Contributor address; City; State; Zip Code  Friendswood, TX 77546	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Occupational Therapist		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dillehay, Mary Ann (Ms.) <hr/> Contributor address; City; State; Zip Code  Friendswood, TX 77546	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Occupational Therapist		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dillehay, Mary Ann (Ms.) <hr/> Contributor address; City; State; Zip Code  Friendswood, TX 77546	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Occupational Therapist		Employer (See Instructions) Therapy 2000 Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 37/152 Rpt: 40/161
<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 02/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dillehay, Mary Ann (Ms.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Friendswood, TX 77546	
<b>8</b> Principal occupation / Job title (See Instructions) Occupational Therapist		<b>9</b> Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dillehay, Mary Ann (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Friendswood, TX 77546	
Principal occupation / Job title (See Instructions) Occupational Therapist		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dillehay, Mary Ann (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Friendswood, TX 77546	
Principal occupation / Job title (See Instructions) Occupational Therapist		Employer (See Instructions) Therapy 2000 Inc.
Date 01/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dilleshaw, Brittany (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Danbury, TX 77534	
Principal occupation / Job title (See Instructions) Vice President of Home Therapy Services		Employer (See Instructions) MedCare Pediatric Nursing
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dillon, Joni R. (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Georgetown, TX 78628	
Principal occupation / Job title (See Instructions) Divisional Director		Employer (See Instructions) Therapy 2000 Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 38/152 Rpt: 41/161
<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 02/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dillon, Joni R. (Ms.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Georgetown, TX 78628	
<b>8</b> Principal occupation / Job title (See Instructions) Divisional Director		<b>9</b> Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dillon, Joni R. (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Georgetown, TX 78628	
Principal occupation / Job title (See Instructions) Divisional Director		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dillon, Joni R. (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Georgetown, TX 78628	
Principal occupation / Job title (See Instructions) Divisional Director		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dillon, Joni R. (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Georgetown, TX 78628	
Principal occupation / Job title (See Instructions) Divisional Director		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dillon, Joni R. (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Georgetown, TX 78628	
Principal occupation / Job title (See Instructions) Divisional Director		Employer (See Instructions) Therapy 2000 Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 39/152 Rpt: 42/161
<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 02/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dillon, Joni R. (Ms.)	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>6</b> Contributor address; City; State; Zip Code  Georgetown, TX 78628		
<b>8</b> Principal occupation / Job title (See Instructions) Divisional Director		<b>9</b> Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dubberly, Katherine Mary (Ms.)	Amount of Contribution (\$)  \$10.00
Contributor address; City; State; Zip Code  Denton, TX 76210		
Principal occupation / Job title (See Instructions) Occupational Therapist		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dubberly, Katherine Mary (Ms.)	Amount of Contribution (\$)  \$10.00
Contributor address; City; State; Zip Code  Denton, TX 76210		
Principal occupation / Job title (See Instructions) Occupational Therapist		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dubberly, Katherine Mary (Ms.)	Amount of Contribution (\$)  \$10.00
Contributor address; City; State; Zip Code  Denton, TX 76210		
Principal occupation / Job title (See Instructions) Occupational Therapist		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dubberly, Katherine Mary (Ms.)	Amount of Contribution (\$)  \$10.00
Contributor address; City; State; Zip Code  Denton, TX 76210		
Principal occupation / Job title (See Instructions) Occupational Therapist		Employer (See Instructions) Therapy 2000 Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 40/152 Rpt: 43/161
<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 02/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dubberly, Katherine Mary (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Denton, TX 76210	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Occupational Therapist		<b>9</b> Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dubberly, Katherine Mary (Ms.) <hr/> Contributor address; City; State; Zip Code  Denton, TX 76210	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Occupational Therapist		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dubberly, Katherine Mary (Ms.) <hr/> Contributor address; City; State; Zip Code  Denton, TX 76210	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Occupational Therapist		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Eaves, Madelyn Paige (Ms.) <hr/> Contributor address; City; State; Zip Code  Irving, TX 75038	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Home Care		Employer (See Instructions) Therapy 2000 Inc.
Date 01/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Elberson, Kathleen (Ms.) <hr/> Contributor address; City; State; Zip Code  Sadler, TX 76264	Amount of Contribution (\$)  \$2.00
Principal occupation / Job title (See Instructions) Training Integration Specialist		Employer (See Instructions) Angels of Care

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 41/152 Rpt: 44/161
<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 02/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Evans, Sharon (Ms.)	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>6</b> Contributor address; City; State; Zip Code  Madisonville, TX 77864		
<b>8</b> Principal occupation / Job title (See Instructions) Divisonal Director		<b>9</b> Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Evans, Sharon (Ms.)	Amount of Contribution (\$)  \$10.00
Contributor address; City; State; Zip Code  Madisonville, TX 77864		
Principal occupation / Job title (See Instructions) Divisonal Director		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Evans, Sharon (Ms.)	Amount of Contribution (\$)  \$10.00
Contributor address; City; State; Zip Code  Madisonville, TX 77864		
Principal occupation / Job title (See Instructions) Divisonal Director		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Evans, Sharon (Ms.)	Amount of Contribution (\$)  \$10.00
Contributor address; City; State; Zip Code  Madisonville, TX 77864		
Principal occupation / Job title (See Instructions) Divisonal Director		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Evans, Sharon (Ms.)	Amount of Contribution (\$)  \$10.00
Contributor address; City; State; Zip Code  Madisonville, TX 77864		
Principal occupation / Job title (See Instructions) Divisonal Director		Employer (See Instructions) Therapy 2000 Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 42/152 Rpt: 45/161
<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 02/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Evans, Sharon (Ms.)	<b>7</b> Amount of Contribution (\$)  \$10.00
	<b>6</b> Contributor address; City; State; Zip Code  Madisonville, TX 77864	
<b>8</b> Principal occupation / Job title (See Instructions) Divisonal Director		<b>9</b> Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ewing, Andrea L. (Ms.)	Amount of Contribution (\$)  \$3.00
	Contributor address; City; State; Zip Code  Amarillo, TX 79121	
Principal occupation / Job title (See Instructions) Community Relations Representative		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ewing, Andrea L. (Ms.)	Amount of Contribution (\$)  \$3.00
	Contributor address; City; State; Zip Code  Amarillo, TX 79121	
Principal occupation / Job title (See Instructions) Community Relations Representative		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ewing, Andrea L. (Ms.)	Amount of Contribution (\$)  \$3.00
	Contributor address; City; State; Zip Code  Amarillo, TX 79121	
Principal occupation / Job title (See Instructions) Community Relations Representative		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ewing, Andrea L. (Ms.)	Amount of Contribution (\$)  \$3.00
	Contributor address; City; State; Zip Code  Amarillo, TX 79121	
Principal occupation / Job title (See Instructions) Community Relations Representative		Employer (See Instructions) Therapy 2000 Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 43/152 Rpt: 46/161
<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 02/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ewing, Andrea L. (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Amarillo, TX 79121	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>8</b> Principal occupation / Job title (See Instructions) Community Relations Representative		<b>9</b> Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ewing, Andrea L. (Ms.) <hr/> Contributor address; City; State; Zip Code  Amarillo, TX 79121	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Community Relations Representative		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ewing, Andrea L. (Ms.) <hr/> Contributor address; City; State; Zip Code  Amarillo, TX 79121	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Community Relations Representative		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fagnan, Marc (Mr.) <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75240	Amount of Contribution (\$)  \$7.00
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fagnan, Marc (Mr.) <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75240	Amount of Contribution (\$)  \$7.00
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 44/152 Rpt: 47/161
<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 02/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fagnan, Marc (Mr.)	<b>7</b> Amount of Contribution (\$) \$7.00
<b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75240		
<b>8</b> Principal occupation / Job title (See Instructions) Speech Language Pathologist		<b>9</b> Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fagnan, Marc (Mr.)	Amount of Contribution (\$) \$7.00
Contributor address; City; State; Zip Code  Dallas, TX 75240		
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fagnan, Marc (Mr.)	Amount of Contribution (\$) \$7.00
Contributor address; City; State; Zip Code  Dallas, TX 75240		
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fagnan, Marc (Mr.)	Amount of Contribution (\$) \$7.00
Contributor address; City; State; Zip Code  Dallas, TX 75240		
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fagnan, Marc (Mr.)	Amount of Contribution (\$) \$7.00
Contributor address; City; State; Zip Code  Dallas, TX 75240		
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 45/152 Rpt: 48/161
<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 02/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ferguson, Tonya (Ms.)	<b>7</b> Amount of Contribution (\$) \$5.00
<b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76112		
<b>8</b> Principal occupation / Job title (See Instructions) Speech Language Pathologist		<b>9</b> Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ferguson, Tonya (Ms.)	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code  Fort Worth, TX 76112		
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ferguson, Tonya (Ms.)	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code  Fort Worth, TX 76112		
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ferguson, Tonya (Ms.)	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code  Fort Worth, TX 76112		
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ferguson, Tonya (Ms.)	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code  Fort Worth, TX 76112		
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 46/152 Rpt: 49/161
<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 02/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ferguson, Tonya (Ms.)	<b>7</b> Amount of Contribution (\$)  \$5.00
	<b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76112	
<b>8</b> Principal occupation / Job title (See Instructions) Speech Language Pathologist		<b>9</b> Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ferguson, Tonya (Ms.)	Amount of Contribution (\$)  \$5.00
	Contributor address; City; State; Zip Code  Fort Worth, TX 76112	
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fleck, Cathy (Ms.)	Amount of Contribution (\$)  \$6.00
	Contributor address; City; State; Zip Code  Irving, TX 75038	
Principal occupation / Job title (See Instructions) Home Care		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Flores, Sonia (Ms.)	Amount of Contribution (\$)  \$3.00
	Contributor address; City; State; Zip Code  Amarillo, TX 79109	
Principal occupation / Job title (See Instructions) Certified Nursing Assistant		Employer (See Instructions) Goodcare Health Services
Date 02/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fox , Eric (Mr.)	Amount of Contribution (\$)  \$30.00
	Contributor address; City; State; Zip Code  Whitehouse, TX 75791	
Principal occupation / Job title (See Instructions) Physical Therapist		Employer (See Instructions) Paradigm Rehab & Nursing LP

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 47/152 Rpt: 50/161
<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 02/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Freeman, Laura Lynn (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Lubbock, TX 79423	<b>7</b> Amount of Contribution (\$) <div style="text-align: right;">\$10.00</div>
<b>8</b> Principal occupation / Job title (See Instructions) VP of Public Affairs		<b>9</b> Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Freeman, Laura Lynn (Ms.) <hr/> Contributor address; City; State; Zip Code  Lubbock, TX 79423	Amount of Contribution (\$) <div style="text-align: right;">\$10.00</div>
Principal occupation / Job title (See Instructions) VP of Public Affairs		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Freeman, Laura Lynn (Ms.) <hr/> Contributor address; City; State; Zip Code  Lubbock, TX 79423	Amount of Contribution (\$) <div style="text-align: right;">\$10.00</div>
Principal occupation / Job title (See Instructions) VP of Public Affairs		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Freeman, Laura Lynn (Ms.) <hr/> Contributor address; City; State; Zip Code  Lubbock, TX 79423	Amount of Contribution (\$) <div style="text-align: right;">\$10.00</div>
Principal occupation / Job title (See Instructions) VP of Public Affairs		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Freeman, Laura Lynn (Ms.) <hr/> Contributor address; City; State; Zip Code  Lubbock, TX 79423	Amount of Contribution (\$) <div style="text-align: right;">\$10.00</div>
Principal occupation / Job title (See Instructions) VP of Public Affairs		Employer (See Instructions) Therapy 2000 Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 48/152 Rpt: 51/161
<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 02/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Freeman, Laura Lynn (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Lubbock, TX 79423	<b>7</b> Amount of Contribution (\$) \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) VP of Public Affairs		<b>9</b> Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Freeman, Laura Lynn (Ms.) <hr/> Contributor address; City; State; Zip Code  Lubbock, TX 79423	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) VP of Public Affairs		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Galvan, Jaslyn Christine (Ms.) <hr/> Contributor address; City; State; Zip Code  Sulphur Springs, TX 75482	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Occupational Therapy Assistant		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Galvan, Jaslyn Christine (Ms.) <hr/> Contributor address; City; State; Zip Code  Sulphur Springs, TX 75482	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Occupational Therapy Assistant		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Galvan, Jaslyn Christine (Ms.) <hr/> Contributor address; City; State; Zip Code  Sulphur Springs, TX 75482	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Occupational Therapy Assistant		Employer (See Instructions) Therapy 2000 Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 49/152 Rpt: 52/161
<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 02/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Galvan, Jaslyn Christine (Ms.)	<b>7</b> Amount of Contribution (\$) \$5.00
	<b>6</b> Contributor address; City; State; Zip Code  Sulphur Springs, TX 75482	
<b>8</b> Principal occupation / Job title (See Instructions) Occupational Therapy Assistant		<b>9</b> Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Galvan, Jaslyn Christine (Ms.)	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  Sulphur Springs, TX 75482	
Principal occupation / Job title (See Instructions) Occupational Therapy Assistant		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Galvan, Jaslyn Christine (Ms.)	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  Sulphur Springs, TX 75482	
Principal occupation / Job title (See Instructions) Occupational Therapy Assistant		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Galvan, Jaslyn Christine (Ms.)	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  Sulphur Springs, TX 75482	
Principal occupation / Job title (See Instructions) Occupational Therapy Assistant		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Garcia , Brittany (Ms.)	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  San Antonio, TX 78222	
Principal occupation / Job title (See Instructions) Physical Therapist		Employer (See Instructions) Therapy 2000 Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 50/152 Rpt: 53/161
<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 02/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Garcia , Brittany (Ms.)	<b>7</b> Amount of Contribution (\$) \$5.00
<b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78222		
<b>8</b> Principal occupation / Job title (See Instructions) Physical Therapist		<b>9</b> Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Garcia , Brittany (Ms.)	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code  San Antonio, TX 78222		
Principal occupation / Job title (See Instructions) Physical Therapist		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Garcia , Brittany (Ms.)	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code  San Antonio, TX 78222		
Principal occupation / Job title (See Instructions) Physical Therapist		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Garcia , Brittany (Ms.)	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code  San Antonio, TX 78222		
Principal occupation / Job title (See Instructions) Physical Therapist		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Garcia , Brittany (Ms.)	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code  San Antonio, TX 78222		
Principal occupation / Job title (See Instructions) Physical Therapist		Employer (See Instructions) Therapy 2000 Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 51/152 Rpt: 54/161
<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 02/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gorr, Nina Audrey (Ms.)	<b>7</b> Amount of Contribution (\$)  \$5.00
	<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78746	
<b>8</b> Principal occupation / Job title (See Instructions) Speech Language Pathologist		<b>9</b> Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gorr, Nina Audrey (Ms.)	Amount of Contribution (\$)  \$5.00
	Contributor address; City; State; Zip Code  Austin, TX 78746	
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gorr, Nina Audrey (Ms.)	Amount of Contribution (\$)  \$5.00
	Contributor address; City; State; Zip Code  Austin, TX 78746	
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gorr, Nina Audrey (Ms.)	Amount of Contribution (\$)  \$5.00
	Contributor address; City; State; Zip Code  Austin, TX 78746	
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gorr, Nina Audrey (Ms.)	Amount of Contribution (\$)  \$5.00
	Contributor address; City; State; Zip Code  Austin, TX 78746	
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 52/152 Rpt: 55/161
<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 02/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gorr, Nina Audrey (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78746	<b>7</b> Amount of Contribution (\$) \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) Speech Language Pathologist		<b>9</b> Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gorr, Nina Audrey (Ms.) <hr/> Contributor address; City; State; Zip Code  Austin, TX 78746	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Grant, Darla (Ms.) <hr/> Contributor address; City; State; Zip Code  Pittsburg, TX 75686	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Chief Operating Officer		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Grant, Darla (Ms.) <hr/> Contributor address; City; State; Zip Code  Pittsburg, TX 75686	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Chief Operating Officer		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Grant, Darla (Ms.) <hr/> Contributor address; City; State; Zip Code  Pittsburg, TX 75686	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Chief Operating Officer		Employer (See Instructions) Therapy 2000 Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 53/152 Rpt: 56/161
<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 02/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Grant, Darla (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Pittsburg, TX 75686	<b>7</b> Amount of Contribution (\$) \$20.00
<b>8</b> Principal occupation / Job title (See Instructions) Chief Operating Officer		<b>9</b> Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Grant, Darla (Ms.) <hr/> Contributor address; City; State; Zip Code  Pittsburg, TX 75686	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Chief Operating Officer		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Grant, Darla (Ms.) <hr/> Contributor address; City; State; Zip Code  Pittsburg, TX 75686	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Chief Operating Officer		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Grant, Darla (Ms.) <hr/> Contributor address; City; State; Zip Code  Pittsburg, TX 75686	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Chief Operating Officer		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Green, Quetta Ann (Ms.) <hr/> Contributor address; City; State; Zip Code  Amarillo, TX 79110	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Occupational Therapy Assistant		Employer (See Instructions) Therapy 2000, Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 54/152 Rpt: 57/161
<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 02/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Green, Quetta Ann (Ms.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Amarillo, TX 79110	
<b>8</b> Principal occupation / Job title (See Instructions) Occupational Therapy Assistant		<b>9</b> Employer (See Instructions) Therapy 2000, Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Green, Quetta Ann (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Amarillo, TX 79110	
Principal occupation / Job title (See Instructions) Occupational Therapy Assistant		Employer (See Instructions) Therapy 2000, Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Green, Quetta Ann (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Amarillo, TX 79110	
Principal occupation / Job title (See Instructions) Occupational Therapy Assistant		Employer (See Instructions) Therapy 2000, Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Green, Quetta Ann (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Amarillo, TX 79110	
Principal occupation / Job title (See Instructions) Occupational Therapy Assistant		Employer (See Instructions) Therapy 2000, Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Green, Quetta Ann (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Amarillo, TX 79110	
Principal occupation / Job title (See Instructions) Occupational Therapy Assistant		Employer (See Instructions) Therapy 2000, Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 55/152 Rpt: 58/161
<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 02/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Green, Quetta Ann (Ms.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Amarillo, TX 79110	
<b>8</b> Principal occupation / Job title (See Instructions) Occupational Therapy Assistant		<b>9</b> Employer (See Instructions) Therapy 2000, Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gruver, Emily (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Dallas, TX 75254	
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gruver, Emily (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Dallas, TX 75254	
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gruver, Emily (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Dallas, TX 75254	
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gruver, Emily (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Dallas, TX 75254	
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 56/152 Rpt: 59/161
<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 02/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gruver, Emily (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75254	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) Speech Language Pathologist		<b>9</b> Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gruver, Emily (Ms.) <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75254	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gruver, Emily (Ms.) <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75254	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.
Date 02/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hale, Kati (Ms.) <hr/> Contributor address; City; State; Zip Code  Denton, TX 76208	Amount of Contribution (\$)  \$60.00
Principal occupation / Job title (See Instructions) COO		Employer (See Instructions) MAC Legacy
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hancock, Beth (Ms.) <hr/> Contributor address; City; State; Zip Code  Houston, TX 77044	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Divisional Director		Employer (See Instructions) Therapy 2000 Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 57/152 Rpt: 60/161
<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 02/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hancock, Beth (Ms.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77044	
<b>8</b> Principal occupation / Job title (See Instructions) Divisional Director		<b>9</b> Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hancock, Beth (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Houston, TX 77044	
Principal occupation / Job title (See Instructions) Divisional Director		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hancock, Beth (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Houston, TX 77044	
Principal occupation / Job title (See Instructions) Divisional Director		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hancock, Beth (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Houston, TX 77044	
Principal occupation / Job title (See Instructions) Divisional Director		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hancock, Beth (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Houston, TX 77044	
Principal occupation / Job title (See Instructions) Divisional Director		Employer (See Instructions) Therapy 2000 Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 58/152 Rpt: 61/161
<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 02/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hancock, Beth (Ms.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77044	
<b>8</b> Principal occupation / Job title (See Instructions) Divisional Director		<b>9</b> Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henson, Carla Michelle (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Nacogdoches, TX 75965	
Principal occupation / Job title (See Instructions) Home Care		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henson, Carla Michelle (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Nacogdoches, TX 75965	
Principal occupation / Job title (See Instructions) Home Care		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henson, Carla Michelle (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Nacogdoches, TX 75965	
Principal occupation / Job title (See Instructions) Home Care		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henson, Carla Michelle (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Nacogdoches, TX 75965	
Principal occupation / Job title (See Instructions) Home Care		Employer (See Instructions) Therapy 2000 Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 59/152 Rpt: 62/161
<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 02/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Herrera, Jose (Mr.)	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>6</b> Contributor address; City; State; Zip Code  Longview, TX 75604		
<b>8</b> Principal occupation / Job title (See Instructions) Physical Therapist Asst.		<b>9</b> Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Herrera, Jose (Mr.)	Amount of Contribution (\$)  \$3.00
Contributor address; City; State; Zip Code  Longview, TX 75604		
Principal occupation / Job title (See Instructions) Physical Therapist Asst.		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Herrera, Jose (Mr.)	Amount of Contribution (\$)  \$3.00
Contributor address; City; State; Zip Code  Longview, TX 75604		
Principal occupation / Job title (See Instructions) Physical Therapist Asst.		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Herrera, Jose (Mr.)	Amount of Contribution (\$)  \$3.00
Contributor address; City; State; Zip Code  Longview, TX 75604		
Principal occupation / Job title (See Instructions) Physical Therapist Asst.		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Herrera, Jose (Mr.)	Amount of Contribution (\$)  \$3.00
Contributor address; City; State; Zip Code  Longview, TX 75604		
Principal occupation / Job title (See Instructions) Physical Therapist Asst.		Employer (See Instructions) Therapy 2000 Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 60/152 Rpt: 63/161
<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 02/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Herrera, Jose (Mr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Longview, TX 75604	
<b>8</b> Principal occupation / Job title (See Instructions) Physical Therapist Asst.		<b>9</b> Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Herrera, Jose (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Longview, TX 75604	
Principal occupation / Job title (See Instructions) Physical Therapist Asst.		Employer (See Instructions) Therapy 2000 Inc.
Date 01/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hicks, Eric (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Gilmer, TX 75645	
Principal occupation / Job title (See Instructions) Respiratory Therapist		Employer (See Instructions) Angels of Care
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hinojosa, Laura Ashley (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Irving, TX 75038	
Principal occupation / Job title (See Instructions) Home Care		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hoehns, Jessica Leigh (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Amarillo, TX 79110	
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 61/152 Rpt: 64/161
<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 02/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hoehns, Jessica Leigh (Ms.)	<b>7</b> Amount of Contribution (\$)  \$5.00
	<b>6</b> Contributor address; City; State; Zip Code  Amarillo, TX 79110	
<b>8</b> Principal occupation / Job title (See Instructions) Speech Language Pathologist		<b>9</b> Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hoehns, Jessica Leigh (Ms.)	Amount of Contribution (\$)  \$5.00
	Contributor address; City; State; Zip Code  Amarillo, TX 79110	
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hoehns, Jessica Leigh (Ms.)	Amount of Contribution (\$)  \$5.00
	Contributor address; City; State; Zip Code  Amarillo, TX 79110	
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hoehns, Jessica Leigh (Ms.)	Amount of Contribution (\$)  \$5.00
	Contributor address; City; State; Zip Code  Amarillo, TX 79110	
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hoehns, Jessica Leigh (Ms.)	Amount of Contribution (\$)  \$5.00
	Contributor address; City; State; Zip Code  Amarillo, TX 79110	
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 62/152 Rpt: 65/161
<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 02/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hoehns, Jessica Leigh (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Amarillo, TX 79110	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) Speech Language Pathologist		<b>9</b> Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Homan-Harris, Samantha Joy (Ms.) <hr/> Contributor address; City; State; Zip Code  El Paso, TX 79935	Amount of Contribution (\$)  \$4.50
Principal occupation / Job title (See Instructions) Clinical Manager		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Homan-Harris, Samantha Joy (Ms.) <hr/> Contributor address; City; State; Zip Code  El Paso, TX 79935	Amount of Contribution (\$)  \$4.50
Principal occupation / Job title (See Instructions) Clinical Manager		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Homan-Harris, Samantha Joy (Ms.) <hr/> Contributor address; City; State; Zip Code  El Paso, TX 79935	Amount of Contribution (\$)  \$4.50
Principal occupation / Job title (See Instructions) Clinical Manager		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Homan-Harris, Samantha Joy (Ms.) <hr/> Contributor address; City; State; Zip Code  El Paso, TX 79935	Amount of Contribution (\$)  \$4.50
Principal occupation / Job title (See Instructions) Clinical Manager		Employer (See Instructions) Therapy 2000 Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 63/152 Rpt: 66/161
<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 02/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Homan-Harris, Samantha Joy (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  El Paso, TX 79935	<b>7</b> Amount of Contribution (\$) <span style="float: right;">\$4.50</span>
<b>8</b> Principal occupation / Job title (See Instructions) Clinical Manager		<b>9</b> Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Homan-Harris, Samantha Joy (Ms.) <hr/> Contributor address; City; State; Zip Code  El Paso, TX 79935	Amount of Contribution (\$) <span style="float: right;">\$4.50</span>
Principal occupation / Job title (See Instructions) Clinical Manager		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Homan-Harris, Samantha Joy (Ms.) <hr/> Contributor address; City; State; Zip Code  El Paso, TX 79935	Amount of Contribution (\$) <span style="float: right;">\$4.50</span>
Principal occupation / Job title (See Instructions) Clinical Manager		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Homan-Harris, Samantha Joy (Ms.) <hr/> Contributor address; City; State; Zip Code  El Paso, TX 79935	Amount of Contribution (\$) <span style="float: right;">\$0.50</span>
Principal occupation / Job title (See Instructions) Clinical Manager		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Homan-Harris, Samantha Joy (Ms.) <hr/> Contributor address; City; State; Zip Code  El Paso, TX 79935	Amount of Contribution (\$) <span style="float: right;">\$0.50</span>
Principal occupation / Job title (See Instructions) Clinical Manager		Employer (See Instructions) Therapy 2000 Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 64/152 Rpt: 67/161
<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 02/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Homan-Harris, Samantha Joy (Ms.)	<b>7</b> Amount of Contribution (\$) <span style="float:right">\$0.50</span>
<b>6</b> Contributor address; City; State; Zip Code  El Paso, TX 79935		
<b>8</b> Principal occupation / Job title (See Instructions) Clinical Manager		<b>9</b> Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Homan-Harris, Samantha Joy (Ms.)	Amount of Contribution (\$) <span style="float:right">\$0.50</span>
Contributor address; City; State; Zip Code  El Paso, TX 79935		
Principal occupation / Job title (See Instructions) Clinical Manager		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Homan-Harris, Samantha Joy (Ms.)	Amount of Contribution (\$) <span style="float:right">\$0.50</span>
Contributor address; City; State; Zip Code  El Paso, TX 79935		
Principal occupation / Job title (See Instructions) Clinical Manager		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Homan-Harris, Samantha Joy (Ms.)	Amount of Contribution (\$) <span style="float:right">\$0.50</span>
Contributor address; City; State; Zip Code  El Paso, TX 79935		
Principal occupation / Job title (See Instructions) Clinical Manager		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Homan-Harris, Samantha Joy (Ms.)	Amount of Contribution (\$) <span style="float:right">\$0.50</span>
Contributor address; City; State; Zip Code  El Paso, TX 79935		
Principal occupation / Job title (See Instructions) Clinical Manager		Employer (See Instructions) Therapy 2000 Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 65/152 Rpt: 68/161
<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 02/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Horn, Kelli Jean (Ms.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Irving, TX 75038	
<b>8</b> Principal occupation / Job title (See Instructions) Home Care		<b>9</b> Employer (See Instructions) Therapy 2000 Inc.
Date 02/10/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hunt, Dean (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Houston, TX 77007	
Principal occupation / Job title (See Instructions) Owner, President		Employer (See Instructions) Astrocare Home Healthcare
Date 02/12/2026	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 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jackson, Diana (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Irving, TX 75038	
Principal occupation / Job title (See Instructions) Home Care		Employer (See Instructions) Therapy 2000 Inc.
Date 01/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jackson Klamo, Kathy (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Corpus Christi, TX 78414	
Principal occupation / Job title (See Instructions) Nurse		Employer (See Instructions) Angels of Care

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 66/152 Rpt: 69/161
<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 02/12/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jenkins , Jinny (Ms.) ..... <b>6</b> Contributor address; City; State; Zip Code  Crowley, TX 76036	<b>7</b> Amount of Contribution (\$)  \$75.00
<b>8</b> Principal occupation / Job title (See Instructions) Executive Director		<b>9</b> Employer (See Instructions) Paradigm Rehab & Nursing LP
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Joiner Barr, Kelly Kiana (Ms.) ..... Contributor address; City; State; Zip Code  Irving, TX 75038	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Home Care		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Joiner Barr, Kelly Kiana (Ms.) ..... Contributor address; City; State; Zip Code  Irving, TX 75038	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Home Care		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Joiner Barr, Kelly Kiana (Ms.) ..... Contributor address; City; State; Zip Code  Irving, TX 75038	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Home Care		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Joiner Barr, Kelly Kiana (Ms.) ..... Contributor address; City; State; Zip Code  Irving, TX 75038	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Home Care		Employer (See Instructions) Therapy 2000 Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 67/152 Rpt: 70/161
<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 02/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Joiner Barr, Kelly Kiana (Ms.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Irving, TX 75038	
<b>8</b> Principal occupation / Job title (See Instructions) Home Care		<b>9</b> Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Joiner Barr, Kelly Kiana (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Irving, TX 75038	
Principal occupation / Job title (See Instructions) Home Care		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Keel, Harmony Lee (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Sealy, TX 77474	
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Keel, Harmony Lee (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Sealy, TX 77474	
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Keel, Harmony Lee (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Sealy, TX 77474	
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 68/152 Rpt: 71/161
<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 02/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Keel, Harmony Lee (Ms.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Sealy, TX 77474	
<b>8</b> Principal occupation / Job title (See Instructions) Speech Language Pathologist		<b>9</b> Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Keel, Harmony Lee (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Sealy, TX 77474	
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Keel, Harmony Lee (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Sealy, TX 77474	
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Keel, Harmony Lee (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Sealy, TX 77474	
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Killough, Sabrina Starks (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Irving, TX 75038	
Principal occupation / Job title (See Instructions) Home Care		Employer (See Instructions) Therapy 2000 Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 69/152 Rpt: 72/161
<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 02/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Killough, Sabrina Starks (Ms.)	<b>7</b> Amount of Contribution (\$)  \$5.00
	<b>6</b> Contributor address; City; State; Zip Code  Irving, TX 75038	
<b>8</b> Principal occupation / Job title (See Instructions) Home Care		<b>9</b> Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Killough, Sabrina Starks (Ms.)	Amount of Contribution (\$)  \$5.00
	Contributor address; City; State; Zip Code  Irving, TX 75038	
Principal occupation / Job title (See Instructions) Home Care		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Killough, Sabrina Starks (Ms.)	Amount of Contribution (\$)  \$5.00
	Contributor address; City; State; Zip Code  Irving, TX 75038	
Principal occupation / Job title (See Instructions) Home Care		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Killough, Sabrina Starks (Ms.)	Amount of Contribution (\$)  \$5.00
	Contributor address; City; State; Zip Code  Irving, TX 75038	
Principal occupation / Job title (See Instructions) Home Care		Employer (See Instructions) Therapy 2000 Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 70/152 Rpt: 73/161
<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 02/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kwami, Bridget (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Humble, TX 77346	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) Occupational Therapist		<b>9</b> Employer (See Instructions) Therapy 2000, Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kwami, Bridget (Ms.) <hr/> Contributor address; City; State; Zip Code  Humble, TX 77346	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Occupational Therapist		Employer (See Instructions) Therapy 2000, Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kwami, Bridget (Ms.) <hr/> Contributor address; City; State; Zip Code  Humble, TX 77346	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Occupational Therapist		Employer (See Instructions) Therapy 2000, Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kwami, Bridget (Ms.) <hr/> Contributor address; City; State; Zip Code  Humble, TX 77346	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Occupational Therapist		Employer (See Instructions) Therapy 2000, Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kwami, Bridget (Ms.) <hr/> Contributor address; City; State; Zip Code  Humble, TX 77346	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Occupational Therapist		Employer (See Instructions) Therapy 2000, Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 71/152 Rpt: 74/161
<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 02/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kwami, Bridget (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Humble, TX 77346	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) Occupational Therapist		<b>9</b> Employer (See Instructions) Therapy 2000, Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kwami, Bridget (Ms.) <hr/> Contributor address; City; State; Zip Code  Humble, TX 77346	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Occupational Therapist		Employer (See Instructions) Therapy 2000, Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lamonica, Rosemarie (Ms.) <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78209	Amount of Contribution (\$)  \$2.50
Principal occupation / Job title (See Instructions) Clinical Feeding Specialist		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lamonica, Rosemarie (Ms.) <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78209	Amount of Contribution (\$)  \$2.50
Principal occupation / Job title (See Instructions) Clinical Feeding Specialist		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lamonica, Rosemarie (Ms.) <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78209	Amount of Contribution (\$)  \$2.50
Principal occupation / Job title (See Instructions) Clinical Feeding Specialist		Employer (See Instructions) Therapy 2000 Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 72/152 Rpt: 75/161
<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 02/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lamonica, Rosemarie (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78209	<b>7</b> Amount of Contribution (\$) <span style="float: right;">\$2.50</span>
<b>8</b> Principal occupation / Job title (See Instructions) Clinical Feeding Specialist		<b>9</b> Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lamonica, Rosemarie (Ms.) <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78209	Amount of Contribution (\$) <span style="float: right;">\$2.50</span>
Principal occupation / Job title (See Instructions) Clinical Feeding Specialist		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lamonica, Rosemarie (Ms.) <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78209	Amount of Contribution (\$) <span style="float: right;">\$2.50</span>
Principal occupation / Job title (See Instructions) Clinical Feeding Specialist		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lamonica, Rosemarie (Ms.) <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78209	Amount of Contribution (\$) <span style="float: right;">\$2.51</span>
Principal occupation / Job title (See Instructions) Clinical Feeding Specialist		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lamonica, Rosemarie (Ms.) <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78209	Amount of Contribution (\$) <span style="float: right;">\$2.51</span>
Principal occupation / Job title (See Instructions) Clinical Feeding Specialist		Employer (See Instructions) Therapy 2000 Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 73/152 Rpt: 76/161
<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 02/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lamonica, Rosemarie (Ms.) ----- <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78209	<b>7</b> Amount of Contribution (\$)  \$2.51
<b>8</b> Principal occupation / Job title (See Instructions) Clinical Feeding Specialist		<b>9</b> Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lamonica, Rosemarie (Ms.) ----- Contributor address; City; State; Zip Code  San Antonio, TX 78209	Amount of Contribution (\$)  \$2.51
Principal occupation / Job title (See Instructions) Clinical Feeding Specialist		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lamonica, Rosemarie (Ms.) ----- Contributor address; City; State; Zip Code  San Antonio, TX 78209	Amount of Contribution (\$)  \$2.49
Principal occupation / Job title (See Instructions) Clinical Feeding Specialist		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lamonica, Rosemarie (Ms.) ----- Contributor address; City; State; Zip Code  San Antonio, TX 78209	Amount of Contribution (\$)  \$2.49
Principal occupation / Job title (See Instructions) Clinical Feeding Specialist		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lamonica, Rosemarie (Ms.) ----- Contributor address; City; State; Zip Code  San Antonio, TX 78209	Amount of Contribution (\$)  \$2.49
Principal occupation / Job title (See Instructions) Clinical Feeding Specialist		Employer (See Instructions) Therapy 2000 Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 74/152 Rpt: 77/161
<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 02/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lamonica, Rosemarie (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78209	<b>7</b> Amount of Contribution (\$)  \$2.49
<b>8</b> Principal occupation / Job title (See Instructions) Clinical Feeding Specialist		<b>9</b> Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawson, Jennifer (Ms.) <hr/> Contributor address; City; State; Zip Code  Cincinnati, OH 45208	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) Director/OTR		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawson, Jennifer (Ms.) <hr/> Contributor address; City; State; Zip Code  Cincinnati, OH 45208	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) Director/OTR		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawson, Jennifer (Ms.) <hr/> Contributor address; City; State; Zip Code  Cincinnati, OH 45208	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) Director/OTR		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawson, Jennifer (Ms.) <hr/> Contributor address; City; State; Zip Code  Cincinnati, OH 45208	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) Director/OTR		Employer (See Instructions) Therapy 2000 Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 75/152 Rpt: 78/161
<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 02/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lawson, Jennifer (Ms.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Cincinnati, OH 45208	
<b>8</b> Principal occupation / Job title (See Instructions) Director/OTR		<b>9</b> Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lawson, Jennifer (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Cincinnati, OH 45208	
Principal occupation / Job title (See Instructions) Director/OTR		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lawson, Jennifer (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Cincinnati, OH 45208	
Principal occupation / Job title (See Instructions) Director/OTR		Employer (See Instructions) Therapy 2000 Inc.
Date 02/12/2026	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
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Le Blanc, Dana Ann (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Irving, TX 75038	
Principal occupation / Job title (See Instructions) Home Care		Employer (See Instructions) Therapy 2000 Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 76/152 Rpt: 79/161
<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 02/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Le Blanc, Dana Ann (Ms.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Irving, TX 75038	
<b>8</b> Principal occupation / Job title (See Instructions) Home Care		<b>9</b> Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Le Blanc, Dana Ann (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Irving, TX 75038	
Principal occupation / Job title (See Instructions) Home Care		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Le Blanc, Dana Ann (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Irving, TX 75038	
Principal occupation / Job title (See Instructions) Home Care		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Le Blanc, Dana Ann (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Irving, TX 75038	
Principal occupation / Job title (See Instructions) Home Care		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Le Blanc, Dana Ann (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Irving, TX 75038	
Principal occupation / Job title (See Instructions) Home Care		Employer (See Instructions) Therapy 2000 Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 77/152 Rpt: 80/161
<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 02/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Le Blanc, Dana Ann (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Irving, TX 75038	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) Home Care		<b>9</b> Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lee, Natalie (Ms.) <hr/> Contributor address; City; State; Zip Code  Boerne, TX 78066	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lee, Natalie (Ms.) <hr/> Contributor address; City; State; Zip Code  Boerne, TX 78066	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lee, Natalie (Ms.) <hr/> Contributor address; City; State; Zip Code  Boerne, TX 78066	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lee, Natalie (Ms.) <hr/> Contributor address; City; State; Zip Code  Boerne, TX 78066	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 78/152 Rpt: 81/161
<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 02/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lee, Natalie (Ms.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Boerne, TX 78066	
<b>8</b> Principal occupation / Job title (See Instructions) Speech Language Pathologist		<b>9</b> Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lee, Natalie (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Boerne, TX 78066	
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Leslie, Amanda (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Houston, TX 77027	
Principal occupation / Job title (See Instructions) Occupational Therapist		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Leslie, Amanda (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Houston, TX 77027	
Principal occupation / Job title (See Instructions) Occupational Therapist		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Leslie, Amanda (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Houston, TX 77027	
Principal occupation / Job title (See Instructions) Occupational Therapist		Employer (See Instructions) Therapy 2000 Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 79/152 Rpt: 82/161
<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 02/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Leslie, Amanda (Ms.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77027	
<b>8</b> Principal occupation / Job title (See Instructions) Occupational Therapist		<b>9</b> Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Leslie, Amanda (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Houston, TX 77027	
Principal occupation / Job title (See Instructions) Occupational Therapist		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Leslie, Amanda (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Houston, TX 77027	
Principal occupation / Job title (See Instructions) Occupational Therapist		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Leslie, Amanda (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Houston, TX 77027	
Principal occupation / Job title (See Instructions) Occupational Therapist		Employer (See Instructions) Therapy 2000 Inc.
Date 02/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lloyd, Mitzi (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Tyler, TX 75703	
Principal occupation / Job title (See Instructions) Human Resources Manager		Employer (See Instructions) Paradigm Rehab & Nursing LP

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 80/152 Rpt: 83/161
<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 01/26/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lopez , Zehida (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Springtown, TX 76082	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Nurse		<b>9</b> Employer (See Instructions) Angels of Care
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lopez Montejo, Alma (Ms.) <hr/> Contributor address; City; State; Zip Code  Irving, TX 75038	Amount of Contribution (\$)  \$14.00
Principal occupation / Job title (See Instructions) Home Care		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Louvier, Meghann (Ms.) <hr/> Contributor address; City; State; Zip Code  Gladewater, TX 75647	Amount of Contribution (\$)  \$5.40
Principal occupation / Job title (See Instructions) Clinical Manager		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Louvier, Meghann (Ms.) <hr/> Contributor address; City; State; Zip Code  Gladewater, TX 75647	Amount of Contribution (\$)  \$5.40
Principal occupation / Job title (See Instructions) Clinical Manager		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Louvier, Meghann (Ms.) <hr/> Contributor address; City; State; Zip Code  Gladewater, TX 75647	Amount of Contribution (\$)  \$5.40
Principal occupation / Job title (See Instructions) Clinical Manager		Employer (See Instructions) Therapy 2000 Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 81/152 Rpt: 84/161
<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 02/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Louvier, Meghann (Ms.)	<b>7</b> Amount of Contribution (\$)  \$5.40
<b>6</b> Contributor address; City; State; Zip Code  Gladewater, TX 75647		
<b>8</b> Principal occupation / Job title (See Instructions) Clinical Manager		<b>9</b> Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Louvier, Meghann (Ms.)	Amount of Contribution (\$)  \$5.40
Contributor address; City; State; Zip Code  Gladewater, TX 75647		
Principal occupation / Job title (See Instructions) Clinical Manager		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Louvier, Meghann (Ms.)	Amount of Contribution (\$)  \$5.40
Contributor address; City; State; Zip Code  Gladewater, TX 75647		
Principal occupation / Job title (See Instructions) Clinical Manager		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Louvier, Meghann (Ms.)	Amount of Contribution (\$)  \$5.40
Contributor address; City; State; Zip Code  Gladewater, TX 75647		
Principal occupation / Job title (See Instructions) Clinical Manager		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Louvier, Meghann (Ms.)	Amount of Contribution (\$)  \$0.60
Contributor address; City; State; Zip Code  Gladewater, TX 75647		
Principal occupation / Job title (See Instructions) Clinical Manager		Employer (See Instructions) Therapy 2000 Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 82/152 Rpt: 85/161
<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 02/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Louvier, Meghann (Ms.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Gladewater, TX 75647	
<b>8</b> Principal occupation / Job title (See Instructions) Clinical Manager		<b>9</b> Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Louvier, Meghann (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Gladewater, TX 75647	
Principal occupation / Job title (See Instructions) Clinical Manager		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Louvier, Meghann (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Gladewater, TX 75647	
Principal occupation / Job title (See Instructions) Clinical Manager		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Louvier, Meghann (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Gladewater, TX 75647	
Principal occupation / Job title (See Instructions) Clinical Manager		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Louvier, Meghann (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Gladewater, TX 75647	
Principal occupation / Job title (See Instructions) Clinical Manager		Employer (See Instructions) Therapy 2000 Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 83/152 Rpt: 86/161
<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 02/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Louvier, Meghann (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Gladewater, TX 75647	<b>7</b> Amount of Contribution (\$)  \$0.60
<b>8</b> Principal occupation / Job title (See Instructions) Clinical Manager		<b>9</b> Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Loyola, Jacqueline (Ms.) <hr/> Contributor address; City; State; Zip Code  Jacksonville, TX 75766	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Occupational Therapy Asst.		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Loyola, Jacqueline (Ms.) <hr/> Contributor address; City; State; Zip Code  Jacksonville, TX 75766	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Occupational Therapy Asst.		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Loyola, Jacqueline (Ms.) <hr/> Contributor address; City; State; Zip Code  Jacksonville, TX 75766	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Occupational Therapy Asst.		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Loyola, Jacqueline (Ms.) <hr/> Contributor address; City; State; Zip Code  Jacksonville, TX 75766	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Occupational Therapy Asst.		Employer (See Instructions) Therapy 2000 Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 84/152 Rpt: 87/161
<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 02/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Loyola, Jacqueline (Ms.)	<b>7</b> Amount of Contribution (\$) \$3.00
<b>6</b> Contributor address; City; State; Zip Code  Jacksonville, TX 75766		
<b>8</b> Principal occupation / Job title (See Instructions) Occupational Therapy Asst.		<b>9</b> Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Loyola, Jacqueline (Ms.)	Amount of Contribution (\$) \$3.00
Contributor address; City; State; Zip Code  Jacksonville, TX 75766		
Principal occupation / Job title (See Instructions) Occupational Therapy Asst.		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Loyola, Jacqueline (Ms.)	Amount of Contribution (\$) \$3.00
Contributor address; City; State; Zip Code  Jacksonville, TX 75766		
Principal occupation / Job title (See Instructions) Occupational Therapy Asst.		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marcelle, Brittany (Major)	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code  Splendora, TX 77372		
Principal occupation / Job title (See Instructions) Occupational Therapist		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marcelle, Brittany (Major)	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code  Splendora, TX 77372		
Principal occupation / Job title (See Instructions) Occupational Therapist		Employer (See Instructions) Therapy 2000 Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 85/152 Rpt: 88/161
<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 02/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Marcelle, Brittany (Major) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Splendora, TX 77372	<b>7</b> Amount of Contribution (\$) \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) Occupational Therapist		<b>9</b> Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Marcelle, Brittany (Major) <hr/> Contributor address; City; State; Zip Code  Splendora, TX 77372	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Occupational Therapist		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Marcelle, Brittany (Major) <hr/> Contributor address; City; State; Zip Code  Splendora, TX 77372	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Occupational Therapist		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Marcelle, Brittany (Major) <hr/> Contributor address; City; State; Zip Code  Splendora, TX 77372	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Occupational Therapist		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Marcelle, Brittany (Major) <hr/> Contributor address; City; State; Zip Code  Splendora, TX 77372	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Occupational Therapist		Employer (See Instructions) Therapy 2000 Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 86/152 Rpt: 89/161
<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 02/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Martinez , Araceli (Ms.)	<b>7</b> Amount of Contribution (\$)  \$10.00
	<b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75249	
<b>8</b> Principal occupation / Job title (See Instructions) Physical Therapist		<b>9</b> Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Martinez , Araceli (Ms.)	Amount of Contribution (\$)  \$10.00
	Contributor address; City; State; Zip Code  Dallas, TX 75249	
Principal occupation / Job title (See Instructions) Physical Therapist		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Martinez , Araceli (Ms.)	Amount of Contribution (\$)  \$10.00
	Contributor address; City; State; Zip Code  Dallas, TX 75249	
Principal occupation / Job title (See Instructions) Physical Therapist		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Martinez , Araceli (Ms.)	Amount of Contribution (\$)  \$10.00
	Contributor address; City; State; Zip Code  Dallas, TX 75249	
Principal occupation / Job title (See Instructions) Physical Therapist		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Martinez , Araceli (Ms.)	Amount of Contribution (\$)  \$10.00
	Contributor address; City; State; Zip Code  Dallas, TX 75249	
Principal occupation / Job title (See Instructions) Physical Therapist		Employer (See Instructions) Therapy 2000 Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 87/152 Rpt: 90/161
<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 02/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Martinez , Araceli (Ms.)	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75249		
<b>8</b> Principal occupation / Job title (See Instructions) Physical Therapist		<b>9</b> Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Martinez , Araceli (Ms.)	Amount of Contribution (\$)  \$10.00
Contributor address; City; State; Zip Code  Dallas, TX 75249		
Principal occupation / Job title (See Instructions) Physical Therapist		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Martinez, Rebecca (Ms.)	Amount of Contribution (\$)  \$15.00
Contributor address; City; State; Zip Code  Amarillo, TX 79110		
Principal occupation / Job title (See Instructions) Certified Nursing Assistant		Employer (See Instructions) Goodcare Health Services
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McCoy, Taylor (Ms.)	Amount of Contribution (\$)  \$10.00
Contributor address; City; State; Zip Code  Irving, TX 75038		
Principal occupation / Job title (See Instructions) Home Care		Employer (See Instructions) Therapy 2000 Inc.
Date 02/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McGraw, Joseph (Mr.)	Amount of Contribution (\$)  \$30.00
Contributor address; City; State; Zip Code  Tyler, TX 75703		
Principal occupation / Job title (See Instructions) Business Development		Employer (See Instructions) Paradigm Rehab & Nursing LP

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 02/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McKee , Allison (Ms.)	<b>7</b> Amount of Contribution (\$)  \$7.00
<b>6</b> Contributor address; City; State; Zip Code  Spring, TX 77389		
<b>8</b> Principal occupation / Job title (See Instructions) Physical Therapist		<b>9</b> Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McLeland, Tracy Sue (Ms.)	Amount of Contribution (\$)  \$5.00
Contributor address; City; State; Zip Code  Amarillo, TX 79118		
Principal occupation / Job title (See Instructions) Occupational Therapy Assistant		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McLeland, Tracy Sue (Ms.)	Amount of Contribution (\$)  \$5.00
Contributor address; City; State; Zip Code  Amarillo, TX 79118		
Principal occupation / Job title (See Instructions) Occupational Therapy Assistant		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McLeland, Tracy Sue (Ms.)	Amount of Contribution (\$)  \$5.00
Contributor address; City; State; Zip Code  Amarillo, TX 79118		
Principal occupation / Job title (See Instructions) Occupational Therapy Assistant		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McLeland, Tracy Sue (Ms.)	Amount of Contribution (\$)  \$5.00
Contributor address; City; State; Zip Code  Amarillo, TX 79118		
Principal occupation / Job title (See Instructions) Occupational Therapy Assistant		Employer (See Instructions) Therapy 2000 Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 89/152 Rpt: 92/161
<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 02/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McLeland, Tracy Sue (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Amarillo, TX 79118	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) Occupational Therapy Assistant		<b>9</b> Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McLeland, Tracy Sue (Ms.) <hr/> Contributor address; City; State; Zip Code  Amarillo, TX 79118	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Occupational Therapy Assistant		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McLeland, Tracy Sue (Ms.) <hr/> Contributor address; City; State; Zip Code  Amarillo, TX 79118	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Occupational Therapy Assistant		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McSwane, Kennedy <hr/> Contributor address; City; State; Zip Code  Elkhart, TX 75839	Amount of Contribution (\$)  \$14.00
Principal occupation / Job title (See Instructions) Occupational Therapy Assistant		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Meh, Nyay <hr/> Contributor address; City; State; Zip Code  Irving, TX 75038	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Home Care		Employer (See Instructions) Therapy 2000 Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 90/152 Rpt: 93/161
<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 02/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mendoza, Johnny (Mr.)	<b>7</b> Amount of Contribution (\$)  \$5.00
	<b>6</b> Contributor address; City; State; Zip Code  El Paso, TX 79938	
<b>8</b> Principal occupation / Job title (See Instructions) Speech Therapy Asst.		<b>9</b> Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mendoza, Johnny (Mr.)	Amount of Contribution (\$)  \$5.00
	Contributor address; City; State; Zip Code  El Paso, TX 79938	
Principal occupation / Job title (See Instructions) Speech Therapy Asst.		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mendoza, Johnny (Mr.)	Amount of Contribution (\$)  \$5.00
	Contributor address; City; State; Zip Code  El Paso, TX 79938	
Principal occupation / Job title (See Instructions) Speech Therapy Asst.		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mendoza, Johnny (Mr.)	Amount of Contribution (\$)  \$5.00
	Contributor address; City; State; Zip Code  El Paso, TX 79938	
Principal occupation / Job title (See Instructions) Speech Therapy Asst.		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mendoza, Johnny (Mr.)	Amount of Contribution (\$)  \$5.00
	Contributor address; City; State; Zip Code  El Paso, TX 79938	
Principal occupation / Job title (See Instructions) Speech Therapy Asst.		Employer (See Instructions) Therapy 2000 Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 91/152 Rpt: 94/161
<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 02/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mendoza, Johnny (Mr.)	<b>7</b> Amount of Contribution (\$) \$5.00
<b>6</b> Contributor address; City; State; Zip Code  El Paso, TX 79938		
<b>8</b> Principal occupation / Job title (See Instructions) Speech Therapy Asst.		<b>9</b> Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mendoza, Johnny (Mr.)	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code  El Paso, TX 79938		
Principal occupation / Job title (See Instructions) Speech Therapy Asst.		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mojarro, Allison (Ms.)	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code  Tyler, TX 75701		
Principal occupation / Job title (See Instructions) Patient Services Specialist		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mojarro, Allison (Ms.)	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code  Tyler, TX 75701		
Principal occupation / Job title (See Instructions) Patient Services Specialist		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mojarro, Allison (Ms.)	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code  Tyler, TX 75701		
Principal occupation / Job title (See Instructions) Patient Services Specialist		Employer (See Instructions) Therapy 2000 Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 02/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mojarro, Allison (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Tyler, TX 75701	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) Patient Services Specialist		<b>9</b> Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mojarro, Allison (Ms.) <hr/> Contributor address; City; State; Zip Code  Tyler, TX 75701	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Patient Services Specialist		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mojarro, Allison (Ms.) <hr/> Contributor address; City; State; Zip Code  Tyler, TX 75701	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Patient Services Specialist		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mojarro, Allison (Ms.) <hr/> Contributor address; City; State; Zip Code  Tyler, TX 75701	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Patient Services Specialist		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Myers, Tamara (Ms.) <hr/> Contributor address; City; State; Zip Code  Highland Village, TX 75077	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Assistant Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 93/152 Rpt: 96/161
<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 02/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Myers, Tamara (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Highland Village, TX 75077	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) Assistant Speech Language Pathologist		<b>9</b> Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Myers, Tamara (Ms.) <hr/> Contributor address; City; State; Zip Code  Highland Village, TX 75077	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Assistant Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Myers, Tamara (Ms.) <hr/> Contributor address; City; State; Zip Code  Highland Village, TX 75077	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Assistant Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Myers, Tamara (Ms.) <hr/> Contributor address; City; State; Zip Code  Highland Village, TX 75077	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Assistant Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Myers, Tamara (Ms.) <hr/> Contributor address; City; State; Zip Code  Highland Village, TX 75077	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Assistant Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 94/152 Rpt: 97/161
<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 02/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Myers, Tamara (Ms.) ..... <b>6</b> Contributor address; City; State; Zip Code  Highland Village, TX 75077	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) Assistant Speech Language Pathologist		<b>9</b> Employer (See Instructions) Therapy 2000 Inc.
Date 02/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nawaz, Kelly (Ms.) ..... Contributor address; City; State; Zip Code  Canton, TX 75103	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions) Quality Assurance RN		Employer (See Instructions) Paradigm Rehab & Nursing LP
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nelson, Morgan Rae ..... Contributor address; City; State; Zip Code  Irving, TX 75038	Amount of Contribution (\$)  \$14.00
Principal occupation / Job title (See Instructions) Home Care		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nino Lagos, Olga Patricia (Ms.) ..... Contributor address; City; State; Zip Code  Rowlett, TX 75089	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Occupational Therapy Assistant		Employer (See Instructions) Therapy 2000, Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nino Lagos, Olga Patricia (Ms.) ..... Contributor address; City; State; Zip Code  Rowlett, TX 75089	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Occupational Therapy Assistant		Employer (See Instructions) Therapy 2000, Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 95/152 Rpt: 98/161
<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 02/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nino Lagos, Olga Patricia (Ms.)	<b>7</b> Amount of Contribution (\$) \$5.00
<b>6</b> Contributor address; City; State; Zip Code  Rowlett, TX 75089		
<b>8</b> Principal occupation / Job title (See Instructions) Occupational Therapy Assistant		<b>9</b> Employer (See Instructions) Therapy 2000, Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nino Lagos, Olga Patricia (Ms.)	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code  Rowlett, TX 75089		
Principal occupation / Job title (See Instructions) Occupational Therapy Assistant		Employer (See Instructions) Therapy 2000, Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nino Lagos, Olga Patricia (Ms.)	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code  Rowlett, TX 75089		
Principal occupation / Job title (See Instructions) Occupational Therapy Assistant		Employer (See Instructions) Therapy 2000, Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nino Lagos, Olga Patricia (Ms.)	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code  Rowlett, TX 75089		
Principal occupation / Job title (See Instructions) Occupational Therapy Assistant		Employer (See Instructions) Therapy 2000, Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nino Lagos, Olga Patricia (Ms.)	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code  Rowlett, TX 75089		
Principal occupation / Job title (See Instructions) Occupational Therapy Assistant		Employer (See Instructions) Therapy 2000, Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 96/152 Rpt: 99/161
<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 02/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Olson, Jess (Ms.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Roanoke, TX 76262	
<b>8</b> Principal occupation / Job title (See Instructions) Divisional Director		<b>9</b> Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Olson, Jess (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Roanoke, TX 76262	
Principal occupation / Job title (See Instructions) Divisional Director		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Olson, Jess (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Roanoke, TX 76262	
Principal occupation / Job title (See Instructions) Divisional Director		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Olson, Jess (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Roanoke, TX 76262	
Principal occupation / Job title (See Instructions) Divisional Director		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Olson, Jess (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Roanoke, TX 76262	
Principal occupation / Job title (See Instructions) Divisional Director		Employer (See Instructions) Therapy 2000 Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 97/152 Rpt: 100/161
<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 02/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Olson, Jess (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Roanoke, TX 76262	<b>7</b> Amount of Contribution (\$)  \$4.50
<b>8</b> Principal occupation / Job title (See Instructions) Divisional Director		<b>9</b> Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Olson, Jess (Ms.) <hr/> Contributor address; City; State; Zip Code  Roanoke, TX 76262	Amount of Contribution (\$)  \$4.50
Principal occupation / Job title (See Instructions) Divisional Director		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Olson, Jess (Ms.) <hr/> Contributor address; City; State; Zip Code  Roanoke, TX 76262	Amount of Contribution (\$)  \$0.50
Principal occupation / Job title (See Instructions) Divisional Director		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Olson, Jess (Ms.) <hr/> Contributor address; City; State; Zip Code  Roanoke, TX 76262	Amount of Contribution (\$)  \$0.50
Principal occupation / Job title (See Instructions) Divisional Director		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Olson, Jess (Ms.) <hr/> Contributor address; City; State; Zip Code  Roanoke, TX 76262	Amount of Contribution (\$)  \$0.50
Principal occupation / Job title (See Instructions) Divisional Director		Employer (See Instructions) Therapy 2000 Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 98/152 Rpt: 101/161
<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 02/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Olson, Jess (Ms.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Roanoke, TX 76262	
<b>8</b> Principal occupation / Job title (See Instructions) Divisional Director		<b>9</b> Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Olson, Jess (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Roanoke, TX 76262	
Principal occupation / Job title (See Instructions) Divisional Director		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Olson, Jess (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Roanoke, TX 76262	
Principal occupation / Job title (See Instructions) Divisional Director		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Olson, Jess (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Roanoke, TX 76262	
Principal occupation / Job title (See Instructions) Divisional Director		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Padilla Sanchez, Johanna (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  New Braunfels, TX 78132	
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 99/152 Rpt: 102/161
<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 02/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Padilla Sanchez, Johanna (Ms.) ----- <b>6</b> Contributor address; City; State; Zip Code  New Braunfels, TX 78132	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) Speech Language Pathologist		<b>9</b> Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Padilla Sanchez, Johanna (Ms.) ----- Contributor address; City; State; Zip Code  New Braunfels, TX 78132	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Padilla Sanchez, Johanna (Ms.) ----- Contributor address; City; State; Zip Code  New Braunfels, TX 78132	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Padilla Sanchez, Johanna (Ms.) ----- Contributor address; City; State; Zip Code  New Braunfels, TX 78132	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Padilla Sanchez, Johanna (Ms.) ----- Contributor address; City; State; Zip Code  New Braunfels, TX 78132	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 100/152 Rpt: 103/161
<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 02/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Padilla Sanchez, Johanna (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  New Braunfels, TX 78132	<b>7</b> Amount of Contribution (\$) <span style="float: right;">\$5.00</span>
<b>8</b> Principal occupation / Job title (See Instructions) Speech Language Pathologist		<b>9</b> Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Palmer, Natasha (Ms.) <hr/> Contributor address; City; State; Zip Code  White Oak, TX 75693	Amount of Contribution (\$) <span style="float: right;">\$4.00</span>
Principal occupation / Job title (See Instructions) Occupational Therapy Asst.		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Palmer, Natasha (Ms.) <hr/> Contributor address; City; State; Zip Code  White Oak, TX 75693	Amount of Contribution (\$) <span style="float: right;">\$4.00</span>
Principal occupation / Job title (See Instructions) Occupational Therapy Asst.		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Palmer, Natasha (Ms.) <hr/> Contributor address; City; State; Zip Code  White Oak, TX 75693	Amount of Contribution (\$) <span style="float: right;">\$4.00</span>
Principal occupation / Job title (See Instructions) Occupational Therapy Asst.		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Palmer, Natasha (Ms.) <hr/> Contributor address; City; State; Zip Code  White Oak, TX 75693	Amount of Contribution (\$) <span style="float: right;">\$4.00</span>
Principal occupation / Job title (See Instructions) Occupational Therapy Asst.		Employer (See Instructions) Therapy 2000 Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 101/152 Rpt: 104/161
<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 02/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Palmer, Natasha (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  White Oak, TX 75693	<b>7</b> Amount of Contribution (\$)  \$4.00
<b>8</b> Principal occupation / Job title (See Instructions) Occupational Therapy Asst.		<b>9</b> Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Palmer, Natasha (Ms.) <hr/> Contributor address; City; State; Zip Code  White Oak, TX 75693	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) Occupational Therapy Asst.		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Palmer, Natasha (Ms.) <hr/> Contributor address; City; State; Zip Code  White Oak, TX 75693	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) Occupational Therapy Asst.		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Papetti, Jenna (Ms.) <hr/> Contributor address; City; State; Zip Code  Houston, TX 77055	Amount of Contribution (\$)  \$2.00
Principal occupation / Job title (See Instructions) Regional Marketing Manager		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Papetti, Jenna (Ms.) <hr/> Contributor address; City; State; Zip Code  Houston, TX 77055	Amount of Contribution (\$)  \$2.00
Principal occupation / Job title (See Instructions) Regional Marketing Manager		Employer (See Instructions) Therapy 2000 Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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<b>4</b> Date 02/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Papetti, Jenna (Ms.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77055	
<b>8</b> Principal occupation / Job title (See Instructions) Regional Marketing Manager		<b>9</b> Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Papetti, Jenna (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Houston, TX 77055	
Principal occupation / Job title (See Instructions) Regional Marketing Manager		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Papetti, Jenna (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Houston, TX 77055	
Principal occupation / Job title (See Instructions) Regional Marketing Manager		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Papetti, Jenna (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Houston, TX 77055	
Principal occupation / Job title (See Instructions) Regional Marketing Manager		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Papetti, Jenna (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Houston, TX 77055	
Principal occupation / Job title (See Instructions) Regional Marketing Manager		Employer (See Instructions) Therapy 2000 Inc.

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<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 02/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Papetti, Jenna (Ms.)	<b>7</b> Amount of Contribution (\$)  \$6.00
<b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77055		
<b>8</b> Principal occupation / Job title (See Instructions) Regional Marketing Manager		<b>9</b> Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Papetti, Jenna (Ms.)	Amount of Contribution (\$)  \$6.00
Contributor address; City; State; Zip Code  Houston, TX 77055		
Principal occupation / Job title (See Instructions) Regional Marketing Manager		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Papetti, Jenna (Ms.)	Amount of Contribution (\$)  \$6.00
Contributor address; City; State; Zip Code  Houston, TX 77055		
Principal occupation / Job title (See Instructions) Regional Marketing Manager		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Papetti, Jenna (Ms.)	Amount of Contribution (\$)  \$6.00
Contributor address; City; State; Zip Code  Houston, TX 77055		
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Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Papetti, Jenna (Ms.)	Amount of Contribution (\$)  \$6.00
Contributor address; City; State; Zip Code  Houston, TX 77055		
Principal occupation / Job title (See Instructions) Regional Marketing Manager		Employer (See Instructions) Therapy 2000 Inc.

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**SCHEDULE A1**

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<b>4</b> Date 02/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Papetti, Jenna (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77055	<b>7</b> Amount of Contribution (\$)  \$6.00
<b>8</b> Principal occupation / Job title (See Instructions) Regional Marketing Manager		<b>9</b> Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Papetti, Jenna (Ms.) <hr/> Contributor address; City; State; Zip Code  Houston, TX 77055	Amount of Contribution (\$)  \$6.00
Principal occupation / Job title (See Instructions) Regional Marketing Manager		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paredes Tuttle, Kristin Marie (Ms.) <hr/> Contributor address; City; State; Zip Code  Irving, TX 75038	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Home Care		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parker, Lisa Brynn (Ms.) <hr/> Contributor address; City; State; Zip Code  Sulphur Springs, TX 75482	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Speech Therapy Assistant		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parker, Lisa Brynn (Ms.) <hr/> Contributor address; City; State; Zip Code  Sulphur Springs, TX 75482	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Speech Therapy Assistant		Employer (See Instructions) Therapy 2000 Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 105/152 Rpt: 108/161
<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 02/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Parker, Lisa Brynn (Ms.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Sulphur Springs, TX 75482	
<b>8</b> Principal occupation / Job title (See Instructions) Speech Therapy Assistant		<b>9</b> Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Parker, Lisa Brynn (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Sulphur Springs, TX 75482	
Principal occupation / Job title (See Instructions) Speech Therapy Assistant		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Parker, Lisa Brynn (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Sulphur Springs, TX 75482	
Principal occupation / Job title (See Instructions) Speech Therapy Assistant		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Parker, Lisa Brynn (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Sulphur Springs, TX 75482	
Principal occupation / Job title (See Instructions) Speech Therapy Assistant		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Parker, Lisa Brynn (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Sulphur Springs, TX 75482	
Principal occupation / Job title (See Instructions) Speech Therapy Assistant		Employer (See Instructions) Therapy 2000 Inc.

# MONETARY POLITICAL CONTRIBUTIONS

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<b>4</b> Date 02/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pecson, Samantha (Ms.)	<b>7</b> Amount of Contribution (\$) \$5.00
<b>6</b> Contributor address; City; State; Zip Code  Frisco, TX 75034		
<b>8</b> Principal occupation / Job title (See Instructions) Occupational Therapy Asst.		<b>9</b> Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pecson, Samantha (Ms.)	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code  Frisco, TX 75034		
Principal occupation / Job title (See Instructions) Occupational Therapy Asst.		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pecson, Samantha (Ms.)	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code  Frisco, TX 75034		
Principal occupation / Job title (See Instructions) Occupational Therapy Asst.		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pecson, Samantha (Ms.)	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code  Frisco, TX 75034		
Principal occupation / Job title (See Instructions) Occupational Therapy Asst.		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pecson, Samantha (Ms.)	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code  Frisco, TX 75034		
Principal occupation / Job title (See Instructions) Occupational Therapy Asst.		Employer (See Instructions) Therapy 2000 Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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<b>4</b> Date 02/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pecson, Samantha (Ms.)	<b>7</b> Amount of Contribution (\$) <span style="float: right;">\$5.00</span>
<b>6</b> Contributor address; City; State; Zip Code  Frisco, TX 75034		
<b>8</b> Principal occupation / Job title (See Instructions) Occupational Therapy Asst.		<b>9</b> Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Phillip , Taylor	Amount of Contribution (\$) <span style="float: right;">\$3.00</span>
Contributor address; City; State; Zip Code  Garland, TX 75040		
Principal occupation / Job title (See Instructions) Physical Therapist		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Phillip , Taylor	Amount of Contribution (\$) <span style="float: right;">\$3.00</span>
Contributor address; City; State; Zip Code  Garland, TX 75040		
Principal occupation / Job title (See Instructions) Physical Therapist		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Phillip , Taylor	Amount of Contribution (\$) <span style="float: right;">\$3.00</span>
Contributor address; City; State; Zip Code  Garland, TX 75040		
Principal occupation / Job title (See Instructions) Physical Therapist		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Phillip , Taylor	Amount of Contribution (\$) <span style="float: right;">\$3.00</span>
Contributor address; City; State; Zip Code  Garland, TX 75040		
Principal occupation / Job title (See Instructions) Physical Therapist		Employer (See Instructions) Therapy 2000 Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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<b>4</b> Date 02/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Phillip , Taylor	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>6</b> Contributor address; City; State; Zip Code  Garland, TX 75040		
<b>8</b> Principal occupation / Job title (See Instructions) Physical Therapist		<b>9</b> Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Phillip , Taylor	Amount of Contribution (\$)  \$3.00
Contributor address; City; State; Zip Code  Garland, TX 75040		
Principal occupation / Job title (See Instructions) Physical Therapist		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Phillip , Taylor	Amount of Contribution (\$)  \$3.00
Contributor address; City; State; Zip Code  Garland, TX 75040		
Principal occupation / Job title (See Instructions) Physical Therapist		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pitner, Heather (Ms.)	Amount of Contribution (\$)  \$10.00
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 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pitner, Heather (Ms.)	Amount of Contribution (\$)  \$10.00
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.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 109/152 Rpt: 112/161
<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 02/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pitner, Heather (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  North Richland Hills, TX 76182	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) VP Therapy Operations		<b>9</b> Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pitner, Heather (Ms.) <hr/> Contributor address; City; State; Zip Code  North Richland Hills, TX 76182	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) VP Therapy Operations		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pitner, Heather (Ms.) <hr/> Contributor address; City; State; Zip Code  North Richland Hills, TX 76182	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) VP Therapy Operations		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pitner, Heather (Ms.) <hr/> Contributor address; City; State; Zip Code  North Richland Hills, TX 76182	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) VP Therapy Operations		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pitner, Heather (Ms.) <hr/> Contributor address; City; State; Zip Code  North Richland Hills, TX 76182	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) VP Therapy Operations		Employer (See Instructions) Therapy 2000 Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 02/12/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Poynor, Joanne (Ms.)	<b>7</b> Amount of Contribution (\$) \$120.00
<b>6</b> Contributor address; City; State; Zip Code  Tyler, TX 75701		
<b>8</b> Principal occupation / Job title (See Instructions) Executive Director		<b>9</b> Employer (See Instructions) Paradigm Rehab & Nursing LP
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramos, Juan Carlos (Mr.)	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code  San Antonio, TX 78249		
Principal occupation / Job title (See Instructions) Occupational Therapist		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramos, Juan Carlos (Mr.)	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code  San Antonio, TX 78249		
Principal occupation / Job title (See Instructions) Occupational Therapist		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramos, Juan Carlos (Mr.)	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code  San Antonio, TX 78249		
Principal occupation / Job title (See Instructions) Occupational Therapist		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramos, Juan Carlos (Mr.)	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code  San Antonio, TX 78249		
Principal occupation / Job title (See Instructions) Occupational Therapist		Employer (See Instructions) Therapy 2000 Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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<b>4</b> Date 02/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ramos, Juan Carlos (Mr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78249	
<b>8</b> Principal occupation / Job title (See Instructions) Occupational Therapist		<b>9</b> Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ramos, Juan Carlos (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  San Antonio, TX 78249	
Principal occupation / Job title (See Instructions) Occupational Therapist		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ramos, Juan Carlos (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  San Antonio, TX 78249	
Principal occupation / Job title (See Instructions) Occupational Therapist		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rangel, Alison Raye (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Austin, TX 78735	
Principal occupation / Job title (See Instructions) Physical Therapist		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rangel, Alison Raye (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Austin, TX 78735	
Principal occupation / Job title (See Instructions) Physical Therapist		Employer (See Instructions) Therapy 2000 Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 112/152 Rpt: 115/161
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<b>4</b> Date 02/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rangel, Alison Raye (Ms.)	<b>7</b> Amount of Contribution (\$) \$5.00
<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78735		
<b>8</b> Principal occupation / Job title (See Instructions) Physical Therapist		<b>9</b> Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rangel, Alison Raye (Ms.)	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code  Austin, TX 78735		
Principal occupation / Job title (See Instructions) Physical Therapist		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rangel, Alison Raye (Ms.)	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code  Austin, TX 78735		
Principal occupation / Job title (See Instructions) Physical Therapist		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rangel, Alison Raye (Ms.)	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code  Austin, TX 78735		
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Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rangel, Alison Raye (Ms.)	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code  Austin, TX 78735		
Principal occupation / Job title (See Instructions) Physical Therapist		Employer (See Instructions) Therapy 2000 Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 113/152 Rpt: 116/161
<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 02/12/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rash, Rose (Ms.)	<b>7</b> Amount of Contribution (\$)  \$119.05
	<b>6</b> Contributor address; City; State; Zip Code  Corsicana, TX 75109	
<b>8</b> Principal occupation / Job title (See Instructions) Owner/Director of Nursing		<b>9</b> Employer (See Instructions) Angels At Home, Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Razo, Juliana (Ms.)	Amount of Contribution (\$)  \$5.00
	Contributor address; City; State; Zip Code  Irving, TX 75038	
Principal occupation / Job title (See Instructions) Home Care		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Razo, Juliana (Ms.)	Amount of Contribution (\$)  \$5.00
	Contributor address; City; State; Zip Code  Irving, TX 75038	
Principal occupation / Job title (See Instructions) Home Care		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Razo, Juliana (Ms.)	Amount of Contribution (\$)  \$5.00
	Contributor address; City; State; Zip Code  Irving, TX 75038	
Principal occupation / Job title (See Instructions) Home Care		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Razo, Juliana (Ms.)	Amount of Contribution (\$)  \$5.00
	Contributor address; City; State; Zip Code  Irving, TX 75038	
Principal occupation / Job title (See Instructions) Home Care		Employer (See Instructions) Therapy 2000 Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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	<b>6</b> Contributor address; City; State; Zip Code  Irving, TX 75038	
<b>8</b> Principal occupation / Job title (See Instructions) Home Care		<b>9</b> Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Razo, Juliana (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Irving, TX 75038	
Principal occupation / Job title (See Instructions) Home Care		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Razo, Juliana (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Irving, TX 75038	
Principal occupation / Job title (See Instructions) Home Care		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Redden, Ellen Kay (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Lake Jackson, TX 77566	
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Redden, Ellen Kay (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Lake Jackson, TX 77566	
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.

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**SCHEDULE A1**

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<b>4</b> Date 02/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Redden, Ellen Kay (Ms.)	<b>7</b> Amount of Contribution (\$)  \$5.00
	<b>6</b> Contributor address; City; State; Zip Code  Lake Jackson, TX 77566	
<b>8</b> Principal occupation / Job title (See Instructions) Speech Language Pathologist		<b>9</b> Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Redden, Ellen Kay (Ms.)	Amount of Contribution (\$)  \$5.00
	Contributor address; City; State; Zip Code  Lake Jackson, TX 77566	
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Redden, Ellen Kay (Ms.)	Amount of Contribution (\$)  \$5.00
	Contributor address; City; State; Zip Code  Lake Jackson, TX 77566	
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Redden, Ellen Kay (Ms.)	Amount of Contribution (\$)  \$5.00
	Contributor address; City; State; Zip Code  Lake Jackson, TX 77566	
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Redden, Ellen Kay (Ms.)	Amount of Contribution (\$)  \$5.00
	Contributor address; City; State; Zip Code  Lake Jackson, TX 77566	
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.

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<b>4</b> Date 02/12/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Reece, Miranda (Ms.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Grapevine, TX 76051	
<b>8</b> Principal occupation / Job title (See Instructions) VP of Operations		<b>9</b> Employer (See Instructions) Paradigm Rehab & Nursing LP
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Reynolds, Robert (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Rowlett, TX 75089	
Principal occupation / Job title (See Instructions) Learning Management System and Technology Manager		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Reynolds, Robert (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Rowlett, TX 75089	
Principal occupation / Job title (See Instructions) Learning Management System and Technology Manager		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Reynolds, Robert (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Rowlett, TX 75089	
Principal occupation / Job title (See Instructions) Learning Management System and Technology Manager		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Reynolds, Robert (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Rowlett, TX 75089	
Principal occupation / Job title (See Instructions) Learning Management System and Technology Manager		Employer (See Instructions) Therapy 2000 Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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<b>4</b> Date 02/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Reynolds, Robert (Mr.)	<b>7</b> Amount of Contribution (\$) <span style="float: right;">\$5.00</span>
<b>6</b> Contributor address; City; State; Zip Code  Rowlett, TX 75089		
<b>8</b> Principal occupation / Job title (See Instructions) Learning Management System and Technology Manager		<b>9</b> Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Reynolds, Robert (Mr.)	Amount of Contribution (\$) <span style="float: right;">\$5.00</span>
Contributor address; City; State; Zip Code  Rowlett, TX 75089		
Principal occupation / Job title (See Instructions) Learning Management System and Technology Manager		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Reynolds, Robert (Mr.)	Amount of Contribution (\$) <span style="float: right;">\$5.00</span>
Contributor address; City; State; Zip Code  Rowlett, TX 75089		
Principal occupation / Job title (See Instructions) Learning Management System and Technology Manager		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Riggins, Annalisa Marie (Ms.)	Amount of Contribution (\$) <span style="float: right;">\$3.00</span>
Contributor address; City; State; Zip Code  Lubbock, TX 79424		
Principal occupation / Job title (See Instructions) Physical Therapist		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Riggins, Annalisa Marie (Ms.)	Amount of Contribution (\$) <span style="float: right;">\$3.00</span>
Contributor address; City; State; Zip Code  Lubbock, TX 79424		
Principal occupation / Job title (See Instructions) Physical Therapist		Employer (See Instructions) Therapy 2000 Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 118/152 Rpt: 121/161
<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 02/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Riggins, Annalisa Marie (Ms.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Lubbock, TX 79424	
<b>8</b> Principal occupation / Job title (See Instructions) Physical Therapist		<b>9</b> Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Riggins, Annalisa Marie (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Lubbock, TX 79424	
Principal occupation / Job title (See Instructions) Physical Therapist		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Riggins, Annalisa Marie (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Lubbock, TX 79424	
Principal occupation / Job title (See Instructions) Physical Therapist		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Riggins, Annalisa Marie (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Lubbock, TX 79424	
Principal occupation / Job title (See Instructions) Physical Therapist		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Riggins, Annalisa Marie (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Lubbock, TX 79424	
Principal occupation / Job title (See Instructions) Physical Therapist		Employer (See Instructions) Therapy 2000 Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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<b>4</b> Date 01/26/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rose, Thomas (Mr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Bradenton, FL 34203	
<b>8</b> Principal occupation / Job title (See Instructions) Consultant		<b>9</b> Employer (See Instructions) 21st Century Consultants
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rudd, Ronika Rosha (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Royse City, TX 75189	
Principal occupation / Job title (See Instructions) Physical Therapy Assistant		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rudd, Ronika Rosha (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Royse City, TX 75189	
Principal occupation / Job title (See Instructions) Physical Therapy Assistant		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rudd, Ronika Rosha (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Royse City, TX 75189	
Principal occupation / Job title (See Instructions) Physical Therapy Assistant		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rudd, Ronika Rosha (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Royse City, TX 75189	
Principal occupation / Job title (See Instructions) Physical Therapy Assistant		Employer (See Instructions) Therapy 2000 Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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<b>4</b> Date 02/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rudd, Ronika Rosha (Ms.) ----- <b>6</b> Contributor address; City; State; Zip Code  Royse City, TX 75189	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) Physical Therapy Assistant		<b>9</b> Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rudd, Ronika Rosha (Ms.) ----- Contributor address; City; State; Zip Code  Royse City, TX 75189	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Physical Therapy Assistant		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rudd, Ronika Rosha (Ms.) ----- Contributor address; City; State; Zip Code  Royse City, TX 75189	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Physical Therapy Assistant		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Salinas, Lucy (Ms.) ----- Contributor address; City; State; Zip Code  Houston, TX 77044	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Salinas, Lucy (Ms.) ----- Contributor address; City; State; Zip Code  Houston, TX 77044	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 121/152 Rpt: 124/161
<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 02/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Salinas, Lucy (Ms.)	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77044		
<b>8</b> Principal occupation / Job title (See Instructions) Speech Language Pathologsit		<b>9</b> Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Salinas, Lucy (Ms.)	Amount of Contribution (\$)  \$5.00
Contributor address; City; State; Zip Code  Houston, TX 77044		
Principal occupation / Job title (See Instructions) Speech Language Pathologsit		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Salinas, Lucy (Ms.)	Amount of Contribution (\$)  \$5.00
Contributor address; City; State; Zip Code  Houston, TX 77044		
Principal occupation / Job title (See Instructions) Speech Language Pathologsit		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Salinas, Lucy (Ms.)	Amount of Contribution (\$)  \$5.00
Contributor address; City; State; Zip Code  Houston, TX 77044		
Principal occupation / Job title (See Instructions) Speech Language Pathologsit		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Salinas, Lucy (Ms.)	Amount of Contribution (\$)  \$5.00
Contributor address; City; State; Zip Code  Houston, TX 77044		
Principal occupation / Job title (See Instructions) Speech Language Pathologsit		Employer (See Instructions) Therapy 2000 Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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<b>4</b> Date 02/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sampsell, Katelyn Elizabeth (Ms.)	<b>7</b> Amount of Contribution (\$) \$14.00
<b>6</b> Contributor address; City; State; Zip Code  Irving, TX 75038		
<b>8</b> Principal occupation / Job title (See Instructions) Home Care		<b>9</b> Employer (See Instructions) Therapy 2000 Inc.
Date 01/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sandoval, Vanessa (Ms.)	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code  Harlingen, TX 78552		
Principal occupation / Job title (See Instructions) Administrator		Employer (See Instructions) Texas Visiting Nurse Services Ltd.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sardinea, Estefania (Ms.)	Amount of Contribution (\$) \$3.60
Contributor address; City; State; Zip Code  Corsicana, TX 75110		
Principal occupation / Job title (See Instructions) Clinical Manager		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sardinea, Estefania (Ms.)	Amount of Contribution (\$) \$3.60
Contributor address; City; State; Zip Code  Corsicana, TX 75110		
Principal occupation / Job title (See Instructions) Clinical Manager		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sardinea, Estefania (Ms.)	Amount of Contribution (\$) \$3.60
Contributor address; City; State; Zip Code  Corsicana, TX 75110		
Principal occupation / Job title (See Instructions) Clinical Manager		Employer (See Instructions) Therapy 2000 Inc.

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<b>4</b> Date 02/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sardinea, Estefania (Ms.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Corsicana, TX 75110	
<b>8</b> Principal occupation / Job title (See Instructions) Clinical Manager		<b>9</b> Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sardinea, Estefania (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Corsicana, TX 75110	
Principal occupation / Job title (See Instructions) Clinical Manager		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sardinea, Estefania (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Corsicana, TX 75110	
Principal occupation / Job title (See Instructions) Clinical Manager		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sardinea, Estefania (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Corsicana, TX 75110	
Principal occupation / Job title (See Instructions) Clinical Manager		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sardinea, Estefania (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Corsicana, TX 75110	
Principal occupation / Job title (See Instructions) Clinical Manager		Employer (See Instructions) Therapy 2000 Inc.

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<b>4</b> Date 02/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sardinea, Estefania (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Corsicana, TX 75110	<b>7</b> Amount of Contribution (\$) \$0.40
<b>8</b> Principal occupation / Job title (See Instructions) Clinical Manager		<b>9</b> Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sardinea, Estefania (Ms.) <hr/> Contributor address; City; State; Zip Code  Corsicana, TX 75110	Amount of Contribution (\$) \$0.40
Principal occupation / Job title (See Instructions) Clinical Manager		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sardinea, Estefania (Ms.) <hr/> Contributor address; City; State; Zip Code  Corsicana, TX 75110	Amount of Contribution (\$) \$0.40
Principal occupation / Job title (See Instructions) Clinical Manager		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sardinea, Estefania (Ms.) <hr/> Contributor address; City; State; Zip Code  Corsicana, TX 75110	Amount of Contribution (\$) \$0.40
Principal occupation / Job title (See Instructions) Clinical Manager		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sardinea, Estefania (Ms.) <hr/> Contributor address; City; State; Zip Code  Corsicana, TX 75110	Amount of Contribution (\$) \$0.40
Principal occupation / Job title (See Instructions) Clinical Manager		Employer (See Instructions) Therapy 2000 Inc.

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<b>4</b> Date 02/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sardinea, Estefania (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Corsicana, TX 75110	<b>7</b> Amount of Contribution (\$)  \$0.40
<b>8</b> Principal occupation / Job title (See Instructions) Clinical Manager		<b>9</b> Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Schilling, Ashley Lynn (Ms.) <hr/> Contributor address; City; State; Zip Code  Canyon, TX 79015	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Occupational Therapist		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Schilling, Ashley Lynn (Ms.) <hr/> Contributor address; City; State; Zip Code  Canyon, TX 79015	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Occupational Therapist		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Schilling, Ashley Lynn (Ms.) <hr/> Contributor address; City; State; Zip Code  Canyon, TX 79015	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Occupational Therapist		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Schilling, Ashley Lynn (Ms.) <hr/> Contributor address; City; State; Zip Code  Canyon, TX 79015	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Occupational Therapist		Employer (See Instructions) Therapy 2000 Inc.

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<b>4</b> Date 02/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Schilling, Ashley Lynn (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Canyon, TX 79015	<b>7</b> Amount of Contribution (\$) \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) Occupational Therapist		<b>9</b> Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Schilling, Ashley Lynn (Ms.) <hr/> Contributor address; City; State; Zip Code  Canyon, TX 79015	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Occupational Therapist		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Schilling, Ashley Lynn (Ms.) <hr/> Contributor address; City; State; Zip Code  Canyon, TX 79015	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Occupational Therapist		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Segovia, Eduardo (Mr.) <hr/> Contributor address; City; State; Zip Code  Irving, TX 75038	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Home Care		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Shea, Mercy (Ms.) <hr/> Contributor address; City; State; Zip Code  Hurst, TX 76053	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Occupational Therapist		Employer (See Instructions) Therapy 2000 Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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<b>4</b> Date 02/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Shea, Mercy (Ms.)	<b>7</b> Amount of Contribution (\$) <span style="float:right">\$5.00</span>
<b>6</b> Contributor address; City; State; Zip Code  Hurst, TX 76053		
<b>8</b> Principal occupation / Job title (See Instructions) Occupational Therapist		<b>9</b> Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Shea, Mercy (Ms.)	Amount of Contribution (\$) <span style="float:right">\$5.00</span>
Contributor address; City; State; Zip Code  Hurst, TX 76053		
Principal occupation / Job title (See Instructions) Occupational Therapist		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Shea, Mercy (Ms.)	Amount of Contribution (\$) <span style="float:right">\$5.00</span>
Contributor address; City; State; Zip Code  Hurst, TX 76053		
Principal occupation / Job title (See Instructions) Occupational Therapist		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Shea, Mercy (Ms.)	Amount of Contribution (\$) <span style="float:right">\$5.00</span>
Contributor address; City; State; Zip Code  Hurst, TX 76053		
Principal occupation / Job title (See Instructions) Occupational Therapist		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Shea, Mercy (Ms.)	Amount of Contribution (\$) <span style="float:right">\$5.00</span>
Contributor address; City; State; Zip Code  Hurst, TX 76053		
Principal occupation / Job title (See Instructions) Occupational Therapist		Employer (See Instructions) Therapy 2000 Inc.

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<b>4</b> Date 02/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Showalter, Jessica Erin (Ms.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Irving, TX 75038	
<b>8</b> Principal occupation / Job title (See Instructions) Home Care		<b>9</b> Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Showalter, Jessica Erin (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Irving, TX 75038	
Principal occupation / Job title (See Instructions) Home Care		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Showalter, Jessica Erin (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Irving, TX 75038	
Principal occupation / Job title (See Instructions) Home Care		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Showalter, Jessica Erin (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Irving, TX 75038	
Principal occupation / Job title (See Instructions) Home Care		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Showalter, Jessica Erin (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Irving, TX 75038	
Principal occupation / Job title (See Instructions) Home Care		Employer (See Instructions) Therapy 2000 Inc.

# MONETARY POLITICAL CONTRIBUTIONS

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<b>4</b> Date 02/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Showalter, Jessica Erin (Ms.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Irving, TX 75038	
<b>8</b> Principal occupation / Job title (See Instructions) Home Care		<b>9</b> Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Showalter, Jessica Erin (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Irving, TX 75038	
Principal occupation / Job title (See Instructions) Home Care		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sibille, Lauren (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Fort Worth, TX 76116	
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sibille, Lauren (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Fort Worth, TX 76116	
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sibille, Lauren (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Fort Worth, TX 76116	
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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<b>4</b> Date 02/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sibille, Lauren (Ms.)	<b>7</b> Amount of Contribution (\$) \$5.00
<b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76116		
<b>8</b> Principal occupation / Job title (See Instructions) Speech Language Pathologist		<b>9</b> Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sibille, Lauren (Ms.)	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code  Fort Worth, TX 76116		
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sibille, Lauren (Ms.)	Amount of Contribution (\$) \$5.00
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Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.
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Contributor address; City; State; Zip Code  Fort Worth, TX 76116		
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sittard, Vianca Nayely (Ms.)	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code  Greenville, TX 75402		
Principal occupation / Job title (See Instructions) Patient Services Specialist		Employer (See Instructions) Therapy 2000 Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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<b>4</b> Date 02/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sittard, Vianca Nayely (Ms.)	<b>7</b> Amount of Contribution (\$) \$5.00
<b>6</b> Contributor address; City; State; Zip Code  Greenville, TX 75402		
<b>8</b> Principal occupation / Job title (See Instructions) Patient Services Specialist		<b>9</b> Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sittard, Vianca Nayely (Ms.)	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code  Greenville, TX 75402		
Principal occupation / Job title (See Instructions) Patient Services Specialist		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sittard, Vianca Nayely (Ms.)	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code  Greenville, TX 75402		
Principal occupation / Job title (See Instructions) Patient Services Specialist		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sittard, Vianca Nayely (Ms.)	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code  Greenville, TX 75402		
Principal occupation / Job title (See Instructions) Patient Services Specialist		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sittard, Vianca Nayely (Ms.)	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code  Greenville, TX 75402		
Principal occupation / Job title (See Instructions) Patient Services Specialist		Employer (See Instructions) Therapy 2000 Inc.

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<b>4</b> Date 02/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sittard, Vianca Nayely (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Greenville, TX 75402	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) Patient Services Specialist		<b>9</b> Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Veronica Villalobos (Ms.) <hr/> Contributor address; City; State; Zip Code  Irving, TX 75038	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Home Care		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stutts, Kate Dee (Ms.) <hr/> Contributor address; City; State; Zip Code  Midlothian, TX 76065	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Speech Therapy Asst.		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stutts, Kate Dee (Ms.) <hr/> Contributor address; City; State; Zip Code  Midlothian, TX 76065	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Speech Therapy Asst.		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stutts, Kate Dee (Ms.) <hr/> Contributor address; City; State; Zip Code  Midlothian, TX 76065	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Speech Therapy Asst.		Employer (See Instructions) Therapy 2000 Inc.

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<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 02/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stutts, Kate Dee (Ms.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Midlothian, TX 76065	
<b>8</b> Principal occupation / Job title (See Instructions) Speech Therapy Asst.		<b>9</b> Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stutts, Kate Dee (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Midlothian, TX 76065	
Principal occupation / Job title (See Instructions) Speech Therapy Asst.		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stutts, Kate Dee (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Midlothian, TX 76065	
Principal occupation / Job title (See Instructions) Speech Therapy Asst.		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stutts, Kate Dee (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Midlothian, TX 76065	
Principal occupation / Job title (See Instructions) Speech Therapy Asst.		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Swift , Courtney (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Round Rock, TX 78665	
Principal occupation / Job title (See Instructions) Exec. Dir. of Marketing		Employer (See Instructions) Therapy 2000 Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 134/152 Rpt: 137/161
<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 02/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Swift , Courtney (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Round Rock, TX 78665	<b>7</b> Amount of Contribution (\$)  \$20.00
<b>8</b> Principal occupation / Job title (See Instructions) Exec. Dir. of Marketing		<b>9</b> Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Swift , Courtney (Ms.) <hr/> Contributor address; City; State; Zip Code  Round Rock, TX 78665	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Exec. Dir. of Marketing		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Swift , Courtney (Ms.) <hr/> Contributor address; City; State; Zip Code  Round Rock, TX 78665	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Exec. Dir. of Marketing		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Swift , Courtney (Ms.) <hr/> Contributor address; City; State; Zip Code  Round Rock, TX 78665	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Exec. Dir. of Marketing		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Swift , Courtney (Ms.) <hr/> Contributor address; City; State; Zip Code  Round Rock, TX 78665	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Exec. Dir. of Marketing		Employer (See Instructions) Therapy 2000 Inc.

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<b>8</b> Principal occupation / Job title (See Instructions) Exec. Dir. of Marketing		<b>9</b> Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Talamantez, Ana Lisa (Ms.) <hr/> Contributor address; City; State; Zip Code  Argyle, TX 76226	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Occupational Therapy Assistant		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Talamantez, Ana Lisa (Ms.) <hr/> Contributor address; City; State; Zip Code  Argyle, TX 76226	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Occupational Therapy Assistant		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Talamantez, Ana Lisa (Ms.) <hr/> Contributor address; City; State; Zip Code  Argyle, TX 76226	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Occupational Therapy Assistant		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Talamantez, Ana Lisa (Ms.) <hr/> Contributor address; City; State; Zip Code  Argyle, TX 76226	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Occupational Therapy Assistant		Employer (See Instructions) Therapy 2000 Inc.

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<b>6</b> Contributor address; City; State; Zip Code  Argyle, TX 76226		
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Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Talamantez, Ana Lisa (Ms.)	Amount of Contribution (\$) \$5.00
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Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Talamantez, Ana Lisa (Ms.)	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code  Argyle, TX 76226		
Principal occupation / Job title (See Instructions) Occupational Therapy Assistant		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tally, Jean Ann (Ms.)	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code  Arlington, TX 76001		
Principal occupation / Job title (See Instructions) NICU Specialist		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tally, Jean Ann (Ms.)	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code  Arlington, TX 76001		
Principal occupation / Job title (See Instructions) NICU Specialist		Employer (See Instructions) Therapy 2000 Inc.

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<b>4</b> Date 02/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tally, Jean Ann (Ms.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Arlington, TX 76001	
<b>8</b> Principal occupation / Job title (See Instructions) NICU Specialist		<b>9</b> Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tally, Jean Ann (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Arlington, TX 76001	
Principal occupation / Job title (See Instructions) NICU Specialist		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tally, Jean Ann (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Arlington, TX 76001	
Principal occupation / Job title (See Instructions) NICU Specialist		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tally, Jean Ann (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Arlington, TX 76001	
Principal occupation / Job title (See Instructions) NICU Specialist		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tally, Jean Ann (Ms.)	Amount of Contribution (\$)
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Principal occupation / Job title (See Instructions) NICU Specialist		Employer (See Instructions) Therapy 2000 Inc.

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<b>8</b> Principal occupation / Job title (See Instructions) NICU Specialist		<b>9</b> Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tally, Jean Ann (Ms.) <hr/> Contributor address; City; State; Zip Code  Arlington, TX 76001	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) NICU Specialist		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tare, Prachi <hr/> Contributor address; City; State; Zip Code  Austin, TX 78717	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tare, Prachi <hr/> Contributor address; City; State; Zip Code  Austin, TX 78717	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tare, Prachi <hr/> Contributor address; City; State; Zip Code  Austin, TX 78717	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 140/152 Rpt: 143/161
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<b>4</b> Date 02/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tare, Prachi <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78717	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) Speech Language Pathologist		<b>9</b> Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tare, Prachi <hr/> Contributor address; City; State; Zip Code  Austin, TX 78717	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tare, Prachi <hr/> Contributor address; City; State; Zip Code  Austin, TX 78717	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tare, Prachi <hr/> Contributor address; City; State; Zip Code  Austin, TX 78717	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Thomas, Kelsi (Ms.) <hr/> Contributor address; City; State; Zip Code  Lubbock, TX 79410	Amount of Contribution (\$)  \$14.00
Principal occupation / Job title (See Instructions) Speech Language Pathologist CFY		Employer (See Instructions) Therapy 2000 Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 141/152 Rpt: 144/161
<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 02/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomey, Reagan Elizabeth (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Irving, TX 75038	<b>7</b> Amount of Contribution (\$)  \$1.00
<b>8</b> Principal occupation / Job title (See Instructions) Home Care		<b>9</b> Employer (See Instructions) Therapy 2000 Inc.
Date 01/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomison Finger, Amanda (Ms.) <hr/> Contributor address; City; State; Zip Code  Cedar Hill, TX 75104	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions) State Director of Operations		Employer (See Instructions) Pediatric Partners
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Till, Marissa (Ms.) <hr/> Contributor address; City; State; Zip Code  Palestine, TX 75803	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Occupational Therapy Assistant		Employer (See Instructions) Therapy 2000, Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Till, Marissa (Ms.) <hr/> Contributor address; City; State; Zip Code  Palestine, TX 75803	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Occupational Therapy Assistant		Employer (See Instructions) Therapy 2000, Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Till, Marissa (Ms.) <hr/> Contributor address; City; State; Zip Code  Palestine, TX 75803	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Occupational Therapy Assistant		Employer (See Instructions) Therapy 2000, Inc.

# MONETARY POLITICAL CONTRIBUTIONS

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<b>4</b> Date 02/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Till, Marissa (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Palestine, TX 75803	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) Occupational Therapy Assistant		<b>9</b> Employer (See Instructions) Therapy 2000, Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Till, Marissa (Ms.) <hr/> Contributor address; City; State; Zip Code  Palestine, TX 75803	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Occupational Therapy Assistant		Employer (See Instructions) Therapy 2000, Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Till, Marissa (Ms.) <hr/> Contributor address; City; State; Zip Code  Palestine, TX 75803	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Occupational Therapy Assistant		Employer (See Instructions) Therapy 2000, Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Till, Marissa (Ms.) <hr/> Contributor address; City; State; Zip Code  Palestine, TX 75803	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Occupational Therapy Assistant		Employer (See Instructions) Therapy 2000, Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tobin, Sheila Deanne (Ms.) <hr/> Contributor address; City; State; Zip Code  Haslet, TX 76052	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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<b>6</b> Contributor address; City; State; Zip Code  Haslet, TX 76052		
<b>8</b> Principal occupation / Job title (See Instructions) Speech Language Pathologist		<b>9</b> Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tobin, Sheila Deanne (Ms.)	Amount of Contribution (\$)  \$5.00
Contributor address; City; State; Zip Code  Haslet, TX 76052		
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tobin, Sheila Deanne (Ms.)	Amount of Contribution (\$)  \$5.00
Contributor address; City; State; Zip Code  Haslet, TX 76052		
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tobin, Sheila Deanne (Ms.)	Amount of Contribution (\$)  \$5.00
Contributor address; City; State; Zip Code  Haslet, TX 76052		
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tobin, Sheila Deanne (Ms.)	Amount of Contribution (\$)  \$5.00
Contributor address; City; State; Zip Code  Haslet, TX 76052		
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Therapy 2000 Inc.

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<b>8</b> Principal occupation / Job title (See Instructions) Speech Language Pathologist		<b>9</b> Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Trusty, Lean Katherine (Ms.) <hr/> Contributor address; City; State; Zip Code  Fate, TX 75189	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) Occupational Therapist		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Varela, Cassandra Elizabeth (Ms.) <hr/> Contributor address; City; State; Zip Code  Irving, TX 75038	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Home Care		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Varela, Cassandra Elizabeth (Ms.) <hr/> Contributor address; City; State; Zip Code  Irving, TX 75038	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Home Care		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Varela, Cassandra Elizabeth (Ms.) <hr/> Contributor address; City; State; Zip Code  Irving, TX 75038	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Home Care		Employer (See Instructions) Therapy 2000 Inc.

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<b>8</b> Principal occupation / Job title (See Instructions) Home Care		<b>9</b> Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Varela, Cassandra Elizabeth (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Irving, TX 75038	
Principal occupation / Job title (See Instructions) Home Care		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Varela, Cassandra Elizabeth (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Irving, TX 75038	
Principal occupation / Job title (See Instructions) Home Care		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Vazquez, Karla (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Mesquite, TX 75149	
Principal occupation / Job title (See Instructions) Authorization Specialist		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Vazquez, Karla (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Mesquite, TX 75149	
Principal occupation / Job title (See Instructions) Authorization Specialist		Employer (See Instructions) Therapy 2000 Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 146/152 Rpt: 149/161
<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 02/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Vazquez, Karla (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Mesquite, TX 75149	<b>7</b> Amount of Contribution (\$) \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) Authorization Specialist		<b>9</b> Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Vazquez, Karla (Ms.) <hr/> Contributor address; City; State; Zip Code  Mesquite, TX 75149	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Authorization Specialist		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Vazquez, Karla (Ms.) <hr/> Contributor address; City; State; Zip Code  Mesquite, TX 75149	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Authorization Specialist		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Vazquez, Karla (Ms.) <hr/> Contributor address; City; State; Zip Code  Mesquite, TX 75149	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Authorization Specialist		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Vazquez, Karla (Ms.) <hr/> Contributor address; City; State; Zip Code  Mesquite, TX 75149	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Authorization Specialist		Employer (See Instructions) Therapy 2000 Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 147/152 Rpt: 150/161
<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 02/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Villafranca, Dais Leticia (Ms.)	<b>7</b> Amount of Contribution (\$)  \$3.00
	<b>6</b> Contributor address; City; State; Zip Code  Irving, TX 75038	
<b>8</b> Principal occupation / Job title (See Instructions) Home Care		<b>9</b> Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Villafranca, Dais Leticia (Ms.)	Amount of Contribution (\$)  \$3.00
	Contributor address; City; State; Zip Code  Irving, TX 75038	
Principal occupation / Job title (See Instructions) Home Care		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Villafranca, Dais Leticia (Ms.)	Amount of Contribution (\$)  \$3.00
	Contributor address; City; State; Zip Code  Irving, TX 75038	
Principal occupation / Job title (See Instructions) Home Care		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Villafranca, Dais Leticia (Ms.)	Amount of Contribution (\$)  \$3.00
	Contributor address; City; State; Zip Code  Irving, TX 75038	
Principal occupation / Job title (See Instructions) Home Care		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Villafranca, Dais Leticia (Ms.)	Amount of Contribution (\$)  \$3.00
	Contributor address; City; State; Zip Code  Irving, TX 75038	
Principal occupation / Job title (See Instructions) Home Care		Employer (See Instructions) Therapy 2000 Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 148/152 Rpt: 151/161
<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 02/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Villafranca, Dais Leticia (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Irving, TX 75038	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>8</b> Principal occupation / Job title (See Instructions) Home Care		<b>9</b> Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Villafranca, Dais Leticia (Ms.) <hr/> Contributor address; City; State; Zip Code  Irving, TX 75038	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Home Care		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) West, Ava Julia (Ms.) <hr/> Contributor address; City; State; Zip Code  Irving, TX 75038	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Home Care		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) West, Ava Julia (Ms.) <hr/> Contributor address; City; State; Zip Code  Irving, TX 75038	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Home Care		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) West, Ava Julia (Ms.) <hr/> Contributor address; City; State; Zip Code  Irving, TX 75038	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Home Care		Employer (See Instructions) Therapy 2000 Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 149/152 Rpt: 152/161
<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 02/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) West, Ava Julia (Ms.)	<b>7</b> Amount of Contribution (\$)  \$5.00
	<b>6</b> Contributor address; City; State; Zip Code  Irving, TX 75038	
<b>8</b> Principal occupation / Job title (See Instructions) Home Care		<b>9</b> Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) West, Ava Julia (Ms.)	Amount of Contribution (\$)  \$5.00
	Contributor address; City; State; Zip Code  Irving, TX 75038	
Principal occupation / Job title (See Instructions) Home Care		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) West, Ava Julia (Ms.)	Amount of Contribution (\$)  \$5.00
	Contributor address; City; State; Zip Code  Irving, TX 75038	
Principal occupation / Job title (See Instructions) Home Care		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) West, Ava Julia (Ms.)	Amount of Contribution (\$)  \$5.00
	Contributor address; City; State; Zip Code  Irving, TX 75038	
Principal occupation / Job title (See Instructions) Home Care		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Woellner, Lauren Jade (Ms.)	Amount of Contribution (\$)  \$7.00
	Contributor address; City; State; Zip Code  Irving, TX 75038	
Principal occupation / Job title (See Instructions) Home Care		Employer (See Instructions) Therapy 2000 Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 150/152 Rpt: 153/161
<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 02/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Womble, Emma (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Forney, TX 75126	<b>7</b> Amount of Contribution (\$) <span style="float:right">\$14.00</span>
<b>8</b> Principal occupation / Job title (See Instructions) Speech Language Pathologist		<b>9</b> Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wooley, Ryan (Mr.) <hr/> Contributor address; City; State; Zip Code  New Braunfels, TX 78132	Amount of Contribution (\$) <span style="float:right">\$5.00</span>
Principal occupation / Job title (See Instructions) VP Business Strategy		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wooley, Ryan (Mr.) <hr/> Contributor address; City; State; Zip Code  New Braunfels, TX 78132	Amount of Contribution (\$) <span style="float:right">\$5.00</span>
Principal occupation / Job title (See Instructions) VP Business Strategy		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wooley, Ryan (Mr.) <hr/> Contributor address; City; State; Zip Code  New Braunfels, TX 78132	Amount of Contribution (\$) <span style="float:right">\$5.00</span>
Principal occupation / Job title (See Instructions) VP Business Strategy		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wooley, Ryan (Mr.) <hr/> Contributor address; City; State; Zip Code  New Braunfels, TX 78132	Amount of Contribution (\$) <span style="float:right">\$5.00</span>
Principal occupation / Job title (See Instructions) VP Business Strategy		Employer (See Instructions) Therapy 2000 Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 151/152 Rpt: 154/161
<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 02/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wooley, Ryan (Mr.)	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>6</b> Contributor address; City; State; Zip Code  New Braunfels, TX 78132		
<b>8</b> Principal occupation / Job title (See Instructions) VP Business Strategy		<b>9</b> Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wooley, Ryan (Mr.)	Amount of Contribution (\$)  \$5.00
Contributor address; City; State; Zip Code  New Braunfels, TX 78132		
Principal occupation / Job title (See Instructions) VP Business Strategy		Employer (See Instructions) Therapy 2000 Inc.
Date 02/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Yates, Jennifer (Ms.)	Amount of Contribution (\$)  \$28.96
Contributor address; City; State; Zip Code  Gilmer, TX 75644		
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) Paradigm Rehab & Nursing LP
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) van den Bent, Jerre (Mr.)	Amount of Contribution (\$)  \$25.00
Contributor address; City; State; Zip Code  Dallas, TX 75208		
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) van den Bent, Jerre (Mr.)	Amount of Contribution (\$)  \$25.00
Contributor address; City; State; Zip Code  Dallas, TX 75208		
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Therapy 2000 Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 152/152 Rpt: 155/161
<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice PAC -		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 02/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) van den Bent, Jerre (Mr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75208	
<b>8</b> Principal occupation / Job title (See Instructions) CEO		<b>9</b> Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) van den Bent, Jerre (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Dallas, TX 75208	
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) van den Bent, Jerre (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Dallas, TX 75208	
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) van den Bent, Jerre (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Dallas, TX 75208	
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Therapy 2000 Inc.
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) van den Bent, Jerre (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Dallas, TX 75208	
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Therapy 2000 Inc.

# MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C3

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule C3: Sch: 1/1 Rpt: 156/161
<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas Home Care and Hospice		<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 02/01/2026	<b>5</b> Corporation / Labor Organization name Texas Association for Home Care & Hospice, Inc.	<b>6</b> Amount (\$) 922.28

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/5 Rpt: 157/161	<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas	<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 02/09/2026	<b>5</b> Payee name Howard Campaign, Donna (Rep.)	
<b>6</b> Amount (\$) \$2,500.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code P.O. Box 5375  Austin, TX 78763	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/09/2026	Payee name Orr Campaign, Angelia (Rep.)	
Amount (\$) \$5,000.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 113  Itasca, TX 76055	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/26/2026	Payee name PayPal	
Amount (\$) \$1.36  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2211 N. First St.  San Jose, CA 95131	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 2/5 Rpt: 158/161	<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas	<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 01/26/2026	<b>5</b> Payee name PayPal	
<b>6</b> Amount (\$) \$0.52  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 2211 N. First St.  San Jose, CA 95131	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 01/26/2026	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$0.84  <input type="checkbox"/> Expenditure from corporate funds	Payee name PayPal  Payee address; City; State; Zip Code 2211 N. First St.  San Jose, CA 95131	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 01/26/2026	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$0.84  <input type="checkbox"/> Expenditure from corporate funds	Payee name PayPal  Payee address; City; State; Zip Code 2211 N. First St.  San Jose, CA 95131	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |                                            |                               |                                |                                            |
|--------------------------------------------|-------------------------------|--------------------------------|--------------------------------------------|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel in District                         |
| Contributions/ Donations Made By -         | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | OTHER (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |                                            |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 3/5 Rpt: 159/161	<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas	<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 01/26/2026	<b>5</b> Payee name PayPal	
<b>6</b> Amount (\$) \$0.56  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 2211 N. First St.  San Jose, CA 95131	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 01/26/2026	Payee name PayPal	
Amount (\$) \$2.24  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2211 N. First St.  San Jose, CA 95131	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 01/26/2026	Payee name PayPal	
Amount (\$) \$1.89  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2211 N. First St.  San Jose, CA 95131	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |                                            |                               |                                |                                            |
|--------------------------------------------|-------------------------------|--------------------------------|--------------------------------------------|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel in District                         |
| Contributions/ Donations Made By -         | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | OTHER (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |                                            |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 4/5 Rpt: 160/161	<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas	<b>3</b> Filer ID (Ethics Commission Filers) 00015750
<b>4</b> Date 01/26/2026	<b>5</b> Payee name PayPal	
<b>6</b> Amount (\$) \$2.24  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 2211 N. First St.  San Jose, CA 95131	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 01/26/2026	Payee name PayPal	
Amount (\$) \$0.68  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2211 N. First St.  San Jose, CA 95131	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 01/26/2026	Payee name PayPal	
Amount (\$) \$1.36  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2211 N. First St.  San Jose, CA 95131	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |                                                                                  |                               |                                |                                            |
|----------------------------------------------------------------------------------|-------------------------------|--------------------------------|--------------------------------------------|
| Advertising Expense                                                              | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                                                               | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                                                               | Food/Beverage Expense         | Polling Expense                | Travel in District                         |
| Contributions/ Donations Made By -<br>Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out of District                     |
| Credit Card Payment                                                              | Legal Services                | Salaries/Wages/Contract Labor  | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 5/5 Rpt: 161/161	<b>2</b> FILER NAME Texas Association for Home Care and Hospice Inc. - Texas	<b>3</b> Filer ID (Ethics Commission Filers) 00015750
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<b>4</b> Date 02/10/2026	<b>5</b> Payee name PayPal
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<b>6</b> Amount (\$) \$289.29  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 2211 N. First St.  San Jose, CA 95131
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/09/2026	Payee name Texans for Trent Ashby
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Amount (\$) \$2,000.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 412  Lufkin, TX 75902
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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